



# Shine

Supporting people affected  
by mental ill health

Senator Frances Black  
Cathaoirleach  
Committee Clerk Sub-Committee on Mental Health,  
Leinster house,  
Dublin 2  
D02 XR20

**Your Ref:** JCH-i-876

**Sent to:** [health@oireachtas.ie](mailto:health@oireachtas.ie)

4<sup>th</sup> April 2022

Dear Senator Black,

Further to our previous correspondence, Shine very much welcomes the opportunity to speak with the Sub-Committee on Mental Health on the issues pertaining to the Pre-Legislative Scrutiny on the Mental Health (Amendment) Bill. I enclose our opening statement on this topic.

We look forward to meeting with you to discuss our perspective which is informed by the voice of our service users.

Sincerely,

**Nicola Byrne**  
Chief Executive Officer



## Presentation to the Oireachtas Sub-Committee on Mental Health 5<sup>th</sup> April 2022

I want to thank the Cathaoirleach and the subcommittee for the invitation to attend here today. I am Nicola Byrne, the CEO of Shine, and this is my colleague Estela Vidal, Advocacy Officer with Shine.

Shine is a national organisation providing information and support for people affected by mental health difficulties through individual and group work and recovery education and training. Originally called the Schizophrenia Association of Ireland, we were established in South Dublin in 1979 by a group of family members and professionals. In 2009, we changed our name to Shine to reflect how we had developed to offering supports to everyone affected by mental health difficulties and their families. We are the only national mental health organisation specifically founded to support all family members.

Shine has two national stigma reduction programmes aimed at promoting societal change in the perception of mental illness. They are See Change and Headline. Some of our projects you may be aware of include the Green Ribbon Campaign which will celebrate its tenth year in 2022 and the National Mental Health Media awards.

We want to acknowledge the hard work and commitment of all to progress legislation to this stage and we broadly welcome the provisions of the Mental Health (Amendment) Bill, as outlined in the draft heads of Bill, currently under consideration. We believe these changes will improve mental health services, including giving an amplified voice to service users. Our analysis of the heads of Bill is influenced first and foremost by the voices, personal testimonies and lived experiences of the people we work with. It is also informed by the human rights analysis and it is framed under key relevant articles from both the European Convention on Human Rights and the UN Convention on the Rights of Persons with Disabilities.

Shine welcomes the paradigm shift from 'best interest' to that of 'guiding principles'. A lot has been done in this regard, but there is still a long road ahead of us. Based on the voices of the people that we work with and quoting the UN Special Rapporteur, we advocate for a shift that moves away from paternalism towards a '*paradigm shift that is recovery and community-based, promotes social inclusion and offers a range of rights-based treatments and psychosocial support at primary and specialized care levels*'.

We would emphasise and are keen to discuss in more detail, with testimonies, the following points;

- **The family and supporters:** People do not exist in isolation. It is vitally important that Family members and supporters have supports available to them through the mental health services, independent of any supports being provided to their loved one



- **Advocates:** We believe the role of advocates and advocacy services is not given enough consideration in the heads of Bill and should be further highlighted and elaborated on as it is key for the person to fully exercise their legal capacity
- **Seclusion and restraints:** These practices are not consistent with the prohibition of torture and other cruel, inhumane or degrading treatment. The guidelines from the UNCRPD is to eliminate these practices to protect the security and personal integrity of persons with disabilities who are deprived of their liberty
- **Early Intervention and community services:** It is evident that the promotion of community support mechanisms at the local level can prevent difficulties from becoming more complex. We support the recommendation to include a provision for the right to community mental health services in the amended legislation as this will contribute to the reduction in cases that evolve into more complex mental health difficulties
- **Information and Knowledge:** We strongly believe that information is power. When asked about some of the amendments being put forward in the heads of Bill and the key gaps, a significant number of people told us they were not aware that such process was taking place. We would therefore like to encourage the development of an awareness raising campaign to provide the Irish public with key pieces of information on the reviewed (upcoming) Mental Health Act and the Decision-Making Capacity Act
- **Voice & Participation:** The voice of the service user should be at the core of all planning, both in care and embedded in mental health service delivery. Advocates should participate in the development of the care plan and plans should be developed in a format and language that the person can understand
- **Stigma and discrimination:** We welcome replacements already made in the heads of Bill such as *patient by person*, or *tribunal by review board*. However, the people that we work with question the use of the term *mental health disorder* to describe their difficulties. There is consensus that the term is degrading, stigmatising and not aligned with human rights principles.

Other areas that we would welcome discussion on include:

- Treatment and consent
- The importance of privacy and the impact of the physical environment on recovery
- An independent complaints mechanism
- Culture change & resources
- Examples of good care and practice in mental health services

Finally, we note that it was confirmed in an earlier session that the guiding principle that refers to “the provision of mental health services is subject to the availability of resources” would be removed (Principle (4) in the context of children and Principle (9) in the context of adults). However, we ask that this removal is included as a specific recommendation by the Committee.

Thank you for inviting us to the sub-committee today. We are happy to discuss this in more detail and to answer your questions.