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Ireland

Prepared by Professor Margaret Barry

1 Introduction

Within the Republic of Ireland, there has been increasing recognition in recent years, at both policy and practice level, of the importance of mental health promotion and prevention of mental disorders for overall population health and well-being. The National Health Strategy ‘Quality and Fairness: A Health System for You’ (2001) calls for the development of a new action programme for mental health including mental health promotion and stigma reduction. An Expert Group on Mental Health Policy was established in 2004 to devise a new national mental health policy. A sub-group on Mental Health Promotion and the Prevention of Mental Ill-health was set up in April 2004 in order to inform the Expert Group’s recommendations in relation to the inclusion of mental health promotion and prevention as an integral part of the new Mental Health Policy. The National Health Promotion Strategy (2000-2005) includes, as one of its strategic aims, the promotion of positive mental health through identifying models of best practice, and initiating research into the development of a national positive mental health strategy. The Report of the National Task Force on Suicide (1998) makes several recommendations concerning the use of mental health promotion and primary prevention strategies in preventing suicide, now the leading cause of death among young men in Ireland. A National Strategy for Action on Suicide Prevention “Reach Out” was published in 2005 and a National Office for Suicide Prevention was established within the Health Services Executive. A number of strategies and initiatives have also been developed by national voluntary organizations (e.g. Mental Health Association of Ireland Strategic Plan 2000-2005) and the Health Promotion departments in the regional health service areas e.g. a specific regional Mental Health Promotion Strategy and Action Plan (2005-2010) is being implemented in the North West region.

2 Process to prepare country story

The country story for Ireland is based on the responses of the Irish country coalition members to the European Questionnaire on Mental Health Promotion and Mental Disorder Prevention (www.imhpa.net/infrastructures-database). The country coalition is made up of the members of the Sub-group on Mental Health Promotion and the Prevention of Mental Ill-Health established as part of a National Expert Group on Mental Health convened in 2004. This group includes policymakers, practitioners and academics with representation from; the Department of Health and Children, the regional Health Services Executive, the Mental Health Commission, the academic and voluntary sectors. Following discussion of the purpose and structure of the questionnaire, the members of the coalition completed the questionnaire independently. The responses were then collated and a consensus approach was adopted in completing the final version, in order to represent the views of the different members. Additional information was sourced through the work of the Sub-Group on Mental Health Promotion and the Prevention of Mental Ill-Health in preparing its submission papers, together with information derived from a recent report on a Review of the National Health Promotion Strategy, 2004, (www.doh.ie). Data were collated and entered by Professor Margaret Barry, National University of Ireland, Galway, who takes responsibility for the writing of the country profile included in this report. This country story is not intended as an official or comprehensive account of mental health promotion and prevention in Ireland, but rather as a general overview.
Persons involved:
Margaret Barry, Professor of Health Promotion and Public Health, Department of Health Promotion, National University of Ireland, Galway.
Joe Casey, Mental Health Commission.
Brian Gaffney, CEO Health Promotion Agency, Northern Ireland.
Brian Howard, CEO, Mental Health Ireland.
Fiona Keogh, Department of Health and Children, Dublin.
Dee Mahony, Administrative Officer, Health Promotion Unit, Department of Health & Children, Dublin (Secretary to the Group).
Shay McGovern, Assistant Principal, Health Promotion Unit, Department of Health & Children, Dublin.
Biddy O’Neill, National Health Promotion Advisor, Health Promotion Unit, Department of Health & Children, Dublin.
John Saunders, CEO, Schizophrenia Ireland (Chair).
Anne Sheridan, Senior Mental Health Promotion Officer, Health Promotion Department, Health Services Executive, North Western area.

3 Action for promotion and prevention in mental health

Availability of policies
At present, mental health promotion and prevention of mental ill-health are included within the following national government policy documents: the National Health Strategy (2001), the National Health Promotion Strategy (2000-2005), the Report of the National Task Force on Suicide (1998) and the forthcoming Strategic Action Plan for Suicide Reduction (2005). Unlike in Northern Ireland, where a specific mental health promotion strategy has been developed (Promoting Mental Health: Strategy and Action Plan, 2003-2008), there is no discrete national strategic policy or action plan on mental health promotion in the Republic of Ireland. There is however, co-operation in the border regions between Northern Ireland and the Republic, in developing mental health promotion initiatives through the work of CAWT (Co-operation and Working Together). A new mental health policy is currently being developed in the Republic of Ireland by a National Expert Group on Mental Health and it is envisaged that mental health promotion and prevention will be included as an integral part of this new mental health policy.

Mental health promotion and prevention initiatives are also supported through a number of related government policy documents such as; the National Children’s Strategy, Best Health for Children, Get Connected: Developing an Adolescent Friendly Service, the National Anti-Poverty Strategy and a number of school (e.g. SPHE), workplace and related health promotion policies and initiatives (see further details below). Mental health NGOs have also produced policies and actions on promotion and prevention e.g. Mental Health Ireland, AWARE, GROW, Schizophrenia Ireland and the Samaritans, among others.
Programmes and policies across settings

There are a number of mental health promotion programmes available across the home, schools, communities, workplaces and health services settings. These include:

- Family support and parenting programmes, including home visiting programmes such as the Community Mothers and Life Start programmes and peer-led parent training initiatives such as Fás le Chéile programme.
- In the school setting, the Health Promoting Schools initiative and the full implementation of the Social Personal and Health Education (SPHE) curriculum on a nationwide basis, provide a useful conduit for the implementation of mental health promotion initiatives. The SPHE programme is now compulsory in post-primary school in Ireland. Specific initiatives include anti-bullying programmes together with the Mental Health Matters programme (Hastings et al., 2004)\footnote{Complete references are available at: www.imhpa.net/references} and the Mind Out positive mental health programme (Byrne et al., 2004) which have also been implemented and evaluated in post-primary schools.
- Community health development initiatives and the Healthy Community programmes for disadvantaged groups, hold potential for integrating mental health promotion initiatives. Specific initiatives such as the community-based Rural Mental Health Project have been developed and evaluated for promoting positive mental health in rural communities (Barry, 2004; Reynolds et al., 2004).
- In relation to older people, there are a number of active retirement initiatives and the nationally available programme ‘Go for Life’ encourages participation of older people in physical activity.
- Health promotion workplace initiatives include the implementation of workplace stress reduction programmes and work life balance initiatives.
- In relation to health services, postnatal depression pathways to care have been developed, and brief intervention and exercise referral programmes have been initiated and evaluated at the regional level.
- A wide range of suicide prevention programmes such as ASSIST, Mental Health First Aid, service related initiatives and help-lines have been established.
- A number of stigma reduction campaigns have been conducted by NGOs, including depression awareness raising.
- In relation to mental health service users, initiatives include supported employment schemes such as Work Link, outreach support for families and carers and befriending projects. There are plans to extend the Irish Health Promoting Hospital Network to the mental health services.

4 Organizations and resources for implementation

Responsibility for the development and implementation of mental health policy and practice rests with the Department of Health & Children and the Health Service Executive at national and regional levels. Other statutory bodies, non-governmental mental health organizations, professional bodies and the university sector also play an active role in knowledge and research development, policy and programme implementation, evaluation and dissemination.

Workforce for mental health

In relation to the mental health promotion workforce, there has been considerable progress and investment in the health promotion infrastructure in Ireland over the last 15 years. This includes the establishment of national strategies and policies concerned with promoting positive health together with the appointment of teams of dedicated Health Promotion specialists and senior managers at the regional level. In recent years, Mental Health Promotion Officers, with a specific brief in relation to promoting positive mental health, have been appointed in the regional health promotion departments. Partnership and inter-sectoral working are
integral to the health promotion function and there is evidence of increased engagement with other statutory, non-statutory agencies and community and social partners in implementing mental health promotion action.

In terms of training, research and knowledge development, the academic Department of Health Promotion at the National University of Ireland, Galway (www.nuigalway.ie/hpr) provides postgraduate level training in Health Promotion to Masters and PhD level, which includes specific input on mental health promotion. Through its research centre, the Department of Health Promotion also conducts a programme of research and evaluation in mental health promotion.

In relation to prevention activities, funding has been provided through the report of the National Task on Suicide (1998) for the appointment of Suicide Resource Officers in each of the regional health service areas. Increased funding has been made available for suicide prevention activities and research through the National Suicide Review Group and the work of the National Suicide Research Foundation. In many of the regional health service areas, staff have a dual remit for both suicide prevention and mental health promotion. The situation regarding specific training on prevention of mental disorders at the national level is less clear. Knowledge development and dissemination is, however, facilitated through the organization of national and regional conferences on both mental health promotion and prevention of mental disorders. These include conferences, such as the annual meeting of the Irish Association of Suicidology which addresses suicide prevention, together with seminars and other training initiatives by the Irish College of Psychiatrists, NGOs and regional health service agencies.

The participation by key players at the national level in cross border, European and international policy, practice and research networks and initiatives has played an important role in ensuring the development of high quality, innovative and sustainable initiatives in Ireland.

5 Monitoring and evaluation

At a national level, there are quite limited data sets concerning the mental health status at a population level, in particular in relation to positive indicators of mental health among Irish adults. From those national surveys that have been carried out e.g. the national health and lifestyles surveys (SLÁN, 1999; 2003) and the Living in Ireland Survey, the most commonly used scales are the GHQ-12 and the SF-36. Surveys such as the WHO Health Behaviour in School-aged Children (HBSC) study, conducted among school children in Ireland (Nic Gabhainn et al., 2003) and the College Lifestyle and Attitudinal National (CLAN) survey (Hope, Dring and Dring, 2005) include some indicators of positive mental health and well-being (reports available through www.doh.ie).

Regarding monitoring the implementation of policies and programmes, a recent review of the National Health Promotion Strategy (2004) provides an overview of current mental health promotion practice at national and regional level. This report evidences a high level of activity in relation to mental health promotion programmes at national and regional level, which was bolstered by recommendations from the report of the National Task Force on Suicide (1998). Funding provided through the report has led to the appointment of Suicide Resource Officers in each of the regional health service areas and increased funding has been made available for suicide prevention activities and research. The National Suicide Review Group also funded a range of specific initiatives and research projects and produces an annual report on progress. An evidence briefing on youth suicide prevention was prepared in 2004 by the Institute of Public Health in Ireland (www.publichealth.ie).

The Health Promotion Unit at the Department of Health & Children has provided funding for specific research initiatives, led by the Centre for Health Promotion Studies at NUI, Galway (www.nuigalway.ie/hpr) in collaboration with regional health service agencies, in adapting models of best practice for implementation and evaluation in Ireland. Key developments include:
1. The piloting and evaluation of the international JOBS depression prevention programme (Caplan, Vinokur and Price, 1997), which was implemented on a cross border basis by health and training and employment agencies in the Republic and Northern Ireland (Barry et al., 2005).

2. The development and implementation of the Mind Out positive mental health promotion programme, which is concerned with adapting curriculum materials from the Australian Mind Matters programme for use in Irish post-primary schools. A randomised controlled study was conducted to evaluate the implementation and impact of this programme (Byrne et al., 2004, 2005).

3. Funding of research to inform the development of a regional evidence-based mental health strategy and action plan for the North West region (2005-2010).

4. Grant aid for a global review of the effectiveness of mental promotion being undertaken by the International Union for Health Promotion and Education (Jané-Llopis, Barry, Hosman and Patel, 2005).

The evaluation of specific programmes across the schools, work and community settings is also supported by statutory and voluntary agencies at the national and regional levels.

6 Challenges and opportunities

A number of important advances have taken place in recent years in relation to mental health promotion and prevention in Ireland. These include:

1. Through the Report of the National Task Force on Suicide (1998) funding has been provided for the appointment of regional Suicide Resource and Mental Health Promotion Officers and for suicide prevention research.

2. The establishment in 2004 of a National Expert Group on Mental Health Policy to develop a new mental health policy in Ireland for the next ten years. A sub-group on Mental Health Promotion and the Prevention of Mental Ill-Health was convened and has made specific recommendations regarding the inclusion of positive mental health as an integral part of this overall mental health policy.

3. A National Strategy for Action on Suicide Prevention “Reach Out” was published in 2005 and a National Office for Suicide Prevention was established within the Health Services Executive. The Strategy sets out priorities for action in the area of suicide prevention.

4. There has been substantial development of the infrastructure and workforce in health promotion, at national and regional levels.

5. At a regional level, The North Western area has developed a Mental Health Promotion Strategy and Action Plan (2005-2010) for the region.

6. The implementation of the Social Personal and Health Education programme in schools as a compulsory component of the post-primary school curriculum provides a firm basis for mental health promotion.

7. The undertaking of training and research on mental health promotion programme development and evaluation through the academic Department of Health Promotion at NUI, Galway.

A number of key challenges and opportunities have also been identified:

1. There is a need for a National Policy and Action Plan in order to co-ordinate inter-sectoral approaches and to support the full implementation of national priorities and objectives in the area.

2. Dedicated ring-fenced resources are required to fund the development and implementation of national initiatives.

3. There is a need to promote greater awareness and understanding of the integral role of mental health promotion in overall functioning and its effectiveness in promoting health and social well-being and reducing risks of mental health problems.

4. Greater attention to, and specific training in, the implementation of evidence-based policy and practice at national and regional levels is required.
5. Need for the re-orientation of mental health services to include prevention and promotion activities.
6. Greater investment in mental health promotion research.
7. A training and development strategy for capacity building of the mental health promotion workforce and professionals in the relevant non-health sectors e.g. teachers, community workers, prison officers, etc.
8. Identifying and supporting the implementation of models of best practice.
9. The development of a national database of mental health promotion projects and practice.
10. Consolidation of the integral role of mental health promotion and prevention within the current reform of the Irish Health Services.
11. There is a need for national data collection on population mental health status, in particular positive indicators of mental health, at community, regional and national levels.

In building on the positive achievements to date, a comprehensive strategy and action plan for the promotion of positive mental health and the prevention of mental ill-health is required in order to advance work in the area. The action plan needs to be time framed and clearly identify those responsible for each action. The action plan also needs to be comprehensively resourced and monitored for effective implementation. Given the current Health Service Reform Programme, a prerequisite for effective implementation will be to ensure that the required structural arrangements are in place to meet national and regional needs and ensure effective delivery. These include the development of a national policy framework, planning and facilitation of partnerships across all relevant sectors, commitment to capacity building and training, and the development and dissemination of evidence based mental health promotion and prevention programmes including needs assessment. This must be accompanied by a national research plan including the establishment of an evaluation and monitoring process.

In summary, there is a need for an explicit and co-ordinated national policy framework, an appropriate organization structure to support effective implementation, the provision of dedicated resources and a sound knowledge and research base. The integral role of mental health promotion and prevention within the Irish health service needs to be consolidated.

Acknowledgements

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