



Developing a Mindful Public Service

*Submission to the Public Consultation
on the Review of the Public Service*

by Schizophrenia Ireland

June 2007

Mission Statement of Schizophrenia Ireland:

Schizophrenia Ireland is the national organisation dedicated to upholding the rights and addressing the needs of all those affected by enduring mental illness including, but not exclusively, schizophrenia, schizo-affective disorder and bi-polar disorder, through the promotion and provision of high-quality services and working to ensure the continual enhancement of the quality of life of the people it serves.

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Introduction

Schizophrenia Ireland welcomes the public consultation on the review of the public service, and sees it as a vital step in consolidating good standards. We note that the main objectives of the review are to benchmark the public service in Ireland against other comparable countries; and to make recommendations as to future directions for public service reform, focusing on the connections between the different sectors including the links between Departments/Offices and Local Government, Health and Education Sectors, with a particular emphasis on delivery of quality public services.

We also note that the Taoiseach said, “We want the OECD to examine rigorously the connections between the investment decisions that are being made at the Cabinet table in Government Buildings and delivery on the ground around the country in the key areas and issues affecting ordinary people.”

Against this background, Schizophrenia Ireland’s constituency – people with mental health problems and their caring relatives – are impacted on a daily basis by both the poor and good aspects of the public service. This submission outlines some of the key areas for consideration and makes recommendations of how some aspects of the public service should be changed. With such changes, there is the real potential to greatly improve the experiences of people with mental health problems and their caring relatives in their daily dealings with the public service.

Putting Mental Health into the Public Service Context

Social and Economic Costs of Mental Ill Health

According to the European Commission,

Mental ill health is not only a challenge for the health sector. Beyond its implications for the affected citizens and their families, mental ill health imposes significant costs to society and its economic, educational, social, criminal and justice systems. Mental disorders are among the top three reasons for absence from work and are a leading cause of early retirement or disablement pension. It has been estimated that the economic costs of mental ill health result in a loss of up to 3-4% of the EU's Gross Domestic Product (GDP), mainly through lost of productivity.¹

Social Exclusion, Stigma, Discrimination and Fundamental Rights: People with mental health problems need support

Furthermore, the European Union noted in 2006 that,

Social exclusion, stigmatisation and discrimination of the mentally ill are still a reality. Reported treatment or care practices which impair the fundamental rights or dignity of persons with mental ill health or

¹ European Commission, *Why is mental health important? EU-wide consultation process on mental health*, http://ec.europa.eu/health/ph_determinants/life_style/mental_health_en.htm, 2006.

disability cause a loss of trust in society, reducing 'social capital' in the European Union.

Issues Across the Public Service

Inter-departmental coordination

It is evident that inter-departmental coordination at the government level is absolutely fundamental in addressing the needs of people with mental illness. Not surprisingly, people with mental health problems access services through different government departments, notably the Department of Health and Children, Department of Finance, Department of Social and Family Affairs, and the Department of the Environment, Heritage and Local Government. While there is cross-departmental coordination and cooperation, there is, however, little evidence to suggest that the various government agencies discuss and evaluate public policy considerations specifically within the context of mental illness.

Recommendation:

- Targeted and specific inter-departmental coordination at the government level is absolutely fundamental in addressing mental illness related issues.
- The development of a Department of Population Health would greatly add value to the existing and planned actions for mental health within the public service. By creating a specific Population Health department, the importance of population based health issues that span the public sector, such as mental health and suicide, would better centralise inter-departmental coordination.

Setting Clear Time Tables for National Policies

The setting of clear timetables for the implementation of national policies is fundamental for improving the public service. At present, there is a serious difficulty in reviewing and evaluating the implementation of national policies, including having a clearly defined overall timeframe for work. One such example is *A Vision for Change*, the national mental health policy launched in 2006. The lack of a clear timetable for *A Vision for Change* endangers its full implementation and does not provide a platform for which to properly evaluate and scrutinise its operationalisation.

Public Service Working with People with Mental Health Difficulties

It is necessary for public services and public service employees to be sensitised to some of the issues facing people with mental health problems. Unfortunately, the experiences of the public service for some people with mental health difficulties experiences can be quite unhelpful, due in large part to stigma and discrimination. This can be true not only in the Health Service Executive, but across the public service.

For example:

- Basic rights are turned into privileges to be earned.
- There are few, if any, options to choose from.
- Public service staff has low expectations of clients/participants. Mental illness is seen as a prophecy of doom.

- Public service staff view it as their job to make decisions in the person's " best interest."
- A limited number of people with psychiatric disabilities who could serve as role models are working in the public service.

Recommendation:

-Sensitisation training across the spectrum of public services as well as re-education and ongoing professional development for current service provider employees (at all levels) can lead the way in shifting the system's focus towards promoting recovery.²

Inclusive Policy Development

It is imperative that people with self-experience of mental illness and their families be partners in planning and policy development at all levels. Without their voices, any efforts would lack the true and fundamental concerns of those affected by policies on a daily basis.

Recommendation:

-People with self-experience of mental illness and their families be partners in planning and policy development at all levels.

-Information must be gathered at the grass roots level to accurately inform public policy development. Consultation must be active and meaningful.

Instilling the Notion of Recovery into the Public Service

A Vision for Change, the national mental health policy, describes recovery as where “the individual can live a productive and meaningful life despite vulnerabilities that may persist, equipped with the necessary self-understanding and resources to minimise relapse.”

Shifting towards recovery is possible on a system level. This is not only important philosophically, but can be a more rational investment of resources. The notion of recovery has become rooted in mental health policy both internationally and nationally. The Irish mental health policy, *A Vision for Change*, cites recovery as a necessary cornerstone of the mental health services by noting that, “a recovery orientation should inform every aspect of service delivery and service users should be partners in their own care. Care plans should reflect the service user’s particular needs, goals and potential and should address community factors that may impede or support recovery.” It is also relevant, however, to argue that the notion of recovery is applicable throughout the public service.

Recovery is one of the most important concepts underpinning the policy, service delivery and intentions of the mental health services. What is central to the success of this concept is its determination that the “whole life” experience of people experiencing mental distress must be recognised. This whole life experience, however, lies not just within the Health Service Executive, but is carried with the individual to each public service he or she accesses.

² Mental Health Promotion For People With Mental Illness: Reorienting Health Services, *Public Health Agency of Canada*, 2005.

The needs of people experiencing mental ill health are not different to those of any other group. What they do need in addition is a parallel set of supports that are flexible, individual and responsive.

Historically much, even most, of the experience and dialogue around mental ill health has been occupied with the medical model and its need to change and respond to individual needs. Other groups within the disability sector have managed to progress beyond this limitation and engage directly with the issues of living effectively in “the real world”. Because of the very segregated nature of the public services, the wider expectations and ambitions of those experiencing mental ill health (and their families) still remain on the edges of the social model.

It is widely understood that people with mental health issues face significant barriers with regard to accessing housing, employment and education. As a result, the dependence of this group on social welfare and the benefit system generally means that most experience poverty to a greater or lesser degree for most of their lives.

“Most of the service users consulted were single (58%) and a further 16% were separated or divorced, 70% were dependent on welfare payments or had no income, and 47% had at best a Junior Certificate qualification”³.

The Action Plan of the Mental Health Exclusion Unit (2004) in the UK lists as one of its visions “people receiving the support they need *before* they reach crisis point.” The experience of Schizophrenia Ireland is that frequently, it is *only* the onset of a crisis point that initiates a response from the public services.

Housing is a good example to demonstrate this. Most of the statutory and non-statutory agencies dealing with the homelessness cannot respond to an impending housing issue. People can sometimes be supported to move to better or more appropriate housing but, when a lease is up, or there is a crisis of payment due to hospitalisation, there is no central agency which can work to resolve these issues with the individual. Many small advocacy organisations like ourselves are frequently depended upon to intervene in such situations.

There continues to be an institutional type of stigma attached to some thinking, which implies that the distance between mental health and mental illness is a wide chasm instead of a hairs breadth. To use an analogy, we have peeled the orange, we have broken into its constituent segments and we have shared them out among the relevant public service agencies to process. What we need to do now is reassemble what was once whole and require the relevant public service agencies to implement the already existing targets, actions and policies for active inclusion of all citizens.

Recommendation:

-That an analysis of all extant social policies be undertaken and their relevance to the inclusion of people experiencing mental ill health be identified. That any specific targets

³ Government of Ireland, *A Vision for Change*, 2006.

or actions articulated be highlighted for immediate implementation throughout the public service.

Developing Public Service Models that Build Access to the Elements of Citizenship

Too often people with mental health problems face a dilemma. If they look for work or educational opportunities in regular settings, they confront either overt discrimination or lack of practical support in accommodating to the new situation. On the other hand, if they look for these opportunities within the mental healthcare services, they often become "clients" of services rather than regular students or employees.

In order to maximize people's mental health, public service models need to support independent living and enhance participation in life as an ordinary citizen. This often requires working with consumers and the larger community to change structures, such as workplaces and educational institutions that may have kept people excluded (Trainor, Pomeroy, Pape, 1997). In workplaces, this may involve evaluating discriminatory recruitment and hiring practices, defining the essential functions of the particular job and the job-related limitations caused by the mental disorder, and making provisions for flexible work options. In education settings, access is enhanced by flexible practices in regard to, for example, admission criteria, work deadlines, course requirements, or taking of tests. A comprehensive public service policy will recognise the importance of this aspect of community inclusion and include measures such as research, data collection and public education to address it.⁴

Specific Health Service Executive Issues

The Full Implementation of A *Vision for Change*

In January 2006, *A Vision for Change* became public policy on mental health. It recommends significant changes and improvements in mental health services. The public service needs to be held accountable for delivering and implementing its recommendation in its entirety and in a transparent manner, with clear timetables set.

Primary Care

The full implementation of the HSE's Primary Health Care Strategy is crucial to the development of the notion that it is the gatekeeper through which most people access the full healthcare system. If there is effective, easily accessible and efficient primary healthcare, the prevention or alleviation of more complex health conditions can be addressed. A failure in the primary care system means that people frequently find their way to the A&E, which is often inappropriate and expensive. An improvement in the population health is completely dependent on high quality primary care services.

Specific to mental health, the recent 2007 HSE/ICGP document entitled *Mental Health in Primary Care* highlights the fact that approximately 94% of people will be receiving their mental healthcare through the primary healthcare system. The recommendations include⁵:

⁴ Mental Health Promotion For People With Mental Illness: Reorienting Health Services, *Public Health Agency of Canada*, 2005.

⁵ HSE and ICGP, *Mental Health in Primary Care*, 2007.

1) GP training; 2) Development of Protocols; 3) Collaboration among all parties; and 4) Information dissemination.

Social Inclusion

As highlighted in the National Economic and Social Forum's 2007 draft report on mental health and social inclusion, a number of issues relevant for mental health and the public service must be addressed. These include, *inter alia*⁶:

1) The need for integrated care

“At present, there is no coordinated strategy at the individual, social and structural level to link together employment, housing and mental health services.”

2) Raising awareness and challenging stigma

It is necessary that all public services specifically address the issue or awareness raising of mental health and challenging stigma towards people with mental health problems.

3) Community Development

“An audit of public services, and of existing work by community groups in this area, should be undertaken, with particular reference to successful pilot projects, in order to tackle the gaps in meeting current levels of needs”.

Lack of the full range of health services – need for psychological and social interventions

The need for the expansion of counselling and psychotherapy in the community health services has been well documented, and most recently the 2007 Joint Committee for Health and Children report on the *Adverse Side Effects of Pharmaceuticals* highlights the absence of psychological and social interventions within the mental health services.

It is fundamental that the mental healthcare system ensures that it is person centred and focuses not just on medical perspectives, but takes into account the psychological and social aspects of mental health and mental well being.

Quality and clarity of information Service Users and Relatives receive

Experiences and much research demonstrate that the provision of accurate, person specific, and timely information provided in an appropriate form that can be personalised and utilised is central to supporting the development of insight and recovery. Information, education and support should be offered throughout the use of services in a form that is understood, and should be offered to both people with self-experience of mental health problems and relatives. This should be seen as the beginning of an ongoing dialogue. Opportunities should be afforded to return and discuss matters.

This issue is echoed in the recently published 2007 research report, *Every Mother's Son: Waterford Parents and Carers Research and Advocacy Project*. The report notes that “the need for information and how best to use it was a recurring theme in respondents' replies. Several questions highlight lack of knowledge, a necessity for suitable involvement with the mental health services and with other services in the

⁶ NESF Project Team Mental Health & Social Inclusion: Draft Report, May 2007.

community...respondents indicated that they required assistance in understanding what the information meant and how it would help them in their caring role.”⁷

Additionally, the public services often fail to provide referrals to appropriate NGO (voluntary) services. This is not only failing the client, but is a poor reflection on the public service overall. There is a real need for awareness training for public service staff in relation to the available local community supports.

Lack of formal support resources

In the 2006 Health Research Board report, *Family Support Study: A study of experiences, needs and support requirements of families with enduring mental illness in Ireland*⁸ the study indicates that there is a lack of formal supports available to families with enduring mental health problems. Supports such as friends, other relatives, neighbours, and information resources such as books or television were often the only sources for support. The report noted that, “voluntary support resources provided by Schizophrenia Ireland were viewed by participants as the best, and often the only, formal support resources available to families.” This illustrates a real failure of the public services in relaying appropriate and timely information, because such information is seen as a powerful coping tool.

Need for Clear Complaints Systems

There is a genuine need within the HSE – and the public service at large – to ensure that there is a clear and responsive structure for dealing with complaints.

Conclusion

Inter-departmental coordination at the government level is absolutely fundamental for the public service agencies to address the needs of people with mental health problems and their relatives. Not surprisingly, different government departments, notably the Department of Health and Children, Department of Finance, Department of Social and Family Affairs, and the Department of the Environment, Heritage and Local Government are accessed by people with mental health related issues, and without a cohesive structure, users of the public services often experience systemic failures.

If recovery for people with mental health problems is to be made real and accessible, its roots must lie equally in the development of good quality and inclusive public services. Recommendation 4.1 of *A Vision for Change* says, “all citizens should be treated equally. Access to employment, housing and education for individuals with mental health problems should be on the same basis as every other citizen”.

Against this background, it is essential for the public service to prioritise its leadership in creating the environment in which the equal participation of people experiencing mental ill health is viewed as a priority, an advantage, and as a necessity.

⁷ Waterford Parents and Carers Research and Advocacy Project, *Every Mother's Son*, May 2007, p. 13.

⁸ Yulia Kartalova-O'Doherty, Donna Tedstone Doherty and Dermot Walsh, Health Research Board, *Family Support Study: A study of experiences, needs and support requirements of families with enduring mental illness in Ireland*, October 2006.

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