Irish Association of Social Workers
Cumann na hÉireann um Oibrithe Sóisialta

Social Workers in Adult Mental Health (SWAMH) Special Interest Group of the IASW

Statement on the Revised Mental Health Policy, 'Sharing the Vision'.

'A Mental Health Policy for Everyone' for the period of 2020 to 2030, which was launched on 17th June 2020.

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Introduction

While a refreshed Mental Health Policy is to be welcomed, many people may be surprised to know that the Oversight Group did not include any core Health and Social Care Professional (HSCP) members of mental health multidisciplinary teams (social work, psychology, occupational therapy). This omission is evident throughout the document. Due to the exclusion of so many relevant stakeholders, the language in the document is overly reliant on an out-dated solely medical approach, which is one-dimensional and overly focused on diagnostic categories when setting out care pathways service user may follow.

Trauma-informed Care

We support the document's statements on trauma-informed care, recovery orientated care, a prevention focus, addiction/mental health support, crisis cafes, crisis houses, peer support, short break facilities, Intensive Recovery Support Teams, tenancy related independent living supports in mental health outreach and access to talking therapies, which are all to be welcomed.

There is no meaningful engagement with the need to bring trauma into the conversation apart from cursory mention in the document. There is no substantive outline as to how services can become trauma informed. The focus on short term behavioural based counselling approaches does not appear to be cognisant of the needs of individuals who have experienced severe trauma, and that therapeutic relationships take longer to develop with people who have experienced abuse over a long period, who are self-neglecting, or for whatever reason, find it hard to trust others. The experience of trauma is not equitable across society. Individuals in socially disadvantaged communities are at increased risk of experience trauma and its effects. Thus, the focus on trauma informed care requires an aligned commitment to the recognition of the impact of systemic socio-economic disadvantage.

Dual-Diagnosis

It is welcomed that the document has clearly addressed the issue of dual diagnosis, stating it will no longer be necessary to establish whether a mental health difficulty is primary for an individual with addiction issues to access the support of a mental health team.

Human Rights

This document has not included a statement demanding the acceleration of legislative reform that will ensure Ireland meets its obligations under the Convention on the Rights of Persons with Disabilities, the Assisted-Decision-Making Act, Advanced Care Directives for people with mental health difficulties, Safeguarding and Liberty Protection Safeguards, or the Assisted Decision-Making (Capacity) (Amendment) Bill 2019. The document does not call for a statutory right to social care and community services as an alternative to Institutional care, or a statutory right to housing as is provided for in the Universal Declaration of Human Rights.

Safeguarding is mentioned in the document, but only in regard to protecting adults with care needs from harm. Safeguarding in its full sense should include the active promotion and protection of the human rights of adults, a broad focus on liberty safeguards, the right to take risks and to have choice and control over your own life. This is important across mental health services, but of particular importance in institutional settings such as Approved Centres and Mental Health Hostels. Mental health social workers have a core role in ensuring such rights are respected.

Pathway to Privatisation

Discussions of “commissioning” and “out of area placements” may open a door for privatisation of public services and will severely impede the development of integrated care (integral to Sláintecare). Such ‘out of area placements’ are possibly in breach of Article 8 of the European Convention on Human Rights which provides a right to respect for one’s “private and family life, home and correspondence”, if such placements result in restrictions in contact with family and home community.

Integrated Thinking - Housing

Now is the time for Mental Health to capitalise on both the National Housing Strategy for persons with Disabilities and Sláintecare, to stop operating in isolation, to properly resource rehabilitation and recovery teams and to work in partnership with Social Care, Local Authorities and local communities to support individuals with severe/complex needs to live in their local community. This work has already been started by mental health social workers and mental health housing coordinators in pilot projects (with time limited funding) across the country. However, without a clear financial commitment to adequately resourcing Intensive Recovery Support Teams and social care tenancy related independent living supports in mental health, this valuable work will not be sustainable.

Research from the U.K. QuEST Project strengthens the evidence base for such a floating support model - The Project studied the outcomes of 586 mental health service users in 87 services across England over a 30-month period in 3 categories of mental health accommodation – Residential 24 hour care, supported mental health housing units and self-contained tenancies with floating support. The study found that 67.3% of those studied who received floating outreach moved on to less supported accommodation, compared to 39.3% of those in supported housing and 10.3% of Residential Care Service Users. (Killaspy et al, 2019). Supporting individuals to live independently in their own community with support is often much more economical than costly 'out of area placements' in private services, and usually a more preferred option by the individual and their family.

Individualised Care

While Sharing the Vision mentions that the preferred approach is individualised packages of care in the best setting, there are no specific figures or commitments given, no clear pathways detailing access to funding for individualised packages of care are provided, and no mention of co-production with service user, their family or multidisciplinary team members in developing such packages of care. This is a missed opportunity to develop personalised care pathways with connection to local communities.

Domestic Violence and Mental Health

As mental health social workers we provide expertise and interventions to service users who are experiencing domestic, sexual and gender-based violence. Mental health service users reported a higher prevalence of domestic violence than the general population. Gardaí have reported 25% more calls this year than last year for domestic abuse, and the true figure is likely to be even higher, due to under reporting. Social workers in mental health have expertise in assessing the needs of service users with a history of trauma. We are skilled in the provision of trauma informed, strengths-based solution focused counselling, systemic interventions and crisis interventions i.e. accessing housing, social welfare, and safety planning.

Marginalised Populations

The social inclusion section is very scant on specific details and offers nothing more than cursory mention of needs of marginalised groups e.g. people in direct provision, Travellers, Roma, etc. Sharing the Vision places a significant burden on NGOs to provide care rather than care being provided as a right in the community to all who require it, including marginalised groups. Charities / NGO's cannot be expected to provide core mental health services. Such a model leads to an erosion of rights-based public services, leaving public services under resourced to meet mental healthcare needs.

Absence of Funding

We are concerned by the lack of specific recommendations on funding within the policy document. Investment in PUBLIC mental health services needs to be prioritised as an absolute necessity, in line with other comparable jurisdictions, i.e. at least 10% of the national health budget rather than the suggested 6%, in order to provide the evidence-based outcomes so frequently referred to in the document.

Missed Opportunity to Maximise Social Work Expertise in Mental Health

The document places social work under the label of "other" profession and does not appear to place any value on the core skills, knowledge base and training of social work professionals. Social Workers are trained and experienced in delivering systemic psychosocial assistance,

client advocacy, recovery orientated practice, relationship and strength-based interventions and solution focused practice. Social Work interventions are based on a Social Model rather than a medical model, utilising social determinants of health in assessing needs and outcomes, as well as a strong human rights approach.
While it is welcomed that social work is now included in the list of disciplines that 'could' be included in Assertive Outreach Teams', social work is notably omitted in the list of disciplines required in other baseline teams such as in mental health intellectual disability teams.

While it is welcomed that the document calls of an increase in Authorised Officers, there is no reference to the Authorised Officer role and crisis management capacities in a recovery/social approach in the model of practice. Many Authorised Officers are mental health social workers and bring their social work skills to the Authorised Officer Role, facilitating the least restrictive alternative to involuntary admission to hospital.

There is also a missed opportunity in the section on the Approved Centres to call for mental health social work provision of psychosocial reports as part of the tribunal process to ensure social determinants of health and human rights focus is kept visible during tribunal process.

'The unique skill of a social worker is to take, as their primary perspective, a view of the individual in the context of their personal, family, cultural, and socio-economic circumstances, and to propose and carry out interventions in that context. Other disciplines certainly have the ability to acknowledge the social circumstances of an individual with a mental health problem, but it is not their primary perspective and it does not drive their approach to the individual and their carer/family' - Mental Health Commission discussion paper 'Multidisciplinary Team Working, from Theory to Practice' (2006, P.26).

A main focus of social work is to address social and economic issues impacting on service users and their families. We note a further missed opportunity in the document to be social justice informed, to meaningfully look at mental health as a broader issue on micro, mezzo and macro level, to testify to the direct impact of austerity policies on mental health, and to warn against such an approach to policy in the aftermath of the Covid-19 pandemic. We argue for such a focus in a cross departmental approach to mental health. It is not a

coincidence that mental health problems are more than twice as prevalent in the most deprived areas compared to the most affluent areas.

Mental health social workers in practice during the last recession can attest to the direct impacts of austerity policies on mental health, as we directly supported mental health service users and their families dealing with the consequences. Many individuals referred to the service, had been working prior to the recession and due to job loss, fell into arrears in their mortgages and faced repossession orders. The strain of the situation also impacted on relationships, in some cases leading to relationship breakdown. Mental health social workers liaised with local authorities, revenue, social protection, and other statutory and voluntary organisations to support service users and families to access safe secure housing and welfare entitlements and provided counselling support to service users and families.

A recent Irish Times article by the Director of Research at the National Suicide Research Foundation, Prof Ella Arensman, stated there was a clear spike in the number of suicides during the years 2008-2010 coinciding with the recession, and that the profile of many of the men who took their own lives during the recession suggested they were already experiencing mental health difficulties and the recession became the critical factor.

In a 2017 national survey of mental health social work in Ireland, primary referral categories to mental health social work were: housing and homelessness issues, followed by advocacy within services or with other services, discharge planning, consult/advise on vulnerable adult / child welfare issues, psychosocial assessments, work with families, counselling and complex welfare issues.

Missed Opportunity to Develop Progressive Leadership Strategy

Sharing the Vision does not take a strong stance on the need to diversify leadership and governance roles in mental health services. The statement that ‘consideration should be given to amending legislation to facilitate the delivery of a shared governance model’ does not convey urgency to address this issue, and while it states teams ‘should’ have a team

coordinator, it doesn't take a strong stance on the need for team coordinators as essential to the operation of mental health teams.

While the document states mental health teams should have 'real multi-disciplinary working', this aim is not followed through to a National level in Strategic Planning or Governance. There is no inclusion of HSCP's on the planned National Implementation and Monitoring Committee (NIMC). If 'real multi-disciplinary working' on MDT's is an aim, then it must be modelled at all levels of the mental health service from governance to frontline. Otherwise it sends a message to all levels that we are not equal partners. Social work should be represented in the NIMC in order to support the advancement of mental health integration into Sláintecare. Mental health social workers have been working across and in partnership with other departments (Housing, Social welfare, Justice, Children and Families etc.) on the frontline for decades and are very well placed to advise in partnership with Service User and Family Representatives, HSCP colleagues, Nursing and Medical colleagues at a strategic and policy level on how to further integration for the benefit of service users and families.

Without HSCP's involvement at a National Strategic Level, there is a clear risk that the Standardised Performance Indicators set at a national level (P.75) by the Department of Health and implemented by the National Implementation Monitoring Committee could focus on very narrow medical indicators rather than broader quality of life indicators.

Missed Opportunity for Progressing Social Approaches to Mental Health

The over-reliance on people actively seeking "self-help" through online means and/or "talking therapies" offered in a cookie-cutter, rote form, does not instil confidence in the ability for future mental health services to have the flexibility or ability to offer relationship-based, anti-oppressive, culturally appropriate, anti-discriminatory, anti-racist, rights-based services.

The overall individual-focused approach of the document moves very much into a traditional-model and neo-liberal space whereby one's mental health can be somehow divorced from one's wider social, personal and community context and can be "treated" by the provision of "sessional" "interventions" designed to "fix" one's "problem". Such a deficit-focused

approach (as opposed to a solution, collaborative, recovery-focused approach), leads to a focus on process and procedure, rather than the experience and outcomes of the individuals using the service, and misses the opportunity to develop less isolating, more community orientated responses.

Conclusion

Overall, Sharing the Vision is an aspirational document that is short on specifics. It lacks tangible numbers or benchmarks to aim for. This will make it extremely difficult to argue for a core level of services, as a core level is not specified. A Vision for Change (2006) at least had specific targets, and while they may not have all been met, it will be impossible to meet unspecified targets. A lack of referral pathways leads to the absence of needs identification. This is particularly concerning given the weak commitments to diversify governance.

The document fails to outline a detailed plan of public service supports for a range of mental health distress. We need clear and detailed pathways of support that will include early onset up to illness that manifests in severe and complex episodes of distress.

Finally, it is worth noting that the preferred name of the 'National Social Work Organisation of Ireland' is The Irish Association of Social Workers (P.93). The Irish Association of Social Workers is the national professional body for social workers in the Republic of Ireland. It was founded in 1971 and has a membership of over 1,300 social workers. The IASW is an active member of the International Federation of Social Workers, which represents professional social work associations from over 55 different countries with more than 350,000 social workers in all parts of the world.

In summary

- The Oversight Group did not include any core Health and Social Care Professional (HSCP) members of mental health multidisciplinary teams and as such this has resulted in the Sharing the Vision document being one-dimensional in scope and vision.
- Social Work and other core mental health HSCP's should be included in the National Implementation Monitoring Committee (NIMC).
- Statements on trauma-informed care; recovery orientated care, a prevention focus, addiction/mental health support, crisis cafes, crisis houses, short break facilities, Intensive Recovery Support Teams, tenancy related independent living supports in mental health outreach and access to talking therapies are welcomed. The key will be tangible commitments to properly resourcing these much-needed supports.
- It is welcomed that the document has clearly addressed the issue of dual diagnosis.
- The lack of specific recommendations on funding and core level staffing within the policy document severely restricts the ability to meaningfully plan for action on any aspects of the proposed implementation plan set out in the document.
- We are deeply disappointed that there is no strong statement in favour of accelerating legislative reform to:
    - Ensure Ireland meets its obligations under the Convention on the Rights of Persons with Disabilities.
    - Fully implement the Assisted-Decision-Making Act.
    - To seek a statutory right to social care and community supports as an alternative to Institutional Care.
    - To seek a statutory right to housing, as is provided for in the Universal Declaration of Human Rights.
    - To seek clear Liberty Protection Safeguards to prevent arbitrary detention.
    - To implement Advanced Care Directives for people with mental health difficulties.
    - To support the Assisted Decision-Making (Capacity) (Amendment) Bill 2019.

- This policy has failed to draw upon the unique skill of social work in viewing individuals in the context of their personal, family, cultural, and socio-economic circumstances and to carry out interventions in that context in mental health settings.
- There is no substantive outline as to how services can become trauma informed. The focus on short term behavioural based counselling approaches does not appear to be cognisant of the needs of individuals who have experienced severe trauma.
- A lack of commitment to core/baseline staffing or resources for mental health services mean the likelihood of making tangible progress on the implementation plan outlined in the document is severely restricted and remains, like the overall document, aspirational.