College of Psychiatrists of Ireland

Wisdom • Learning • Compassion

2018 Budget Submission

Priorities for Mental Health Services that must be addressed in Budget 2018

EAP Department

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College of Psychiatrists of Ireland - 2018 Budget Submission

The Mission of the College of Psychiatrists of Ireland is to promote excellence in the practice of Psychiatry. The College, formed in 2009, is the professional and training body for psychiatrists in the Republic of Ireland. The College maintains its supports for the implementation of a **Recovery** based Mental Health Service as delineated in ***A Vision for Change***.

Priorities for Mental Health Services in Budget 2018 to ensure Equality of Access for All:

1. Equality of Access Nationally for all to Mental Health Services

Urgent and continuous planning to ensure nationwide access to fully resourced multidisciplinary teams based on need is required.

Access to mental health services and a full multi-disciplinary team for those in need and their family members/carers is lottery like and very much dependent on a person's postcode. Some areas may have a nurse, psychologist, psychiatrist and social worker but lack an occupational therapist, for instance, who can provide that key piece needed to address the work and other aspects of a person's life that require support to aid recovery. Lack of full teams in areas means that some people are disadvantaged by their address.

2. Appropriate Budget Amount for Mental Health Services and Beyond :

Immediate increase of the mental health budget to 10% of the health budget rising to 12% by 2020 (2017 gross net capital is 851.3 million of 14 billion). This should be separate to extra funding allocated each year for once off projects/capital expenditure. Systems of accountability, transparency (including a breakdown of allocation of funding) and review for evaluation of successes, adjustments and improvements needed are essential but in the overall context of a person centred service and better outcomes for those for whom the services exist.

Twenty five percent of the budget should be designated to further development of Child and Adolescent Mental Health Services (CAMHS).

3. Retention, Recruitment and Working Environment.

Ensure budgetary expenditure nationally for a working environment that attracts, trains, and retains high quality clinical staff from all necessary disciplines to our Mental Health Services both at community and hospital care level so that person centred recovery oriented support, care and treatment can be provided to those with chronic enduring mental illness and mental health issues.

Overview

The mental health budget remains year on year for 11 years scandalously low at circa 6% of the current health budget and inadequate for our increasingly diverse population with growing mental health issues and illness. Moneys that are available still seem, in many cases, trapped in an out of date hospital based model of financing that does not fit the community recovery vision for mental health services as set out in A Vision for Change..

An informed discussion on the needs of those with chronic mental illness is still needed. The College maintains its concern that media and public focus on suicide prevention, mental health problems and striving for good mental health, all of which are important, divert the attention from the need for continued long-term support and services for those with enduring chronic mental illness.

Role of Psychiatrist, Recruitment & Retention and Mac Craith Report Recommendations

Role of Psychiatrists

Psychiatrists are key to the delivery of emergency and continuing support to people with mental illness. Consultant Psychiatrists are secondary care specialists competent in the assessment, diagnosis and management of mental disorders. Psychiatry is an integrative discipline which spans the evidence base from biological sciences to psychology and the social sciences. A Psychiatrist in a modern community service is required to be a brain/mind specialist and be able to practise evidence based psychiatry attuned to an individual patient's needs. The boundaries between primary and secondary care, neuroscience and social science, Psychiatrist and Psychologist, traditional healer, religious, Counsellor and Psychotherapist, hospital and community all have to be traversed in both directions all the time.

Psychiatrist numbers

The College Workforce Planning Report 2013 – 2023 provides an outline of the number of specialists and consultants that are required in Psychiatry in that period referencing relevant policy documents. The report states that within Europe the number of Consultant Psychiatrists per head of population varies from 1 per 100,000 in Albania and Turkey to 30 per 100,000 population in Switzerland. Taking the total numbers of Psychiatrists (Consultant and NCHD) per 100,000 in OECD countries, Ireland at 19 per 100,000 ranks below all other northern European countries with **Consultant numbers at 8 per 100,000**. (OECD paper 2012.)

We recommend an **increase of Consultant numbers to minimum 16 per 100,000.** We also recommend that the number of NCHDs in Psychiatry be matched to the number required to train this number of Consultants and to provide training for future General Practitioners.

Currently ***many consultant posts across the country are vacant or shored up by long-term locums***, who are often not experienced enough or trained appropriately for the posts they hold. Many medical bodies have highlighted this issue in recent months. Service development is not as clinically driven as it should be and ultimately patients are not getting the expert service they require and deserve.

We **call for a continued and urgent plan to address this unacceptable situation and prioritise attraction of suitably qualified psychiatrists to consultant posts.**

The College **also calls for the delivery of the recommendations of the Mac Craith Report** as a matter of urgency with appropriate budgetary allowance.

Equitable Priority to Mental Health Service Development with ICT system

The College acknowledges that progress has been made in the last 24 months in some areas and on some initiatives but basic fundamental services are lacking in many areas.

Mental illness causes both social and financial damage with the Mental Health Commission having previously estimated that the cost of poor mental health is over 2% of GNP. As is consistently highlighted, if the mental health of the nation and those with mental illness are supported not only will the individual have a better quality of life but also their contribution to the economy and society will benefit all. **Parity of esteem between physical and mental illness can only occur when finances, management and attitudes adjust accordingly**.

Special programmes planned or in development should rest on a functioning general service, not substitute for it. Short, medium and long term phases of development and implementation need to be clearly identified and specifically funded. Information on needs nationally and the progress on the implementation of services to meet these needs, must to be readily available. This would ensure planning, accountability, learning across the system, and best use of funds for the recovery of people who present with mental illness.

Information on progress in policy delivery remains difficult to establish and published information is open to question. The College, once again, calls for independent oversight of progress on policy delivery and for the development of an ICT system to collate appropriate accurate information, which can be readily available to all.

The College welcomes the Oireachtas cross party committee on the *Future of Healthcare* Sláintecare report recommendations in regards to Mental Health Services. However, there is a plan for Mental Health Services that, though already 11 years old, is still applicable. The basic tenets of ***A Vision for Change*** are still relevant but adjustments need to be made for the cultural and population changes that have taken place along with more and newer demands on the services since its publication. The recently

published review by the Department of Health provides some of the adjustment and additional elements that a new or revised 'A Vision for Change' must incorporate.

HSE ARI and Mental Health Engagement Department.

The College welcomes the work of and funding to ARI (Advancing Recovery Ireland) and calls for continued and increased emphasis on the value of Recovery and the resource requirements of a recovery-oriented service. The work of the recently formed HSE Mental Health Division Mental Health Engagement Department is to be lauded. Support and necessary resources should be recognised in the next budget to continue facilitating and growing both these areas of the HSE to support users and their family members/carers and enable their meaningful involvement in development of a person centred mental health service, as per A Vision for Change.

Main Issues to be Addressed

1. **The percentage of the Health budget designated for Mental Health** must increase to 12% immediately or by the very least by 2020. A sliding scale of 10% in 2018, followed by 11% in 2019 leading to 12% in 2020 should be allowed for. Spending on delivery of Mental Health supports in the context of national concerns about this issue remains scandalously low at 6% both compared to other countries (e.g. UK just under 13%, Canada and New Zealand 11%) and compared to that proposed in *A Vision for Chang*e (8.24%).

Twenty five percent of the budget should be designated to further development of Child and Adolescent Mental Health Services (CAMHS).

2. **The training, recruitment and retention of frontline staff**. In the context of Psychiatry, the **implementation of the MacCraith Report** and the provision of attractive training and working conditions for both Trainees and Consultant Psychiatrists need to be urgently addressed (i.e. the provision of appropriately staffed teams and systems; protected educational time and resources for trainees and protected teaching/training time for trainers). Staff numbers and skill mix should be sufficient to ensure a Consultant delivered and supported service with cover readily available so that no gaps are caused by leave or retirements.

The College Workforce Planning Report 2013 – 2023 provides an outline of the number of specialists and consultants that are required in Psychiatry in that period and addresses the policy documents and literature influencing these requirements.

Consultant psychiatrist numbers need to be increased to minimum 16 per 100,000 from **8 per 100,000** and brought in line with other Northern European countries and OECD recommendations.

3. **Equality of access for all - address the inequitable two tiered health system and lack of full multidisciplinary teams in many areas.** Access to specific mental healthcare inputs must be based on individual clinical need not ability to pay or postcode/ address. An imaginative approach to enabling access to clinical inputs not available in the public sector would improve access for all. Currently people are disadvantaged by the two tier healthcare system due to geography and finance. In addition lack of required specialist personnel on many teams inhibiting a biopsychosocial approach and recovery focussed plan to be provided for a person and support to their family /carers.

4. **Appropriate administrative support** needs to be provided to each mental health team across the country. Current deficits in administration and communication with patients and with primary care are patient safety issues.

5. **Ensure independent transparent oversight of policy implementation and service need.** The last report of the Independent Monitoring Group for *A Vision for Change* (6th report 2012) on the implementation of *A Vision for Change* proposed that authority be given to the Mental Health Commission to conduct the seven year review in 2013 and to conduct yearly monitoring for the following three years. This did not happen. No seven-year review occurred and there is now no independent reporting on the implementation of what is accepted by all to be national policy. Unless we delineate the deficits in the existing service we cannot hope to remedy them in a practical and practicable way

6. **Recovery model and principles to underpin service provision**. All services should be funded on a Recovery model with ARI principles encouraged and integrated in services nationally. The provision of rehabilitation specialists and multi-disciplinary supports must be assured in all areas of the country.

7. **24/7 multi-disciplinary community based services and support for people with acute mental distress and those in recovery**. Readmission figures and waiting list data particularly for children adolescents indicate that people are not getting the support they need in the community for independence and recovery. The provision of community based mental health teams for patients of all ages on a 24/7 basis beginning with immediate funding and roll out of 7 day services nationally must be a priority if inroads are to be made into the continued morbidity and mortality due to chronic mental illness, suicide, self-harm, alcohol and substance abuse.

8. **Information Technology Systems.** A contemporary and user friendly national IT system with appropriate patient record access needs to be provided in each local service and across the health service to ensure co-ordinated, seamless services, patient safety and to provide national data to facilitate future service planning.

9. **Nurture the Mental Health of the Future Generation.** Resilience education for all and support for vulnerable children must be planned and funded appropriately and for the long term. Guidance and education on mental health must be properly resourced at all levels of our education system nationally.

10. **Counselling and psychological services** including community based psychological therapies **for children and adolescents must be revitalised to provide ease of access based on need nationally.** This includes assessment of individual abilities and needs at an early stage.

11. **Fund the development and full implementation of Clinical Programmes in Psychiatry in parallel with ensuring basic general mental health services are in place.** Designated, ring-fenced budgets for development and implementation, with time lines on staff provision and education that ensure delivery, are required for all clinical programmes both existing and planned**.**

12. **Primary care counselling with ease of access nationally**. Funding for the nationally based primary care counselling service must be sufficient to ensure ease of access through General Practice for people in need.

13. **Budget actions (both Taxation and Spending) must support activities that reduce marginalisation and substance abuse**. This means continued action on employment, housing and in support of community action group that provide settings and activities that promote community activities and reduce isolation of individuals. Such groups include sporting organisations.

14. **Change from a Hospital Bed based model of funding to a Community Clinical supports model.** The financing of mental health services must move from a hospital bed based model to a community based team provision model but not to the detriment of required hospital beds for emergency referrals and acute illness needs of both children and adults.

15. **Access to 'Talk Therapies' must be available nationally.** Therapies such as Cognitive Behaviour Therapy and Interpersonal Psychotherapy that have a proven effect for mental illness must be provided nationally.

16. **The Dementia Strategy** must be fully resourced and implemented including support for Carers. Respite services and home support for people with Intellectual Disability and dementia must receive increased levels of funding

17. **Specialist services for vulnerable groups.** Funding of the services needed for special groups as outlined in 'A Vision for Change' must deliver practical solutions to the needs of vulnerable groups such as Travellers, Refugees & Asylum Seekers, Migrants and peri and post-natal mental health.

18. **Plan and resource to ensure the physical health** of those with long term severe mental illness who die on average 17 year earlier than the general population.