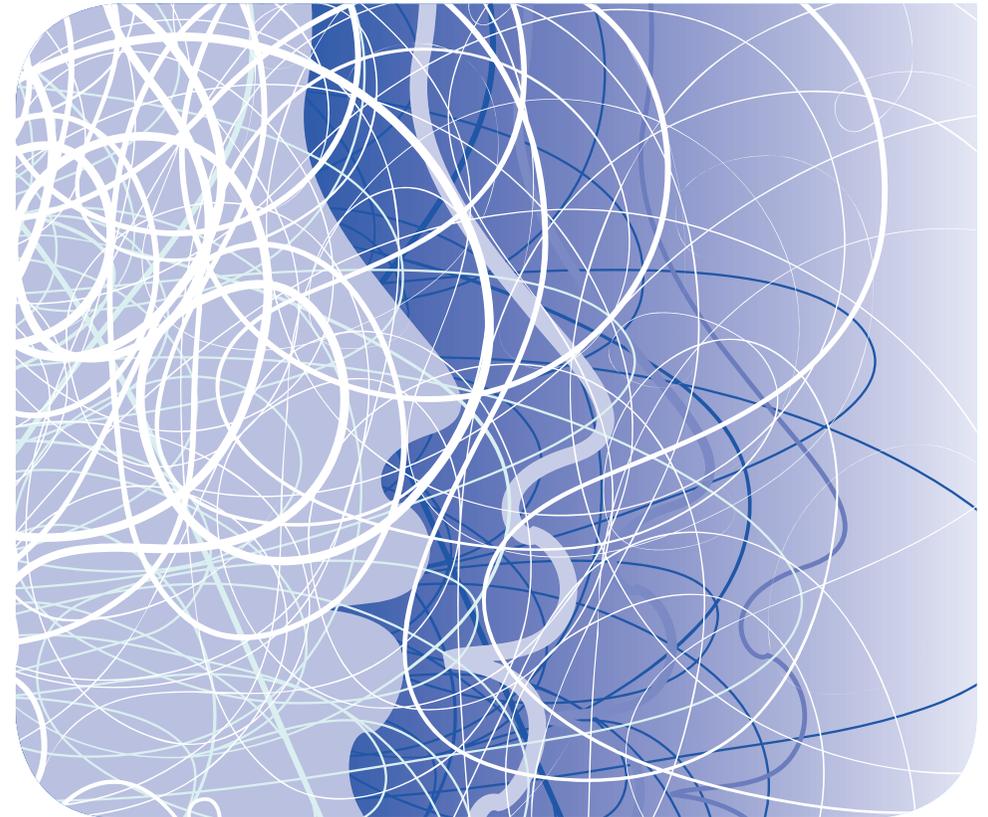


MENTAL HEALTH: THE CASE
FOR A CROSS-JURISDICTIONAL
APPROACH COMBINING POLICY
AND RESEARCH EFFORTS ON
THE ISLAND OF IRELAND



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ISBN number: 978-1-906444-23-5

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MAY 2009



Project part financed
by the European Union
Peace and Reconciliation Programme

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ACKNOWLEDGEMENTS

We are grateful for the European Union financial support secured by Co-operation and Working Together (CAWT) for this cross border health and social care project. This project, (All-island Mental Health Services Research) is part-funded by the European Union Programme for Peace and Reconciliation (PEACE II) under Measure 5.2 Improving Cross Border Public Sector Co-operation.

We are grateful to a number of organisations who commented on an earlier draft of this report: members of Co-operation and Working Together, Institute of Public Health in Ireland, Mental Health Commission Ireland Research Committee, Northern Ireland Association of Mental Health and Northern Ireland Centre for Conflict and Trauma and Transformation.

INTRODUCTION

Despite the fact that mental ill-health is the most common health condition on the island¹ affecting every fourth citizen it has long been considered as the Cinderella service within the health services, North and South. In both jurisdictions there is clear evidence that the costs of failing to address mental health issues are far-reaching, impacting on the quality of life of individuals and families, their physical health and capacity to make effective use of health services, their employment and productivity and the general economic capital of the entire community. The hidden costs of mental health treatment have a significant impact on public finances: it has been estimated that the cost of depression, one of the most common mental health conditions, through lost working days is 23 times higher than the costs to the health services.² The current proportion of total public health expenditure devoted to mental health care, 6% in the South and 8.4% in the North³, is significantly lower than the equivalent budgets in England (12%) and Scotland (18%).

Common to both jurisdictions was the need for a new vision for mental health. Within a six month period officials on both sides of the border initiated separate but comparable reviews of mental health policy. Both Ireland and Northern Ireland have now adopted policies which advocate for person-centred, seamless community-based services, informed by the views of service users and their carers, making early intervention a key priority and protecting and promoting people's mental health. In

each jurisdiction the strategic direction and accompanying operational priorities will take at least a decade to realise and will have major financial and human resource implications.

This report sets out the context, challenges, and approach to the transformation of mental health services and related research on the island of Ireland. It compares the two main mental health policy documents (*Bamford Review*⁴ in the North and the *A Vision for Change*⁵ document in the South) to identify similarities and differences in policy approach across the border highlighting areas of common concern, joint priorities for research and gaps which exist. Mental health research is carried out by universities, think tanks, research institutes, private companies and other consortia. An estimated 80% of publicly funded research in the Republic of Ireland takes place in the universities⁶, and 57% in the UK⁷. It also examines the academic research interests and outputs across the island which is available to inform mental health services policy.

The report builds on previous interest in researching all-island efforts. In 2003 the Northern Ireland Association for Mental Health (NIAMH) prompted the Health Ministers, North and South, to examine the possibility of establishing of an all-island institute for Mental Health. Despite acknowledging the benefits of working on North/ South basis the Ministers decided that the timing for such an initiative was not right with policy and institutional changes occurring on both sides of the border. NIAMH has continued to advocate

- 1 Depression and anxiety are the most widespread conditions, while only a small percentage of people experience more severe mental illness.
- 2 Knapp M, Hidden costs of mental illness, *British Journal of Psychiatry* 182, (2003).
- 3 Figures are for 2007 and Northern figures exclude costs on social services.
- 4 The Bamford Review of Mental Health and Learning Disability (NI). Various reports published by the Department of Health, Social Services and Public Safety NI. All are available at <http://www.mhldni.go.uk>
- 5 A Vision for Change Report of the Expert Group on Mental Health Policy. Dublin: Department of Health and Children, 2006)
- 6 Department of Education and Science: "National Report 2004-2005 for Ireland to the Bologna Process Follow-Up Group", published January 2005
- 7 Department for Education and Skills: "National Report 2004-2005 for England, Northern Ireland and Wales to the Bologna Process Follow-Up Group", published January 2005

for better mental health services research, having appointed a Director of Change and Innovation, and remains strongly committed to mutually beneficial North/ South partnerships.

The Irish Mental Health Commission (MHC) in Dublin has also championed the development of mental health research infrastructure on an all-island basis through the publication of a Mental Health Research Strategy, the initiation of annual research scholarships, the development of a knowledge database on best practice, and the establishment of an Mental Health Research Committee with members from both sides of the border which guides the MHC research agenda and priorities.

Between 2006 and 2008 Cooperation and Working Together (CAWT), an alliance of healthcare providers on both sides of the border secured EU Peace and Interreg Programme funding to deliver six cross-border mental health projects. These include the promotion of positive mental health in young people, Mental Health 1st Aid Training, North/ South suicide research (The North/ South Urban Rural Epidemiology Study of Suicide Behaviour Study), and the training of carers of people with severe mental illness. CAWT also provided EU funding to the Northern Ireland Centre for Trauma and Transformation (NICTT) to develop and deliver an accredited, practical cross-border programme of cognitive therapy awareness training to front line mental health staff. The NICTT continues to build an evidence base for developing psychological therapies on the island. The DHSSPSNI is currently providing funding to CAWT for the piloting of a self-harm registry

within the WHSSB area which links to the National Suicide Research Foundation's self harm registry in Cork.

During 2007 two all-island meetings⁸ were convened where senior policy makers, academics and practitioners came together to discuss and support the strengthening of North/ South co-operation in mental health services research. Key stakeholders highlighted the benefits of developing high quality all-island multidisciplinary research which addresses socio-environmental factors while maintaining a strong practical value for policymakers. However it was accepted that there was a need to develop a better understanding of each other's systems by sharing information about current mental health service, policy practice and future plans before identifying joint research topics.

The methods involved in preparing this report include:

- initial interviews with several key thinkers to clarify issues and definitions
- desk research comparing the two main policy documents
- jointly meeting with the main policy Implementation Monitoring Groups from the North and the South
- desk research involving scanning of websites, databases and written materials to establish a basic draft map of mental health research provision and analysis of existing datasets;
- interviews with representatives of each university to verify and amend information;
- discussions at two North/ South mental health meetings (mentioned above).

8 The Centre for Cross-Border Studies organised an all-island Mental Health Services Research Study Day in February 2007 and a North-South stakeholders group was hosted by the North/ South Ministerial Council in December 2007.

CONTEXT

In both jurisdictions the mental health policy reviews were conducted in environments where the administration changed frequently, the health systems are undergoing radical reform and the cross-border approach was coming of age.

TWO HEALTH SYSTEMS

On the island of Ireland there are two individual health systems with significant differences in health policy, structures, coverage and funding providing service for a combined population of just over 6.5 million people. Each system is led by separate structures and legislation and shaped by different experience and drivers. The Republic of Ireland provides a mix of public and private health care with patients having to pay for some treatments provided free north of the border. For example, there are charges for GP appointments although around a third of the population are entitled to free health care (income-related). Approximately half of the population in the South are privately insured. By contrast, Northern Ireland operates a NHS universal public healthcare coverage system with just over 10% of the population having private health insurance. There are many other differences including the Southern policy of co-locating private and public hospitals, the different funding arrangements, the integration of social services and health in Northern Ireland, and the much larger percentage of nursing staff in the South.

Both jurisdictions are facing common health (and budget) challenges such as ageing populations, growing prevalence of chronic

illnesses, and intensive use of expensive yet vital health technologies. Each system must also deal with higher expectations of citizens and resolve persistent inequities in access and in health conditions among different groups. Both North and South the health sector commands the largest allocation of public sector funding (annual budgets are €16.2billion in the South and £4.8billion in the North, in each case more than a quarter of all public spending⁹), and is the single largest employer (105,000 employees in the South and 40,000 in the North). While the overall budgets for health care have increased exponentially (approximately 4-fold increase in the South over the past 20 years) both jurisdictions are now facing into budget overspends and a drive for efficiency savings. These challenges facing health and social care providers, planners and policy makers in their aim to provide high quality health services and improve health and well being, on both parts of the island of Ireland are similar. Nowhere is this truer than in mental health.

CHANGING ADMINISTRATIONS

Within both jurisdictions the Ministers with responsibility for health have changed since the initiation of the mental health policy reviews. In Northern Ireland six Ministers have resided over the Department of Health, Social Services and Public Safety. Bairbre de Brún, then Minister for Health, Social Services and Public Safety, announced the start of the Northern Bamford Review at the beginning of October 2002. Later that month the Northern Ireland Assembly and the Executive were suspended and a succession of four¹⁰ Direct Rule UK Ministers were

9 The 2008 Irish budget shows a gross health expenditure (capital and current) of €6.2bn out of a total €62.14bn. The 2007-2008 budget for Northern Ireland shows a total health allocation (current and capital) of £4.8bn from a total budget of £17.03bn.

10 Mr Des Browne, MP (Oct 2002 – June 2003), Angela Smith, MP (June 2003 – May 2005), Shaun Woodward MP (May 2005 – May 2006), Paul Goggins MP (May 2006 – May 2007)

appointed to oversee health in Northern Ireland. Finally Micheal McGimpsey resumed responsibility for health when the devolved administration in Northern Ireland was reinstated in May 2007.

In the South there has only been one change of Health Minister (Michael Martin to Mary Harney). However there have been three¹¹ different Ministers of State who assumed special responsibility for mental health.

REFORMING STRUCTURES

The development and implementation of mental health policy in both jurisdictions is happening at a time when the health systems in both jurisdictions are being reformed.

The policy of reforming the health systems, North and South, has developed separately but in parallel approach over recent years. In November 2005 final details of a landmark reform of public administration in Northern Ireland were announced. Health administration changes are an integral part of this reform and have been publicly linked to the findings of the Independent Review of Health and Social Care Service undertaken by Professor John Appleby, Chief Economist at the King's Fund, the London-based reputable independent charitable foundation. The 'Appleby' report sets the reform agenda for the shake-up in the Northern Ireland health service administration, which began in early 2006. This reform sees the shrinking in size of the Department of Health Social Services and Public Safety; the appointment of a new executive authority (the Strategic Health

and Social Services Authority) to replace the four health boards; the reduction in the number of hospital trusts from 19 to 5, the establishment of seven new local commissioning groups to organise the purchase of services for their community, and the development of a Patient and Client Council. From 1 April 2009, under the Health and Social Care Reform (Northern Ireland) Act 2008 the functions of the Mental Health Commission (MHC) Northern Ireland will transfer to the Regulation and Quality Improvement Authority (RQIA), an independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland. The MHC Northern Ireland considers that it should remain as a separate independent body, as in the Republic of Ireland.

The Irish Health Reform Programme also sees a new national focus on service delivery and executive management of the health services involving the consolidation and amalgamation of 32 agencies. The new Health Services Executive (HSE), established on 1 January 2005, is the single body responsible for ensuring that everybody can access cost effective and consistently high quality health and personal social services. It provides services to patients through three principal national directorates: the National Hospitals Office (managing the 53 acute general hospitals through eight local hospital networks); the Primary, Community and Continuing Care Directorate (delivering regional and local non-hospital services through four regional offices and 32 local offices), and the Population Health Directorate (responsible

11 Tim O Malley TD, Minister of State with special responsibility for Disability and Mental Health Service (2002-2007)
Jimmy Devins TD, Minister of State with special responsibility for Disability and Mental Health Services (2007-2008)
John Moloney TD, Minister of State with special responsibility for Equality, Disability Issues and Mental Health (2008-present)

for strategic planning aspects). Interaction with local communities and their elected public representatives is included in the role of the four regional offices. In July 2008 the HSE announced new plans to modify their structure to clarify lines of authority and accountability.

The Department of Health and Children has a dual role in the new structure which includes focusing on strategic and policy issues (by reducing its involvement in day-to-day matters) and having ultimate responsibility for holding the service delivery system to account for its performance. Also relevant to this report is the establishment of the Mental Health Commission (MHC) under the Mental Health Act 2001 to promote high standards in the delivery of mental health services and to ensure that the interest of those involuntarily admitted to Approved Centres are protected.

NORTH/ SOUTH HEALTH CO-OPERATION

For many years, the two Health Departments on the island would not have considered each other's perspectives in the course of their daily work, planning or service provision – although a mere 160 km apart. The current context for North-South co-operation on the island of Ireland, in this as in other areas, is grounded in a series of international and inter-governmental agreements. The 1998 Good Friday Agreement saw a new devolved power structure put in place in Northern Ireland and embodied a formal commitment to work towards specific objectives in relation to cross-border co-operation in health. Common health policies and approaches are agreed within the framework of the

North/South Ministerial Council (NSMC) but implemented separately in each jurisdiction. Five specific areas for co-operation in health were identified: accident and emergency planning, major emergency planning, procurement of high technology equipment, cancer research and health promotion (especially suicide prevention). A separate Food Safety Promotion Body (safefood) was also established.

Although the devolved arrangements in Northern Ireland have been subjected to a series of interruptions, the Irish and British governments, and the EU, continued to give considerable encouragement to practical cross-border initiatives in health. In May 2008 progress on North-South co-operation in health was reviewed at the seventh NSMC meeting in the Health and Food Safety sectoral formats. Both Health Ministers welcomed the broad range of co-operation on suicide prevention and endorsed proposals for planned future co-operation in areas such as: the all-island evaluation of the Applied Suicide Intervention Skills Training, the development of performance indicators relating to the All-Island Suicide Action Plan, the production of an annual report on the All-Island Plan to be tabled at NSMC on an annual basis, and the development of a new phase of the all-island promoting mental health public awareness campaign. Other aspects of mental health, such as services or research, have not featured on the NSMC agenda. A review of North/ South bodies is currently underway, as agreed during the negotiations for the St. Andrews Agreement, and no new items will be added to the North/ South agenda for the foreseeable future.

Over the past ten years the Institute of Public Health in Ireland (IPH), an independent all-island organisation, has focused on health issues that are shared across the population of the island, it has highlighted the influence of social and economic factors on public health and finally it has championed the concept of health inequalities. To-date public mental health, which has been described as the art, science and politics of creating a mentally healthy society and is seen an emerging field within the UK, has not featured on its agenda.

Co-operation in health pre-dates these arrangements typically driven by a cocktail of EU –funding, individual contracting arrangements and partnership of service providers in the immediate border region. These have typically been led by Co-operation and Working Together (CAWT) an alliance of healthcare providers on both sides of the border. In general, the practical benefits of co-operation, as evidenced within these initiatives, have not yet been incorporated into the formal business plans of the two Health Departments. However a new strategic approach to co-operation is planned for 2008-2013 with a £30m EU Interreg budget already secured.

In setting out a compelling vision of a strong competitive island economy, a recent British-Irish policy report¹² recommends exploring opportunities for planning and delivering all-island health services. This seminal report comments on the more efficient use of new facilities, better value for money, more balanced regional

development and improved access to health facilities and treatment such strategically-driven co-operation could bring. The Irish National Development Plan also calls for a comprehensive study on health co-operation to be overseen by the responsible Departments and agencies, North and South.

In 2007 in the midst of parallel public sector reform programmes the first joint meeting of the Departmental Board of the Department of Health, Social Services and Public Safety Northern Ireland and the Management Advisory Committee of the Department of Health and Children Ireland took place in Belfast and agreed to consider a more strategic approach to health co-operation. This is the first time that policy-makers in both jurisdictions have engaged in deep thinking about how to cultivate a genuinely common all-island approach to health. Both Health Departments are now finalising details of an All-Island Health Feasibility Study. It is anticipated that the study will outline a number of specific collaborative projects, identify possible areas where research into potential benefits could be conducted and outline possible constraints to pursuing co-operation. It is prudent to note that the economic climate in both jurisdictions has changed considerably since this government study commenced and this will undoubtedly have a bearing on any recommendations. The final report is eagerly awaited and will set the tone and the pace for future co-operation by establishing a framework for health co-operation with a planned programme of activity over the next 2-3

12 British-Irish Intergovernmental Conference, *Comprehensive Study on the All-Island Economy* (Dublin and Belfast: Department of Foreign Affairs / Northern Ireland Office, 2006).

years. It is hoped that mental health may be highlighted within as a key area for future co-operation given.

There is now a unique opportunity to capitalise on opportunities arising from the new political will to work cross border to optimise the implementation of individual jurisdiction strategies to the ultimate benefit of all citizens on the island. By its very nature, cross-border cooperation is about bringing people and places together with a united vision around an identified potential. Combining resources, experiences and best practice on an all island basis to address common challenges makes obvious sense.

MENTAL HEALTH POLICIES

Notwithstanding a diversity of political values and governmental and organisational structures, there is a remarkable similarity across Ireland and Northern Ireland of broad policy strategies and goals in respect of mental health concerns. An outline of the policies, monitoring and implementation in both jurisdictions is given below.

NORTHERN IRELAND - THE BAMFORD REVIEW

In October 2002, the Department of Health Social Services and Public Safety (DHSSPS) Northern Ireland initiated a wide-ranging, independent review of the law, policy and service provision affecting people with a mental health problem or a learning disability. David Bamford, Professor of Social Work, University of Ulster was appointed to chair the review with Roy McClelland, Professor of Mental Health, Queen's University, as deputy chair. The review came to be commonly referred to as 'the Bamford Review' and following Professor Bamford's untimely death, in January 2006, this was adopted as the official title. The Bamford Review is the first ever comprehensive review of Northern Ireland with many of the provisions of the previous mental health legislation – the Mental Health Order 1986 – traceable back to the late 1950s.

The appointed Bamford Review Steering Committee (see Annex A), informed by an extensive network of working committees, produced a series of reports between June 2005 and August 2007 which together represent a composite vision for radical

reform and modernisation of mental health and learning disability law, policy and services. The reports are supported by a Needs and Resources Report and, at the Northern Health Department's request, a Priorities Report which includes a paper on the workforce, training and education implications of the Review. The responsibility for implementing 60% of the 626 recommendations made is considered to rest with the Health Department while the remaining 40% are considered the responsibility of a range of other Government Departments/ agencies. These final reports (and publication dates) include:

1. A Strategic Framework for Adult Mental Health Services (AMH) Report – June 2005
2. Equal Lives: Learning Disability Report – September 2005
3. Alcohol and Substance Misuse Report – December 2005
4. Mental Health Promotion Report – May 2006
5. Autistic Spectrum Disorders (ASD) Report – May 2006
6. A Vision of a Comprehensive Child and Adolescent Mental Health Service (CAMHS) – July 2006
7. Forensic Services Report – October 2006
8. Human Rights and Equality Report – October 2006
9. Living Fuller Lives: Dementia and Mental Health issues in Older Age Report – June 2007
10. Promoting Social Inclusion – August 2007
11. A Comprehensive Legal Framework for Mental Health and Learning Disability - August 2007

In October 2006 at the concluding conference of the Bamford Review Mr Paul Goggins, the then Health Minister announced the establishment of an Inter-Departmental Ministerial Group on Mental Health and Learning Disability to oversee and drive forward the broad strategic changes required across the Northern Ireland Executive in a co-ordinated and coherent manner. This Group is chaired by the Health Minister. Mirroring the composition of the Ministerial Group, an Inter-Departmental Implementation Group has also been established. Chaired by a senior official in DHSSPS, this group seeks to ensure a co-ordinated response to the Bamford Review and will report to the Ministerial Group on progress.

It was initially proposed to appoint a Northern Ireland Director for Mental Health and Learning Disability who would primarily act as an adviser to the Minister. However this was replaced by the Mental Health and Learning Disability Board of Experts when no appointment was made. In 2007 the Minister for Health, Social Services and Public Safety appointed a 6-person Mental Health and Learning Disability Board of Experts, whose role is to focus their depth of knowledge on the reform process and to exercise a strong challenge function throughout the change process.

In June 2008 the Health Minister issued a consultation document on delivering the Bamford vision which set out the strategic priorities in four main themes: mental health promotion, people with mental health needs, people with learning disability, and reforming legislation, infrastructure

and implementation. The first priority focuses on the promotion of positive mental health and the prevention of suicide through the development of a centrally-driven, well resourced, cross-sectoral and cross-departmental collaborative working structure. A second priority focuses on service reform for people with a learning disability. In Northern Ireland, unlike across the border in the South, the Review looked at the combined areas of learning disability and mental health. This theme is not considered within this report. A third priority concerns the urgent need for reform of the existing legislation to achieve a principled based approach to legislative provision with human dignity and human rights at its heart.

A final priority, and that which is most relevant to this report, focuses on policy and services for people with mental illness. The priority is further subdivided into five different service areas relating to Child and Adolescent Mental Health (CAMH), Adult Mental Health, Alcohol and Substance Misuse, Forensic services, and Dementia and Mental Health Issues of Older People. However there are commonalities across all five areas:

“Recovery must be core to the vision for service development. Services must be person-centred, community and family-orientated, enabling and empowering the person with mental health needs, including those with problems related to alcohol or substance misuse. A range of provision must be assured, sensitive to each person’s age, gender, cultural needs, including the needs of those within the Criminal Justice

System. Support should be assured for family members and carers. Children and young people should have access to a comprehensive range of services that address their physical, emotional, social and educational needs. Each individual with mental health needs should be given the opportunity to have their needs addressed promptly within primary care settings”.

IRELAND - A VISION FOR CHANGE

In August 2003, the Department of Health and Children appointed an Expert Group on Mental Health Policy (see Annex B) to prepare a new national framework for mental health services, updating the 1984 policy document *Planning for the Future*¹³. The 18 members of this Expert Group prepared a single report entitled *A Vision for Change* which was informed by extensive public consultations including over 140 submissions, interviews conducted by the Irish Advocacy Network and two major consultation events in Dublin and Limerick.

The 284 page document incorporating 209 recommendations was broadly welcomed as providing the blueprint for a radical approach to a newly prioritised mental health system. It sets out a series of improvements and reforms in services and pledged additional funding for this most neglected area of the health service. It contains important recommendations for empowerment, advocacy and peer support and recognises the crucial importance of having service users centrally involved in all planning and decision-making, from official processes to their individual cases. It recommends a holistic approach to mental

illness addressed by multidisciplinary teams in the community, the process of recovery and delivered on the basis of the mental health and wellbeing of the population as a whole.

The policy is divided into three main sections outlining the vision underlying the policy, the plan for service developments and the process of implementing policy measures. Looking specifically at the service development section the policy embraces a radical rethink within the South. It recommends that a comprehensive range of services be available at primary care level for individuals who do not require specialist services. In terms of adult mental health services the report recommends specific bed provisions and one multidisciplinary community mental health team be provided per 50,000 population, with two consultant psychiatrists per team. In turn the report addresses services for various specific groups including child and adolescent psychiatry, rehabilitation psychiatry, older people, individuals with intellectual disability, the homeless, individuals with substance misuse disorders and individuals with eating disorders, as well as forensic mental health services and liaison mental health services. Attention is paid to special categories of service provision including individuals with co-morbid severe mental illness and substance abuse problems, individuals with neuropsychiatric disorders requiring specialist services, and individuals with borderline personality disorder. The report recommends the implementation of the National Strategy for Action on Suicide Prevention. One of the main recommendations regarding

13 *Planning for the Future*. Dublin: Department of Health and Children, 1984

implementation is the establishment of a National Mental Health Services Directorate.

In January 2006, the Irish government adopted *A Vision for Change* as the basis for the future development of mental health services in Ireland. In March 2006, the then Minister for State at the Department of Health and Children, Mr Tim O'Malley, T.D., with special responsibility for mental health services established an Independent Monitoring Group to monitor progress on the implementation of the report recommendations.

In May 2006, the Health Service Executive (HSE) which has the primary responsibility for the implementation of 80% of the Report recommendations formally adopted the policy as the framework for the development of mental health services in Ireland. Within the HSE, the lead operational responsibility for the implementation rests with the Primary, Community and Continuing Care Directorate reporting to the HSE chief executive. In October 2006, a Mental Health Expert Advisory Group was established to guide the HSE on operational policy. The HSE also established an Implementation Group to action the recommendations of *A Vision for Change* and to ensure that mental health services develop in a synchronised and consistent manner across the country.

The implementation of the remainder of the recommendations is the responsibility of a number of Government Departments and their agencies including: Department of Health and Children; Department of Education and Science; Department

of Enterprise Trade and Employment; Department of Environment, Heritage and Local Government; Department of Justice, Equality and Law Reform and the Department of Social and Family Affairs. In February 2008 the HSE produced a short-term Implementation Plan with a commitment to develop a four year Implementation Plan.

MONITORING POLICY IMPLEMENTATION

The outpourings of governments in the form of policy statements of various kinds are not always matched by successful achievements on the ground. In both jurisdictions there were immediate efforts to challenge for an effective connection between mental health policy and its implementation involving the establishment of Monitoring Groups which would challenge and drive the implementation process.

In May 2008 the members of the Board for Mental Health and Learning Disability Northern Ireland (Northern Monitoring Group) and the Monitoring Group of *A Vision for Change* Ireland (Southern Monitoring Group) held a joint meeting in Farmleigh House, Dublin (see Annex C). Both of these monitoring groups have been tasked with monitoring or challenging the progress of policy implementation in their respective jurisdictions and have an unusual capacity to blend pragmatism with strategic thinking. The membership of each Group (see Annex D) is made up of high level representatives from a range of strategic statutory and voluntary health and social care backgrounds and organisations. It was intended that, as champions for reform and modernisation of mental health services, both groups could benefit from sharing their knowledge and experience, and learn best practice from each other in the rolling out of current and future service delivery models in both jurisdictions.

This process was facilitated by the Northern Ireland Centre for Trauma and Transformation using EU-funding managed by Co-operation and Working Together, a cross-border partnership of health services providers in the border region. The Centre for Cross Border Studies was invited to document the joint discussion which it was hoped would identify mental health services priorities on both side of the border drawing out common practical areas where future joint working could be mutually beneficial.

Both Monitoring Groups have been given similar roles of monitoring and challenging the process of translating mental health policy into practice. However there are subtle differences. For instance, while both groups operate as independent bodies the Southern group also includes an observer from the Department of Health. The Southern Monitoring Group is not time delimited. Members of the Northern Monitoring Group were appointed for an initial period of 2 years (until mid-2009). The Northern Health Department have proposed that a Bamford Monitoring Group should replace this existing Board of Experts when members' terms of office expire in mid-2009. The new Northern Ireland Patient and Client Council (established on 1 April 2009) will have responsibility for establishing and leading the Bamford Monitoring Group, which will have representation from key stakeholders - service users and carers, professional bodies and statutory sector service commissioners and providers. The Bamford Monitoring Group will be required to present a formal report to the Minister for Health, Social Services and Public Safety at least annually.

PROGRESS IN THE SOUTH

While the strategies for mental health policy have been accepted by officials in both jurisdictions they are at very different stages of implementation. The Southern Monitoring Group immediately set about clarifying their role, establishing their presence and reviewing arrangements for implementation. They adopted the following Terms of Reference:

- To monitor and assess progress on the implementation of all the recommendations in *A Vision for Change*;
- To make recommendations in relation to the manner in which the recommendations are implemented;
- To report to the Minister annually on progress made towards implementing the recommendations of the Report and to publish the report.

During the first three years of appointment the Monitoring Group met on 25 occasions and produced three annual reports which have proved to be influential in “shining the torch on implementation and providing guidance for those that need it”. The first annual report covered the period to end January 2007 and was presented to the Minister of State in May 2007. An interim progress report was prepared for the incoming Minister of State Mr Jimmy Devins in October 2007. A second Annual Report covered the period to end January 2008 and was presented in June 2008. A third annual report covered the period to end January 2009 and was presented in April 2009.¹⁴ These annual reports outline the work of the Southern Monitoring Group, implementation progress detailing feedback from the HSE

and relevant government departments and detail conclusions and recommendations. During its first year the Southern Monitoring Group identified nine priority areas for reporting. These were recovery; service users and carers participation; child and adolescent services; difficult to manage behaviours and close observation provision; rehabilitation teams; management and organisation of services; closure of hospitals/sale of lands/re-investment; and information systems. An implementation template which reflected these priority areas was circulated to the relevant players for completion. In its first annual report the Southern Monitoring Group highlighted both important first implementation steps that had been taken and concerns about the lack of a systematic approach to implementation and the lack of clarity in responsibility for implementation.

In the second Annual report (up to end of January 2008) the Southern Monitoring Group expressed their disappointment at the slow rate of progress in implementation of recommendations. In particular they highlighted the absence of clear, identifiable leadership within the HSE and recommended the model followed by the HSE in implementing the National Cancer Strategy should be adopted for mental health issues. They also criticised the initial HSE Implementation Plan, produced in January 2008, as being “wholly inadequate and unacceptable”. Groups such as the Irish Mental Health Coalition¹⁵, established to provide a focus on implementation of mental health policy called for a ‘real implementation plan’ to be published in January 2009 complete with explicit

14 Annual reports of the Southern Monitoring Group are available to read on the Department of Health and Children website at <http://www.dohc.ie>.

15 The founding organisations of the Irish Mental Health Coalition are Amnesty International, Bodywhys-The Eating Disorders Association of Ireland, GROW in Ireland, the Irish Advocacy Network and Schizophrenia Ireland. The coalition has since grown to be endorsed by organisations working with children, homeless people and refugees, as well as community workers, trade unions and professional associations representing people working in the health system.



annualised performance targets and indicators, and timelines. The media has consistently reported the frustrations of various organisations within the South to the huge gap between mental health policy and implementation.

Other major concerns include the lack of progress on recruitment of staffing, the prioritising of the HSE Transformation Programme¹⁶ and the use of funding allocated for implementation elsewhere. While welcoming the appointment of a Minister for State with responsibility for Equality, Disability and Mental Health in four government departments: Health and Children, Education and Science, Enterprise Trade and Employment and Justice, Equality and Law Reform the Southern Monitoring Group expressed concerns about the need to formalise arrangements for coordinating implementation across Government Departments.

In January 2008, two years after the publication of *A Vision for Change* the Mental Health Commission (MHC) was very critical of the lack of progress and said that there were no signs that the HSE is implementing what is official government policy and that the HSE official Service Plan for 2008 did not contain any implementation targets. Again the MHC 2008 Annual report, published in May 2008, commented on the “piecemeal and painfully slow” moves towards a quality national mental health service stating that in many areas people suffering from a mental illness are still unable to secure access to basic mental health care.

In October 2008 on World Mental Health Day the Irish Mental Health Coalition succinctly reported on implementation progress South of the border stating, “Almost three years into this seven-to ten-year policy, we simply do not know why we are no closer today to the vision set out in 2006.”

The third annual report, presented in April 2009, accepted that progress is being made with some priorities such as child and adolescent services, engagement with service users and development of information services but reported that overall it is “very disappointed with the rate of progress in implementing *A Vision for Change*”. The HSE implementation progress was particularly criticised for its absence of clearly identifiable, dedicated leadership; the inconsistent approach to pursuing a recovery ethos; the lack of a detailed implementation plan; the non-operational status of the identified 13 new mental health catchment areas; the lack of prioritisation given to resourcing the multi-disciplinary mental health teams; the re-engineering of psychiatric properties; the provision of services for people with intellectual disability; the absence of a regional forensic mental health services; and the lack of transparency on the allocation of development funding.

In April 2009 the HSE published an Implementation Plan for *A Vision for Change* covering the period 2009-2013. Key deliverables for 2009 include the definition and clarification of the 13 mental health catchment areas; the progression of the establishment of 20 Primary Care Centres with a number in place by end of 2009; the

16 The HSE Transformation Programme (2007-2010) outlines 13 different Transformation Priorities with an emphasis on providing services in primary, community and continuity care, rather than in acute hospitals.

delivery of 8 teams and the progression of an additional six teams in child and adolescent mental health services; the coming on-stream of 14 additional child and adolescent inpatient beds, creation of 14 new Community Mental Health teams in the General Adult services; the creation of a new Eating Disorder team and the provision of 10 further beds in the National Forensic Service based at the Central Mental Hospital.

The 126-page Plan reiterates a lot of the thinking in the original policy document. The key deliverables are couched in the language of uncertainty, using phrases such as 'expect to' and 'hope to' and 'to progress'. The Plan itself acknowledges that it is contingent on, as yet unknown, factors in the internal and external environment including financial, legislative and organisational. Given the slow rate of policy implementation to date coupled with the dwindling public finances, the public sector recruitment freeze and the fact that four months of 2009 have already passed by publication date even the initial goals could appear optimistic.

PROGRESS IN THE NORTH

Within the North progressing the Bamford Review slowed while the devolved administration reviewed work which had been essentially prepared under Direct Rule ministers. An implementation plan for delivering on the Bamford Review was issued for consultation in June 2008 and evoked a strong response with over 30 written submissions and 2 public feedback meetings. These responses are now being considered by the Inter-Departmental Group, chaired by the Health Minister, and

proposals for the way forward will be put to the Northern Ireland Executive later this year. While this process is continuing the Health Minister is keen to show that modernisation is continuing. In October 2008 while renewing his commitment to making 'Bamford' a reality the Minister referred to progress in the greater delivery of care in the community and the bringing down of waiting times for access to psychological therapies to a maximum of 13 weeks by March 2009. He has also initiated a Workforce Planning Study to identify the additional resources needed to fully deliver the mental health service vision.

The experience of preparing the Bamford Review over four years has involved contributions from almost all those involved in mental health in the North. The visioning process itself has left people eager to get working after the government response is considered. The Northern Monitoring Group reflected that the luxury of the pre-implementation phase (prior to the consultation on the draft implementation plan) has allowed them to develop contacts and make relationships for reporting on progress. Regular six weekly meetings are held with the Directors for Mental Health or Learning Disability within the Health Trusts responsible for providing services and separately with the Departmental Head of Mental Health and Disability. The Northern Monitoring Group meets with the Minister twice a year (and with his advisor in between) to critically review progress.

The first public statement by the Northern Monitoring Group was made at a Law Centre (NI) seminar taking place on World Mental Health Day in October 2007. It



welcomed both the acknowledgement by the Health Minister that many aspects of current mental health service delivery, including major service gaps and absence of services, are unacceptable and his commitment to reform and modernisation. However they expressed concern over the uncertainty surrounding funding - this was before the Draft Programme for Government and budgets were set.

The Northern Monitoring Group reflected on the strong commitment of their Health Department to performance management and the imminent development of a Mental Health Service Framework (due by end of 2008). This Service Framework approach is used successfully in the rest of the UK to set longer term (10-15 year) targets for the configuration of mental health services and to measure corresponding progress. In terms of subsequent implementation, the Framework will adopt a practical approach outlining what can be achieved within existing and anticipated new resources over a 2-3 year period. It will also take a more forward looking approach about what could be achieved within a potential 5 yr period. The Framework will be supported by an Action Plan which will prioritise the work needed to deliver and will dovetail with other relevant work being taken forward such as the suicide prevention strategy, the mental health promotion strategy and the new strategic direction for alcohol and drugs. This Framework will be widely circulated and should be useful in raising the level of consciousness among service users and carers about what they should expect from mental health care. Furthermore the Framework will reflect an overall commitment to a 'recovery ethos'.

KEY IMPLEMENTATION LESSONS

Discussions on the experience of both Monitoring Groups highlighted key lessons/ challenges concerning leadership and funding which affect implementation.

Leadership

Joined-up government remains a core challenge for civil services across the world. The challenges that governments need to tackle do not fall into neat departmental silos. Responding to them requires coordination and cohesion across several departments and agencies, not just at the level of central government, but across international, regional and local jurisdictions, too. This horizontal governance challenge was flagged as a key issue by both Monitoring Groups.

One of the biggest lessons for the Southern Monitoring Group was the need to identify one person who is solely responsible for leading the implementation process. There is a sense of frustration that no single person within the HSE is driving the Southern implementation but instead a number of people who are trying to balance their part-time responsibility alongside a range of other responsibilities. *A Vision for Change* recommendation that a National Mental Health Services Directorate, similar to that established for cancer services, should be established, has not been considered. The Southern Monitoring Group has called on the HSE to appoint a Director of Mental Health for an initial period of 3-5 years within a National Mental Health Service Directorate. In January 2009 at a press conference to mark 3 years since the publication of *A Vision for Change* Minister John Moloney spoke of his "firm belief that

someone should be appointed to provide a hands-on approach to implementation.

A Departmental Office for Disability and Mental Health was established in January 2008 with the structures for centrally coordinating implementation being defined. The purpose of the Office is to assist the Minister for Equality, Disability and Mental Health, in exercising his/ her responsibilities across four Government Departments: Health and Children, Education and Science, Enterprise, Trade and Employment and Justice, Equality and Law Reform. One of the key priorities is to bring a new impetus to the implementation of *A Vision for Change*. The Office Director, who was a member of the Expert Group which developed the mental health policy, meets on a quarterly basis with the Minister for Equality, Disability and Mental Health and the four Secretaries General of the relevant Departments. The Southern Monitoring Group has acknowledged the commitment of the current Minister, John Moloney TD, to the development of mental health services and in particular his willingness to engage directly with stakeholders. Since July 2008 he has met with the Southern Monitoring Group on five occasions and arranged a meeting with Professor Brendan Drumm, CEO HSE to discuss the HSE Implementation Plan and other concerns.

In Northern Ireland Professor Roy Mc Clelland who chaired the Bamford Review and is now chairing the Board for Mental Health and Learning Disability is considered to be providing that consistency and continuity of leadership. As outlined earlier, within Northern Ireland an Inter-

Departmental Minister Group and an Inter-Departmental Implementation Group were established in October 2006 when accepting the 'Bamford' vision.

Funding

"Without adequate financing, mental health policies and plans remain in the realm of rhetoric and good intentions."

World Health Organisation

For all the genuine concern over mental health the struggle to maintain a political commitment to it in the face of competing pressures from other health service priorities and government efficiencies during recessionary times may prove difficult. Although mental health could be seen to be rising up the political agendas on the island there remain concerns over how sustainable this will prove to be given the long timescale for results.

In the South funding has proved frustrating with what was deemed "very insignificant amounts of money allocated for implementation". *A Vision for Change* notes that the "provision of adequate resources for mental health is a prerequisite for the implementation of policy" and explicitly referred to the €21.6m additional funding that would be required each year for the next seven years. While development funding of €51.2m was provided in 2006 and 2007 the HSE Service Plan for 2008 did not allocate any funding. Instead the Department declared that 2008 should be a time to "pause and review the situation to ensure consolidations of the investment to date". The Southern Monitoring Group set up to oversee *A Vision for Change* reported



“an unacceptable delay between allocation of resources and recruitment of staff” in 2007. It emerged that €24m of the €51.2m development funding allocated to the HSE for the implementation has been diverted to address core deficits in existing mental health services.

*It is not apparent to the Monitoring Group who in the HSE has budgetary responsibility for mental health services or how budgetary decisions affecting mental health services are met”.
Independent Monitoring Group for A Vision for Change, June 2008*

Furthermore *A Vision for Change* proposes significant changes and improvements in mental health services, with a move away from inpatient institutional care and an increased reliance on community services. The policy states that “assets acquired from the sale of mental health lands could form a significant part of the investment required in funding the new model of care”. Research¹⁷ published by the Irish Psychiatric Association to mark the second anniversary of *A Vision for Change* accused the government of breaking promises to reinvest the lucrative proceeds from the sale of old style psychiatric hospitals and surrounding lands for vital new services. It reported that “there is systematic shredding of assets... with both lands and buildings in mental health services either being given away or being sold for under the market cost without any benefit to mental health services...”.

In January, 2009 3 years after publication of *A Vision for Change*, Minister John Moloney

TD reaffirmed his commitment to reinvest funds from the sale of psychiatric hospitals into mental health services - it is planned to close two such hospitals a year. However the Department of Finance subsequently commented that ring fencing resources in this way may not be possible.

The Mental Health Commission study, *The Economics of Mental Health Care in Ireland*¹⁸, published on 18 September 2008, estimates that the overall cost of poor mental health in Ireland was just over €3 billion in 2006, or 2 per cent of GNP and calls for mental health care funding to be raised from 6% to 10% of overall health spending.

In the North the wider public involvement in developing mental health policy has proved its worth in very practical terms in that the campaign for a better budget allocation in the 2008 Comprehensive Review of Government bore fruit. The draft budget for Mental Health and Learning Disability in Northern Ireland was considered to have given “short shrift” to the serious deficiencies in services by proposing a budgetary rise on funding (in years one and two of less than 1 percent) that would have little impact. Carers and service users used the consultation process to express their disappointment and the power of this well coordinated public action resulted in the Minister for Finance increasing the amount of funding from £18m to £44m for the initial three year period.

In commenting on the economically focused 2007 Draft Programme for Government within the North attention was drawn to

17 Siobhan Barry, Justin Brophy and Dermot Walsh. *The Lie of the Land*. Dublin: Irish Psychiatric Association, January 2008.

18 Eamon O’Shea and Brendan Kenneally, National University Ireland, Galway *The Economics of Mental Health in Ireland*. Dublin: Mental Health Commission, 2008

the economic advantages of dealing with Northern Ireland's drastic mental health problems. For example within the UK an estimated 80 million workdays are lost each year to stress, depression and anxiety. Furthermore, not addressing mental health problems in the workplace cost business and the public sector an estimated £9 billion each year. Northern Ireland has significantly more people claiming benefits for mental health related illness than any other region in the United Kingdom. Recent research¹⁹ has found that almost a tenth of Northern Ireland's working population is claiming benefits for mental health. The request for a greater allocation of funding for mental health services was couched in the "significant impact such an approach would have on the Northern Ireland economy, reducing the number of people on benefits and increasing the market economy".

Attention was also drawn to the inequities in resourcing available for mental health services between Northern Ireland and the rest of the UK. From 2000-2006 the UK Government have invested an average 6.6 percent per annum increase in mental health spending with 11.8 percent of the NHS budget allocated to mental health. In Northern Ireland despite a higher prevalence of mental health issues compared to England, only 8.4 percent of the NHS budget (which does not include social services) is allocated to mental health. In fact the Northern Department's paper on Needs and Effectiveness Evaluation (DHSSPS Paper NR03/04) estimates that Northern Ireland's need for mental health services was around 25% higher than England (based on numbers of cases and not costs). Later surveys of

psycho-social well-being, based on the GHQ 12 measure, showed that 43% more of the population in Northern Ireland is in need of mental health services.²⁰ The paper also indicated that there was an over-reliance on hospital provision and that over a 10-15 year period additional resources, together with a realignment of existing resources, is required to redress this imbalance. In total the Bamford Review Needs and Resources Committee estimated that £402m was needed for full implementation.

Discussions on the experience of the South provided clear evidence of the need to ring-fence allocated money for new mental health service development in the North so that it did not suffer the same fate as the Southern funding and be redirected to cover other health concerns.

19 Peter Kenway, Tom MacInnes, Aveen Kelly and Guy Palmer, *Monitoring poverty and social exclusion in Northern Ireland 2006*. Joseph Rowntree Foundation, November 2006.

20 2005 Health and Wellbeing Survey (NI) and 2004 Health Survey of England.



A COMMON AGENDA

There are issues which are clearly common to policies and officials in both jurisdictions. These include an overarching focus on recovery ethos, the relationship between community mental health and primary care, developing an appropriate workforce for reorganised services, increasing the participation of users and carers in services and the development of shared services for specialist areas of mental health.

RECOVERY

Mental Health policies and accompanying papers see 'recovery' at the core of service development. The Monitoring Groups in both jurisdictions also reflected on the increasingly valued concept of recovery in mental health services and the challenges it posed for service delivery. Familiar with the fields of drink and drug abuse, 'recovery' has now become part of the radical change in approach to responding to mental health difficulties. Recovery from mental ill health is not just about achieving a clinical level of recovery but includes social and emotional well-being and ultimately, reintegration into society. It promotes a more optimistic viewpoint of the capacity for recovery from ill-health and it emphasises user involvement, self-management and an expectation of recovery. In 2005 a committee established by the Irish Mental Health Commission described some of the international and Irish experiences in moving towards recovery oriented services and summarised the core elements needed for its application within Irish mental health services.²¹

The Mental Health Commission's 2007 report on a Quality Framework for Mental Health Services was recognised as providing a means of accessing progress towards the kind of recovery oriented services recommended. In April 2008 a MHC conference entitled "*A Recovery Approach within the Irish Mental Health Services Translating Principles into Practice*" was attended by over 250 delegates and marked the publication of a Resource Pack on Recovery.²² Within the South there are examples of individual initiatives driving the recovery ethos. For instance, the School of Nursing in Dublin City University, in partnership with the HSE, developed a post of Practice, Education, Research Expert by Experience where candidates must have experience as a user of mental health services in Ireland but do not require academic qualifications. However the third annual report of the Southern Monitoring Group states that this recovery ethos is not being pursued consistently across HSE areas in the absence of a National Mental Health Service Directorate.

Officials from Northern Ireland reported on their attendance at a recovery conference in Dublin which has shaped their thinking. Within the North the Adult Mental Health Report within the Bamford Review was produced in 2005 and was only just catching the beginning of the recovery movement. Efforts are being made to shift public attitudes towards thinking of mental health as an issue for everyone and developing peer advocacy and training. It is anticipated that the Northern Ireland Mental Health Service Framework which is currently being

21 Mental Health Commission. *A vision for a recovery model: The Irish mental health services. Discussion paper.* Dublin: Mental Health Commission, 2005.

22 The Resource Pack on Recovery contains five influential documents including: *The Recovery Journey - A Recovery Approach within the Irish Mental Health Services, Position Paper*, Mental Health Commission (2008); *A Recovery Approach within the Irish Mental Health Services - A Framework for Development*, Mental Health Commission (2008); *A Vision for a Recovery Model in Irish Mental Health Services - A Qualitative Analysis of Submissions to the Mental Health Commission*, Mental Health Commission (2007).

prepared will have an overarching 'recovery' focus.

PRIMARY CARE AND COMMUNITY CARE

"Each individual with mental health needs should be given the opportunity to have their needs addressed promptly within primary care settings". Bamford Review

Both Monitoring Groups discussed the relationship between community mental health and primary care. Within the South the HSE is strengthening primary care under its Transformation Programme but it does not appear to have a specific focus on strengthening community mental health services. The blurring of boundaries between these two areas and the lack of clarity on the relative roles of the two aspects of the service is an issue of concern.

The primary care sector is much longer established within the North and has developed strong community infrastructure. However working to develop the Mental Health Service Framework has highlighted the need for two related threads – one on developing solid primary care and a second parallel development on community care systems to develop such care as mental health outreach work, mental health skilling etc.

Reflecting on statistics that approximately 70% of mental health needs live at primary care level in the community but go unrecognised and untreated, the Northern Monitoring Group referred to the need for work on care pathways and psychological skilling. Both Groups concurred that

providing mental health services within primary care is not about "changing the location where existing care is traditionally delivered but about psychologically proofing the primary care context so that the service user is given the care appropriate to his/ her needs along a continuum of care". It is more about having a trained person in place who identifies the appropriate psychological delivery in a primary care setting – whether that be a brief intervention, engagement or a more complicated arrangement in another setting.

INFORMATION SYSTEMS

Good quality information is paramount in providing good services. It is used to define problems, identify the solutions, measure results and ultimately redefine the problem. There have been calls²³ for government departments and other government bodies to see it as part of their public accountability responsibilities that they facilitate the provision of information to bona fide researchers by improving the coordination and information-sharing about available data sets and the potential to encourage or facilitate access to existing sources. While large corporations like Tesco are investing time and effort to capture information about the behaviour of their customers, central government does not appear to have embraced the opportunities that 'pervasive information' might provide. Persuading decision-makers to make the large-scale investments needed to create and grow systematic digital evidence bases in intelligent ways that provide for better policy formulation and more agile trialling and implementation of innovations is a potentially vital role for academics.

23 UK Ministry of Justice/ Legal Empirical Research Support Network conference December 2007 and British Academy report September 2008.



The lack of appropriate information and information systems in mental health was tabled as an important issue in both jurisdictions. The Mental Health Commission Research Strategy refers to the time and effort that is diverted from mental health research in Ireland collecting “the type of information that should be readily available from a computer system”. There is no single, readily available source of information on what mental health services are provided locally and nationally. The provision of comprehensive information on mental health care is more challenging than in, for example, the acute hospital sector, as mental health care involves a wide range of community services in a variety of settings. There are a number of national actions needed as prerequisites for an effective, computerised Mental Health Information System (MHIS) that addresses both local and national needs including an electronic patient record, a unique patient identifier, an agreed national minimum data set for mental health and one national mental health information system that receives information from local mental health services. The Health Information and Quality Authority (HIQA), formally established as an independent authority in May 2007, is responsible for health information, promoting and implementing quality assurance programmes nationally, and overseeing health technology assessment.

The Southern Monitoring Group reported on the work of the Mental Health Research Unit (MHRU) of the Health Research Board which manages and reports on national information systems in the mental health area e.g. the National Psychiatric In-patients

Reporting systems (NPIRS). Support has been provided by the Department of Health and Children to develop WISDOM – a system which will capture information on inpatient and community care service activity. Testing has been completed on the six major modules of the software (In-patients, Day Centres, Day Hospitals, Community Residences, Psychiatric Liaison and Professional/ Team Contacts). WISDOM is running as a Proof of Concept (POC) pilot in Donegal since January 2009. The system will be evaluated and, if appropriate, rolled out nationally. However it is anticipated that it may take a considerably longer timescale to roll the system out nationally.

The Northern Monitoring Group reported that a mental health service mapping system for Northern Ireland is being considered based upon the approach previously developed for England and Wales by Professor Gyles Glover, University of Durham and North East Public Health Observatory. It is planned that this system would provide a baseline prior to the commissioning of new service changes and would sit along other performance management tools and quality information. However recent discussions with key officials in the North suggest that this development will be further delayed after issues concerning contracting arrangements.

CHILD AND ADOLESCENT SERVICES

It is estimated that more than 20% of young people in Northern Ireland are suffering significant mental health problems by their 18th birthday²⁴. Under 18s represent over 25% of the population of Northern

Ireland. Despite this, less than 5% of the mental health budget is spent on Child and Adolescent Mental Health (CAMH) Services.²⁵ The Bamford Review described the situation regarding CAMH services as characterised by “overwhelming need and chronic underinvestment”. Children continue to be placed in adult psychiatric wards and in some cases adult prisons as a result of a lack of age appropriate facilities.²⁶ In June 2008 in a Northern Ireland Executive debate Minister Mc Gimpsey referred to the current building of two new units for child and adolescent mental-health services. The first of those buildings, which will provide 18 places in the adolescent unit—for 14 to 17-year-olds—will be ready in 2009-2010, and will be followed by the child-and-family centre, which will provide 15 inpatient beds. This work dovetails well with the Bamford recommendations.

In 2006, the Irish Government was criticised by the UN Committee on the Rights of the Child for not having sufficient mental health services designed for children under 18 years of age. Yet, according to the HSE, in a December 2007 parliamentary response, 30 percent of the 3, 598 children on the waiting list for psychiatric assessments have been waiting for over a year. Despite government promises that this practice would end, children seeking psychiatric care are still regularly being accommodated in adult institutions. In 2007 193 children were admitted to adult psychiatric units, according to the Mental Health Commission Annual Report 2007. *A Vision for Change* recommended 4 new child-appropriate in-patient facilities. The Southern Monitoring

Group expressed their concern with the slow rate of progress which was not consistent with the resources allocated but accepted that progress is being made. Construction has started on the provision of two 20-bedded purpose-built child and adolescent units in Cork and Galway. The HSE have stated that 18 additional in-patient beds and 58 community child and adolescent mental health teams will be in place by the end of 2009.

TRAINING and WORKFORCE

One of the other major concerns that was highlighted by the Bamford Review is the lack of an adequate number of trained mental health staff in Northern Ireland. Without an appropriate workforce many of the desired recommendations made by the Bamford Review cannot be implemented. Currently in Northern Ireland the workforce is 500 below the number of community mental health staff recommended by the Bamford Review.

Psychological therapies in mental health care have been shown to be effective, popular with service users and, for some types of mental illness, have more enduring benefits than drug treatments. The experience in England of running a National Service Framework for adult mental health since 2000 has shown that how vast amounts of money are directed towards those people with complex needs yet the large majority of people with less complex mental health problems are still not accessing appropriate care. In 2004, the National Institute for Clinical Effectiveness (NICE) recommended that ‘talking treatments’, such as Cognitive

25 Northern Ireland Commissioner for Children and Young People, *Children’s Rights in Northern Ireland*.

26 Northern Ireland Human Rights Commission, *The Hurt Inside: The Imprisonment of Women and Girls in Northern Ireland*, 2004.



Based Therapy, be used as the first-line treatment for mild to moderate depression. In February 2008 the UK Government announced a £170m programme to boost treatment for depression and committed to training 3,600 new therapists. In England Professor David Clarke, who coincidentally is the clinical and research adviser to the Northern Ireland Centre for Trauma and Transformation, is now tasked with putting in place a stepped care model from primary care onwards involving the fast track training of psychology graduates. This will be developed as a bolt-on model to existing services over the next 3-4 years. This decision to develop an additional 'low intensity' mental health service is driven more by economics than by health²⁷. The principal thinking behind this move came from Professor Lord Layard, London School of Economics and advisor to Tony Blair who stated, "*We have solved unemployment, the real economic challenge is now mental health*". Northern Ireland is now considering how, and whether, to approach a similar scheme.

Another key training issue identified in both jurisdictions is the need for multidisciplinary teams that can work across disciplines and across areas. Indeed the policies in both jurisdictions have significant implications for the recruitment of staff and the re-skilling of existing staff to work in new ways. For instance the Southern Monitoring Group referred to the acute shortage of occupational therapists and speech and language therapists, but the excessive numbers of psychiatric nurses. While there are currently 5,600 psychiatric nurses in the South *A Vision for Change* report talks about

the 3,300 psychiatric nurses required to deliver change. The third Annual Report of the Southern Monitoring Group stated that the "resourcing of multidisciplinary mental health teams has not been adequately prioritised".

Both Monitoring Groups agreed that new types of staff are needed in therapeutic healing, working with carers, psychosocial interventions and that creative thinking is needed more than 'blank cheques' to develop a workforce that is fit for purpose.

INCREASING USER/CARER PARTICIPATION

Both Monitoring Groups accepted that there has been a great increase in user participation over the past 10 years while acknowledging that this has happened from a very low base. The User Agenda gained full public acceptance in the UK government NHS National Service Framework for Mental Health (NSF) published in 1999.²⁸ The Framework's seven key standards are prefaced by the statement, "*All mental health services must be planned and implemented in partnership with local communities, and involve service users and carers*".

The wide consultation involved in preparing mental health policies in both jurisdictions did involve strong user participation. However there is huge scope to increase involvement in both jurisdictions and a continued need to change professional attitudes to ensure that users and carers are made a priority within service planning and delivery.

In January 2008 the HSE launched the new

27 London School of Economics Centre for Economic Performance Mental Health Policy Group: 2005. *The Depression Report: A new deal for depression and anxiety disorders*. London: HSE.

28 Department of Health (1999) *National Service Frameworks for Mental Health: modern standards and service models. Executive Summary* London: HMSO, p.6.

National Service User Executive for mental health services enabling users to become active partners in the management of mental health services. By April 2009 both a service user and a carer representative have been nominated to the national implementation steering committee. The HSE partnership with Dublin City University in developing a Co-operative Learning Leadership Programme in Mental Health involving service users and carers is seen to be developing a structure and process within which the user voice is actually integrated into the system rather than a voice of agitation and frustration outside. Fifteen people from five mental health services graduated from this Programme in October 2008 and a further eighteen people from six mental health services are currently enrolled. Furthermore the development of Service User Expert posts within DCU was lauded as a real practical application of the concept of *A Vision for Change*. This has firmly installed the insight that people with experience of mental health are the experts on their own condition. This 'expert by experience' concept has also been championed by the Strategies for Living Project at the UK Mental Health Foundation and adopts best practice of the National Institute for Mental Health in England (NIMHE) which has created both a Fellowship for Experts by Experience and a Fellowship for Recovery.²⁹

A reciprocal Northern example quoted was that of the Eastern Board User and Carer Forum. This Forum was developed by the Eastern Health Board Belfast region after their services were audited by PricewaterhouseCoopers and they

were told that they did not listen to users and carers enough. It is now hailed as an exemplary approach.

The credibility and necessity of research undertaken by users on the basis of their expert experience is increasingly accepted. Closely allied to users as researchers is the widespread development of users as formal monitors and evaluators of local and national mental health services. Importantly it was recognised that the role of carers in mental health has been less pronounced within the South and should be given more encouragement to become involved. Thought was given to formally advertising for user and carer involvement on committees. This open selection process is commonplace in the Northern Ireland appointment process.

There is a general belief that, since devolution, academic researchers want a dialogue with the Northern Ireland Executive about how research can inform policymaking to the benefit of Northern Ireland. One recent example of academics contributing to the policy debate on mental health services is that of Professor Deirdre Heenan, Professor of Social Policy University of Ulster, who delivered her inaugural November 2008 lecture³⁰ on how the government's avowed commitment to service user involvement has translated into reality. Professor Heenan said that while devolution was warmly welcomed – as it was widely believed that it would bring government to the people – the reality for mental health users was that the key area of mental health services has become largely unaccountable, remote and non-

29 Faulkner, A and Layzell, S. (2000). *Strategies for Living: report of user-led research into people's strategies for living with mental distress*. London: The Mental Health Foundation.

30 Devolution and Social Policy: More say for the Citizens of Northern Ireland? Inaugural lecture given by University of Ulster Professor of Social Policy, Deirdre Heenan, on 28 November 2008.



responsive and “innovation without change” will continue.

SHARED SPECIALIST SERVICES

The joint Monitoring Group discussed the possibility of developing joined up cross-border services or shared services for specialist areas of mental health.

The Bamford Review identifies ‘extreme services’ where there are relatively low numbers of people with special needs. These include personality disorder services, women with post natal mental health, people with psychosexual issues, brain injury, deaf people with mental health problems and those people suffering psychological trauma. The Northern Monitoring Group referred in particularly to the lack of critical mass for the residential components of such services. The Southern policy refers to specific services dealing with eating disorders, brain injury, forensic psychiatry and mental health services for people with intellectual disability. In April 2009 the Southern Monitoring Group recommended that the HSE should address as a matter of urgency the provision of regional forensic mental health services and mental health services to people with an intellectual disability. Both Monitoring Groups considered that there is enormous potential in looking across the border to develop better and more cost-efficient solutions on the island which have been traditionally delivered wider afield. There was a suggestion that the Departments of Health, North and South, may already be preparing to discuss some of these possibilities and that the attitude of the HSE to such co-operation should be assessed.

Reference was made to the All-Island Health Feasibility Study being prepared which will see a strategic framework for health co-operation for the coming years.

Cross-border co-operation is also well structured in suicide prevention with an all-island action plan being implemented. There are examples of North/ South planning for shared specialist mental health services. In October 2006 the Northern Health Minister attended the launch of new specialist mental health services for deaf people in the Republic of Ireland. The service, which was the result of collaboration of the statutory sectors and the voluntary sectors both North and South, was seen to address a very real deficit in the treatment of deaf people who are experiencing a mental illness. One of the key elements of the new service is that of a shared consultant psychiatrist. Previously referrals to a consultant psychiatrist had to be sent to England or to infrequent out-patient clinics in Northern Ireland. A consultant psychiatrist with the special skills required, has now relocated to Northern Ireland and is working three days a week in Northern Ireland and 2 two days in the Republic of Ireland.

The Middletown Centre for Autism which is being developed as an all-island centre of excellence is often cited as a key example of North/ South co-operation. At a recent Trinity College Dublin’s Historical Society debate former Ulster Unionist Party MP Ken Maginnis advocated for increased North-South co-operation on the issue of autism but criticised the south Armagh location of the cross-border facility. Lord

Maginnis queried whether any first class academics would base themselves in such a remote site and whether the Centre had the built in capacity to deal with growing cases of autism. The North's Deputy First Minister, Sinn Féin's Martin McGuinness, was said to be the driving force behind the establishment of the centre in Middletown. The Centre, which will offer expert advice on the diagnosis and assessment of autism, involves the departments of education north and south, and is funded on a 50-50 basis. It is planned that it will cater for 140 placements per year, on both residential and non-residential basis. The facility opened in April 2007 but building works will not be completed until 2010.



RESEARCH AND DEVELOPMENT

Government and academia inhabit very different worlds. Governments have to make decisions under acute time pressure, in conditions of uncertainty, and buffeted by interest groups, the media and politics. Academics can be more detached and sober: It operates at a slower pace, is judged by peers rather than the public, and has the freedom to explore complexities rather than having to make judgements and decisions. Yet there is probably more overlap between the two worlds now than ever before. A less acutely ideological approach to Government – summed up in the phrase that “what matters is what works” – has created a much greater demand for hard-headed and honest analysis. As a result Government is becoming a more active and demanding consumer, hungry for good research, time series data, cohort studies and for genuinely interdisciplinary work that sees issues in the round.³¹ (Geoff Mulgan, Director of the UK Prime Minister’s Forward Strategy Unit and the Performance and Innovation Unit in the Cabinet Office).

The challenges that confront public policy makers are growing in complexity and require a range of inputs from experts in many disciplines. It is essential that public policy making is informed by high quality research, in order to support the effectiveness of government decision-making³². Over the past ten years, governments have repeatedly stressed the importance they place on using the best possible advice to develop their policies, in order to improve the effectiveness of

their policy and decision-making – of using an ‘evidence-based’ approach to policy-making. UK Government departments spent just under £1.6billion in 2005/06 on civil research and development to support policy and the delivery of services, seeking advice from researchers, research and monitoring and surveillance data.³³ Past research within the UK confirms that Governments are not leveraging the academic research base as effectively as it could and should.³⁴

A 2004 UK Medical Research Council report found that levels of investment in mental health research are low in relation to the impact of these conditions on society. It also noted that engagement with research is not prioritised by the mental health community, that the research culture is poorly developed in comparison with other areas of health, and that there is some evidence that research capacity is in decline.³⁵ In responding to this situation mental health was prioritised as one of five strategic areas in which networks funded by the UK Department of Health are building clinical research infrastructure as part of the UK clinical research collaboration (UKCRC).

The Advisory Council for Science, Technology and Innovation is the Irish Government’s high level advisory body on Science, Technology and Innovation (STI) policy issues. It was launched in May 2005 and replaces the previous Irish Council for Science, Technology and Innovation (ICSTI). Its remit includes medical research policy and in November 2006 the ACSTI published its strategic policy document on the future direction and implementation of a new national health research strategy

31 ‘What Government wants and why’, Geoff Mulgan, *ESRC Society Today*, (May 2008).

32 *Punching our weight: the humanities and social science in public policy making*. A British Academy report. September 2008.

33 HM Treasury (October 2007). *The Race to the Top: A Review of Government’s Science and Innovation Policies*. Civil departmental R and D spend was £1, 597 millions in 2005/ 2006.

34 For example, the UK inquiry by the Council for Science and Technology (CST), which was set up to consider the ways in which the interaction between academia and policy makers could be improved.

35 MRC. *Neuroscience and Mental Health Board Mental Health Scoping Study*. Report from the NMHB Strategy and Portfolio Overview Group. London: Medical Research Council 2005.

- Towards Better Health: Achieving a Step Change in Health Research in Ireland. The Council's vision is to drive a step change in the level and quality of health-related research and innovation in Ireland – both to enhance the health of the Irish population and to capture in Ireland the benefits of effective commercialisation of the intellectual property created. A key element of this vision is to equip clinicians with the knowledge, experience and environment to deliver the best possible health care, based on the latest therapies and technological developments worldwide. Involvement of the health system in research is seen as one of the most effective means of ensuring that it is open to and is applying the latest developments in health care, management and practice.

This report looks at the need for research, specifically mental health services research, to support mental health policy on the island. It also examines the environment for developing such research within the island by reviewing the strategic priorities for research, the flexibility of existing funding to accommodate an all-island approach and finally the capacity to undertake such research within the nine main universities on the island.

THE ROLE OF RESEARCH IN MENTAL HEALTH POLICY

Both the *Bamford Review* and *A Vision for Change* emphasised the role of high quality research in helping to plan and deliver effective mental health services and the professional development of staff who work in these services.

A Vision for Change highlighted the gaps in mental health services research in Ireland. Structural gaps include the lack of a national mental health research strategy, poorly developed mental health research infrastructure, paucity of personnel with training, experience and interest in mental health services research, lack of funding to support this research and a low level of service user involvement in mental health services research.³⁶ Knowledge gaps include the absence of studies on the economics of mental health services and mental health, information on outcomes, and how best mental health services should be organised and structured to deliver the most effective mental health care³⁷. Recommendations were made to focus research on mental health services – outcomes, policy and service, and economics – creating an evidence base for mental health care, to prepare a national mental health strategy, to provide dedicated government funding to undertake such research, to adopt an emancipator approach (i.e. involve people with experience of mental health difficulties at every stage of the research process) and to embed research within the training of mental health professionals and within the services themselves.

The Department of Health and Children supports the research programme of the Mental Health Research Division (MHRD) of the Health Research Board (HRB) which has produced influential work on acute bed shortages³⁸, day hospital and day centre provision and utilisation³⁹, and the need for care provision in severe psychiatric illness⁴⁰. During the first seven

36 Department of Health and Children (2001) *Making Knowledge Work for Health. A Strategy for Health Research*. Strategy Office, Dublin.

37 Keogh, F. (2005) *Mental Health Research Strategy for the Mental Health Commission*. Dublin: Mental Health Commission.

38 Keogh, F., Roache, A. And Walsh, D. (1999) "We have no Beds...". An Enquiry into the Availability and Use of Acute Psychiatric Beds in the Eastern Health Board Region. Health Research Board.

39 Hickey, T., Moran, R. And Walsh, D. (2003). *Psychiatry Day Care – An Underused Option? The purposes and functions of Psychiatric Day Hospitals and Day Centres*. Health Research Board: Dublin.

40 Keogh, F., Finnerty, A., O'Grady Walshe, A., Daly, I., Murphy, D., Lane, A., and Walsh D. (2003) *Meeting the needs of people with schizophrenia living in the community*. A report from a European Collaboration. Irish Journal of Psychological Medicine. 20, 45-51.



months of 2008 MHRD staff published nine journal articles with a further eight articles submitted for consideration. The Health Research Board, the lead agency in Ireland supporting and funding health research, provides funding, maintains health information systems and conducts research linked to national health priorities i.e. to improve people's health, build health research capacity and make a significant contribution to Ireland's knowledge economy by working in partnership with other organisations. However the limited allocation of HRB funding for mental health services coupled with the lack of charitable funds (such as is commonplace in the UK) has prompted the heavy involvement of pharmaceutical companies in mental health research training and educational activities. The HRB could be seen to be in an excellent position to engage health policy decision-makers and academics in developing a common agenda.

The legislation governing the Health Service Executive and the Health Information and Quality Authority (HIQA) also gives these two agencies a clear role in research. The promotion of an evidence-based approach to the provision of mental health services is one of the functions of the Mental Health Commission. It now has an established research committee as a mechanism by which to set the mental health research agenda in areas such as identifying successful components of community-based mental health services, establishing reliable costs for Irish mental health services and promoting a variety of methodologies in mental health services research.

Likewise the Bamford Priorities Strategic paper refers to the lack of vision for research and development needs and lack of co-ordination of research in the absence of any clear centrally-led strategy for mental health and learning disability. A Mental Health Research Network has recently been established for England and Wales with a commitment to collaboration across the UK. This has recently been complemented by the establishment of a new Northern Ireland Clinical Research Network (Mental Health).

The Bamford Review details three strategic aims for developing Research and Development:

1. To deliver high quality research and provide quality research information on mental health and learning disability, prioritising areas of greatest need and areas of highest information deficiency. In particular research information is required on a range of issues including morbidity, the needs of users and carers, effectiveness of current and emerging interventions at both the individual and service levels.
2. To close the gap between established research knowledge and service uptake of such knowledge. New initiatives are required to translate research knowledge into health and social care practice at both the individual service levels and so contribute to the quality and effectiveness of services and better outcomes for individuals, for carers and families.
3. To establish and contribute to UK and Ireland research networks in mental health and learning disability. This is essential to strengthen the research

base, share knowledge, and provide support for the health and social care research community in mental health and learning disability.

A detailed list of 36 priorities for mental health research in Northern Ireland across six key areas is given in the Strategic Priorities paper (see Annex E). These areas include Mental Health and Wellbeing, Child and Adolescent Mental Health, Adult Mental Health, Forensic Mental Health, Learning Disability Services, and Reform of Legislation.

One of the first steps is seen as the development of an R&D Strategy Group with input from both the service side, including users and carer representation, and the academic community who would set initial priorities for R&D with initial principal funding from the DHSSPS R&D office. This would be followed by a detailed strategy which prioritises project proposals including commissioned research to support new mental health policies and investigator-led research. An important aspect of the new R&D Strategy is seen as the enhancement of research capacity in mental health and learning disability through education and training for young researchers. The capacity within Northern Ireland to undertake mental health research is considered to be less than that for other health areas, for example cancer research. During 2007 the DHSSPS R&D Office called for tenders to undertake research in 'Psychological Autopsy'. No funding was allocated as the tenders received were not deemed to be of fundable quality. It was accepted that this outcome may be due to lack of interest

in conducting such research or that the capacity of suitable researchers may have been already committed elsewhere.

Other bodies such as the Northern Ireland Association for Mental Health (NIAMH) and the Northern Ireland Centre for Trauma and Transformation (NICTT) are continuing to develop health services research. For instance NIAMH has been commissioned by the Department of Health, Social Services and Public Safety NI to conduct a Northern Ireland Mental Health and Emotional Wellbeing Strategic Review 2009 while NICTT has completed a commissioned mapping exercise of the range of scale of provision of psychological therapies available to the public in Northern Ireland.

RESEARCH INFRASTRUCTURE

The research infrastructure on the island has been well documented. Historically the two research communities on the island have operated independently within different structures in different jurisdictions and have been oriented in different geographical directions⁴¹.

Northern Ireland's Higher Education sector was traditionally relatively well and securely funded within the UK structure. Research was about the pursuit of excellence and more recently local economic benefit has become an objective within the sector. The Northern Ireland science community receives funding from the UK Research Council and Higher Education funding through the Department of Employment and Learning (DEL). Research focused on industry and economics is funded by Invest NI and various EU funding programmes

41 *Mapping Study of Research and Technology Development Centre on the island of Ireland*. IntertradeIreland November 2008.



such as the Framework Programmes. UK government schemes do not traditionally permit the funding of research in the Republic of Ireland. It could be argued that the Research Assessment Exercise (RAE – the mechanism undertaken every five years or so to assess the quality of research in UK university departments, which informs funding decisions) has encouraged UK academic researchers to focus on the short-term intermediate good of publishing work, rather than on the final good of scholarly and other impacts.⁴² Some critics have suggested that the RAE does not adequately recognise and reward applied ‘user’ focused research. Others have suggested that the RAE discourages academic researchers from engaging in public policy development, because policy-oriented research is often not published in peer-review journals. In 2006 the UK Government called for a new model of research assessment to be developed to address these concerns and others. How the new system- the Research Excellence Framework (REF) – will operate has yet to be determined and will be influenced by a further large scale consultation of the academic community. This presents an opportunity to identify the most effective means of recognising and encouraging policy engagement.

In Ireland research funding has risen from much lower (than in Northern Ireland) to higher levels and has for longer had a strong focus on economic development. Research is funded by the Higher Education Authority (HEA) and by Science Foundation Ireland with industry-focused funding provided by Enterprise Ireland/ Industrial Development Agency (IDA) and various EU funding programmes. The research community has

a history of collaboration outside of the state as a means of enhancing the overall research activity. The portfolio of HEA funding activities directed at generating core capacity and capability in the research system are:

- The HEA Block Grant—the combined teaching and education budget which provides the necessary floor for research funding
- The Programme for Research in Third-Level Institutions (PRTL) which provides support for institutional strategies, inter-institutional collaboration, large research programmes and infrastructure.
- The Fund for Digital Research (Formerly The Fund for Collaborative Research between Irish Third-Level Institutions and Media Lab Europe) which fosters collaborative interdisciplinary research, in media, materials, and methods, is administered by the HEA on behalf of the Department of Communications, Marine and Natural Resources.
- The Programme of Strategic Cooperation between Irish Aid and Higher Education and Research Institutes 2007-2011, which seeks to promote development co-operation across a range of subject areas in support of Irish Aid’s mission to reduce poverty.

Currently there is no Irish equivalent of the UK Research Assessment Exercise (RAE). Any future Irish development should be cognisant of the shortcomings of the current UK system and strive to appreciate and support policy engagement.

42 A.M. Pettigrew, *Scholarly impact’ and the co-production hypothesis*, EFMD Global Focus, 2(2)(2008) pp. 8-12.

ALL-ISLAND RESEARCH INFRASTRUCTURE

In developing an all-island approach to mental health research attention should be paid to a November 2008 report prepared by IntertradeIreland at the request of the British Irish Intergovernmental Conference. This all-island mapping study of research centres sought to promote greater collaboration in developing a knowledge-based economy.⁴³ It showed that even within the economically-driven research arena there exists a low level of awareness of relevant research in the other jurisdiction and a lack of clarity on all-island funding opportunities.

The building of infrastructure for all-island collaboration in health research is often traced to the negotiations of the 1998 Good Friday agreement when US President Bill Clinton, called on the National Cancer Institute to help establish all-island co-operative structures on cancer research. The resulting tripartite agreement between the US National Cancer Institute (NCI) and the departments of health in Northern Ireland and Ireland has supported many initiatives such as the all-Ireland Co-operative Oncology Research Group (ICORG) which has opened up 71 research proposals and brought new research treatments to more than 2,600 Irish cancer patients over the past 10 years. Staying with the cancer theme, the Queen's University Center for Cancer Research and Cell Biology (CCRCB) officially opened in November 2007 hosts more than 300 international researchers. Two months later in January 2008 the European Centre for Connected Health (ECCH) was launched in Belfast with a €58m budget for three years to research new

technology uses in improving the quality of life for people with chronic conditions. A further example is that of BioMedIreland, a north-south network established to enhance co-operation across the island's life and health technology sector.

All-island collaboration combined the industrial focus of the South with the clinical expertise of the North. In the Republic of Ireland nine of the world's top 10 pharmaceutical companies and 15 of the world's top 25 medical technology companies have invested in Ireland. In Northern Ireland the life science industry is largely comprised of spin-offs involving collaboration between researchers and clinicians. The IDA flagship project brings together GlaxoSmithKline's UK-based Neuroscience Centre of Excellence for Drug Discovery with the Trinity College Institute of Neuroscience in Dublin and the National University of Ireland, Galway to focus on new therapies to treat Alzheimer's disease.

In July 2003, a new umbrella body (Universities Ireland) to promote cooperation and collaboration among universities in Northern Ireland and the Republic of Ireland was created, following a high-profile appeal to the "moral responsibility" of the universities for enhanced cooperation made by Malcolm Skilbeck of the OECD. Universities Ireland builds on earlier cooperation between the universities at a number of levels and also works to enhance their reputations internationally. Universities Ireland has developed projects to examine the potential development of e-learning in collaboration across the nine universities, to review harmonising regulations, awarding

⁴³ *Mapping Study of Research and Technology Development Centre on the island of Ireland*. IntertradeIreland November 2008.

joint degrees and integrating credit transfer arrangements between universities, to explore the feasibility of an all-island technology transfer and intellectual property service, to promote business-university linkages and to conduct inter-university development cooperation with Eastern Africa. It has initiated a series of meetings with Universities UK, the representative body of the British universities, to promote increased research cooperation, joint leadership training and common approaches to European issues. However there is little or no money for research within the initiative.

FUNDING SUPPORTS FOR ALL-ISLAND RESEARCH

A number of previous schemes provided support for collaborative research and development between higher education institutions in Ireland and Northern Ireland. These spanned the areas of energy, environment, health and agri-food. For example, the Higher Education Authority (HEA) administered two North/ South Research Programmes with a particular focus on enhancing the research capabilities on the island, which were initiated in 2003. Strand 1, the North/ South Programme for Collaborative Research, which was administered on behalf of the Department of Education and Science and funded under the National Development Plan (2000-2006), allocated €5.5m to 21 cross-border inter-institutional projects across 9 institutions. These 2-3 year projects covered a wide range of disciplines such as Irish history, Irish film, economics, encoding of scholarly texts, research evaluation, biosciences, biomedicine, conservation, nanotechnology

and ICT. Under Strand 2, the Cross-border Programme for Research and Education contributing to Peace and Reconciliation, which was administered on behalf of the Department of Education and Science and the Department for Employment and Learning and funded under the EU Peace II programme, €3.2m was allocated to five projects over a 2.5 year period. The HEA North/South research schemes highlighted the appetite for North/ South collaboration with 139 applications received for Strand 1 and 45 applications received for Strand 2. There was no funding allocated to mental health research and it is not known if any of the 184 applications received were focused on mental health issues.

In some cases existing funding support has been aligned to facilitate all-island participation. A current example of this is the bi-lateral agreement between the UK Economic and Social Research Council (ESRC) and the Irish Research Council (IRCHSS) which facilitates collaboration between social science researchers in Ireland and the UK. Applicants provide both Councils with the Irish and UK partner proposals and these are assessed through a collaborative process by both IRCHSS and the ESRC, with funding awarded separately through the two Councils. The US-Ireland R&D partnership is another example where funding mechanisms within a number of difference jurisdictions are coordinated to facilitate a single proposal-single peer review system and enable joint decision-making. The priority areas for funding are diabetes, cystic fibrosis, nanotechnology and sensor technology. Mental health is not on the agenda.

In other cases existing supports have been adapted to allow more flexible use of funds where a business case exists for a collaborative project. For example, the Science Foundation Ireland (SFI) North/South Research Partnership Supplement will fund collaborations with researchers in higher education institutions in Northern Ireland in order to enhance existing SFI-funded research programmes. The Programme for Research in Third Level Institutions (PRTL) Cycle 4 facilitates collaboration with international partners. Collaboration with Queen's University Belfast and the University of Ulster (and its constituent colleges) is particularly welcome. Seven of the current 16 programmes funded under PRTL Cycle 4 involve Northern Ireland participation. These programmes span biosciences, the environment, humanities and ICT. Enterprise Ireland funding allocated within the South can be spent in Northern Ireland to the benefit of an Irish company under an Innovation Voucher scheme. Again none of this funding has been awarded to research mental health issues.

CURRENT ALL-ISLAND PRIORITIES

Example: Cross-border Research and Development Funding Programme – 'Strengthening the all-Ireland Research base'

The National Development Plan 2007-2013 refers to proposals for Irish Government investment in North/ South projects and initiatives for mutual benefit. Furthermore the financial package to help underpin the restoration of the devolved administration in Northern Ireland referenced a €60m contribution to an Innovation Fund

ring-fenced for cross-border activities by Northern Ireland Higher Education Institutions.

In June 2008 the Department of Employment and Learning (DEL) announced the 'Cross-border Research and Development Funding Programme – Strengthening the All-Ireland Research base' to create critical mass in areas of strategic interest to both governments. This call invited Queen's University Belfast and the University of Ulster to submit proposals for developing and/or strengthening links with research groups in the Republic of Ireland through collaborative research which was socially and economically relevant to Northern Ireland as expressed through the Programme for Government, the Economic Vision and the Regional Innovation Strategy. The Programme was developed by a board of Northern officials in liaison with Southern officials⁴⁴.

In total £14.5m was made available under this call, primarily from the 'Funding for Innovation (FFI) stream, with the remaining £2.5m available for projects under the US-Ireland R&D partnership. The ten projects approved for funding in late October 2008 cover a wide range of priorities such as Future Energy Systems, Mobile Information and Communication Technologies, Major Chronic Disease and Infections, Functional Foods, Nutrition and Bone health and Safe and Traceable Food. Details of the successful projects are given in Annex F. As well as enhanced access to expertise and infrastructure on both sides of the border the funding seeks to embed 'split site' studentships and the leverage of further

⁴⁴ The Programme Board included Northern officials from DEL, Department of Enterprise, Trade and Investment (DETI), Invest NI and the Centre for Competitiveness who were established at the request of the Chair of the Economic Development Forum's Innovation Subgroup in order to consider the Universities' Joint Paper entitled 'Northern Ireland's Universities: Key Drivers of Wealth Creation and Future Economic Development (May 2007)'. They liaised closely with officials from the Departments of Enterprise, Trade and Employment (DETE), Department of Education and Science (DES) as well as representatives from Science Foundation Ireland (SFI) and the Higher Education Authority (HEA).



research collaboration with high quality research centres internationally, including those in the United States through the US-Ireland R&D Partnership.

Mental health does not feature on the list of successful projects. However it did feature further down the chain. The original call for proposals within the two universities in Northern Ireland generated approximately 100 outline proposals in each. These were then shortlisted internally to 20 projects which were submitted to DEL as candidates for funding. Within the University of Ulster the Psychology Research Institute submitted two outline mental health bids. Professor Brendan Bunting, leader of the Health Psychology Research Group sought to fund an extension of an epidemiological study of mental health into the South, collaborating with the Department of Psychiatry, Trinity College Dublin and the Health Research Board. The second proposal by Dr Michael Duffy, Social and Policy Research Institute and Dr Chris Lewis Psychology Research Institute sought funding to work with the School of Psychology UCD and Headstrong in extending the Irish National Youth Mental Health Survey to include Northern Ireland. Both of these proposals were filtered out by the university who considered they could not meet the economic development and innovation criteria in the R&D programme as well as the projects in Science and Technology. Queen's University Belfast considered an ICT and Ageing research proposal which was submitted to DEL as a candidate for funding but was unsuccessful. This proposal was a composite of several medical related projects which included an Alzheimer's research project led by

Professor Peter Passmore and a dementia aspect led by Dr David Craig, both from the Neuroscience Research Group at Queen's.

This recent funding programme provides an important insight into the current R&D priorities of both governments and higher education institutions. In Ireland, the National Development Plan (2007-2013) provides the impetus for a significant expansion of research which is dealt with more specifically in the Strategy for Science, Technology and Innovation (2006-2013). Building on the success of the Programme for Research in Third Level Institutions (PRTL) and Science Foundation Ireland (SFI), this strategy sets targets for increased participation in the sciences, a step change in the quality and quantity of research and the strengthening of local and international synergistic linkages. In Northern Ireland, the Government has identified innovation through increased investment in research and development as a key driver towards the achievement of its economic vision. A key part of that drive has been the identification of 5 key technology areas and the subsequent establishment of RTD centres of Excellence. In broad terms both regimes are targeting the same growth technologies – ICT, life sciences, nanotechnology, agri-food and aerospace. Both have the same problems of lack of scale and as a consequence are encouraging an increased emphasis on internationalisation which provides an increased impetus for cross-border collaboration.

Despite what may seem as a lucrative arena for North-South research it is clear that

mental health research does not feature strongly on this common agenda. All-island funding support is overwhelmingly channelled towards business, science and technology-oriented funds.

UNIVERSITY OUTPUTS IN MENTAL HEALTH

There are nine major universities on the island of Ireland. Two universities are located in Northern Ireland: Queen's University Belfast (QUB) and the University of Ulster (UU). Seven universities are located in the Republic of Ireland: Trinity College Dublin (TCD), University College Dublin (UCD), Dublin City University (DCU), National University of Ireland, Maynooth (NUI Maynooth), University of Limerick (UL), University College Cork (UCC) and National University of Ireland, Galway (NUI Galway).

All universities are continuously striving to ensure that their research fields are relevant, contributing to the needs of society and feeding in to the broader education process. Research strategy has become an increasingly important element of university leadership and management. However, funding models and allocation mechanisms mean that resources are being channelled more narrowly, particularly in research. This section of the report sought to identify the focus that is placed on mental health research within the main universities. It is concerned primarily with identifying how the universities make provision for mental health research and how they organise, respond to and direct the mental health research agenda on the island of Ireland. From this basis, it would be possible to widen out the study at some later stage to the whole of the higher education sector and other research agencies. Very few universities were able to answer questions immediately and succinctly on capacity for mental health

research and most required iteration and pressing on the point. The information needed for this study was almost always pieced together from several sources but the initial contact was typically the individual universities R&D office.

In no university did one single individual have an overview of all mental health research activity underway. There were a number of reasons for this:

- Mental health is a very broad concept.
- the publicly recognisable 'skeleton' of a university usually represents the teaching structure and internal structures tend to reinforce this. Research, on the other hand, is more fluid and often collaborative and does not map straightforwardly onto this, but rather floats above it in different (and changing) patterns, as appropriate to the researchers;
- there are pockets of mental health research going on in separate parts of the universities but there are no 'postholders' with a straightforward remit to consider 'mental health wherever it occurs';
- there is typically a combination of ongoing mental health research in specific areas and more focused one-off projects being undertaken as a result of success in accessing external funding. In the latter instance, the research activity becomes hard to trace in the organisational structure once the project has been completed;
- much mental health research is interdisciplinary, involving a range of academic staff in teams which can be virtual or real or somewhere in

between. Whilst these are sometimes organised from the centre, they are often formed organically by individuals themselves to meet particular research needs.

- the research focus is often determined by the interests of individual academics, with the focus being lost when the individual in question moves on. This can either be through natural turnover within each institution, or as part of a more strategic focus in the research and/or teaching focus of individual schools or departments.

In general the island universities spoke positively concerning the interest and capacity of internal academics to become involved in any research programme. A more insightful approach was to examine what the universities actually produce in terms of mental health research. This report examines two indicators of capacity within the university sector to undertake mental health services research. Firstly it documents the number of PhD and Masters postgraduates produced within each university which have focused their research on mental health issues and secondly it assesses the number of 'university-based experts' who have published or disseminated work on mental health issues.

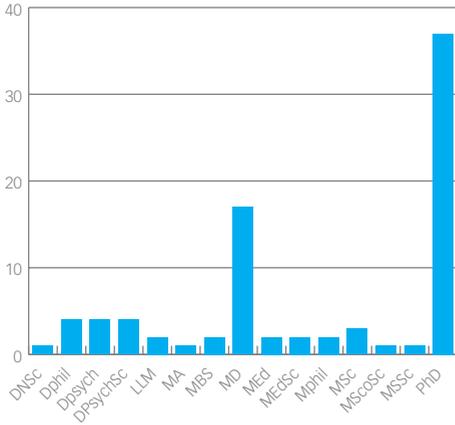
All doctorate and masters theses through research accepted by Irish universities over a twenty-two year period from 1983 to 2005 and which focused on mental health were identified through the Index to Theses database. This database provides citations of the theses accepted for higher

degrees by the universities of Great Britain and Ireland from the period 1716 onwards. All records were reviewed manually as entries are not specifically tagged as mental health-related. The Index does not include any record of dissertations submitted in partial fulfillment of the requirements of a higher degree. The universities retain the responsibility to provide accurate and up-to-date information. Please note the information available on NUI Maynooth was incomplete and has been excluded from the analysis.

HIGHER DEGREE AWARDS

Between 1983 and 2005 the Irish universities made 83 postgraduate awards where research focused on mental health issues (see figure 1). Annex G contains a listing and title of each of these awards which were granted at two levels, masters level and doctorate level. There were over four times more awards at doctorate level than at masters level. At first glance the interdisciplinary status of mental health research is obvious. At masters level mental health issues were researched in law, arts, business, education, philosophy, and social science disciplines. At doctorate level research awards were granted in philosophy, nursing science, clinical psychology and medicine.

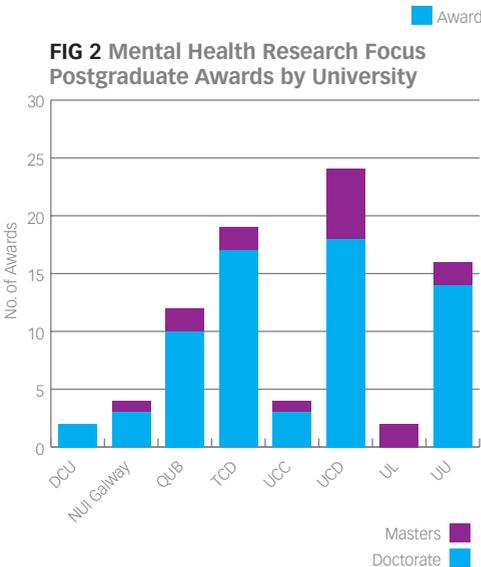
FIG 1 Mental Health Research Focus Postgraduate Awards by Type (1984-2005)



Variation between universities

The figure 2 shows the variation in awards across eight of the nine universities on the island from 1983-2005. There are four main universities, two North and two South which appear to have a strong track record in conducting higher degree research with a mental health focus. These are Trinity College Dublin (19 awards) and University College Dublin (24 awards) in the South, and University of Ulster (16 awards) and Queens University Belfast (12 awards) in the North. These figures do not provide any insight into specific area of mental health researched. However they do give a sense of the capacity of academic standard reached within individual universities and the numbers of highly trained researchers within the discipline.

FIG 2 Mental Health Research Focus Postgraduate Awards by University

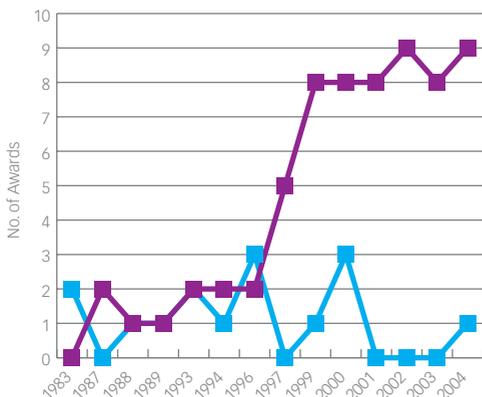
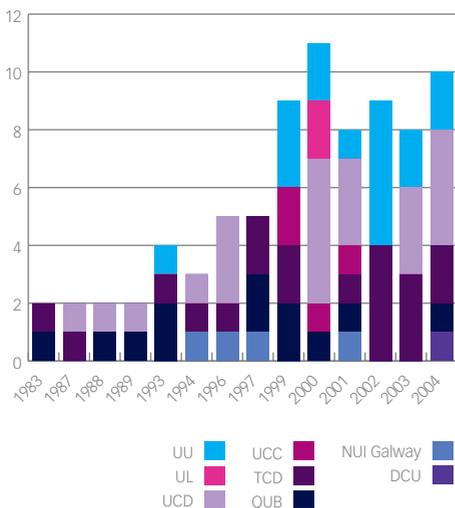


Temporal patterns

Looking at the temporal pattern of awards over the time period the most notable trend is the significant increase in doctorate awards from 1996 onwards with a more recent decline in the number of masters degrees awarded. (see figure 3).

It is also possible to look at awards made by individual universities over time. (see figure 4). For instance, while Dublin City University (DCU) is a relative newcomer to the field two Southern universities, University College Dublin (UCD) and Trinity College Dublin (TCD), and one Northern university, University of Ulster (UU), consistently produce postgraduates who research mental health issues.

It is prudent to note that in April 2007 University College Dublin and Trinity College

FIG 3 Mental Health Research Focus Postgraduate Awards by Time**FIG 4 Mental Health Research Focus Postgraduate Awards by University**

Dublin established framework agreements with Queen's University Belfast to promote, facilitate and consolidate co-operation in education and research in areas of mutual interest.

RESIDENT EXPERTS

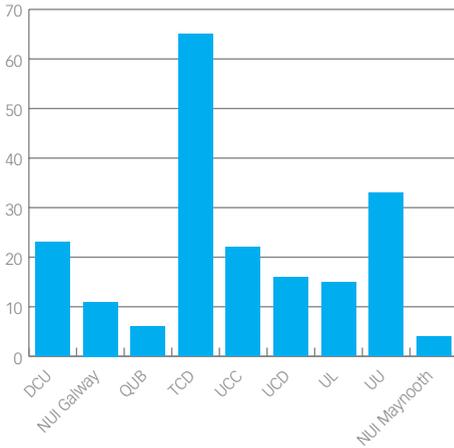
InterTradeIreland and the Conference of Heads of Irish Universities have developed the expertiseireland.com web portal (from a project created by Professor Conor Long of Dublin City University), which since its launch in July 2003 provides public access to details of academic, research, innovation and commercial expertise, funding information, technology transfer and collaborative opportunities across the island. All nine universities and a number of the other institutions of higher education have joined the initiative. From an initial set of 250 expert profiles in 2003, the number of experts with comprehensive research details listed on the portal increased dramatically to over 4,900 by mid-2008. The aim is, through enhanced access to research expertise, to provide a tool to help market the island's expertise, to facilitate the promotion of this expertise by institutions and researchers, and to encourage the development of inter-institutional research networks*.

This database has been used to identify 'mental health experts' from the nine universities on the island who are either involved in mental health research or in disseminating mental health research since 2003. It is accepted that this resource may not include information on all experts on the island but it is considered to give a good, albeit incomplete picture and is the

* On 31 March 2009 online access to the expertiseireland.com web portal was temporarily removed.



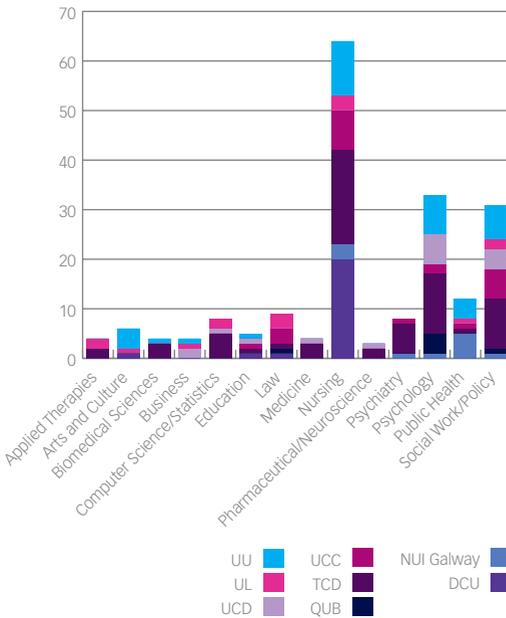
FIG 5 Numbers of Mental Health Experts by University



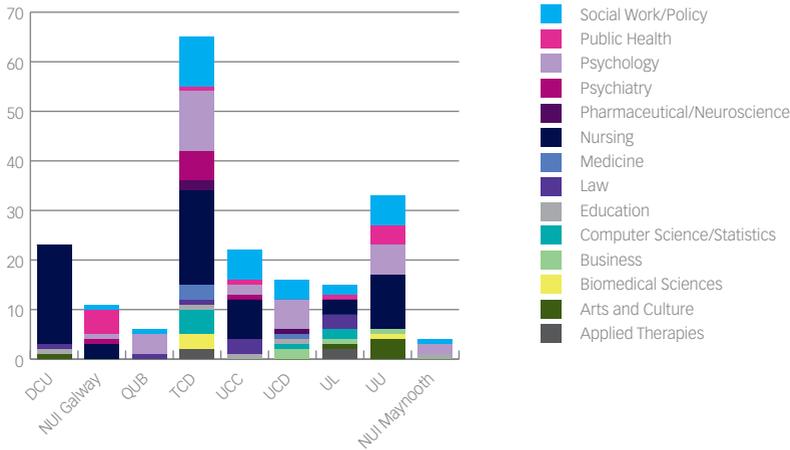
best available information source. Details of the 195 ‘mental health experts’ found by manually reviewing this database are listed according to their university affiliation in Annex H. Also included in Annex H is a list of key individuals who are known to be involved in mental health research but were not identifiable through the Expertise Ireland database. An overview of the findings is outlined below in a series of graphs.

Trinity College Dublin (TCD) records the highest level of ‘mental health experts’ with over twice the numbers recorded in the next nearest university, the University of Ulster (UU). However each of the nine universities on the island records some level of expertise. The figures for Queen’s University Belfast seem particularly low given the track record documented previously in producing higher degree postgraduates who focus their research on mental health issues. This most probably reflects an incomplete dataset rather than actual levels of experts.

FIG 6 Disciplines of Mental Health Experts by University



Looking at the positioning (i.e. the faculties/ departments to which experts are attached) of mental health experts within universities we see once again that there is a broad range of employment areas reflecting the multidisciplinary nature of mental health research. Within this analysis these positions have been focused down to a manageable 14 categories. These range from the anticipated areas of nursing, psychology, social work to those of law, business, statistics and arts and culture. It is obvious that nursing schools have the largest numbers of university staff involved in mental health research, followed by psychology and social work/ social policy.

FIG 7 University expertise by Mental Health disciplines

It is also possible to examine the strengths of different universities in particular specialities of mental health. For instance the Dublin City University (DCU) focus emanates primarily from the new School of Nursing and Midwifery. The National University of Ireland, Galway (NUI Galway) has a strong expertise in mental health promotion and public health issues. The expertise recorded in Queen's University Belfast (QUB) reflects a strong interest in the psychological aspects of mental health. While the second northern university, University of Ulster (UU), has an equivalent psychology expertise its largest area of expertise is in the nursing area followed by social work and social policy. It is also the university with the largest record of expertise in arts, culture and media issues. There are future plans to develop a Centre for Health and Wellbeing within the University of Ulster which will have a specific focus on mental health issues. The

expertise with Trinity College Dublin (TCD) is most diverse covering a range of areas most notably, nursing, psychology, social work/ social policy, psychiatry and neuroscience. It also includes biomedical science, computer science/ statistics, law, education, applied therapies and medicine. In fact, the only areas where experts were not recorded within TCD are in arts and culture and in business. University College Dublin (UCD) has recorded the largest number experts in the business-related field with a strong showing in psychology. Both University of Cork (UCC) and the University of Limerick (UL) show expertise in legal issues. UL also records expertise on computer science and statistics while UCC compliments its legal expertise with nursing and social work/ social policy. These findings do not give a sense of the quality of expertise within the individual universities but instead provide a good starting point for examination.

FUTURE

The provision of mental health services on the island is at a crossroads with both jurisdictions seeking significant common improvements: greater public awareness of mental health issues; the transformation of services away from institutions to community care; a greater focus on tackling social exclusion; new investments in mental health services; increased attention to the experience and expertise of service users. This is all happening within health services that are being reformed and where the prevalence and complexity of mental health need in society appears to be increasing – often seemingly fuelled by alcohol and drug misuse.

The bleak economic outlook will only serve to intensify existing frustrations concerning spending on mental health, particularly in the South. Reports by the Organisation for Economic Co-operation and Development (OECD) state that the major spending increases in public services over the past 10 years have merely seen Ireland 'catch up' to typical OECD spending levels⁴⁵. While health spending per capita grew by an average of 8.8% a year between 2000 and 2006, the second fastest growth of all OECD countries during this period and significantly higher than the OECD average of 5% a year, the percentage of Ireland's GDP allocated to health (7.5%) is still lower than the 8.9% average for countries in Europe and the equivalent UK allocation (8.4%). Despite this period of extraordinary growth the percentage of the overall health budget allocated for mental health has effectively been halved over the past 25 years, falling

from 12% in 1984 to 6% in 2009. Already, the financial crisis has resulted in funding cuts as Departments and agencies seek to balance their books. If past experience is anything to go by, mental health services are likely to be hit disproportionately hard, at the very time when demand for them may be rising. There remains an urgent need for a critical examination of health spending allocations and an openness to both challenge current practices and to look for innovative and imaginative ways of addressing mental health issues.

The difficulties of conducting research in mental health services where there exists a multiplicity of players with no central research agenda setting mechanism, weak research infrastructure and dissemination, poor research skills in service providers, few links between third-level sector and mental health services, and duplicity of procedures for obtaining ethical approval is acknowledged. However the need for mental health services research is strong. There is a need to develop an evidence base which is informed by international research but is also enriched by home-grown research which addresses local circumstances of the population, of the services and the complexity of funding structures. There is a need to widen the focus of research beyond the mainly pharmaceutical-funded medical treatment and drug-therapy research to focus on a wider range of interventions and therapies. There is the possibility that research opportunities could be used to promote the retention and continuous professional development of staff. Research is needed to inform policy and policy makers in planning,

45 OECD Public Management Reviews. Ireland - Towards an Integrated Public Service. June 2008

delivering and developing mental health services. There is a need to focus not only on the internal workings and efficiencies of existing services, but also on how people engage with these services⁴⁶.

It is important that policy-makers and researchers alike have mutual understanding of the relevance of each other's interests, activities and objectives. This will help to deepen the understanding of the way in which academic research can add value and offer insights to key issues of concern for policy makers. The academic research assessment exercises which are being refined in the North or developed in the South to assess and fund research across all disciplines need to recognise and encourage policy engagement. Although policy is never exclusively evidence-based, it must at least be as evidence-informed as possible. The traditional view that policy decisions remain in the hands of central government is being challenged while the need to change the risk avoidance culture to one which promotes and incorporates local innovation in public service has been increasingly acknowledged. In a 2008 UK Cabinet Office report, Gordon Brown calls on the UK government to "embrace a new culture that celebrates innovation and ends once and for all the views that the man/ woman in Whitehall knows best."⁴⁷ On both sides of the border there is a recognised need to establish and maintain a register of ongoing and past research which can be used to inform both policy and research decisions. 'Indeed the HEA Strategic Innovation Fund [SIF] and the higher education sector are currently jointly funding a National Research Platform

feasibility study exploring the possibilities for a register of publicly funded research projects and information across the island.

There is now consensus that collaboration on an island basis is justified. The mental health policies in both jurisdictions are remarkably similar. A comparative 'watch' on the implementation progress over the coming period may encourage and shame officials where necessary to move closer to the vision documented on both sides of the border over three years ago. There is also a disparate body of research experts who together could provide enough critical mass to expedite better implementation, better services and better mental health for the population of the island by working harmoniously with governments.

It has been suggested that a conference focusing on all-island mental health services could provide an initial forum for dialogue between the policy-makers and researchers from both jurisdictions. Such a conference would need focus and purpose and ideally contain space for individual discipline interests in order to prove attractive. Agenda items would likely include a mixture of practical information sharing - about processes and structures, discussion of specific policy areas, and discussion of methodologies, for example:

- explanation of policy-making structures (Irish government and Northern Ireland Executive) including recent changes and ways of working and expectations of mental health research;
- usefulness of the mental health research and ways to represent, maintain and improve knowledge of

46 S. Parke and J. Heapy (2006). *The Journey to the Interface: How public service design can connect users to perform*, Demos, London.

47 UK Cabinet Office. *Excellence and Fairness: Achieving World Class Public Services*, (London: HSMO, 2008), 17.



- mental health research in the island;
- an overview of how research is structured and prioritised in universities and government;
- a view on researching for government;
- opportunity to discuss key policy areas, particularly where these have an interdisciplinary and all-island dimension;
- identification of research gaps, necessary to meeting all-island needs; and
- current methodological trends in research, services planning and development and funding at an all-island level.

It is no longer enough to merely co-operate on an all-island basis. Co-operation must now serve concrete and pragmatic purposes and obtain its legitimacy from practical benefits. Mental health policy and research provide a perfect arena for such co-operation. However the infrastructure and funding supports for all-island research do not include mental health. Given the change in the economic climate on the island it is highly unlikely that significant funding for North-South mental health research will be forthcoming in the foreseeable future. The drive to develop a programme of mental health services research will not be impossible but it will be an uphill challenge.

ANNEX A NORTHERN IRELAND BAMFORD REVIEW STEERING GROUP

Terms of Reference

1. To carry out an independent review of the effectiveness of current policy and service provision relating to mental health and learning disability, and of the Mental Health (Northern Ireland) Order 1986.
2. To take into account:
 - the need to recognise, preserve, promote and enhance the personal dignity of people with mental health needs or a learning disability and their carers;
 - the need to promote positive mental health in society;
 - relevant legislative and other requirements, particularly relating to human rights, discrimination and equality of opportunity;
 - evidence - based best practice developments in assessment, treatment and care regionally, nationally and internationally;
 - the need for collaborative working among all relevant stakeholders both within and outside the health and personal social services sector;
 - the need for comprehensive assessment, treatment and care for people with a mental health need or a learning disability who have offended or are at risk of offending; and issues relating to incapacity.
3. To make recommendations regarding future policy, strategy, service priorities and legislation, to reflect the needs of users and carers.

STEERING COMMITTEE MEMBERSHIP

- **Chair – Professor David Bamford, University of Ulster** David Bamford is Professor of Social Work at the University of Ulster. He is also Head of the School of Sociology and Applied Social Studies, and an Honorary Professor at the University of Transylvania in Brasov, Romania.
- **Deputy Chair - Professor Roy McClelland, Queen's University, Belfast** Roy McClelland is Professor of Mental Health at Queen's University and a Consultant Psychiatrist at Belfast City Hospital.
- **Martha McClelland, Mind Yourself** Martha McClelland is the Chief Executive of Mind Yourself, a voluntary organisation based in Londonderry, which is managed and staffed by users of mental health services.
- **Martin Daly, LAMP** Martin Daly is LAMP's Co-ordinator. LAMP is an independent, user-led voluntary organisation. It was established a few years ago with the support of the North and West Belfast HSS Trust, in whose area the organisation primarily operates.
- **Marie Crossin, CAUSE** Marie Crossin is the Chief Officer of CAUSE (Carers and Users Support Enterprise), is a voluntary organisation, which operates throughout Northern Ireland, providing support for the carers and families of people suffering from a serious mental illness.
- **Winston McCartney, Northern Ireland Association for Mental Health (NIAMH)** Winston McCartney



- has broad experience of mental health services and was Secretary to the former All Party Assembly Group on Mental Health.
- **Reverend Trevor Williams** Until recently Director of Corrymeela, Trevor Williams is a Minister in North Belfast.
 - **Dr Raman Kapur, Threshold** Raman Kapur is Threshold's Director. Threshold, one of the foremost voluntary organisations in the mental health field in Northern Ireland, promotes the benefits of a therapeutic community approach in enabling people recovering from mental illness to live full and independent lives.
 - **Dr Paschal McKeown, MENCAP** Paschal McKeown is the Policy and Information Manager of MENCAP, which aims to promote, in partnership with those concerned, the well-being of people with a learning disability, and to support their families. MENCAP provides a range of services for people with a learning disability and supports a membership network. Paschal McKeown is also the chair of LEAD – NI Coalition on Learning Disability.
 - **Dr Fred Browne, Chair, NI Division, Royal College of Psychiatrists** Fred Browne is a Consultant Forensic Psychiatrist at Knockbracken Healthcare Park and in the Northern Ireland prisons. He is currently Chair of the Northern Ireland Division of the Royal College of Psychiatrists.
 - **Dr Oliver Shanks** Oliver Shanks is a Consultant Psychiatrist in Learning Disability, a Mental Health Commissioner and a Life Sentence Review Commissioner.
 - **Eileen Sherrard, Down Lisburn HSS Trust** Eileen Sherrard, Clinical Psychology Services Manager in the Trust, brings a learning disability and psychology perspective to the Committee. Her specialist area of clinical expertise is in learning disability and the assessment of people with ASD's, and she conducts extensive training in this area.
 - **Nevin Ringland, PRAXIS** Nevin Ringland is Chief Executive of Praxis Care Group in Northern Ireland, a charity which supports people with mental health problems, learning disabilities, brain injury and older people with and without dementia.
 - **Maureen Ferris, EHSS Board** Maureen Ferris is Assistant Director of Nursing in the Eastern Board, with a particular responsibility for mental health and learning disability. She has had wide and varied experience working at strategic and professional levels regionally and nationally.
 - **Mary O'Boyle, Holywell Hospital** Mary O'Boyle is an Assistant Director at Holywell, with responsibility for all social work input to the care of patients. She continues with some out-of-hours social work as an Approved Social Worker and is Vice-Chair of the Mental Health Commission.
 - **Patrick Convery, Gransha Hospital** Patrick Convery is the Occupational

Therapy/AHP representative on the Steering Group. He is the Occupational Therapy Services Manager in Foyle Trust with responsibility for the delivery of Mental Health, Paediatrics, Elderly Care, Acute and Community Occupational Therapy service within the Trust. He has recently been appointed as a member of the Mental Health Commission.

- **Leslie Frew, DHSSPS** Leslie Frew is Director of the Community Care Directorate in DHSSPS.
- **Professor Tony McGleenan, University of Ulster** Tony McGleenan is the Chair of Law at the University of Ulster, having previously been a senior lecturer in Law at Queen's University, Belfast. He is a practising Barrister and a member of the Bar in the Republic of Ireland. With a special interest in legal and ethical issues, he is President of the Northern Ireland Forum for Healthcare Ethics and Law, a multi-disciplinary group which examines legal and ethical issues in health care.
- **Brendan Mullen, Ulster Community and Hospitals HSS Trust** Brendan Mullen is Director of Mental Health and Learning Disability at the Ulster Community and Hospitals Trust, with particular responsibility for the North Down and Ards area. He is a member of the Mental Health Commission.
- **Professor Alan Ferguson, Northern Ireland Association for Mental Health, (NIAMH)** In addition

to his voluntary sector experience as Chief Executive of NIAMH, Alan Ferguson brings an historical perspective to the Committee, from his membership of the Review which led to the Mental Health (NI) Order 1986.

- **Brian Dornan, SHSS Board** Brian Dornan is the Director of Social Services at the Southern Board.
- **Mark Timoney, SHSS Board** Mark Timoney is the Director of Pharmaceutical Services in the Southern Board. He was previously the Pharmacy Manager at the Mater Hospital, where his responsibilities included medicines management for patients with mental health problems.
- **Dr John Owens, Cavan/Monaghan Community Mental Health Project** John Owens, Director of the Cavan/Monaghan Community Mental Health Project, is Chair of the new Mental Health Commission in the Republic of Ireland.
- **Professor Geoff Shepherd, Cambridgeshire & Peterborough Mental Health Partnership NHS Trust** A Consultant Clinical Psychologist, Geoff Shepherd is Director of Partnership and Development in Cambridgeshire and Peterborough NHS Partnership. He was previously involved in developing the National Service Framework.
- **Colin Beck, City of Edinburgh Council** Colin Beck is a Senior Manager for community care services in the Social Work

Department of the Council, where most of his work is in the area of mental health planning and service delivery, including for adults, older people and people with a learning disability.

- **Joanne McDonald, Buzz Advocacy Group** Joanne McDonald has a learning disability. She is a member of the Buzz Advocacy Group.
- **Dr John Hunter, Department of Education** John Hunter is Managing Inspector for Special Education and Alternative Education, Education and Training Inspectorate for the Department of Education. He also holds specialist lead responsibility for a range of areas including that of autism, emotional and behavioural difficulties.
- **Master Brian Hall, Master of Care and Protection** Brian Hall is a Master in the Family Division of the High Court with responsibility for patients' cases administered under the provisions of Part VIII of the Mental Health Order 1986 and for the registration of Enduring Powers of Attorney. He also deals with children's' cases in Wardship and under the Children (NI) Order, the Adoption (NI) Order and the Child Abduction and Custody Act 1985.
- **Siobhan Bogues, ARC (NI)** Siobhan Bogues runs an independent organisation, the Care Sector Consultancy, which offers a range of research, training, strategic planning and consultancy services to social care organisations throughout Northern Ireland (NI). In

1998 she was appointed NI Manager (part-time) of ARC, an umbrella organisation that aims to support, promote and develop high quality services for people with learning disabilities.

- **Detective Superintendent Andrew Bailey, PSNI** Andrew Bailey is a Detective Superintendent in the PSNI Criminal Justice Branch. Formerly the policy co-ordinator for child abuse and sexual offences at Crime H.Q, Dr Bailey has a special interest in the protection of adults who have a learning disability and is a research fellow of the National Crime Faculty (Bramshill).
- **Moirá Davren, Royal College of Nursing** Moirá Davren currently works as a Practice Development Fellow in the area of mental health with the Royal College of Nursing. This has involved many development projects concerning nurse leadership and practice development, which span both to death mental health and illness care issues. Prior to this, Moirá Davren has been involved in the practice area of child and adolescent health for 15 years in both community and residential settings.
- **Dr Diana Patterson, Shaftesbury Square Hospital** Diana Patterson is a Consultant Psychiatrist based at Shaftesbury Square Hospital. She chaired the Northern Ireland Committee on Drug Misuse from 1991 until 2002 and is current chair of the Treatment Working Group of the Drug and Alcohol Strategy team.

- **Marian Nicholas, Carer**
Representative Marian Nicholas is a parent of a 17 year old daughter with a learning disability. She has been involved in Mencap's Specialist Services Monitoring Committee.
- **Dr Walter Boyd, GP, Clogher (until September 2003)** Dr Boyd is a GP in Clogher, Co Tyrone, who has an interest in mental health issues, particularly on the prevention of suicide and mental health issues affecting people in rural areas. He is a member of the Royal College of General Practitioners.
- **Professor James Scott Brown, University of Ulster (Replacing Dr Walter Boyd from December 2003)** Professor Scott Brown is a GP in Mountsandel Surgery, Coleraine and is a part-time Chair at the Institute of Postgraduate Medicine at the UU. Formerly he was the Vice Chairman of the RCGP in London, held several Committee posts and has an academic and practicing interest in the area of mental health.
- **Mr Bill Halliday, Director of the Equality Commission (NI)** Bill Halliday is a Director of the Equality Commission's Disability Development Unit, a post which he has held since 3 May 2000. Before joining the Equality Commission, Bill worked in the Southern Health and Social Services Board, where he was responsible for adult community services including those provided for people with physical disabilities or sensory impairments.



ANNEX B IRELAND - A VISION FOR CHANGE EXPERT GROUP ON MENTAL HEALTH POLICY

The Expert Group on Mental Health Policy was established in 2003, to prepare a new national policy framework for the mental health services, updating the 1984 policy document Planning for the Future.

The Terms of Reference as agreed by the Group are:

- a. To prepare a comprehensive mental health policy framework for the next ten years;
- b. To recommend how the services might best be organised and delivered;
- c. To indicate the potential cost of the recommendations.

The Group consists of 18 widely experienced people who are serving in their personal capacity. The membership encompasses a wide range of knowledge and a balance of views on many issues affecting the performance and delivery of care in our mental health services.

The Members of the Group are;

- Professor Joyce O'Connor, President, National College of Ireland
- Dr. Dermot Walsh, Inspector of Mental Hospitals
- Dr. John Owens, Chairman, Mental Health Commission
- Ms. Bairbre Nic Aongusa, Principal, Mental Health Division, DoHC
- Dr. Justin Brophy, Consultant Psychiatrist, Wicklow

- Dr. Colette Halpin, Consultant Child & Adolescent Psychiatrist, MHB
- Dr. Mary Kelly, Consultant Psychiatrist (Intellectual Disability), Brothers of Charity, Limerick
- Mr. John Saunders, Director, Schizophrenia Ireland
- Mr. Paddy McGowan, Director, Irish Advocacy Network
- Mr. Michael Hughes, Assistant to the Inspector of Mental Hospitals and Director of Nursing, Wicklow Mental Health Service
- Dr. Terry Lynch, GP and Psychotherapist, Limerick
- Mr. Edward Boyne, Psychotherapist, Dublin & Galway
- Ms. Mary Groeger, Occupational Therapy Manager, North Cork - SHB
- Mr. Noel Brett, Programme Manager for Mental Health & Older People, WHB
- Ms. Kathy Eastwood, Social Worker, University College Hospital, Galway
- Mr. Brendan Byrne, Director of Nursing (Acting), Carlow Mental Health Service
- Mr. Cormac Walsh, Mental Health Nursing Advisor, Department of Health & Children
- Dr. Tony Bates, Clinical Psychologist, St. James's Hospital, Dublin

ANNEX C JOINT MEETING OF IMPLEMENTATION MONITORING GROUPS, NORTH AND SOUTH

AGENDA
JOINT MEETING OF
THE BOARD FOR MENTAL HEALTH AND
LEARNING DISABILITY AND
THE INDEPENDENT MONITORING GROUP
FOR THE IMPLEMENTATION OF 'A VISION
FOR CHANGE'

Farmleigh, Phoneix Park, Dublin
Tuesday 6th May 2008 at 1:30pm

1. Progress on implementation of 'A Vision for Change' and the Bamford Review
 - Lessons learnt, cost of implementation, continuum of care
 - Issues around processes for reform and modernisation in Ireland and Northern Ireland
 - Comparisons and contrast of each others' environments
 - The challenges of monitoring progress in the implantation of policy documents
2. The possibility of joined up cross-border services (i.e. Eating Disorder, Brain Injury)
3. Training (psychological therapies) incorporating presentation by David Bolton, NI Centre for Trauma & Transformation on Cognitive behaviour therapy
4. Increasing User Care participation

5. Organisation of specialist mental health service – Forensic psychiatry and mental health services for people with Intellectual Disability

Attendees:

Ireland: Dr Ruth Barrington – Chair, Mr Pat Brosnan, Dr. Susan Finnerty, Mr Paul Flynn, Dr Terry Lynch, Mr Tim O' Malley, Ms Pamela Carter, Mental Health Division, Department of Health and Children, Ms Margaret Mc Guinness, Secretary to Independent Monitoring Group.

Northern Ireland: Professor Roy Mc Clelland – Chair, Ms Maire Crossin.

ANNEX D MEMBERSHIP OF IMPLEMENTATION MONITORING GROUPS, NORTH AND SOUTH

Ireland - Independent Monitoring Group on the Implementation of a Vision for Change

Members

Dr. Ruth Barrington, Chief Executive Officer, Molecular Medicine Ireland (Chair)
 Dr. Tony Bates, Founder Director, Headstrong
 Mr. Pat Brosnan, Specialist National Planning Mental Health, HSE West
 Dr. Susan Finnerty, Acting Inspector of Mental Health Services
 Mr. Paul Flynn, Service User
 Ms. Dora Hennessy, Principal, Mental Health Division, Department of Health & Children
 Dr. Terry Lynch, General Practitioner and Psychotherapist
 Mr Tim O'Malley, Pharmacist, (appointed to the Group by Minister Devins in December 2007)
 Ms Marie Redmond, Department of Health, Social Services and Public Safety, Northern Ireland (appointed in October 2007 to replace Mr. Stephen Jackson)

Northern Ireland - Board for Mental Health and Learning Disability

Members

Roy McClelland, Consultant Psychiatrist at Belfast City Hospital and Emeritus Professor of Mental Health at Queen's University. Deputy chair and then chair of the Bamford Review.

Marie Crossin, Carer. Chief Executive of

CAUSE, a voluntary organisation which provides peer-led support to the carers and families of those with mental health problems. Chaired the Carers' Reference Group of the Bamford Review.

Joanne McDonald, User of Learning Disability Services. Is a member of Buzz which is a self advocacy Group on health education work and social issues. Employed as an equality officer with Mencap. Member of the Human Rights and Equality Sub-Group of the Bamford Review and a member of the Steering Group.

Roy McConkey, Professor of Learning Disability at the University of Ulster. Has worked in the field of learning disability for over 30 years previously holding posts at the University of Manchester, in Dublin and in Scotland. He was a member of the Bamford Review Committee on learning disability.

Dawn Rees, National Implementation lead for the Department of Health/DfES sponsored National CAMHS Support Service in England. A member of the interim management team which leads a wider service improvement programme supporting the National Service Framework for children, young people and families. Member of the DH Emotional Health and Wellbeing Board.

Anthony Sheehan, Recently appointed as Chief Executive of Leicestershire Partnership NHS Trust but has previously worked for Department of Health for 7 years as head of mental health and set up the National Institute for Mental Health.

ANNEX E BAMFORD REVIEW RESEARCH PRIORITIES

(i) Mental Health Improvement and Well-Being

Commissioned research is required to support decision-making in improving mental health and well-being. The following priority areas have been identified:

- Assessing the impact of the health promoting schools initiative in Northern Ireland;
- Assessing the potential and success of social prescribing at primary care;
- Assessing the impact of mental health in workplace policies;
- Assessing the impact of the health promoting universities and colleges' initiatives;
- Assessing the impact of mental health issues on minority communities and ethnic groups; and
- The investigation of factors impacting on suicidal behaviour and the impact of interventions and services on individuals, their families and carers.

(ii) Child and Adolescent Mental Health

The following priorities have been identified:

- An assessment of the mental health needs of children;
- An evaluation of the engagement with minority and ethnic groups; and
- A needs assessment of Looked After Children.

(iii) Adult Mental Health

Within Adult Mental Health the following research priorities have been identified to address inequalities in mental health:

- Detailed information on mental health morbidity and need;
- The effectiveness and cost effectiveness of psychological therapies and psychosocial interventions under usual service conditions;
- The impact of first episode psychosis services;
- Variations in the access to and uses of individual services and their impact on service user outcomes;
- Evaluating service user views on service and how services can best meet needs; and
- Assessing the barriers to the implementation of research evidence.

(iv) Forensic Mental Health

Priorities for research include:

- An assessment of needs for high, medium and low security provision;
- Needs assessment of mentally disordered prisoners and their carers;
- The feasibility of providing a broader range of facilities in the community including low security arrangements for mentally disordered women; and
- The efficacy of interventions for people with personality disorder including offenders therapy.

(v) Learning Disability Services

Research is required on the assessment of personal outcomes and the impact of person centred planning during the early phase of implementation of the Equal Lives Review. The following priorities have been identified for commissioned research:

- The socio-educational outcomes for children, families and schools when

pupils with a learning disability attend mainstream schools compared to special schools;

- The personal support needs of family carers at different stages of their son or daughter's life cycle – new born; transition to adulthood; maturity – and as they, as parents, approach old age;
- The effectiveness of the benefits systems on the impact of poverty in families and people with a learning disability;
- Tracking young people through different transition routes to understand better the outcomes of various options open to them – college, employment and day centre attendance;
- Evaluating ways of increasing the social connectedness of teenagers and adults with a learning disability;
- The contribution of productive work – paid and unpaid – in the lives of people with a learning disability;
- Identifying the obstacles to self-advocacy and how they are best overcome;
- The equality of access to healthcare in all its forms for people with a learning disability;
- The effectiveness of initiatives aimed at reducing obesity among people with a learning disability;
- Establishing the outcomes of various accommodation and support options for people with a learning disability, who also have challenging behaviours/ mental health problems;
- The effectiveness of supporting people with a learning disability who have dementia in community settings; and
- Evaluating the role of community

development agencies in promoting the social inclusion of people with a learning disability.

(vi) Reform of Legislation

The proposed reform of mental health legislation in Northern Ireland provide an important opportunity for evaluation.

In particular the different forms of legislative provision throughout the five jurisdictions in UK and Ireland provide a unique opportunity for comparative research. Research issues that should be addressed include the following:

- The impact of legislation on service provision;
- User and carer perception and experience of legislative provision;
- The impact of legislative provision on people with mental health needs or a learning disability in the Criminal Justice System;
- The impact of legislative provision on stigma; and
- The impact of legislative provision on risk management.

ANNEX F CROSS-BORDER RESEARCH AND DEVELOPMENT FUNDING PROGRAMME—STRENGTHENING THE ALL-IRELAND RESEARCH BASE'

List of successful projects

Mobile Wireless Futures: A Programme of Excellence for Ultra-high Speed Mobile Wireless Systems

To amalgamate complementary and interdisciplinary research expertise and skills sets across the three major centres of excellence within Ireland with the mission to challenge theoretical, conceptual and technological issues, and to derive innovations and enabling technologies, for the advancement of wireless communications for broadband mobile ubiquitous applications at Gigabit data rates for the benefit of the economy.

- High Frequency Wireless Group, Queen's University Belfast
- Microwave Research Laboratory, University College Dublin
- Microsystems Centre, Tyndall National Institute, University College Cork

Centre for Food: ASSured, Safe and Traceable food (ASSET)

To harness scientific knowledge and know-how which exists on the island of Ireland and translate this into opportunities for improving the economic development of the agri-food sector.

- Institute of Agri-Food and Land Use, Queen's University Belfast
- National Centre for Sensor Research, Dublin City University

- Conway Institute and Earth Institute, University College Dublin
- Prepared Food Department, Ashtown Food Research Centre

Diet, Obesity and Diabetes

To bring together the leading research groups on the island of Ireland to provide a comprehensive all-island research centre to improve the primary and secondary prevention of obesity and diabetes.

- School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast
- Institute of Public Health in Ireland
- The National Research Centre for Diet, Obesity and Diabetes, University College Cork

Novel Therapeutics for Infections and Major Chronic Diseases

To help create an internationally competitive biomedical research consortium with maximum complementarity of scientific expertise, infrastructure and facilities, which will be used to develop and test novel therapies and vaccines for major diseases with obvious direct benefit to human health and the economy.

- Centre for Infection and Immunity, Queen's University Belfast
- School of Biochemistry and Immunology and Moyné Institute of Preventative Medicine, Trinity College Dublin
- School of Biomolecular and Biomedical Science, University College Dublin
- Regenerative Medicine Institute and Department of Anesthesia, National University of Ireland, Galway

Centre for Biomedical Informatics

To establish an *All-Island Centre for Biomedical Informatics* which will generate the critical mass essential for realising the era of “predictive medicine” and “personalised medicine” - potentially the most significant developments now emerging for future healthcare, with far reaching benefits for patients, doctors and the economy.

- Centre for Cancer Research and Cell Biology and School of Medicine, Queen’s University Belfast
- Gastrointestinal Research Unit and Conway Institute, University College Dublin
- Molecular Genetics and Leukaemia Research Groups, Trinity College Dublin
- Genome Informatics Research Group, University College Galway
- Spatial Statistics and Statistical Image Analysis Research Groups, Dublin City University
- Mathematical Modelling Group, National University of Ireland, Maynooth
- Thoracic Oncology Group, St James’ Hospital, Dublin
- Tissue Pathology and Biobanking, and Human Factors and Thoracic Oncology Groups, Beaumont Hospital, Dublin
- Human Factors and Medical Training Group, Royal College of Surgeons in Ireland
- Institute for Biomedical Informatics

Energy Storage

To assess the extent to which the existing and future built environment can provide local energy storage and virtual bulk thermal and electrical energy storage for non-dispatchable small and large scale

renewable energy in providing technology solutions as part of a holistic response to future energy systems in Ireland. A distinctive feature of this research proposal is that it is trans-disciplinary through the integration of a scientific study with the regulatory and planning frameworks to facilitate the development of a viable energy storage system and to develop potential new commercialisation opportunities.

- Built Environment Research Institute, University of Ulster
- Dublin Energy Laboratory, Dublin Institute of Technology
- Energy Conversion Research Group, University College Dublin
- National Institute for Regional and Spatial Analysis, National University of Ireland, Maynooth

Cross-Border Centre for Intelligent Point of Care Sensors

To bring together critical expertise from a range of scientific disciplines to enable the transformation of sensors, nanofabrication and computing science into improved healthcare solutions and world class Intellectual Property. The centre will work closely with a range of industrial partners, including Radox and Almac, to translate collaborative science into clinical and market-led innovative products and systems for enhanced healthcare applications.

- Nanotechnology and Integrated Bioengineering Centre, University of Ulster
- Computer Science Research Institute, University of Ulster
- Biomedical Diagnostics Institute, Dublin City University

Functional Biomaterials

To develop a critical mass of research capacity and capability to address the clinical, commercial and academic challenges/opportunities of the global healthcare market, particularly in the key areas of medical devices, tissue engineering and regenerative medicine.

Partners

- Nanotechnology and Integrated Bioengineering Centre, University of Ulster
- National Centre for Biomedical Engineering Science, National University of Ireland, Galway

Computational Neuroscience Research Team

To create sustainable mechanisms for strong, effective research collaboration involving the development of computational models for improved understanding of the brain and brain diseases, including Alzheimer's Disease, the most common cause of dementia. There will be a focus on the development of significant Intellectual Property to benefit the biomedical and pharmaceutical industries, and other nascent industries including neuroinformatics and neurorobotics.

- Intelligent Systems Research Centre, University of Ulster
- Institute of Neuroscience, Trinity College Dublin
- Centre for Bioengineering, Trinity College Dublin

Irish Universities Nutrition Alliance Project: Building Additional and Sustainable Research Capacity in Nutrition and Bone Health at the University of Ulster

To establish an expert research capability for the study of nutrition and bone health aimed at identifying strategies to prevent osteoporosis, the crippling bone disease with major health, social and economic consequences currently costing European health services €30 billion. There will also be a focus on knowledge transfer to the local food industry and promoting innovation/creativity with respect to novel functional foods targeted at people with specific genotypes who are at risk of impaired bone health.

- *Northern Ireland Centre for Food and Health, University of Ulster*
- Department of Food and Nutritional Sciences, University College Cork
- School of Biochemistry and Immunology, Trinity College Dublin
- Institute of Food and Health, University College Dublin

ANNEX G HIGHER DEGREE AWARDS FROM ISLAND UNIVERSITIES

Dublin City University (DCU)

Award	Title	Author
PhD 2005	Quality service and quality nursing care for persons with intellectual disabilities living in residential centres in the Republic	Redmond, R.
PhD 2004	Self-direction as a dimension of nursing education for nursing practice.	O'Halloran, S.

National University of Ireland (NUI) Galway

MD 2001	A prospective comparative study of the influence of day-care on the quality of life and health of older people.	McAVoy, H.
PhD 1997	Caregiving to a family member with Alzheimer's disease: psychological, social and socio-cultural factors.	Connors, T.F.
MD 1996	The genesis of schizophrenia in people with learning disability. The role of obstetric complications.	O'Dwyer, J. M.
LLM 1994	Mental health law in Ireland	Keys, M.

Queens University Belfast (QUB)

PhD 2006	Shaping selves in the midst of modernity: an ethnography of personal process in a contemporary Irish context.	McDonnell, E. R.
PhD 2004	Adolescents in adversity and their networks of social support.	Dolan, P.M.
PhD 2001	Quality of life and autonomy in long-term care: a Belfast study.	Boyle, G.M.
MD 2000	Mental health in the Northern Ireland Civil Service: studies on prevalence and determinants of mental ill-health.	Addley, K.
MD 1999	Mental health and needs for care in the district of Derry.	McConnell, P.
MD 1999	The implementation and evaluation of a quality assessment system in mental health services within a health board.	Hangan, B.C.

MD 1997	A retrospective case control study of suicide in Northern Ireland.	Foster, T.J.
PhD 1997	Suicide and parasuicide: aspects of identification and prevention.	O'Connor, R.C.
PhD 1993	Clinical pharmacokinetic and pharmacodynamic studies involving thiopentone and propofol.	Al-Arifi, M.N.
PhD 1993	Loneliness in people with long-term mental health problems: the influence of social networks, social support and social skills.	Rauch, R.J.
MSSc 1989	Mental handicap: an analysis of factors influencing the development and implementation of social services for mentally handicapped people in Northern Ireland since the re-organisation of health and social services in 1973.	Fitzpatrick, J.S.
PhD 1988	Living with conflict in Northern Ireland: stress, adaptation and mental health.	Orbell, S.D.M.
MSc 1983	The psychological effects of unemployment on men with dependent children.	Marshall, P.E.

Trinity College Dublin (TCD)

PhD 2004	Long-term psychosocial adjustment & pain experience following traumatic amputation.	Desmond, D.
PhD 2004	Acculturation, adolescent mental health & youth suicide in modern Ireland.	Smyth, C.
PhD 2003	Stigma, agency and mental health: a discourse analysis of service users' talk.	Speed, E. S.
PhD 2003	A longitudinal study of anxiety, self-esteem and personality of bullying groups.	Connolly, I.
PhD 2003	The effects of crime on Irish victims: psychological and organisational perspectives.	Cooper, J.
PhD 2002	The influence of Alzheimer's dementia on time spent caregiving for persons with Down syndrome.	McCarron, M.
MD 2002	The abuse of elderly patients with dementia by their carers.	Cooney, C.
PhD 2002	Mental health in Northern Malá€ a cultural perspective.	Smyth, K. M.
PhD 2002	Environmental philosophy, threat and well-being.	Dáneshmandi, A. W.



MD 2001	Relation between sexual abuse and depression in women.	Cheasty, M.
PhD 1999	Family burden and mental illness in Ireland.	Keogh, F.
PhD 1999	The resource centre: an evaluation of the effectiveness of a 'model' programme in improving the quality of life of individuals with mental health difficulties.	Webb, M.M.
MD 1997	Planning for the future of autistic persons.	Fitzgerald, M.
PhD 1997	A prevalence and psychosocial study in the Eastern Health Board area of Dublin.	Fleming, J.M.
PhD 1996	Lifestyle changes following the resettlement of people with intellectual disabilities.	Eivers, E.
PhD 1994	A study of factors related to the mental health of a sample of middle class Irish married mothers.	Tyrrell, J.L.
MSc 1993	Factors affecting student mental health.	Nolan, C.
PhD 1987	Mental health care professionals commitment to community mental health ideology. The mental health consequences of youth unemployment.	McCarthy, J.
MSc 1983	Factors in the working environment that influence the successful integration of the mentally handicapped person.	McCarthy, E.A.

University College Cork (UCC)

PhD 2001	Issues in the prescribing of psychotropic and psychoactive medication for persons with learning disability: quantitative and qualitative perspectives.	Coughlan, B.J.
MD 2000	Remission onset and relapse in depressive illness: an eighteen month prospective study of 100 first admission patients.	O' Leary, D. A.
PhD 1999	Insight and illusion: awareness of illness in schizophrenia from clinician and patient perspectives.	McCabe, R.
MScSc 1999	An examination of changing power relations among users and providers in Irish mental health services, using the response of the psychiatric nursing service to the construction of service user as consumer.	Duggan, H., 1999

University College Dublin (UCD)

DPsychSc 2006	A psychological profile of patients with mental health difficulties	Geoghegan, L.
MD 2005	Health profile and health promotion needs assessment of people attending disability services in the east coast area of Ireland.	Boland, M.C.
M. Ed 2005	An investigation of the role of the Registered Mental Handicap Nurse (RMHN) in supporting children with special educational needs in special schools in the Republic of Ireland.	Stewart, D.
M.Ed St. 2004	Third level students with mental health difficulties and the examination process - the case for equality.	Keating, J.
D Psych Sc 2004	Prevalence study for conduct problems among five to eight year old children and the impact of parent training on children's conduct problems.	Humphries, C. L.
D Psych Sc 2004	Exploration of disordered eating and related behaviours among adolescents and comparison to females with anorexia nervosa.	McLaughlin, J. D.
PhD 2004	Institutional madness: three levels of explanation and six domains.	Smyth, C.
D Psych Sc 2003	Assessing the mental health status of adults with intellectual disability using a modified version of the Psychiatric Assessment Schedule for Adults with Developmental Disability Checklist.	Coughlan, B. J.
D Psych Sc 2003	Double jeopardy: people with intellectual disability: a population at risk of developing additional health and lifestyle related disabilities.	Farrell, E. A.
PhD 2003	The role of retinoids in memory and sensorimotor function: implications for the aetiology of schizophrenia.	O'Donnell, R.A.
MD 2001	Obstetric complications in schizophrenia and manic-depressive psychosis: a match case control study from an epidemiological sample.	Browne, R.
D Psych 2001	Service needs, psychological well-being, social support, quality of life and self-determination, among Irish individuals with intellectual disability and their primary carers.	Finnegan, L.

University of Limerick (UL)

MBS 2000	To explore the value of a systems approach in developing intellectual disability services in the Midland Health Board.	Crehan-Roche, B.
MBS 2000	A case site study into team effectiveness in community mental health services (Midland Health Board).	Walsh, R.P.

University of Ulster (UU)

PhD 2004	Perceived expressed emotion, attachment and adjustment in adolescents.	Nelis, S. M.
PhD 2004	The impact of support services on families caring for a child with a learning disability in Northern Ireland.	Truesdale, M.
PhD 2003	Service provision for adults with learning disabilities and mental health problems.	Taggart, L.
PhD 2003	The impact of families who have children with mental retardation in Taipei City: implications for school nursing service.	Chang, M.Y.
PhD 2002	Community care provision for people with mental health problems in north and west Belfast: a case study on shifting responsibilities.	Canavan, M.
PhD 2002	Community mental health teams in Northern Ireland. How are they organised? Are service users satisfied?	Cunningham, G., 2002
PhD 2002	The empowerment of mental health service users in Northern Ireland: the impact of user involvement in the voluntary sector.	Bunting, V.J., 2002
PhD 2002	An exploration of the health and social care needs and experiences of family carers of older people.	Lane, P., 2002
DNSc 2002	A practice theory: the role of community mental health nurses caring for people with schizophrenia in Taiwan.	Huang, X-Y.
DPhil 2001	The psychological well-being of physically disabled adults in rural Tyrone.	Clarke, K. M.
PhD 2000	Poverty and health: a psychological analysis	Mallett, J.
MPhil 2000	Suicide in the Western Health and Social Services Board area 1984-1994: the voices of those bereaved.	McAlister, B.

DPhil 1999	Providing care to the disabled elderly in the community: a study of elderly caregivers	Porter, A.P.
DPhil 1999	A study of quality of life for people with severe and enduring mental illness in a Health Board in Northern Ireland	Kelly, L.S.
DPhil 1999	Promoting a person-valuing paradigm for mental health nurses	Long, A.
MPhil 1993	The impact of a community mental health team on the quality of life of people with long-term mental health problems and the lives of their carers.	Boyle, Y.I.M.

ANNEX H

MENTAL HEALTH RESEARCH EXPERTS IN ISLAND UNIVERSITIES

This information has been extracted from the Expertise Ireland web portal (www.expertiseireland.com), the only single point of access for expertise within Irish universities. However the following tables are presented with a severe health warning over the completeness of the dataset. A list of key individuals who are known to be involved in mental health research but are not identifiable through Expertise Ireland is also given below.

Furthermore, inclusion as an expert does not indicate the level of interest or depth of involvement in mental health⁴⁷ research.

Dublin City University (DCU)

Prof Michael Cronin	Applied Language and Intercultural Studies
Dr Joe O'Hara	Education Studies
Dr Adam Mc Auley	Law and Government
Brieger Casey	Nursing
Gerard Clinton	Nursing
Ms Angela M Cocoman	Nursing
Ms Melissa Ann Corbally	Nursing
Dr Imelda I Coyne	Nursing
Ms Therese Danaher	Nursing
Liam Mac Gabhann	Nursing
Dr Pamela Gallagher	Nursing
Maureen Jubb-Shanley	Nursing
Richard Michael Lakeman	Nursing
Dr Anne Matthews	Nursing
Ms Catherine McGonagle	Nursing
Mr Gerard Moore	Nursing
Ms Roisin Morris	Nursing
Dr Pdraig Mac Neela	Nursing
Mark Philbin	Nursing
Prof P Anne Scott	Nursing
Prof Chris Stevenson	Nursing
Jim walsh	Nursing
Dr Anne Walsh-Daneshmandi	Nursing

NUI Galway

Margaret Mary Barry	Centre for Health Promotion Studies
Dr Saoirse Nic Gabhainn	Centre for Health Promotion Studies
Dr Mary C Byrne	General Practice

⁴⁷ On 31 March 2009 online access to the [expertiseireland.com](http://www.expertiseireland.com) web portal was temporarily removed.

Ms Aingeal Marie de Roiste
Dr Jane Sixsmith
Maura Dowling
Ms Jackie Louise Knight
Siobhan Smyth
Prof Colm McDonald
AnnMarie Groarke
Professor Nicholas Patrick Canny

NUI Maynooth

Dr A. Jamie Saris
Dr Gerard Jeffers
Prof Dermot Barnes-Holmes
Dr Sinéad M McGilloway

Queens University Belfast (QUB)

Ms Eileen Fegan
Dr Colin Cooper
Dr Gerard Mulhern
Dr Monica Whitty
Dr Judith Wylie
Dr James Campbell

Trinity College Dublin (TCD)

Dr Vincent Patrick Kelly
Prof Keith Tipton
Prof David Clive Williams
Prof David Michael Singleton
Dr. Desmond O'Neill
Dr Irene Patricia Walsh
Dr Gavin Doherty
Dr Simon Mc Ginnes
Dr Gerard James Lacey
Mr Brendan Tangney
Prof Astrid Mona Eliz O'Moore
Prof Ivana Catherine Bacik
Prof Rose Anne Kenny
Prof Cecily Marion Begley
Mr Damien John Brennan
Prof Mary Mc Carron
Prof Imelda Coyne

Health Promotion
Health Promotion
Nursing and Midwifery Studies
Nursing and Midwifery Studies
Nursing and Midwifery Studies
Psychiatry
Psychology
Research Office

Anthropology
Education
Psychology
Psychology

School of Law
School of Psychology
School of Psychology
School of Psychology
School of Psychology
School of Social Work

Biochemistry
Biochemistry
Biochemistry
CLCS
Clinical Medicine
Clinical Speech & Language Studies
Computer Science
Computer Science
Computer Science
Computer Science
Education
Law School
Medical Gerontology
Nursing and Midwifery
Nursing and Midwifery
Nursing and Midwifery
Nursing and Midwifery



MENTAL HEALTH: THE CASE FOR A CROSS-JURISDICTIONAL APPROACH COMBINING POLICY
AND RESEARCH EFFORTS ON THE ISLAND OF IRELAND

Ms Louise Doyle	Nursing and Midwifery
Ms Madeline Gleeson	Nursing and Midwifery
Mr Colin Griffiths	Nursing and Midwifery
Prof Agnes Higgins	Nursing and Midwifery
Mr Brian Joseph Keogh	Nursing and Midwifery
Dr Joan Lalor	Nursing and Midwifery
Mr Gerard Maguire	Nursing and Midwifery
Mr Mark Monahan	Nursing and Midwifery
Ms Jean Morrissey	Nursing and Midwifery
Ms Honor Margaret Nicholl	Nursing and Midwifery
Ms Caitriona Nic Philibin	Nursing and Midwifery
Dr Richard Anthony Redmond	Nursing and Midwifery
Ms Frances Ryan	Nursing and Midwifery
Dr Fintan Sheerin	Nursing and Midwifery
Dr Fiona Timmins	Nursing and Midwifery
Dr Andrew Harkin	Pharmacy and Pharmaceutical Sciences
Prof David Berman	Philosophy
Dr. Richard James Leon Anney	Psychiatry
Dr Aiden Peter Corvin	Psychiatry
Dr Philip Dodd	Psychiatry
Dr Gary (James) Donohoe	Psychiatry
Prof Michael Gill	Psychiatry
Prof Brian Lawlor	Psychiatry
Prof Ruth Mary Josephine Byrne	Psychology
Ms Mary Fell	Psychology
Prof Raymond G Fuller	Psychology
Prof Hugh Patrick Garavan	Psychology
Prof Sheila Mary Greene	Psychology
Dr Rita Honan	Psychology
Dr. Katherine Anne Johnson	Psychology
Prof Malcolm Mac Lachlan	Psychology
Dr Elizabeth Nixon	Psychology
Prof Ian Robertson	Psychology
Dr Kevin Tierney	Psychology
Dr Ladislav Timulak	Psychology
Ms Eilish Mc Auliffe	Public Health & Primary Care
Dr Stephen David Thomas	School of Medicine
Dr Shane Butler	School of Social Work and Social Policy
Dr Suzanne Cahill	School of Social Work and Social Policy
Ms Gloria Mary Kirwan	School of Social Work and Social Policy
Dr Patricia Ann Walsh	School of Social Work and Social Policy

Dr Janet Carter-Anand
Ms. Martha Doyle
Dr Hasheem Mannan
Dr Patricia O'Brien
Dr Margret Fine-Davis
Prof Simon Paul Wilson
Dr Richard Roche

Social Studies
Social Studies
Social Studies
Social Studies
Sociology
Statistics
Trinity College Institute of Neuroscience

University College Cork (UCC)

Susan Aylwin
Dr John C McCarthy
Ms Helen Duggan
Dr Peter Herrmann
Ms Mary Murphy
Prof Frederick W Powell
Ms Lydia Sapouna
Dr Eibhear Walshe
Frances Shiely
Dr Caitriona Ni Laoire
Dr Mary M Donnelly
Dr Ryan Morgan
Dr Darius Whelan
Prof Timothy Dinan
Brigid Arkins
Mr Richard Deady
Ms Elaine Drummond
Dr Harry Gijbels
Ms Patricia Leahy-Warren
Ms Aine O'Donovan
Ms Moira O'Donovan
Dr John F Sweeney

Applied Psychology
Applied Psychology
Applied Social Studies
English
Epidemiology and Public Health
Geography
Law
Law
Law
Psychiatry
School of Nursing and Midwifery
School of Nursing and Midwifery

University College Dublin

Mr Anthony Brabazon
Ms Monica Gorman

Dr Thomas G Gaden
Mr Kevin M Malone
Dr Cathal Brugha
Dr Kathy O'Boyle
Prof Alan Carr

Accountancy
Agribusiness, Extension and Rural
Development
Education
Faculty of Medicine Office
Management Information Systems
Pharmacology
Psychology



Mary Flaherty
Dr Suzanne Guerin
Dr Eilis M Hennessy
Dr Geraldine Moane
Prof Aidan P Moran
Ms Anna Jennings
Dr Ann Lavan
Mrs Suzanne Quin
Dr Bairbre Redmond

University of Limerick

Dr Michael O'Neill

Dr Peter Williams

Dr Jean Saunders
Ms Christine Deasy
Mr Larry O'Connor
Dr Denis Ryan
Dr Elizabeth McKay
Ms Alison Warren
Dr Claire Armstrong

Dr Sarah Mac Curtain

Dr Ciaran MacDonncha

Prof Stiofan O deBurca
Dr Orla McDonnell
Dr Jane Edwards
Miss Laura A Donnellan
Prof Paul McCutcheon
Ms Jennifer Schweppe

University of Ulster

Mr Anthony P Wall
Prof Alastair MacLennan
Dr Kathryn J Saunders
Mr Stephen John Hamilton
Dr Pauline Irving
Prof Hugh McKenna

Psychology
Psychology
Psychology
Psychology
Psychology
Social Policy & Social Work
Social Policy & Social Work
Social Policy & Social Work
Social Policy & Social Work

Department of Computer Science and Information Sys
Department of Manufacturing and Operations Enginee
Department of Mathematics and Statistics
Department of Nursing and Midwifery
Department of Nursing and Midwifery
Department of Nursing and Midwifery
Department of Occupational Therapy
Department of Occupational Therapy
Department of Personnel and Employment Relations
Department of Personnel and Employment Relations
Department of Physical Education and Sports Science
Department of Sociology
Department of Sociology
Irish World Academy of Music and Dance
School of Law
School of Law
School of Law

Accounting
Art and Design
Biomedical Sciences
Communication
Communication
Faculty of Life and Health Sciences



MENTAL HEALTH: THE CASE FOR A CROSS-JURISDICTIONAL APPROACH COMBINING POLICY
AND RESEARCH EFFORTS ON THE ISLAND OF IRELAND

Dr. John Cryan, College of Medicine and Health, **Department of** Pharmacology
and Therapeutics

University of Limerick

Dr Edmond O’Dea, Chair of the Mental Health Commission Ireland and lecturer at a number
of Irish universities including the University of Limerick.

