



**College of Psychiatrists
of Ireland**

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College of Psychiatrists of Ireland

Submission to the Public Consultation on the Government's White Paper:

The Path to Universal Healthcare -

White Paper on Universal Health Insurance Introduction

June 2014

Introduction

The College of Psychiatrists of Ireland is the professional body for psychiatrists in Ireland and the sole body recognised by the Medical Council and the HSE for Competence Assurance and Training in Psychiatry. The College offers membership (for psychiatrists & trainees) of an Irish institution which aims to be the voice of psychiatry in Ireland. Our members are qualified doctors who have further trained to specialise in psychiatry or are currently part of a specialist training programme in psychiatry.

The College of Psychiatrists would welcome any initiative that guarantees people with mental health problems access to the type of intervention and support they need, when they need it and where they need it. The national policy on Mental Health Services, 'A Vision for Change', gives a road map to such services.

The College hoped that the proposal of Universal Health Insurance would support the full implementation of 'A Vision for Change' and give people with mental illness increased control over the management of their illnesses and recovery. This could happen if, firstly, a national infrastructure existed of the range of assessment options and interventions a person with a mental health problem requires access to. Secondly UHI would support the full implementation of national policy if the possession of funding allied to personal control of that funding facilitated each person who develops a mental health problem in planning their own recovery process and access to the supports to make this plan reality using the infrastructure in consultation with relevant professionals.

In theory Universal Health Insurance and a Money Follows the Patient funding model should ensure this. However the College must reiterate its concern at the lack of progress on the full implementation of 'A Vision for Change' as is once again noted in reports by the Inspectorate of the Mental Health Commission. The College is also disappointed that our reading of the relevant documents reveals a disregard for the principal of Recovery in mental health services and the exclusion of people with mental health problems from 'The Money Follows the Patient' funding within current proposals. Beyond primary care the document does not seem to look, in any detail, beyond a hospital based system for secondary and tertiary interventions.

The College of Psychiatrists of Ireland's Major Concerns about UHI and Mental Health Services

The White Paper does not seek to engage meaningfully in a formative dialogue on how UHI will deal with the provision of Mental Health Services. The relevant section reasserts the Government's commitment to "the development of a modern, community-based mental health service" and then also commits to "the inclusion of a comprehensive range of mental health services in the standard UHI package". This is welcome but the document does not give any acknowledgement that the complex and diverse needs of people with mental health problems do not fit neatly into the hospital based, time limited model of specialist medical assessments and interventions that seem to underpin the plan for UHI as regards secondary and tertiary care in Ireland.

Two major issues as regards mental illness and recovery cause concern for the College as regards the White Paper. The primary one is that once a time limit is passed the document consigns people to a group with chronic conditions and suggests that their illness is no longer open to remediation and so leaves the person in need of "Social and Continuing Care Services". The College is clear on the fact that mental illnesses present in a variety of ways and need a variety of interventions and that many of these interventions (especially psychotherapeutic work with individuals and families) should be monitored as regards costs and benefits but cannot be time limited by a general rule. It must also be stated that while many mental illnesses have a long-term course with an oscillating effect on people's lives the individuals who suffer these illnesses often live fulfilled lives with support from mental health professionals and this support is often only needed at times of acute distress. Thus to segregate people with chronic mental health conditions to "Social and Continuing Care Services" as the document suggests will be the case is totally inappropriate.

The second, related, major mistake in the White Paper as regards mental health is the lack of reference to the modern Recovery model. Recovery does not allow a time limit to be set to the individuals search for a life of meaning despite mental illness. This concept is articulately explained in many documents including the Mental Health Commission's 2008 document on 'Recovery within Irish Mental Health Services'. Setting a time limit as suggested "between acute mental healthcare included in the UHI standard package and continuous mental healthcare funded outside of the package as part of long-term social care services" as the White Paper proposes is at odds with modern philosophies of mental health supports and the Recovery movement as led by people with personal experience of mental illness. This in turn makes the document at odds with national policy as enunciated in 'A Vision for Change'.

It is also of concern that the document does not seem to look beyond the current public hospitals and related services as regards funding of individuals through UHI. People with mental health problems currently receive supports from service providers and individuals outside the publicly funded system. This may be due to preference or due to the lack of appropriate services in the public system. This must be acknowledged and allowed for in any insurance system. The advent of UHI should increase access for people to appropriate services and to choice of service. The model outlined, may, unless there is great increase in state developed therapeutic infrastructure, actually decrease access and choice for individuals with mental health needs.

Conclusion

Mental illnesses are complex and varied and modern responses to them do not fit easily into a hospital based model which is the model that seems to inform this White Paper. The concept of Recovery is now internationally accepted as the basis for supports and interventions for people presenting with mental health problems. Ireland was to the fore front in developing policies that acknowledged these facts. Unfortunately the implementation of the policy remains uneven and incomplete. People presenting with mental health problems have their choice of intervention constrained currently by geography and/or personal financial resources. Depending on the issues that affect them, people with mental illness should have access to a range of assessments and interventions appropriate to their needs. Reports from the Mental Health Commission and its Inspectorate continue to show that such access is uneven and, in some cases, non-existent. In theory Universal Health Insurance and a 'Money Follows the Patient' funding policy should allow a person with mental health problems to plan, with professional assistance, a

personal road to recovery accessing the appropriate assessments and interventions wherever they are available. The White Paper however does not address the short falls in current mental health service infrastructure or attempt to delineate the structures needed to ensure that UHI and a 'Money Follows the Patient' funding policy promotes access and personally led recovery for people with mental illness in the future.

The College of Psychiatrists of Ireland would be glad to engage in a process that would develop a template for the funding of mental health services nationally utilising the principles of universal health insurance and money follow leading to a situation where each person in Ireland has access to Mental Health Services that are Recovery based and available to all on the basis of need.