



**Schizophrenia Ireland/Lucia Foundation**  
**Submission to the Joint Committee on Health and Children**  
**20<sup>th</sup> January 2005**

**Recovery in Practice**

Service delivery in Ireland has seen a fundamental shift from institutional care towards care in the community. Even now many key elements of treatment, however, are still provided in centralised treatment facilities. The provision of coordinated and extensive community services still remains incomplete. There also continues to be a reliance on the maintenance model of care for people with a psychiatric illness. This devalues the ability of people to participate actively in the management of their own care, or to recover from this experience.

**Service Issues**

1. It is estimated that 1 in 100 people worldwide has schizophrenia. This means that in Ireland alone, there are approximately 39,000 people with schizophrenia.
  
2. In setting out a mental health strategy for the future, **it is vital that services and research are re-oriented towards partnership and recovery, and that recovery is viewed as the overarching objective for mental health policy.**
  - A. The role and importance of peer groups and supports need to be recognised by medical and other professionals and included as equal partners in the process of recovery.
  - B. Health education and management should be an integral part of all programmes and services.
  - C. Interventions should be person centred and include a wide range of complementary and alternative therapies and supports.<sup>1</sup>

**Policy Issues**

It is imperative that the following policy drivers be embedded within the overall mental health policy framework to underpin an effective and holistic model based on recovery:

- **Recovery:** Recovery must be recognised as the goal for mental healthcare.<sup>2</sup>
- **Holistic Participation:** Mental healthcare must be conceptualised beyond a medical model. People with self-experience of mental illness and their families need to be partners in service treatment, planning and policy development at all levels.
- **Integration:** Services need to be integrated across all government departments and foster social integration.
- **Access:** Access to services, information, education and support must be actively fostered for both service users and their relatives at all stages.
- **Partnership:** Development of effective partnerships with other providers including NGOs and statutory agencies need to be fostered.
- **Choice:** Choice must be given to people with self-experience and their relatives.
- **Advocacy:** Access to a full range of advocacy services and training in self-advocacy should be available at all points of service delivery.
- **Funding:** To achieve quality of services, increased funding for mental healthcare is imperative. Mental healthcare as a proportion of the overall healthcare budget has dropped from 10.6% in 1990, to just 6.8% in 2003.<sup>3</sup> The real cost of mental disorders and mental health must be reflected in an appropriate allocation of financial and human resources. It is time to invest in recovery.

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<sup>1</sup> Schizophrenia Ireland, "A Question of Choice Survey", 2002.

<sup>2</sup> Irish Psychiatric Association and Schizophrenia Ireland, "Towards Recovery", 2003.

<sup>3</sup> Mental Health Commission Annual Report, 2002, p. 22.