

Human rights and psychology in the Republic of Ireland: Aspirations for everyday practice and introducing the Kyrie Farm model

Elaine Rogers, Eoin Galavan, Michelle Cowley-Cunningham
& Tony Wainwright



The Republic of Ireland is introducing major human rights-based reform to its mental health laws. This paper outlines the new legal landscape in which psychologists must operate against the backdrop of present-day effects of Ireland's dark legacy of institutionalisation. A rights-based approach aims to positively transform mental health service delivery and we advocate for person-centred treatments as the 'new normal'. We summarise the recent advocacy work undertaken by the Psychological Society of Ireland's Special Interest Group in Human Rights & Psychology. Finally, we present an innovative best practice case promoting future rights-based delivery via the Socio-Ecological Model of Health – Kyrie Farm.

Keywords: UNCRPD; Assisted Decision Making Act 2015 (ADMA) in the Rep. of Ireland; The Socio-Ecological Model of Health.

Human rights and mental health in the Republic of Ireland: A new legal landscape

RECOGNISING the shift in mental health treatment towards parity with physical health has triggered the Republic of Ireland to introduce human rights-based reform to its mental health laws. For the first time in legislative history, the jurisdiction is moving towards empowering the human rights of people who access mental health services to ‘make decisions about their own healthcare insofar as possible’ (Report on Pre-Legislative Scrutiny of the Draft Heads of Bill to Amend the Mental Health Act 2001, Houses of the Oireachtas, Oct 2022, p.8).

‘There is no health without mental health’ – UN Special Rapporteur on the Right to Health [1]

The Mental Health Act 2001 in the Rep. of Ireland sets out the legal criteria for involuntary detention by inpatient health facilities for those with mental health difficulties. The shift towards rights-based approaches increasingly encourages higher standards and good practices across the delivery model. The Act also established the Mental Health Commission (MHC) as well as an Inspector of Mental Health Services stipulating safeguards for persons receiving treatment in the Act. The 2001 Act, and Mental Health (Amendment) Act 2015, was a significant improvement on the Mental Treatment Act 1945. It advocated to protect the rights of persons detained involuntarily in Irish mental health services, but was long bemoaned not to fully align satisfactorily to the European Convention on Human Rights (ECHR) (e.g. Mental Health Commission, 2023). As a result, an Expert Group Review (ERG) was established in 2012. The group consisted of clinical and legal experts, representatives from the Health Service Executive (HSE) and the Mental Health Commission

(MHC) as well as opinion from the Irish Human Rights Commission (IHREC) and people with lived experience of mental health services. Its report was published in 2015 and made 165 recommendations, 70% of which strongly suggested changes to legislation. The Irish Government drafted a General Scheme of a bill to amend the Mental Health Act 2001 to accommodate. Unfortunately, the ERG report and its recommendations predated the 2018 ratification of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and the Assisted Decision Making Act 2015 (ADMA). Hence, a Sub-Committee on Mental Health of the Houses of the Oireachtas insisted on hearing from stakeholders about how best to accommodate the paradigm shift in any revised Act towards the UNCRPD. A critical aim was to ensure that persons with disabilities will have opportunity to access and participate in decision-making processes about services and treatments, including those directly concerning them.

Glimpsing Ireland’s dark legacy

These changes to legislation are welcome, but we are ever conscious as mental health professionals that Ireland has a complex and ‘dark’ history with institutionalisation that continues to be felt by service users and providers (e.g. Carr et al., 2010). For example, some people with cognitive and mental health difficulties continue to live in institutional settings not of their choice, and in environments where they have little control over their daily lives (e.g. Coyne et al., 2015). Only this year, legislation that speaks to the survivors of Mother and Baby Homes of the last century was signed into law (Mother and Baby Homes Payment Scheme Act, 2023). Ireland’s Mother and Baby Homes represented state-sanctioned, gender based violence, that involved traumatic human rights violations and led to much harm both for mothers and their

[1] www.ohchr.org/en/special-procedures/sr-health/right-mental-health (Accessed July 20th 2023)

babies, including the unmarked burial of hundreds of children in mass graves (e.g. Corless, 2021; Garrett, 2017; O'Rourke et al., 2018; Redmond, 2018). Present day survivors are just recently receiving offers of psychological and counselling services via the National Counselling Service and the TUSLA Tracing Office (i.e. TUSLA is the Rep. of Ireland's child and family agency).

This tragedy is in the early stages of unfolding, with the excavation, exhumation, and forensic DNA identification of children's remains yet to come. Indeed, the chilling magnitude of the discovery echoes calls from many for retrospective investigation and public inquiry into similar homes for mothers and babies in Northern Ireland (BBC News Online, 2023). Equally, many parents with cognitive disabilities lose custody of their children in the absence of dedicated community support (e.g. Coulter, 2018). Further, the continued conflicted existence of Irish Travellers and the suppression of their cultural heritage, and rights as a minority, has long cast a shadow on the provision of adequate state service support to their people (e.g. Mulcahy, 2012). A person who is included and empowered to participate in decisions affecting their treatment will be better informed and able to engage with, or give critical feedback to, the services provided. At the time of writing reports on mental health provision within Children & Adolescent Mental Health Services (CAMHS) has uncovered continuing grave deficiencies in resources, risk management and rights-based care (Finnerty, 2023; PSI, 2023). The PSI is specifically advocating that 'children and young people who attend specialist mental health services, such as CAMHS... have the right to expect safe and effective support in a timely manner with their rights and needs at the centre of that care' (PSI, 2023, p.1). Moving forward, participation by service users is highly recommended for any modern mental health service regardless of life stage, including for children, adolescents and their families (e.g. Mental Health Commis-

sion 2023; Finnerty, 2023). More than ever a rights-based approach is needed— one that integrates human rights, the norms and principles of equality, equity or even freedom from discrimination to the design, implementation, monitoring and evaluation of mental health policies and programmes (e.g. Mental Health Commission, 2023).

The UNCRPD and person-centred approaches: Advocating for a new normal

The UNCRPD is the human rights instrument that is closest to the practice of psychology. It has changed the landscape and context, through which disability, including mental health as psycho-social disability, is understood and responded to. The 2022 Report on the Pre-legislative Scrutiny of the Draft Heads of Bill to Amend the Mental Health Act 2001 (Oct 2022) also views mental health difficulties through the lens of psycho-social disabilities and promotes the relevance of the UNCRPD. Ireland, although belatedly, has ratified the UNCRPD in 2018, eleven years after becoming a signatory.

A recent, abbreviated and illustrative timeline demonstrates the momentum of the increasing influence of human rights based approaches in Irish law and policy. In December 2015 the Assisted Decision Making Act 2015 (ADMA 2015) was signed into law. That persons whose decision making ability is in question, participate in decision-making processes, or be involved in any review about policies and programmes that directly concern them, has meant the development of several new services and supports including the Decision Support Service (DSS). The introduction of the DSS provides a tiered decision making support system to adults whose legal capacity is in question, or who may need decision making support. After several years in development, the DSS went live this year. Prior to this legislation, there was a *lacuna* whereby adults who were considered not to have decision making capacity had no access to a decision support framework. Decisions were made

out of necessity by ‘next of kins’. Presently a ‘protection of liberty’ legislation, as opposed to legislation of the ‘deprivation of liberty’, is in draft to assist the legal context further (Department of Health, Government of Ireland, 2019). As aforementioned, guiding principles of dignity, autonomy, participation, access to health, education and justice, now in the lexicon of many psychologists, were not evident in at least some service provision in the past, and continue to be absent or limited in some environments.

Within that context, the Mental Health Commission is the body that oversees this ethos via its operation as an independent statutory body established under the provisions of Mental Health Acts 2001–2018 (2001 Act). Its remit has been extended by Assisted Decision Making (Capacity) Act 2015 (as amended) (2015 Act). For example, the Mental Health Commission’s recent ‘Supporting Change’ Strategic Plan 2023–2027 promises a framework of implementation where equity of access and person-centred mental health care and decision support is a priority. Operationalising a best-in-class decision support service that maximises autonomy, via strong corporate mechanism, is predicted to drive standards to improve quality and the safeguarding of persons across service delivery. Critically the strategy highlights the need for human rights training for mental health practitioners and the need for lifelong learning on human rights and ethics.

Of relevance to psychologists is that every mental health service is to provide or ensure that professionals have had training in areas including, but not limited to, human rights (e.g. a practice or practitioner operates in accordance with current national and international human rights legislation; a Charter of Rights is visible to a service user; a Directory of Advocacy Services is up-to-date and available; service users can be informed of their rights on admission; the service is aware it is compelled to balance the competing rights of liberty v. security

in order to fulfil its duty of care). Specifically, their strategy advocates for resources to focus on promoting and vindicating the human rights of people who use mental health services or those who may require support with their decision making.

Separately, the Health Information and Quality Authority (HIQA) is a statutory regulator with strong human rights orientation and guidelines (HIQA, 2019). Aside from providing examples, they do not make it clear how training or continuing professional development is to operate within the psychology profession. In response, the Psychological Society of Ireland (PSI) has founded a Special Interest Group in Human Rights & Psychology (SIGHRP) to assist this mission.

Special Interest Group in Human Rights and Psychology SIGHRP

The Psychological Society of Ireland (PSI) is the professional body representing psychologists in Ireland. The PSI has long engaged in advocacy work that is aligned with human rights, social inclusion and social justice. Under the auspices of the PSI, The Special Interest Group in Human Rights and Psychology (SIGHRP) was established in Nov 2021. It provides a platform and point of connection for all those psychologists who are interested in how human rights intersect their research and practice.

From the outset, SIGHRP recognised human rights and psychology issues overseas and in an international context, but is ever aware that there are legacy and continuing human rights issues at home. The potential areas of work for human rights groups and advocacy are therefore immense. The group is voluntary and the first steps are incremental but hopeful (e.g., Rubin & Flores, 2020). At the time of writing the core purpose of the SIG is to operationalise PSI’s affirmation of the Human Rights statement under which the PSI functions through its membership in the European Federation of Psychologists’ Associations (EFPA). Modelled upon the United Nations Declaration of Human Rights UDHR

(1948), psychology's particularised statement of Human Rights was adopted both by the International Union of Psychological Science (2008) as well as by the PSI through membership of the EFPA. Cognisant aims and objectives are to promote: research in human rights and psychology, education of psychologists in human rights awareness, accountability, and action, and education of psychologists on human rights and legal perspectives (e.g. national and/or international legal frameworks and implementation infrastructure, case law precedents, conflict of laws). To date the group has engaged in developing resources, engaged in advocacy, and provided a platform for education/awareness raising. Three major achievements in the group's young existence rest in linking mental and physical health parity with participation rights^[2] across implementation, professions-led policy and human rights law. For example:

- a. **Time of War Resources** – Producing the rapid-response Psychological first aid (PFA) tools for those assisting and working with Refugees, now catalogued with the PSI's Time of War Resources, EFPA, and The Irish Red Cross (Martin et al., 2022; Ryan et al., 2022)
- b. **IUPsyS Policy Submission on International Crises** – The group and the Psychological Society of Ireland submitted a policy pronouncement regarding the invitation to contribute ideas on the International Union of Psychological Science (IUPsyS) responses in crises and emergencies (McDarby, Cowley-Cunningham & Rogers, 2022).
- c. **Children's Mental Health Submission to UN OHCHR** – The group made a stakeholder submission with the Psychological Society of Ireland to

the Office of the High Commissioner for Human Rights addressing Draft General Comment No. 26 on Children's Rights and the Environment (Cowley-Cunningham, Rogers, & Carey, 2023 on behalf of PSI).

It is important to acknowledge that within Ireland many psychologists are already creatively and enthusiastically responding to issues of human rights, social justice and social inclusion, (Report of the National Psychology Project Team: Establishment of a National Psychology Placement Office and Workforce Planning 2021, p.55). The Irish health services too are responding. The Health Service Executive (HSE) has also established a National Office for Human Rights and Equality Policy. At a broader level, the recent establishment of the HSE's Social Inclusion Directorate aims to reduce inequalities in health and improve access for excluded groups. Their work is underpinned by social determinants of health, inclusion and health, and community development approaches. As the primary employer of psychologists in the Rep. of Ireland, this is the context in which many psychologists are now working. Moreover, the profession has grown in its understanding of trauma-informed care, and acknowledges that rights-focused and evidence-informed mental health service provision should be ecologically aware, holistic, compassionate and co-produced with service users (National Quality Framework: Driving Excellence in Mental Health Services, 2023).

The Socio-Ecological Model of health

Being real about rights-based practice requires that we invoke the holistic models of health best equipped to promote it. A recent outline of the Social-Ecological Model of health and wellbeing delivered by the University of Minne-

[2] While there is no universal definition of human security, the United Nations Development Programme (UNDP) has identified seven components of human security, including 'Health Security' (the ability of individuals and communities to access healthcare services and information, and to maintain good physical and mental health, e.g. parity of services), and 'Community Security' (the ability of individuals and communities to live in peaceful and cohesive societies, where people have a sense of belonging and are able to participate in decision-making processes).

sota (Michaels et al., 2022; see Online Resource <https://mch.umn.edu/resources/mhecomodel/>) underscores the breadth of understanding required beyond the medical lens, promoting a genuinely holistic view towards mental health and well being (see originally Bronfenbrenner, 1979; Wold & Mittelmark, 2018). Moreover, the World Health Organization describes health as a state of complete physical, mental, and social wellbeing and not simply the absence of disease or infirmity (WHO The Global Health Observatory, 2023). Viewing a person's mental health difficulties through this broad based lens allows us to cooperatively explore their life experiences from a wide range of perspectives including the macro social impacts (e.g. racism or inequality); policy impacts like housing; community impacts like access to education or healthy food; organisational impacts like unsafe working environments or access to community services; core relationships like family stress or support; and individual level issues like coping skills, stress responses, developmental issues (e.g. Michaels, 2022). This understanding forms the basis on which to build a holistic mental health service within which specific interventions (e.g. psychological therapies, peer support, social care, occupational therapy for example) can be delivered. Recognising that healing and recovery are multifaceted, the onus is to create an Optimal Healing Environment (Sakallaris et al., 2015) in which rights-based practice can be fully realised. Best practice mental health services should aim not to constrain models to the public sector and equally embrace the voluntary and independent sectors. To demonstrate what such an approach would look like, we next outline Kyrie Farm which seeks to bring a holistic, recovery-oriented and rights-based service to the Rep. of Ireland.

Health and participation rights in action: Introducing the Kyrie Farm model

Alternative models of mental health services can be seen as human rights in practice (see Ref: Report of Special Rapporteur page 13, A/HRC/44/48 un.org) and the World

Health Organisation (WHO Guidance on community mental health services: Promoting person-centred and rights-based approaches, 2021). An Irish example that seeks to embody the UN and WHO principles is Kyrie Farm. Kyrie Farm seeks to be a transformative initiative in the Irish mental health system that responds to the call for a shift to a rights-based, recovery-oriented and holistic approach to mental health support.

Based on a fifty-seven acre farm in rural Kildare, Kyrie Farm seeks to establish a thriving community inclusive of best possible approaches to human rights, human health, well being and mental health recovery. Consulting with experts in native woodland and horticulture Kyrie Farm is establishing a regenerative farming culture, and rewilding approximately ten acres in restoring the native biodiversity of the land. In 2026, this ecologically healthy and rich environment will be home to a community. Principles of informed consent, co-authoring and co-developing are integrated in all aspects of the process of development and service delivery. Peer support and experts by experience are central at all steps along the journey and all structures within the farm are established via this prism. The overarching approach includes bringing a broad based ecological, social, psychological emphasis drawing from up-to-date science and knowledge on recovery and healing. The approach begins with a healthy ecological environment. This is inspired by decades of research and a multitude of ancient knowledge that underscores the importance of a healthy natural environment in healing and recovery (e.g. Bratman, Hamilton & Daily, 2012; Jonas, 2018). A return to an ecologically attuned, community spirit is at the heart of future development in mental health services, in health services and in our broader society (e.g. Pearson & Craig, 2014; WHO 2021). Further, community is widely regarded as a key ingredient in healing and recovery, and underpins the potential for a rights-based, person-centred, recovery-oriented ethos in mental health service (WHO 2021). The

project contends that living in a complementary way with the natural environment, tending to plants and animals, growing and preparing each other's food, participating meaningfully in farming life – are the foundations on which a healing recovery journey can be laid. This is an ancient wisdom, being brought to bear, with the help of modern scientific understandings (e.g. Twohig-Bennett & Jones, 2018).

Conclusion: Promoting professional awareness of human rights

Despite these promising developments there remains a way to go in providing rights based mental health and wellbeing across the sector. Following in the footsteps of international colleagues within the psychologies, the SIGHRP mandate asserts a clear role for psychologists to engage in human rights advocacy, to respect human rights in the application of their discipline, and to apply their knowledge and methods to the greater realisation of human rights (e.g. Huminiuk, 2022; Söderström et al., 2019; Wainwright, Plavšić & Hagenaars, 2022). To this end the SIGHRP is in professions-led consultation to draft a set of human-rights guidelines to aid psychologists in daily practice. We contend that the human rights-based approach centering the principles of physical and mental health parity and participation (e.g. Cowley-Cunningham, Carey & Rogers, in press), along with a focus on social justice and inclusion, will better inform how psychologists respond and alleviate the psychological effects of crises for individuals, their families and communities.

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The authors

Elaine Rogers

University of Limerick Rep. of Ireland

Eoin Galavan

Health Service Executive Rep. of Ireland

Michelle Cowley-Cunningham

National Centre for Family Business, Dublin City University

Tony Wainwright

University of Exeter UK

Biographies

Dr Elaine Rogers

Senior Clinical Psychologist
University of Limerick

Elaine is a Chartered Clinical Psychologist of the Psychological Society of Ireland, and Senior Clinical Psychologist, Lecturer and Clinical Coordinator at the Department of Psychology, University of Limerick. Her research and practice focus on rights-based approaches for adults living with intellectual disability.

Dr Eoin Galavan

Senior Clinical Psychologist
Health Service Executive

Eoin completed his doctorate in clinical psychology at Trinity College Dublin. He is Associate Fellow and Chartered Clinical Psychologist of the Psychological Society of Ireland, and Senior Clinical Psychologist in the Health Service Executive, Rep. of Ireland. Eoin has been a Director of Psychology at Work, Confer in Ireland, and Clinical Tutor in Psychology at Trinity College Dublin. Presently, he is a Board Member of the Kyrie Farm project. His research focuses on mental health provision and suicide prevention.

Dr Michelle Cowley-Cunningham

Postdoctoral Researcher
Dublin City University

Michelle is a Chartered Psychologist of the British Psychological Society and Associate Fellow of the Psychological Society of Ireland.

Currently, a postdoctoral researcher at DCU she examines how sustainable business values affect creativity, wellbeing, and succession in family business. Previously, she held Katzenbach Postdoctoral Fellowship at the University

of Oxford to research foresight psychology and its connection to human rights.

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