The Irish Association of Speech and Language Therapists (IASLT) make the following recommendations regarding the roll-out of the Sharing the Vision Implementation Plan and would welcome the opportunity to discuss how IASLT can contribute to the development of Mental Health Services in Ireland.

Sharing the Vision Implementation Plan	IASLT Recommendations
1. Healthy Ireland already has a remit for improved mental health and wellbeing. To further strengthen this, a dedicated National Mental Health Promotion Plan should be developed and overseen within Healthy Ireland implementation frameworks, with appropriate resourcing. The plan should be based on the principles and scope described in Chapter 2 of Sharing the Vision.	1. IASLT will work with DOH and Healthy Ireland to support accessibility of the National Mental Health Promotion Plan for people with SLCNs. 2. SLTs working within PCCC and MH teams will develop individualised communication supports for people with more complex communication needs in order to support the inclusion of each identified person. 3. SLTs working in the area of promotion and prevention, from an infant mental health framework, will work with DOH and Healthy Ireland in the development of a National Mental Health Promotion Plan.
2. Evidence-based digital and social media channels should be used to the maximum to promote mental health and to provide appropriate signposting to services and supports.	1. IASLT will work with the HSE to support accessibility of digital and social media channels for people with SLCNs. 2. SLTs working within PCCC and MH teams will develop individualised communication supports for people with more complex communication needs in order to support the inclusion of each identified person. 3. IASLT can support the inclusion of people with SLCNs in the process of coproduction.
5. New and existing community development programmes which promote social inclusion, engagement and community connectedness should be appropriately resourced and developed in line with the proposed National Mental Health Promotion Plan.	1. IASLT will work with the HSE and Healthy Ireland to support accessibility of community development programmes for people with SLCNs. 2. SLTs working within PCCC and MH teams will develop individualised communication supports for people with more complex communication needs in order to support the inclusion of each person identified person.
6. The proposed National Mental Health Promotion Plan and the	1. IASLT will work with Healthy Ireland, DOH and NOSP to support

existing work of Connecting for Life should incorporate targeted mental health promotion and prevention actions that recognise the distinct needs of priority groups.	accessibility of targeted mental health promotion and prevention actions for people in priority groups with SLCNs. 2. SLTs working within PCCC and MH teams will develop individualised communication supports for people in priority groups with more complex communication needs (particularly with people with disabilities) in order to support the inclusion of each identified person.
7. A National Stigma-Reduction Programme (NSRP) should be implemented to build a 'whole community' approach to reducing stigma and discrimination for those with mental health difficulties. This should build on work to date and determine a clear strategic plan, with associated outcomes and targets across related strands of work.	1. IASLT will work with the HSE and DoH to support accessibility of the NSRP for people with SLCNs. 2. SLTs working within PCCC and MH teams will develop individualised communication supports for people with more complex communication needs in order to support the inclusion of each identified person.
9. All schools and centres for education will have initiated a dynamic Wellbeing Promotion Process by 2023, encompassing a whole-school/centre approach. Schools and centres for education will be supported in this process through the use of the Wellbeing Framework for practice and Wellbeing Resources which have been developed by the Department of Education and Skills.	1. IASLT will work with the DES to support accessibility of the Wellbeing Promotion Process for people with SLCNs. 2. SLTs working within PCCC and MH teams will develop individualised communication supports for children and adults with more complex communication needs in order to support the inclusion of each identified person.
12. A range of actions designed to achieve the goals of the National Positive Ageing Strategy for the mental health of older people should be developed and implemented, supported by the inclusion of mental health indicators in the Healthy and Positive Ageing Initiative's research programme.	1. IASLT will work with the DoH to support accessibility of the National Positive Ageing Strategy for adults with SLCNs. 2. SLTs working within PCCC and MH teams will develop individualised supports for adults with SLCNs and/or EDS difficulties. These supports will enable them to achieve the goals outlined by the National Positive Ageing Strategy.
13. Directories of information on VCS supports should be provided to staff working in primary care and CMHTs to ensure they are aware of and inform service users and FCS about all supports available including those from Voluntary and Community Sector organisations in the local area	1. IASLT will work with the HSE to support accessibility of the directories of information on VCS supports for people with SLCNs. 2. SLTs working within PCCC and MH teams will develop individualised communication supports for people with more complex communication needs in order to support the inclusion of each identified person.
16. Access to a range of counselling supports and talk therapies in community/primary care should be available on the basis of identified need so that all individuals, across the lifespan, with a mild-to-moderate mental health difficulty can receive prompt access to accessible care through their GP/ Primary Care Centre. Counselling	1. SLTs working within PCCC Teams should be included as a key member of the multidisciplinary team, who can work alongside practitioners at different stages of the service user journey to enable people with SLCNs to access evidence based interventions. 2. Creative Arts Therapies provide a range of psychotherapeutic

supports and talk therapies must be delivered by appropriately qualified and accredited professionals.	supports which are particularly helpful for those with SLCNs.
17. The mental health consultation/liaison model should continue to be adopted to ensure formal links between CMHTs and primary care with the presence of, or in-reach by, a mental health professional as part of the primary care team or network.	1. SLTs on MH teams will work with local PCCC teams to ensure seamless care for people with SLCNs and EDS needs.
18. An implementation plan should be developed for the remaining relevant recommendations in Advancing the Shared Care Approach between Primary Care & Specialist Mental Health Services (2012) in order to improve integration of care for individuals between primary care and mental health services in line with emerging models and plans for Community Health Networks and Teams	1. IASLT will work with the HSE to ensure that both SLCNs and EDS needs are considered in those with MH difficulties in both PCCC and MH Teams when providing a shared care approach.
19. The physical health needs of all users of specialist mental health services should be given particular attention by their GP. A shared care approach is essential to achieve the best outcomes.	1. All PCCC and MH Services should have SLTs on the team in order to provide EDS services.
20. There should be further development of early intervention and assessment services in the primary care sector for children with ADHD and autism to include comprehensive multi-disciplinary and paediatric assessment and mental health consultation with the relevant CMHT where necessary.	1. SLTs working in MH services will collaborate with PCCC services to support the development of agreed early intervention and assessment services in primary care for children with ADHD and autism.
23. There should be continued investment in, and implementation of, the National Clinical Care Programme for the Assessment and Management of Patients Presenting to Emergency Departments Following Self-Harm.	1. IASLT will work with the HSE to support accessibility of the National Clinical Care Programme for the Assessment and Management of Patients Presenting to Emergency Departments Following Self-Harm for people with SLCNs. 2. SLTs working within MH teams will develop individualised communication supports for people with more complex communication needs in order to support the inclusion of each person receiving a MH Service.
24. Out-of-hours crisis cafés should be piloted and operated based on identified good practice. Such cafés should function as a partnership between the HSE and other providers/organisations.	1. IASLT will work with the HSE to support accessibility of out-of-hours crisis cafes for people with SLCNs. 2. SLTs working within MH teams will develop individualised communication supports for people with more complex communication needs in order to support the inclusion of each person receiving a MH

	Service.
27. An individualised recovery care plan, co-produced with service users and/or Families, Carers and Supporters, where appropriate, should be in place for, and accessible to, all users of specialist mental health services.	1. SLTs working within MH teams will play a key role in working together with those with SLCNs, including those with complex communication needs, to design and deliver services in equal partnership.
28. All service users should have a mutually agreed key worker from the CMHT to facilitate coordination and personalisation of services in line with their coproduced recovery care plan.	1. SLTs working within MH teams will coproduce specific training for teams on supporting people with SLCNs, in order to ensure that all key workers understand how to include those with SLCNs.
29. Further training and support should be put in place to embed a recovery ethos among mental health professionals working in the CMHTs as well as those delivering services elsewhere in the continuum of services.	1. IASLT will work with the HSE/ Sláintecare partners to support embedding a recovery ethos for MH professionals through provision of training. 2. SLTs working within MH teams will develop individualised communication supports for people with more complex communication needs in order to support the inclusion of each person receiving a MH Service. SLTs ensure a recovery ethos exists during this therapy process.
31. The potential for digital health solutions to enhance service delivery and empower service users should be developed.	1. IASLT will work with the Strategy & Planning HSE/Sláintecare partners to support accessibility of digital health solutions for people with SLCNs. 2. SLTs working within MH teams will develop individualised communication supports for people with more complex communication needs in order to support the inclusion of each person receiving a MH Service.
32. The composition and skill mix of each CMHT, along with clinical and operational protocols, should take into consideration the needs and social circumstances of its sector population and the availability of staff with relevant skills. As long as the core skills of CMHTs are met, there should be flexibility in how the teams are resourced to meet the full range of needs, where there is strong population-based needs assessment data.	1. SLTs within MH Teams can carry out screening of service users for SLCNs and EDS needs in order to describe need.
34. Referral pathways to all CMHTs should be reviewed and extended by enabling referrals from a range of other services (as appropriate) including senior primary care professionals in collaboration with GPs.	1. SLTs within MH services will provide training and appropriate tools to identify those with SLCNs and EDS difficulties intrinsic to their MH difficulties.
36. Appropriate supports should be provided for on an interim basis to	1. IASLT will work with the HSE to support service users with SLCNs

service users transitioning from CAMHS to GAMHS. The age of transition should be moved from 18 to 25, and future supports should reflect this.	transition from CAMHS to GAMHS. 2. SLTs working within MH teams will develop individualised communication supports for people with more complex communication needs in order to support the inclusion of each person receiving a MH Service. SLTs will support service users with SLCNs in the transition process through increasing their understanding of the need for onward referral and their subsequent decision making.
37. Nationally agreed criteria should be developed to govern and resource individualised support packages for the specific needs of a small cohort of children and young people who have complex needs.	1. IASLT will work with the HSE in the development of a nationally agreed criteria to support children and young people who have complex needs. 2. SLTs working within MH teams will develop individualised communication supports for people with more complex communication needs in order to support the inclusion of each person receiving a MH Service.
38. In the exceptional cases where child and adolescent inpatient beds are not available, adult units providing care to children and adolescents should adhere to the CAMHS inpatient Code of Governance.	1. IASLT will work with the HSE to support accessibility of the CAMHS Inpatient Code of Governance for people with SLCNs.
39. The HSE should consult with service users, FCS, staff, and those supporting priority groups to develop a standardised access pathway to timely mental health and related care in line with the individuals' needs and preferences.	1. IASLT will work with the HSE to ensure that consultation processes include the views of those with SLCNs.
40. Sufficient resourcing of home-based crisis resolution teams should be provided to offer an alternative response to inpatient admission, when appropriate	1. SLTs within MH Teams offer supports on home-based crisis resolution teams to ensure the person is able to understand, consent to and participate in treatment during acute phases of mental illness.
41. A Standard Operating Guideline should be developed to ensure that sufficiently staffed day hospitals operate as effectively as possible as an element of the continuum of care and as an alternative to inpatient admission.	1. Staffing for Day Hospitals should include SLTs who can provide supports for those with SLCNs and EDS needs.
42. Individuals who require specialist Mental Health Services for Older People (MHSOP) should receive that service regardless of their past or current mental health history. People with early onset dementia should also have access to MHSOP.	1. IASLT will work with the HSE to support service users in MHSOP teams. 2. SLTs should be included as a core member of the MHSOP teams. SLTs working within MHSOP will develop individualised communication

	supports for people with SLCNs in order to support the inclusion of each person receiving these services.
44. GPs, mental health service prescribers and relevant stakeholders should collaborate to actively manage polypharmacy.	1. SLT within MH teams should be involved in supporting those whose are at higher risk of dysphagia (including choking and aspiration) due to polypharmacy to ensure early intervention, and also to work as part of the team in offering advice on the administration of medication for people with dysphagia.
48. A cross-disability and mental health group should be convened to develop national competence in the commissioning, design and provision of intensive supports for people with complex mental health difficulties and intellectual disabilities and to develop a set of criteria to govern the provision of this service.	1. IASLT will provide a representative to the cross-disability and mental health group.
49. Intensive Recovery Support (IRS) teams should be provided on a national basis to support people with complex mental health needs in order to avoid inappropriate, restrictive and non-recovery-oriented settings.	1. SLTs within IRS teams will ensure that the SLCN and EDS needs of those with complex mental health needs are taken into account by the team and the MH service in provision of care/ support. This will support active participation in decision making and will lead to a reduction in the use of inappropriate and restrictive practice.
50. The development of a national network of MHID teams and acute treatment beds for people of all ages with an intellectual disability should be prioritised.	1. SLTs on MHID Teams will ensure that appropriate SLT services are provided to support the person, their environment and their wider community.
51. Speech and Language Therapists (SLT) should be core members of the Adult-ID and CAMHS-ID teams.	1. IASLT will work with the HSE in order to ensure; -appropriate training and placements for SLT students in the specialism of MHID - post grad training put in place to ensure development of skills relevant to MHID -consideration of the career structure and governance of those working in the specialist area of MHID
52. Investment in the implementation of the Model of Care for Early Intervention Psychosis (EIP), informed by an evaluation of the EIP demonstration sites, should be continued.	1. IASLT will work with the HSE to ensure that SLTs are part of the service delivery implementation planning and demonstration sites, as SLCNs are often intrinsic to first episode psychosis.
53. The National Mental Health Clinical Programmes for Eating Disorders, Adults with ADHD and the Model of Care for Specialist	1. SLTs should be considered core members of the team for adults with ADHD and for Eating Disorders.

Perinatal Mental Health Services should continue to have phased implementation and evaluation.	
54. Every person with mental health difficulties coming into contact with the forensic system should have access to comprehensive stepped (or tiered) mental health support that is recovery-oriented and based on integrated co-produced recovery care plans supported by advocacy services as required.	1. A tiered forensic model of care should include access to SLT due to the high incidence of SLCNs in the prison population.
55. There should be ongoing resourcing of and support for diversion schemes where individuals with mental health difficulties are diverted from the criminal justice system at the earliest possible stage and have their needs met within community and/or non forensic mental health settings.	1. Diversion schemes should address the SLCNs of this population.
56. The development of further Intensive Care Rehabilitation Units (ICRUs) should be prioritised following successful evaluation of operation of the new ICRU on the Portrane Campus.	1. A national plan for the development of ICRUs should include the provision of SLT resources to support SLCNs and EDS difficulties of service users.
57. A tiered model of integrated service provision for individuals with a dual diagnosis (e.g. substance misuse with mental illness) should be developed to ensure that pathways to care are clear. Similarly, tiered models of support should be available to people with a dual diagnosis of intellectual disability and/or autism and a mental health difficulty.	1. When considering a tiered model of service provision for those with ID/autism and MH difficulties, SLT should be included at all levels.
58. In order to address service gaps and access issues, a stepped model of integrated support that provides mental health promotion, prevention and primary intervention supports should be available for people experiencing homelessness.	1. SLTs should screen and provide intervention for SLCNs and EDS needs for the homeless population.
59. Assertive outreach teams should be expanded so that specialist mental healthcare is accessible to people experiencing homelessness.	1. Assertive Outreach Teams should include SLT to meet the SLCNs and EDS needs of this population. 2. SLCNs and EDS needs should be considered in needs analysis of this group.
60. Continued expansion of Liaison Mental Health Services for all age groups should take place in the context of an integrated Liaison Mental Health Model of Care.	1. Liaison MH Services should include SLT to ensure that the EDS needs of this population are considered, particularly in relation to the risk of choking and aspiration.
63. Persons in Direct Provision and refugees arriving under the Irish refugee protection programme should have access to appropriate	1. IASLT will provide a representative to sit on this Expert Group to ensure that SLCNs are considered.

tiered mental health services through primary care and specialist mental health services.	
64. Appropriately qualified interpreters should be made available within the mental health service and operate at no cost to the service user.	1. Individuals with SLCNs should be offered the support of SLT in order to enable access to their MH Service.
65. The HSE should ensure that access to appropriate advocacy supports can be provided in all mental health services.	1. Advocacy supports should take into account the SLCNs of people accessing their services, and engage with SLT as required.
66. Tailored measures should be in place in relevant government departments to ensure that individuals with mental health difficulties can avail, without discrimination, of employment, housing and education opportunities and have an adequate income.	1. IASLT will work with the DoH to support accessibility of tailored measures in relation to employment, housing and education for people with SLCNs. 2. SLTs working within MH teams will develop individualized communication supports for people with more complex communication needs in order to support the inclusion of each person receiving a MH Service.
67. Local authorities should liaise with statutory mental health services in order to include the housing needs of people with complex mental health difficulties as part of their local housing plans.	1. IASLT will work with the Housing Agency/local authorities to support accessibility of local housing plans for people with SLCNs. 2. SLTs working within MH teams will develop individualised communication supports for people with more complex communication needs in order to support the inclusion of each person receiving a MH Service.
68. Department of Health and Department of Housing, Planning and Local Government (DoHP&LG), in consultation with relevant stakeholders, should develop a joint protocol to guide the effective transition of individuals from HSE-supported accommodation to community living.	1. IASLT will work with the DoH and DoHP&LG in order to ensure that the voices of those with lived experience contribute to the development of the joint protocol.
69. In conjunction with supports provided by HSE including Intensive Recovery Support teams, sustainable resourcing should be in place for tenancy-related/independent living supports for service users with complex mental health difficulties.	1. IASLT will work with the HSE/Housing Agency/local authorities to support accessibility of tenancy-related/ independent living supports for people with SLCNs. 2. SLTs working within MH teams will develop individualised communication supports for people with more complex communication needs in order to support the inclusion of each person receiving a MH Service.

72. The current HSE funding provided for day centres should be reconfigured to provide individualised supports for people with mental health difficulties and be consistent with the New Directions policy.	1. SLTs within MH teams will support people with SLCNs to ensure they are consulted at all stages in planning for their futures.
74. The HSE should continue to develop, fund and periodically evaluate existing and new peer-led/ peer-run services provided to people with mental health difficulties across the country.	1. SLTs within MH teams can support peer-led/peer-run services to ensure that those with SLCNs have the opportunity to be included in all aspects.
76. Implementation of this policy over the next ten years should achieve a re-balancing of resources and take account of population deprivation patterns in planning, resourcing and delivering mental health services.	1. SLCNs should be considered an important factor in the accessibility of MH service, and should be included when re-balancing resources.
78. Regular surveys of service users and FCS should be independently conducted to inform assessments of performance against PIs and target outcomes in STV.	1. IASLT will work with the HSE to support accessibility of surveys for people with SLCNs. 2. SLTs working within MH teams will develop individualized communication supports for people with more complex communication needs in order to support the inclusion of each person receiving a MH Service.
79. Information on the process of making a complaint, including necessary contact details, should be visible, accessible and widely available in a variety of media, languages and formats for maximum accessibility in all mental health service settings and in other fora.	1. IASLT will work with the HSE to support accessibility of a complaints procedure for people with SLCNs. 2. SLTs working within MH teams will develop individualized communication supports for people with more complex communication needs in order to support the inclusion of each person receiving a MH Service.
80. A culture of open disclosure to support patient safety is embedded in mental health services.	1. IASLT will work with the HSE to support accessibility of an open disclosure procedure for people with SLCNs. 2. SLTs working within MH teams will develop individualized communication supports for people with more complex communication needs in order to support the inclusion of each person receiving a MH Service.
81. Training should be provided for service users and staff on making and dealing with complaints.	1. IASLT will support the HSE to ensure their complaint system is accessible to those with SLCNs. 2. SLTs can provide training for both service users with SLCNs and staff to support making and recording of complaints.
82. Mental health services should ensure that the principles set out in	1. IASLT will work with the HSE to support accessibility of the National

the National Healthcare Charter, You and Your Health Service, are embedded in all service delivery.	Healthcare Charter for people with SLCNs. 2. SLTs working within MH teams will develop individualised communication supports for people with more complex communication needs in order to support the inclusion of each person receiving a MH Service.
83. Future updates of the Quality Framework, the Judgement Support Framework and the Best Practice Guidance should be consistent with the ambition and the specific outcomes for the mental health system set out in Sharing the Vision.	1. IASLT will work with the HSE and DoH to update the Judgement Support Framework and other Quality Frameworks to ensure that provisions are in place within MH Services to meet these needs of those with SLCNs and EDS difficulties.
88. Training and guidance should be provided to staff on the practice of positive risk-taking, based on the principles of the Assisted Decision-Making (Capacity) Act 2015, where the value of promoting positive risk-taking is recognised by the regulator.	1. IASLT will work with the HSE to support the practice of positive risk-taking, based on the principles of the Assisted Decision-Making (Capacity) Act 2015. 2. SLTs working within MH teams will develop individualised communication supports for people with SLCNs to assist in their decision making and to ensure their voice is heard in relation to their care.
89. Access to safeguarding teams and training should be provided for staff working in statutory and nonstatutory mental health services in order to apply the national safeguarding policy.	1. IASLT will work with the HSE to support accessibility of safeguarding for people with SLCNs.
92. In keeping with the evolving understanding of human rights to empower people and improve quality of care in mental healthcare facilities, legislation must be updated and additional supports put in place.	1. IASLT will work with the DoH and DoJE to support human rights based approaches for people with SLCNs, many of which are intrinsically linked with SLCNs.
93. A National Population Mental Health and Mental Health Services Research and Evaluation Strategy should be developed and resourced to support a portfolio of research and evaluation activity in accordance with priorities identified in the research strategy.	1. IASLT will work with the Health Research Board to support accessibility of research and evaluation strategies for people with SLCNs. 2. SLTs working within MH teams will develop individualised communication supports for people with more complex communication needs in order to support the inclusion of each person receiving a MH Service.
96. Innovations which have good evidence for clinical and/or social and cost effectiveness should be rolled out nationally. This will require the changing of practices and modification or cessation of services which	1. SLTs should be considered core members of all MH teams.

are superseded by the new form of delivery.	
99. A national 'whole-of-government' Implementation Committee should be established with strong service user and VCS representation to oversee the implementation of the recommendations in this policy and to monitor progress.	1. IASLT will work with the DoH to ensure full representation and facilitation of people with SLCNs on the Implementation Committee.
100. A joint review of the two specialist training programmes by the College of Psychiatrists of Ireland and the Irish College of General Practitioners should be undertaken to develop an exemplar model of mental health medical training and integrated care.	1. IASLT will work with the ICGP/ICP to ensure that SLCNs and EDS needs are considered during the review.

Abbreviations

EDS	Eating, drinking and swallowing
IASLT	Irish Association of Speech and Language Therapists
PCCC	Primary Community and Continuing Care Services
SLTs	Speech and Language Therapists
STV	Sharing the Vision