



The College of Psychiatry of Ireland  
*Coláiste Siciatrachta na hÉireann*

## The College of Psychiatry of Ireland submission to the Independent Monitoring Group on progress of *A Vision for Change* in 2011

January 2012

The College continues to call for a Directorate of Mental Health Services, as recommended under *A Vision for Change*. We believe it is only when such a Directorate is in place will any progress be made in introducing *A Vision for Change*, and in addressing the difficulties which have arisen due to staff retirements and the moratorium on recruitment. While we welcome Mental Health Services having a separate Directorate under the new configuration of the health service, we would recommend the directorate is headed up by a Clinical Lead. Effective, evidence based, community based mental health services, will be less expensive than poorly managed services, which have an over reliance on beds.

The College itself is pleased to report progress in its postgraduate teaching and Professional Competence Scheme. Both arms of the College are engaged in ensuring Psychiatrists' training is informed of recommendations under *A Vision for Change*. The College has set up a Forum for service users and family members of those who use the services. This Forum will inform future training and policies of the College.

The College welcomes the commencement of the National Clinical Programme in Mental Health.

The College and its members would like to work actively with the new directorate and the implementation group in introducing *A Vision for Change*.

Each Psychiatry specialty report on 2011 as follows:

**The Faculty of Child and Adolescent Psychiatry** welcomes the opening of inpatient beds in Galway and the establishment of the new Child and Adolescent service in Cherry Orchard. '*A Vision for Change*' recommended 99 multi-disciplinary teams CAMHS teams based on the 2006 population census. The current state of play is that there are 56 community CAMHS MDTs. Each team is to serve a population of 50,000 and to have 11 clinical whole time equivalent staff and 2 admin staff. The recommendations of *A Vision for Change* were on the 2006 population. The 2011 census shows an increase of 23% in under 18 year olds. We know the majority of mental health problems start before the age of 18 years, and yet only 10% of the budget for mental health is spent on CAMHS.

The current inpatient bed provision is 57, with 50% in the private sector. The recommended provision is 100, and the lack of beds puts strain on families, CAMHS services, and paediatric and general hospital beds. The need to ensure no child under 18 years is admitted to an adult ward will make this worse. It is important to note that currently there is NO Emergency, i.e. within 24 hours PROVISION of BEDS for the acutely ill child/adolescent in the Republic of Ireland – a situation fraught with risk. '*A Vision for Change*' also recommended 6-8 beds for children and adolescents with eating disorders. No progress has been made in this area.

**The Faculty of General Adult Psychiatry** continue to have concerns about the loss of nursing staff from the services. Previously well functioning teams have been decimated, as staff are not replaced due to the moratorium. Many teams never had psychologists, occupational therapists or social workers. Recent suggestions that each team of 50,000 should have at least one of each discipline, is a worrying reduction by half of the allied professionals recommended, and will slow down the introduction of Recovery focussed services. The current economic climate necessitates a national approach to improving services and ensuring funds that are allocated are used most efficiently. There is good international evidence to show the most efficient and most cost effective mental health services, are those that focus on building up community teams. There is some concern that cutbacks are occurring opportunistically, rather than in a planned way.

**The Faculty of Old Age Psychiatry** Since the report for 2010 a new consultant post has been approved in St Vincent's Hospital, Dublin and this is welcomed by the Faculty. However there are still significant parts of the country without Old Age Psychiatry services. These would include Wicklow, Kildare, Roscommon, parts of Cork and Kerry. Many Old Age Psychiatry services continue to have no separate specialist acute units but admit to general adult acute units. The moratorium on the recruitment of staff now combined with staff retirements continue to have a deleterious effect on both the composition and size of the multi disciplinary community teams which in turn will have a serious effect on the services providing community management. It has been recognised by the Inspector of Mental Health that the specialty provides a crucial role in liaison service in general hospitals but this has yet to be recognised and resourced by the HSE. The Faculty has also expressed its concern at the reduction of public nursing home beds. Some private nursing homes are refusing to accept substantial numbers of older people with significant physical and mental disability (due to resource issues which mean they cannot safely cater for the needs of applicants). The HSE's own guidelines reserve admission to public nursing homes to this group with higher care needs. Who is to look after them if the public units are closed?

**The Faculty of Social & Rehabilitation Psychiatry** has expressed grave concern at attempts by the HSE to reduce already existing Rehabilitation services. The Faculty has welcomed the MHC funded study led by Dr. Ena Lavelle. A national survey of mental health rehabilitation services was first carried out which found that only 16 specialist rehabilitation services existed across Ireland. 'A Vision for Change' recommended 39 teams. No team was found to have the full "Vision for Change" staffing complement. The results from this study confirm the need to continue to adequately resource these services.

**The Faculty of Learning Disability Psychiatry** launched a report one year ago in which they highlighted the impact of the fact that only two of the 39 recommended teams for persons with mental illness and learning disability have been introduced. This report identified 55 adults with Intellectual Disability, Mental Illness and Challenging behavior, who are currently in facilities abroad, far removed from their families, friends and communities. Over the last number of years the College has had regular meetings with the Department of Health and the HSE, outlining its concerns on the lack of progress for this vulnerable group, but no progress has been made.

**The Faculty of Forensic Psychiatry** welcomes the announcement by Minister Reilly that a new Central Mental Hospital is to be built in Portrane. The forensic hospital will have 120 beds. Also provided for are ten forensic Child and Adolescent Mental Health Service beds and ten beds for persons with intellectual disability with forensic mental health needs. Also to be provided will be four regional Psychiatric Intensive Care Units. There is a need to extend the screening programme by the Prison Inreach and Court Liaison Service at Cloverhill to provide for screening of all committals nationally, particularly young offenders. There is also a need to expand the model of the award-winning High Support Unit at Mountjoy to other large prisons and to meet the special needs of female prisoners.

**The Faculty of Addiction Psychiatry** repeated its view, stated in 2009, that '*A Vision for Change*' was flawed in its separation of addiction and other mental health services. The Faculty noted that the *National Substance Misuse Strategy 2009-16* and the HSE's *Review of the Methadone Treatment Protocol* both recently commented on the incongruity of *A Vision for Change* having excluded addiction treatment from mental health services.

**The Faculty of Liaison Psychiatry** There has been no development in relation to Liaison Mental Health services in Ireland, in the last year. Since the publication of *A Vision for Change* in 2006, there has been little or no development in Liaison Mental Health services in Ireland. None of the Liaison Mental Health Teams already in place in 2006 have the staffing resources recommended in '*A Vision for Change*' and many have less staff in 2011/12 than they did in 2006. Whole regions with large acute general hospitals (e.g. Galway, Waterford) remain devoid of any specialist Liaison Mental Health services. Teams were promised but not delivered in Galway (Galway University Hospitals), Waterford (Waterford Regional Hospital) and Cork (Mercy University & South Infirmary Hospitals). In some locations specialist nursing posts were put in places that are not part of a dedicated multidisciplinary consultant-led Liaison Mental Health team. There has been no development at all in relevant specialties such as Neuropsychiatry and Perinatal Psychiatry. Acute general hospital services are in the throes of unprecedented reconfiguration, including the proposed National Emergency Medicine Programme. The need for Liaison mental health teams has never been greater.