



Submission to the 39th Session of the Working Group on the Third Universal Periodic Review Cycle for Ireland

March 2021





Introduction

1. St Patrick's Mental Health Services (SPMHS) is Ireland's largest independent, not-for-profit mental health service provider. St Patrick's Mental Health Services' vision is a society where all citizens are empowered to live mentally healthy lives. SPMHS works to provide the highest quality mental healthcare, to promote mental wellbeing and mental health awareness, and to advocate for the rights of those experiencing mental health difficulties. SPMHS achieves this through a human rights-based approach, through the enhancement of evidence-based knowledge, and by striving to be at the cutting edge of new initiatives and advances in the field. SPMHS is committed to furthering the development of the competencies of those choosing to work in mental health and of the organisations providing mental health care services, and to enhancing partnership with service users. Our strategic plan for 2018-2022 – [‘Changing Minds. Changing Lives’](#), is firmly rooted in these principles and commitments.

2. SPMHS welcomes the opportunity to contribute to the stakeholders' consultation as part of Ireland's Third Universal Periodic Review Cycle. This submission focuses on issues pertinent to mental health and relating to previous recommendations and developments arising from the Universal Periodic Review process.

3. The emergent impacts on collective wellbeing and societal mental health over the course of the Covid-19 pandemic, and the interlinked potential for a deepening of inequalities and a frustration of progress towards greater enjoyment of human rights within society continues to be evidenced.^{1, 2, 3} Data from Ireland's Central Statistics Office from February 2021, indicates almost six in ten respondents reported their mental health has been negatively affected by the Covid-19 pandemic, with women and young people (aged 18-34) highlighted as reporting the greatest negative impacts.⁴ Last year saw the welcome publication of a new national mental health policy *Sharing the Vision* incorporating an underpinning rights-based approach to services, and the formation of an implementation and monitoring group to oversee its realisation.⁵

4. *Sharing the Vision*⁶ is a 'refresh' of and successor to the previous national mental health policy – *A Vision for Change*⁷, published in 2006, which proved limited in its implementation, a shortcoming the new policy has been positioned as aiming to overcome.⁸ However, budgeting for mental health services in Ireland has consistently remained below that recommended proportionally within overall healthcare budgets, most recently at approximately 6-7 per cent.⁹ In order for those living in Ireland to fully realise



the right to the highest attainable standard of physical and mental health, increased investment to at least 10% of the overall health budget, in mental health supports and services across a continuum of need will be essential. This is in line with the recommendation of the national ten-year health and social care programme *Sláintecare*.¹⁰

Children and young people's access to mental health services and supports

5. The Mental Health Commission reports in its most recent annual report that there were 54 admissions of children and young people to adult mental health units in 2019.¹¹ While this represents a welcome reduction since the preceding year where there were 84 admissions¹², it remains contrary to the general recommendations of the UN Committee on the Rights of the Child and to the country-specific recommendations made to Ireland during its last review by the Committee.^{13,14} SPMHS advocates that the continued placement of children in adult units, due to the shortage of age-appropriate mental health facilities, remains a children's rights violation and requires an urgent remedy. Beyond the acute level of need, the impacts of the pandemic on children and young people highlight the necessity of equitable and timely access to the full range of child and adolescent mental health services and supports across a continuum of need, so that a child's right to health under the UNCRC to be realised.^{15,16}

Progress on compliance with the UNCRPD

6. Concerning recommendation no.135.69 *Proceed with the ratification of the Convention on the Rights of Persons with Disabilities and its Optional Protocol (Togo) A/HRC/33/17 - Para. 135:*

While Ireland's ratification of the UNCRPD and progress towards realising its goals has been welcomed since its last participation in the UPR, the State has still not ratified the Optional Protocol. In the State's 2020 National Interim Report, an intent to ratify the Optional Protocol "as soon as possible following completion of Ireland's first reporting cycle", and this is further included within the current Programme for Government.^{17,18} SPMHS would advocate that a timeline for same is specified.

7. Concerning recommendations 135.65 *Ratify the Convention on the Rights of Persons with Disabilities and prioritize measures to further strengthen the existing framework, including to increase the meaningful participation of the persons with disabilities in policy making (Indonesia); 135.61 *Take concrete steps to ratify the Convention on the Rights of Persons with Disabilities and effectively implement policies and programmes to ensure the full enjoyment**



of all related rights (Canada); and 135.66 Accede to the Convention on the Rights of Persons with Disabilities while bringing the Mental Health Act 2001 into line with the provisions of this Convention (Qatar); Source of positions: A/HRC/33/17 - Para. 135:

The Assisted Decision-Making (Capacity) Act 2015 has not been fully commenced, and the body established for its functional realisation – the Decision Support Service is not yet fully operational, though funding for its launch in 2022 has been allocated.¹⁹ SPMHS would advocate that full commencement of the Act, and roll-out of the Decision Support Service is prioritised so that the outdated Ward of Courts system is replaced, and to ensure people with disabilities, including mental health difficulties, can have full access to decision-making supports in line with Article 12 of the UNCRPD.

8. A protracted process to reform the Mental Health Act has been underway since the publication of an Expert Group report in March 2015. Further to an extended period of review by the Health Service Executive and the Mental Health Commission, a public consultation on a review of the Mental Health Act was announced on March 1st running until 31st March 2021, extended as of 25th March to 9th April. While this progress is welcome, the lack of consideration given to the accessibility of the consultation process is notable and is at odds with Article 4 of the UNCRPD. SPMHS would advocate that people with mental health difficulties are afforded the opportunity for meaningful consultation in the development and implementation of legislation and policies to implement the UNCRPD. As regards the reform of the Mental Health Act, SPMHS advocates that the State should amend the Mental Health Act, as per the recommendations of the Expert Group on the Review of the Mental Health Act 2001, and ensure it is fully compliant with international human rights standards.

Constitutional and legislative framework - Gender inequality and women's mental health

9. Concerning recommendations 136.14 Amend article 41 (2) of the Constitution on the role and status of women by moving to a more gender-neutral wording of the article (Iceland); A/HRC/33/17/Add.1, and 136.15 Further strengthen women's rights and review Articles 40 and 41 of the Irish constitution with a view to abandon formulations that potentially promote gender discrimination A/HRC/33/17/Add.1:

International trends of various gendered impacts of the pandemic have been mirrored within Ireland, with disproportionate impact of increased childcare, informal caring and domestic work on women.^{20,21,22} This has been associated within national data with impacts on women's mental health since the early months of the pandemic, and reinforces the need for meaningful progress on tackling the implications of gender stereotyping and gender inequality within Irish society.²³ In this regard, the lack of action to amend article 41 (2) of the



Constitution on the role and status of women, and to advance a national conversation on caring, assumes a greater urgency for remedy.²⁴

Domestic Violence

10. Concerning recommendations 135.95 *Take all measures to effectively combat all forms of violence and discrimination against women (France);*

Source of position: A/HRC/33/17 - Para. 135; 136.42 *Continue to strengthen policies and programmes to combat domestic and sexual violence against women, including a system of psychological, legal and physical support for the victims (Chile);* Source of position: A/HRC/33/17/Add.1; and 136.40 *Collect accurate statistics of cases of domestic violence against women, as well as strengthen support services to victims of domestic violence, including shelters and legal aid services (Russian Federation);*

Source of position: A/HRC/33/17/Add.1

Startling increases in the incidence of domestic violence during the pandemic have been reported in Ireland, mirroring international trends, and have elicited welcome proactive responses from the Garda Síochána, the national police force.²⁵ Regarding domestic violence, a bidirectional risk in the context of mental health has been indicated by research - not only does domestic violence adversely affect mental health, but existing mental health difficulties increases individual vulnerability to experience of domestic violence and to revictimization.²⁶ Mental health services and maternity services key health sectors to identify and respond meaningfully to domestic violence, however under-identification of domestic abuse within mental health services however is commonplace^{27, 28}. The increased incidence of domestic violence during the pandemic heightens the need to bolster mental health services response and cross-sectoral responses overall, if the State is to both strengthen policies and programmes to combat domestic violence and progress advancement of the right to health, especially in the context of women's mental health.

Mental health of disadvantaged and marginalised groups

11. Concerning recommendation 136.62 *Set up an inclusive system for access to quality health care for all social categories, in particular disadvantaged and marginalized groups, in consultation with concerned communities and stakeholders (Haiti);*

Sharing the Vision, the new national mental health policy, recognises the need for inclusive mental health services that recognise and respond to diversity, and note that "service users from other countries and cultures, Travellers, and the LGBTQ+ community may have specific vulnerabilities or difficulties that should be considered in the way mental health services are delivered", and outlines a range of planned actions to realise this.²⁹ Advocacy groups have



also called for the inclusion of an ethnic identifier in relation to mental health services utilisation data, to improve data collection on the mental health needs of ethnic minorities.³⁰ The need for a specific Traveller mental health strategy, in addition to actions outlined within *Sharing the Vision*, is also merited and has been called for by Traveller advocacy groups given disproportionate rates of mental health difficulties and suicide within the Traveller community, and notably was a recommendation of the Joint Oireachtas Committee on the Future of Mental Healthcare.^{31,32}

Submission Ends

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