



Community Development Mental Health Network.

A call to action - shifting the paradigm on mental health.

Ballymun Declaration, Ireland, June 2024.

The **Community Development Mental Health Network** brings together our members who are concerned with current models of mental health provision and seek the development of emancipatory, community development¹ and human-rights based approaches to mental health.

This includes transformative, integrative and empowering adult education and community development approaches to healing, inclusion and mental health. The network comprises people and community organisations across the intersectional space; including people with lived experience of emotional distress, family members / friends and professionals in community development.

Members come from specific mental health organisations / perspectives as well as a broad range of community sector groups working with specific communities and groups. Having recognised the persistent failure of existing mental health services to provide for the needs of people accessing them, this network is focussed on the community through which people can recognise and respond to people's mental health needs.

Our Vision is to have:

'A society where people are free from coercion, where mental health and wellbeing, and the recognition of distress and madness, are valued in the interests of the communities in which we live, and where healing, empowerment, inclusion, and equality are celebrated and realised'

¹ Community work/community development is a unique and distinct professional practice which comprises both a task and a process. The task is social change, to achieve equality, social justice and human rights and the process is the application of principles of participation, empowerment and collective decision making in a coordinated and structured way. [All Ireland Standards for Community Work - AIEB](#)

Our vision is underpinned by a number of value positions that collectively represent the diversity and solidarity amongst our network members:

<ul style="list-style-type: none"> ● Equality ● Full effective participation and power sharing ● Empowerment ● Human Rights and Social Justice ● Non – Discrimination ● Freedom from violence and coercion ● Growth and transformation ● Informed by a social model of disability 	<ul style="list-style-type: none"> ● Respect (for difference and evolving capacities) ● Compassion, Hope, Integrity, Transparency ● Trauma-informed communities ● Diversity (of identity and experience) and Culturally Appropriate / Safe (coinsider culturally appropriate language) Provision ● Recovery ● Collectivity
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Community Development Mental Health Network

The network was formed in 2019 initially by a small group of community workers and activists who were concerned to develop a new way of thinking about and addressing mental health. This shared new thinking is moving from individual experiences to collective community development responses and building solidarity across and between communities and sectors to develop a shared analysis and understanding of the approaches required to address the growing mental health crisis in Ireland and to work together to ensure that these approaches are put into action.

Our Commitments

The network is committed to;

- Developing an evidence-based, policy-sited model of conceptualising and responding to mental health in the community founded upon our discrete and collective expertise and experience in the field.
- Identifying and utilising avenues and forums to demand the adoption and implementation of this approach across the community work sector.
- Working together to build collaboration, consensus and agreement to support the achievement of our shared vision and goals.

National Symposium

On the 31st May 2023, one hundred members of the network from thirteen counties convened a symposium in Ballymun, Dublin, Ireland. Network members came

together to work from our shared values and principles to map out a more emancipatory, community development, human rights-based approach in the way our health service, our communities and society should respond to and acknowledge emotional distress and mental ill health. Participants at the symposium sought to galvanise implementation action across Ireland in response to mandated international and national policy.

The outcomes of this symposium, later ratified by the network members, are summarised in the following priorities and calls to action. All of the outcomes can be underpinned by international and national policy mandates and our call to relevant bodies is to implement them as mandated, as summarised in appendix one.

Call to Action

The network calls for action for the following priorities to be actioned as a matter of urgency. On the left column is what we are calling for and on the right are the duty bearers.

What we are calling for:	The Duty Bearers
<p>1. Recognition of the role of social determinants of health, of intersectionality, and of key factors which influence and impact the mental health experiences of all people and communities including; poverty, housing, inequality, racism, dual diagnosis, and domestic and sexual violence including emotional abuse and coercive control.</p>	<p>Relevant government departments and state agencies, funders and political parties should ensure that social determinants are included in policies and that policy actions are associated so action can be taken to improve the response of services through the lens of social determinants impacting on mental health by statutory and community services.</p>
<p>2. State support for appropriate community development in key areas including: building collectivity and leadership, building trauma-informed communities and putting communities back at the heart of society with initiatives centering safe community spaces such as community gardens, in-person meet ups, recovery education and recovery narrative-writing spaces.</p>	<p>Relevant government departments and state agencies, funders and government parties to invest or commit to investing in comprehensive community development initiatives and projects and diverting from individualised ineffective biomedical approaches.</p>

<p>3. Development and implementation of policies that prioritise community development approaches to mental health.</p>	<p>State agencies, voluntary and community organisations.</p>
<p>4. Cohesion, collaboration and funding, to support the achievement of the Network's shared vision and goals.</p>	<p>State policies, strategic direction and opposition party manifestos to clearly resource community development approaches to mental health and well being into the future.</p>
<p>5. Recognition of the importance of educational institutions' crucial role in influencing children and young people's mental health, and the imperative nature of continuous intervention and collaboration with schools (including after school supports), and community services when treating a young person experiencing mental health difficulties.</p>	<p>Departmental directives, curriculum revisions to reflect an active educational inclusion of proactive mental health literacy in primary, secondary and community education provision.</p>
<p>6. Mainstreaming of a new, holistic approach to teaching and talking about mental health throughout the education system at all tiers of education; reflecting the new paradigm in mental health.</p>	<p>Curriculum development and in-reach activities, and teacher professional development programmes.</p>
<p>7. The development of cultural competency in training and practice for those delivering services and working with the community. This is necessary in recognition of the increasing diversity and international constitution of Irish society.</p>	<p>Educational commissioners and service planners.</p>
<p>8. Centralising a holistic understanding and approach in responding to mental health issues through peer and community support provided from a person-centred, trauma-informed perspective, across an individual's life-cycle.</p>	<p>Community organisations, service and education providers.</p>

Appendix 1. Policy Context

International Policy, Conventions and Declarations

The United Nations (UN) and the World Health Organisation (WHO) have provided a clear mandate for countries and organisations in relation to mental health and well being with a clear direction away from traditional bio-psychiatric centred approaches to a new paradigm where people with living experience , community members, grass roots organisations and innovative rights-based trauma informed approaches become the drivers and providers of good practice in mental health service provision.

Mental Health, Human Rights and Legislation: Guidance and Practice. World Health Organization and the Office of High Commissioner for Human Rights

The WHO and the Office of the High Commissioner for Human Rights jointly developed Mental health, human rights and legislation: guidance and practice.

The guidance proposes new objectives for law, including setting a clear mandate for mental health systems to adopt a rights-based approach. It outlines legal provisions required to promote deinstitutionalisation and access to good quality, person-centred community mental health services.

It highlights how laws can address stigma and discrimination and provides concrete measures on how to eliminate coercion in mental health services in favour of practices that respect people's rights and dignity.

The guidance also provides key information on how to adopt a human rights-based approach when reviewing, adopting, implementing and evaluating mental health related laws, and includes a practical checklist enabling countries to assess whether their laws align with current human rights standards.

[Mental health, human rights and legislation: guidance and practice](#)

United Nations Sustainable Development Goals

The Sustainable Development Goals (SDGs), also known as the Global Goals, were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity.

The 17 SDGs are integrated: they recognise that action in one area will affect outcomes in others, and that development must balance social, economic and environmental sustainability.

Countries have committed to prioritise progress for those who have been left the furthest behind. The SDGs are designed to end poverty, hunger, AIDS, and discrimination against women and girls.

The Sustainable Goals are:



[Sustainable Development Goals | United Nations Development Programme](#)

United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)

The Convention on the Rights of Persons with Disabilities (CRPD) is a human rights treaty adopted by the United Nations in 2006 which exists to protect and reaffirm the human rights of disabled people. The Irish Government signed the Convention in 2007 and in March 2018 the Convention was ratified. The UNCRPD is cross impairment in that it confers rights on all disabled people, including people who experience emotional and mental distress.

[Convention on the Rights of Persons with Disabilities | OHCHR](#)

Social Determinants of Mental Health - World Health Organization.

A person's mental health is shaped by various social, economic, and physical environments operating at different stages of life. Risk factors for mental ill health are heavily associated with social inequalities, whereby the greater the inequality the higher the inequality in risk.

[Social determinants of mental health \(who.int\)](#)

[Social justice and human rights as a framework for addressing social determinants of health
Final report of the Task group on Equity, Equality and Human Rights](#)

Bali Declaration

This comprehensively lists out the systematic violations of rights of persons with psychosocial impairments by the medical model, and looks towards an entire paradigm shift towards a social and development oriented model framed and rooted in the CRPD as opposed to a mental health and biomedical model. It confirms the failure of overarching legal, political, economic and social structures in ensuring equal participation and in promoting further exclusion of persons with psychosocial disabilities. The Declaration welcomes efforts and shifts towards a more inclusive society with persons with psychosocial disabilities at the centre of all discussions, participation and engagements and aspires for persons with psychosocial disabilities to claim their meaningful place in society through inclusive environments.

[Bali-Declaration-English.pdf \(tci-global.org\)](https://www.tci-global.org/Bali-Declaration-English.pdf)

Special Rapporteur on right to health

Mr. Dainius Pūras, former Special Rapporteur on right to health (2014 - 2020) wrote two reports about power imbalance in 2017 and rights based global agenda in 2020.

- Human Rights Council Forty-fourth session 15 June–3 July 2020
https://www.handover-dialogues.org/site/assets/files/1183/a_hrc_44_48_puras_2.pdf
Special Rapporteur elaborates on the elements that are needed to set a rights-based global agenda for advancing the right to mental health.
- Human Rights Council Thirty-fifth session 6-23 June 2017
<https://documents.un.org/doc/undoc/gen/g17/076/04/pdf/g1707604.pdf?token=TBClwVa3yDYp7QggmP&fe=true> Special Rapporteur called for a sea change in mental health care around the world, urging States and psychiatrists to act with courage to reform a crisis-hit system built on outdated attitudes.

WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions. (2023).

The overall objective of the framework is to support WHO and member states in the meaningful engagement of people living with mental health conditions to co-create and enhance related policies, programmes and services.

The aim of the framework is to guide people working at WHO and in Member States in ensuring meaningful engagement with individuals with lived experience.

[WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions.](#)

WHO Guidance on community mental health services: Promoting person-centred and rights-based approaches.

This is a set of publications that provide information and support to all stakeholders who wish to develop or transform their mental health system and services to align with international

human rights standards including the UN Convention on the Rights of Persons with Disabilities.

The main reference source for all stakeholders is the “Guidance on community mental health services: Promoting person-centred and rights-based approaches” document. This provides a detailed description of person-centred and human rights-based approaches in mental health, examples of good practice services around the world and recommendations for integrating such services into national health and social care systems and services.

[Guidance and technical packages on community mental health services \(who.int\)](https://www.who.int/publications/i/item/guidance-and-technical-packages-on-community-mental-health-services)

European Commission: A comprehensive approach to mental health (2023)

Stakeholder recommendations include:

- Prioritise mental health as a public health problem, opposed to an individual problem, as it is strongly related to social issues such as poverty, social exclusion and access to education and health services;
- Seek alignment with existing policies, reforms, and actions in other sectors than health, for example in education, employment, housing or social security as these areas can mutually benefit from coordinated actions;
- Stimulate interdisciplinary, integrated practices in health care, social services, education, employment, and finances: a collective approach focused on societal issues;
- Pay specific attention to vulnerable groups who have a higher risk of developing mental health problems or less possibilities to cope with mental health problems including: those who are socioeconomically disadvantaged, lack social networks, live in remote areas, (young) children and adolescents, young adults, (very) old persons (living alone), homeless people, refugees and migrant populations, people with a disability, impairment or with (multiple) chronic conditions, people with drug/alcohol addictions, children of parents with mental illnesses.
- Commit to the goal of ‘leaving no one behind, reaching the furthest behind first’ by following a three-pronged approach: examining how and why certain people are being left behind, empowering such groups to participate in inclusive and meaningful decision-making processes, and enacting policies, laws, reforms, and interventions to confront the drivers of inequalities
- Assess the specific needs of vulnerable groups and develop solutions fitting their needs, preferences and possibilities;
- Work on mental health in co-creation with people with lived experiences of mental health problems and with professionals in mental healthcare;
- Be inclusive and take into account diversity when addressing mental health in policies and practices. Improve awareness and mental health literacy
- Improve mental health literacy and awareness both through national campaigns and targeted actions at schools, in healthcare settings and in the workforce;
- Work together with people with lived experience of mental health problems.
- Build an evidence base

- Work on up-to-date data on mental health indicators and mental health inequalities, including data on vulnerable groups across the EU.

[A comprehensive approach to mental health - European Commission](#)

National Policies

National policy has reflected this international mandate at least in the rhetoric and text of our policy documents.

Sharing the Vision

Whilst this policy document is primarily focussed on statutory mental health services delivery, it seeks to integrate mental health service provision across the healthcare and community spectrum and identifies that this integration is necessary to be resourced and grown through a variety of community initiatives. With the vision of a community based approach to care it is understood as wider than providing mental health services and includes a core role for the Voluntary and Community Sector (VCS) and for other public agencies and organisations not specifically engaged in mental health. Integrated and coordinated care according to a service user's total individual needs should include these wider community supports.

Two of the underpinning principles of Sharing the Vision 'trauma informed' and 'human rights' are specifically relevant to this declaration and are enshrined in different aspects of the policy implementation expectations, e.g. chapter 4. The United Nations Universal Declaration of Human Rights recognises that people with disabilities should have equal rights to live in a community and that measures to facilitate their full inclusion and participation should be prioritised including access to education, health, employment and social protection.

This chapter further promotes community development opportunities from a grassroots perspective, with peer-led and peer-run projects in the community as important ways to promote the social inclusion of people with mental health difficulties. Specifically, there are key social and community activities that can enhance positive mental health by generating social capital and promoting an individual's social inclusion and mental health recovery. Such networks are a buffer against stress, while creating opportunities for meaningful social engagement and personal development. While several peer-led projects exist, they are mainly volunteer-led initiatives that do not have access to reliable funding streams, stressing the importance of funding peer-led projects.

[Mental Health - Sharing the Vision](#)

Sustainable Inclusive Empowered Communities

This 5 year all of government strategy for the community and voluntary sector sets out a long term vision for our communities in Ireland. With actions to be implemented over the next five years, the strategy sets a general direction of travel for Government policy in relation to community development, local development and the community and voluntary sector for the coming years. The strategy is relevant to the calls in this declaration in that it seeks to empower communities especially those that are most marginalised in society and to create

vibrant, sustainable, inclusive, empowered and self determining communities that support the social, cultural and economic well-being of all members.

The strategy and its associated actions set out to:

- Strengthen and develop participative approaches to the development of public policy and programming underpinned by an autonomous community and voluntary infrastructure; Support and facilitate communities to participate in community development and local development;
- Develop and strengthen processes and mechanisms to secure meaningful consultation, inclusion and participation in local, regional and national decision-making structures, particularly by non-engaging and marginalised communities and their representative organisations;
- Develop capacity of organisations supporting communities to participate in community development and local development, with a specific focus on marginalised communities; continue to develop and strengthen Public Participation Networks as the primary mechanism for communities to engage with local government decision-making;
- Strengthen the local economic and community plan process, enhancing community participation in the development and implementation of plans and securing more effective collaboration and partnership working nationally, regionally and locally;
- Support, develop and enhance capacity in the local government sector in community development and local development;
- Support community development and local development to engage with climate change adaptation and mitigation strategies.

[Sustainable Inclusive Empowered Communities](#)

National Disability Strategy

The National Disability Strategy is a cross departmental strategy being coordinated by the Department of Children, Equality, Disability, Integration and Youth. This strategy is being developed over the course of 2023 and 2024 and will be Ireland's first national plan to implement the UNCRPD.

[National Disability Strategy call for written submissions](#)

National Action Plan Against Racism

The plan proposes actions to help make Ireland a place in which the impacts of racism are fully acknowledged and actively addressed. It was developed by an independent anti-racism Committee.

[National Action Plan Against Racism](#)

Women’s Health Action Plan

The Women’s Health Action Plan 2024-2025 represents the next phase of this Government’s commitment to improving health outcomes and experiences for women and girls in Ireland.

The plan commits to Improve mental health and wellbeing of women through a new cross-sectoral and whole of government National Mental Health Promotion Framework and associated action plan which will be launched in 2024.

[Women’s Health Action Plan 2024-2025 Phase 2: An Evolution in Women’s Health](#)

Sláintecare

Sláintecare reform is transforming how we deliver healthcare in Ireland, building towards equal access to services for every citizen based on patient need and not their ability to pay.

By putting people at the centre of the health system and developing primary and community health services, the Department of Health and HSE are working together to provide new models

The aim is to deliver the Sláintecare vision of one universal health service for all, providing the right care, in the right place, at the right time. of care that allow people to stay healthy in their homes and communities for as long as possible. [Sláintecare](#)

National Traveller Action Plan

Travellers and Roma are among the most disadvantaged and marginalised people in Ireland. During the years of the financial crisis from which Ireland is emerging, those at the margins of our society frequently – and regrettably – suffered disproportionately from the effects of financial adjustments. [National Traveller Health Action Plan](#)

New Directions

The HSE “New Directions: Report of the National Working Group for the review of HSE Funded Adult Day Services” (2008) is based on the principle of disabled people being included in society and recognises that segregated day services are contrary to that principle. New Directions makes radical proposals to reform day services away from control towards greater participation of disabled people in society. [New Directions - HSE.ie](#)

Reducing Harm Drugs Policy

The vision of the strategy is: To create a “healthier and safer Ireland, where public health and safety is protected and the harms caused to individuals, families and communities by substance misuse are reduced and every person affected by substance use is empowered to improve their health and wellbeing and quality of life”.

To realise this vision, five strategic goals have been identified:

- promote and protect health and wellbeing
- minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery
- address the harms of drug markets and reduce access to drugs for harmful use
- support participation of individuals, families and communities
- develop sound and comprehensive evidence-informed policies and actions

[Reducing Harm, Supporting Recovery 2017-2025](#)

Sub-Committee on Mental Health Report on Pre-Legislative Scrutiny of the Draft Heads of Bill to Amend the Mental Health Act 2001

1. The sub-committee recommends that a stronger focus needs to be put on a human rights-based approach within the proposed legislation and the proposed heads need to fully adhere to the spirit and rationale of the UN Convention of the Rights of Persons with Disabilities
2. The sub-committee recommends that the General Scheme be amended to remove references to the term ‘mental disorder’ and replace it with ‘persons with psychosocial disabilities’ in line with the UNCRPD and the social model of disability
3. The sub-committee recommends that the State should ratify the optional protocol of the UNCRPD at the earliest possible opportunity.
4. The sub-committee recommends that the reform of mental health legislation must be accompanied by State measures, including legislation, aimed at ensuring less restrictive forms of treatment in the community are available and the ultimate eradication of coercion in the treatment of persons with psychosocial disabilities. This includes investment in community-based support and services for persons with psychosocial disabilities and through assisting persons to utilise the Assisted Decision Making (Capacity) Act 2015 to exercise their capacity. The provisions in the Assisted Decision Making (Capacity) Act 2015 will need to be extended to all citizens, including those involuntarily detained, in order for this to be possible.
5. The sub-committee recommends that there is close alignment between the relevant mental health legislation in compliance with the standards of the CRPD.

[Report on Pre-Legislative Scrutiny of the Draft Heads of Bill to Amend the Mental Health Act 2001 \(oireachtas.ie\)](#)