



The College of Psychiatry of Ireland
Coláiste Síciatrachta na hÉireann

**A Gloomy View:
Rhetoric or reality in relation to the
advancement
of *A Vision for Change***

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**On Behalf of the Faculty of Clinical Directors of the
College of Psychiatry of Ireland**

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Introduction

Our national mental health policy *A Vision for Change*¹ was launched in late January 2006 and the new mental health legislation, the Mental Health Act 2001 commenced on 1, November 2006.

Those were times of hope for those committed to the modernisation of our psychiatric services and the Preface to *A Vision for Change* gave voice to this optimism: *"The Government's on-going investment in community based mental health services, the legislative reforms of the Mental Health Act, 2001 and the publication of this Report all confirm that the area of mental health is now receiving the attention it deserves. I am hopeful that these developments will facilitate further advancements within our services and that the lives of those who suffer mental illness, and their families, will be improved and enhanced by our efforts..."*²

This brief report *A Gloomy View* examines progress in employing key staff considered crucial to the advancement of *A Vision for Change* and promised when the Mental Health Act 2001 was enacted in late 2006.

¹ *A Vision for Change*: Report of the Expert Group on Mental Health Policy. Dublin: Department of Health & Children, 2006.

² Extract from the Preface to *A Vision for Change*, A Message from the Minister of State at the Department of Health & Children with special responsibility for mental health, Tim O'Malley TD.

Background

The full commencement of the Mental Health Act 2001 had been delayed while the implications of the new legislation on practice were discussed. Psychiatrists had concerns that the mental health services had the capability of complying with the exigencies of the Act in relation to the minority of patients receiving involuntary treatment, without reducing services to the vast majority of people - who voluntarily seek psychiatric help.

During Christmas week 2005, long running discussions between the Department of Health & Children (DoH&C), the Health Services Executive (HSE), the Mental Health Commission and the medical representative organisations, the Irish Medical Organization and the Irish Hospital Consultant's Association to progress the enactment of Mental Health Act 2001 achieved breakthrough, with the undertaking by the DoH&C that €25m of new money would be invested in the psychiatric services in 2006 and that 18 new Consultant led multidisciplinary teams would be created³. Each multidisciplinary team (comprising 20 members approximately to serve a population of 50,000 people) should include the core skills of psychiatry, nursing, social work, clinical psychology and occupational therapy. The rationale for cooperative team work being that it increases the clinical capacity and quality of care available to patients through including a variety of professional perspectives in case formulation, care planning and service delivery⁴. This expansion of clinical teams had been long awaited - being one of the partially enacted recommendations of the previous national mental health policy, *Planning for the Future* published in 1984.

On 24th January 2006, *A Vision for Change* was launched and once again mention was made of €25m in new developmental funding for Mental Health services in 2006 and several subsequent years, as well as other key proposals: *"A Vision for Change makes clear recommendations on how the mental health services should be managed and organised in the future. These recommendations include the establishment of a National Mental Health Service*

³ Tánaiste says no grounds for Consultant Psychiatrists withholding Co-operation from Mental Health Tribunals. www.dohc.ie/press/releases/2005/20051222.html

⁴ The Community Mental Health Team (CMHT). *A Vision for Change*. Dublin: Department of Health & Children, 2006, pp 78-83.

Directorate and the reorganisation of the current Mental Health Catchment Areas. It also recommends the closure of all the remaining mental hospitals and the re-investment of resources realised as a consequence, in the mental health services”⁵.

Sceptics within the Mental Health services wondered if this €25m announced in January 2006 to progress *A Vision for Change* was the same €25m that had been promised in December 2005 to assist implementation of the Mental Health Act 2001 - unsurprisingly perhaps, they were proved correct.

⁵ Tánaiste and Minister O'Malley launch the Report of the Expert Group on Mental Health Policy. www.dohc.ie/press/releases/2006/20060124.html

A Vision for Change from the coalface: informal monitoring of progress

As there are so many published but unimplemented reports in the Irish health services, the Irish Psychiatric Association⁶ undertook to survey, monitor and report annually on the progress of implementation of *A Vision for Change* and determined that such a report would be published each year, if possible, on the anniversary of the launch of that policy. Thus, on 24th January 2007, *A Vision in Hindsight*⁷ recounted that one year after publication, *A Vision for Change* remained merely a report with little evidence from the HSE of the necessary organisational or financial development to enable its implementation. The second report, on 24th January 2008, *The Lie of the Land*⁸ examined the pattern of the disposal of psychiatric service land banks and buildings prior to and since the launch of *A Vision for Change*. Widespread asset stripping of old style Victorian asylums and lands was reported with little evidence that resources realised on the disposal of those properties had been ring-fenced or re-invested. As asset conservation is an essential component of the necessary capital development programme, those losses have clear adverse consequences for the promised advancement of the modern and high quality psychiatric facilities set down in *A Vision for Change*.

⁶ The Irish Psychiatric Association has become subsumed into the College of Psychiatry in Ireland since January 2009.

⁷ Barry Siobhán & Moloney Eamonn. *A Vision in Hindsight*. Dublin: Irish Psychiatric Association, 2007.

⁸ Barry Siobhán, Brophy Justin & Walsh Dermot. *The Lie of the Land*. Dublin: Irish Psychiatric Association, 2008.

Formal independent monitoring of the progress of *A Vision for Change*

An Independent Monitoring Group was set up by Minister Tim O'Malley TD, the then Minister of State at the Department of Health & Children with special responsibility for mental health, in March 2006 to examine the progress made in implementing *A Vision for Change* and this Group has reported annually since⁹.

The Independent Monitoring Group Annual Reports have serially drawn attention to the "absence of clear, identifiable leadership" and "serious lack of a systematic approach to implementing *A Vision for Change*" by the HSE and highlighted the fact that 47% of the new developmental money detailed by the DoH&C and assigned to the HSE to progress *A Vision for Change* had not been used to this purpose, two years after those monies were allocated. The Third Annual Report of the Monitoring Group was published on the 20th April 2009 and although this was reported to have been "welcomed" by the Minister¹⁰, the detail of that Report was unflinching in registering frustration at the lack of progress in moving *A Vision for Change* from dream to reality. *"Three years into implementation, a comprehensive implementation plan is still not in place and the Group is very disappointed with the slow rate of progress. The Group recognises the difficulties facing the HSE in the current economic climate but this does not in any way diminish the HSE's responsibility to implement *A Vision for Change*"¹¹.*

This Third Annual Report of the Monitoring Group refers to 136 team members having being newly appointed in the 3 years since 2006 - this falling pitifully short of the 360 people that should have been employed in 2006 alone, had the promised 18 new multidisciplinary teams materialised.

⁹ Reports have been published by the *A Vision for Change* Independent Monitoring Group in May 2007, June 2008 and April 2009

¹⁰ Minister Moloney welcomes Third Annual Report of the Independent Monitoring Group on *A Vision for Change*. www.dohc.ie/press/releases/2009/20090420.html

¹¹ *A Vision for Change* Monitoring Group, Third Annual Report on Implementation, April 2009 (Extract from Executive Summary).

www.dohc.ie/publications/vision_for_change_3rd_report.html

Methodology

The key objective in the production of *A Gloomy View* was to assess the progress to date in the allocation of new resources to populate Community Mental Health Teams in adult mental health services nationally following the implementation of the Mental Health Act 2001 and publication of government policy on mental health service delivery *A Vision for Change*.

Assessment of resources was confined to human resources, namely personnel delivering services rather than specific capital expenditures also required and recommended in *A Vision for Change*.

In the main, the survey addressed resources relating to General Adult Psychiatry, Rehabilitation and Psychiatry of Later Life. The specialities of Forensic Psychiatry, Learning Disability and Child and Adolescent Psychiatry were not included.

The survey was conducted between September 2008 and December 2008 giving an indication of the true picture in relation to adult catchment services almost three years from publication of *A Vision for Change*.

A specific Questionnaire was devised requesting whether individual services were given a commitment in early 2006 when *A Vision for Change* was launched to increase their resources, the nature of that commitment in terms of the human resources (staffing) promised and whether it had been possible to realise those commitments.

The questionnaire was sent to the entire 32 national Mental Health Services. In some cases follow-up interviews occurred to clarify details provided in the questionnaire.

Results

A 100% response rate from 32 mental health services (31 catchment areas) was achieved which provides interesting results on a national basis.

- Approximately one-sixth (16%) of services (5 of 32) reported that they had had delivery on what was promised.
- Approximately one-third (32%) of services (10 of 32) were neither promised nor was there any tangible evidence that they had any enhancement of their clinical teams during a time of modernisation, change and promised investment.
- More than half (53%) of the remaining services (17 of 32) reported consistently low levels of recruitment of multidisciplinary team members.

The detailed findings are set out in Table 1, and colour coded in accordance with the resources secured as indicated above.

The information from all services has been tabulated for ease of reference.

Table 1

Mental health service	Commitment Given?	Resources Received	Observations
Limerick	none	none	none
Clare	none	none	none
South Tipperary	none	none	none
West Galway	none	none	none
Mayo	none	none	none
Roscommon	none	none	none
Dublin SW St James' Hospital, Dublin 8	none	none	none
St Brendan's Hospital, Dublin 7.	none	none	none
Wexford	none	none	none

Table 1 continued

Mental Health service	Commitment Given?	Resources Received	Observations
Kerry	Psychiatry of Later Life Team	none	none
West Cork	1 wte Cons 2 wte CMHN	1 wte Cons	2 wte CMHN posts suppressed
Cavan /Monaghan	None	2 wte AHP 1 wte Admin	Due to recruitment embargo have fallen well behind recommendations for staffing of CMHT
Kildare/West Wicklow	2 wte Cons	1 wte Cons	2 nd Cons post only allowed if another post is suppressed
Laois/Offaly	1.5 wte Cons 1 wte OT 1 wte CMHN 1 wte Admin	1.5 wte Cons 1 wte OT 1 wte CMHN 1 wte Admin	Initial commitment of 2006 delivered.
Longford/Westmeath	0.5 wte Cons (Later Life Service) 4 wte CMHN 1.5 wte Admin	0.5 wte Cons (Later Life Service) 4 wte CMHN 1.5 wte Admin	Cons post is temporary only as permanent post not processed
Wicklow	1 wte Cons 1 wte SW 1 wte OT 1 wte CMHN 1 wte Cons (Later Life Service to be developed)	1 wte Cons	Several new posts abolished as unfilled on 01/01/08. Overall 7.5% of staff complement has been lost. No progress on Psychiatry of Later Life service.
Dublin SW/ Adelaide & Meath Hosp, Tallaght, Dublin 24.	2 partially staffed General Adult Psychiatry Teams	2 wte Cons 2 wte NCHD	No AHP employed due to recruitment embargo
Carlow/Kilkenny	1 wte Cons (Rehabilitation)	2 wte Admin, later reduced to 0.5wte admin (mental health act officer)	Cons (Rehabilitation) post not filled; No AHP/Secretary for Rehabilitation team; Plans to convert 1.5 wte Admin to AHP posts not realised; Admin posts absorbed into general HSE PCC management.

Mental health service	Commitment Given?	Resources Received	Observations
Dublin North Central: St Vincent's Hospital, Dublin 3.	Team enhancement: 1 wte SW 1 wte OT 1 wte Psychologist	1 wte SW 1 wte OT	Additional posts lost since recruitment embargo, 2007.
Galway East	1 wte Cons (Later Life Service). 2 wte SW 2 wte OT	1 wte Cons (Later Life Service). 2 wte SW 2 wte OT	Initial commitment delivered.
North Cork	0.5 wte Cons 2 wte SW 2 wte NCHD 1 wte OT 1 wte Psychologist	1 wte NCHD 1 wte OT 1 wte Psychologist	Other posts committed were lost to recruitment embargo, including 13 nursing posts
Dublin South East: St Vincent's University Hospital Service, Elm Park, Dublin 4.	For General Service 0.5 wte Cons 1 wte SW 2 wte CMHN 1 wte OT	0.5 wte Cons 1 wte SW 1 wte CMHN	
	For <i>National Eating Disorder Service</i> 0.5wte Cons 1wte Psychologist 1wte Nurse Therapist 1wte Dietician Admin support		Entire funding for <i>National Eating Disorder Service</i> was diverted elsewhere in PCC
North Tipperary	0.5 wte Cons (Intellectual Disability) 0.5 wte Con (Psych Later Life Service) 1 wte Admin	1 wte Admin	Cons Posts not approved

Mental health service	Commitment Given?	Resources Received	Observations
South Lee Cork	Team enhancement (5 posts General Adult Psychiatry)	1 wte SW 2 CMHN	2 wte posts diverted to Child & Adolescent Psychiatry
Waterford	1 wte Cons (Rehabilitation) 0.5 wte Psychologist 0.5 wte SW 1 wte Admin 1 wte Cons (Liaison Service)	1 wte Cons (Rehabilitation) 0.5 wte Psychologist 0.5 wte SW 1 wte Admin	Liaison Psychiatry Const post unfilled. Several AHP posts lost.
North Dublin: St Ita's Hospital, Portrane, Co Dublin.	Team enhancement: 1 wte OT (Rehabilitation) 1 wte SW (Rehabilitation) 2 wte SW 1 wte NCHD 2 wte Research NCHD Part-time GP to Rehabilitation service 1wte Admin	1 wte OT (Rehabilitation) 1 wte SW (Rehabilitation) 2 wte SW 1 wte NCHD 2 wte Research NCHD Part-time GP to Rehabilitation service	Nursing numbers were agreed at 230 plus 23 posts for opening of new psychiatric unit (in 2004) but nursing numbers now reduced to 208: 22 Nursing posts lost. Mental Health Act Admin post axed.
Sligo/Leitrim	1 wte OT manager 1 wte OT 1 wte Psychologist	1 wte OT 1 wte Psychologist	none
Louth/ Meath	2 Community Mental Health Teams	2 wte Cons 2 wte NCHD 1 wte SW 1 wte CMHN	Needs further team enhancement

Mental health service	Commitment Given?	Resources Received	Observations
Donegal	Nil commitment to general adult services		1 wte Cons (Rehabilitation) filled during time of survey but approval for post occurred well before 2006.
Cork (North Lee)	Home Based Service 1 wte Cons 1 wte NCHD 1 wte Psychologist 1 wte OT assistant 1 wte Admin Liaison Psychiatry Service Comprising 1 wte Cons and 5 ancillary team members Later Life Service 1 wte Cons	1 wte Cons 1 wte NCHD 1 wte Admin	Considerable number of posts as yet unfilled. No specialist services exist apart from limited Child/ Adolescent Services.
North West Dublin: Connolly Hospital, Dublin 15	Team enhancement 1 wte Admin	1 wte Cons 1 wte NCHD 1 wte OT 1 wte SW 1 wte CMHN 3 Admin	Delivery as initially promised.
South Dublin: Cluain Muire, Blackrock, Co Dublin.	CMHT members to supplement existing team structure	2 wte Cons 2 wte NCHD 0.5 wte Psychologist 1.5 wte SW 5.5 wte CMHN 2 wte Admin 0.5 Support Worker	Some posts were funded from re-directing acute bed monies into community-based staffing.

Glossary of Abbreviations

Admin = Administrator, usually to assist with Mental Health Act 2001 operation

AHP = Allied Health Professional (e.g. Psychologist; Social Worker; Occupational Therapist) but precise discipline unspecified

Cons = Consultant Psychiatrist - general adult unless otherwise specified

CMHN = Community Mental Health Nurse

CMHT = Community Mental Health Team

MDT = Multidisciplinary Team

NCHD = Non Consultant Hospital Doctor

OT = Occupational Therapist

SW = Social Worker

wte = Wholetime Equivalent staff

Discussion

While it is encouraging that some modest progress has been made over the past 3 years in a few services, it is noteworthy that about a third of services nationally received neither commitment nor indeed new resources during the time of our survey. These services spanned all HSE regions of the country. Developments, such as they were, were piecemeal with no sense of any concerted and co-ordinated effort. Unfortunately during the time period under study there were also posts suppressed and lost within the mental health services. These posts were lost, not through service planning, but rather as result of the public service staffing embargo and the axing of unfilled posts that happened to be vacant (often occurring after somebody had been recruited but had not actually commenced in post) on a given date. Non filling of posts vacant through retirement, illness or Maternity Leave is frequently reported. It was not possible to ascertain the numbers of posts that have been lost in this way but the adverse impact of these occurrences on service delivery was referred to by a significant number of our informants.

The commitments made in late 2005 to establish 18 additional multidisciplinary adult psychiatric teams nationally in 2006 (360 new posts approximately) has not been realised nor is there any sense that this would happen at any reasonable future time point. The €25m funding set aside for this purpose would have been adequate but that money was diverted away from the psychiatric services. One hundred and thirty six new posts have been created nationally over a 3 year period but these are 62% less than what had been promised to have been developed *in 2006 alone*. As recommendation 17.4 of *A Vision for Change* estimates that 1,803 new staff is required to implement policy - at this rate of new staff recruitment, it will take 40 years to engage sufficient staff to achieve the necessary change. This is deeply disheartening as this failure makes it difficult to envisage that other more complex and challenging aspects of the vision for the psychiatric services will ever be achieved. It is important to emphasise that had the 18 new multidisciplinary teams been realised, a rolling programme of ongoing developments might then have begun and the aspiration of a responsive, pro-active, relevant mental health service espoused in *A Vision for Change*, a reality. In addition, the small numbers of new posts that have been created are likely to be negated by the

public service jobs embargo that led to lost positions - estimated to be as high as 7.5% in one service.

Some posts that had been developed during the period under study came about following commitments given well in advance of publication of *A Vision for Change* and from what could be established, would not be specifically related to the promised 18 additional multidisciplinary teams.

Even where developments took place in accordance with the commitment given, no service actually gained a new fully staffed multidisciplinary team - with less than adequate consequences in many instances for patients to benefit from a comprehensive psychiatric service input¹².

It may be no accident that 2007 was the first year since 1986 that the number of admissions to Irish psychiatric units and hospitals increased relative to the previous year¹³. In 2006, an audit of new long-stay patients in Irish psychiatric in-patient services showed a decline of the long-stay population (both new and old long-stay) from 1966 to 2006¹⁴, however since then, there has been a substantial increase in the number of "new long stay" patients (who have been inpatients for more than a year but less than 5 years) accumulating in psychiatric hospitals (Dr Dermot Walsh, *unpublished personal communication*) - again the failure of community based developments such as we report here is likely to be associated with this return to institutionalisation of those with mental illness. If the trend, recently reported in relation to increased hospital admissions and the lack of movement in regard to those with chronic and enduring mental illness who are now newly long stay hospital residents, it would be an ironic and tragic event, happening as it does so close to the publication of a national mental health policy that professes the very opposite.

¹² Denihan Aisling. Consultants' experience during their first year in post. *Ir J of Psych Med* (2005) 22 (1) 3-4.

¹³ Daly Antoinette, Walsh Dermot & Moran Ros. *Activities of Irish Psychiatric Units and Hospitals*, 2007. Dublin: Health Research Board, 2009.

¹⁴ Daly A & Walsh D (2006). www.hrb.ie/health-information-in-house/an-audit-of-new-long-stay-patients-in-irish-psychiatric-in-patient-services

The Way Forward

Unless the process outlined above is reversed, either by protecting mental health services from cuts, identifying new resource, or redirecting resource internally within mental health services or from other HSE services, *A Vision for Change* will not be realised. With it will perish the hopes and aspirations of a generation of Mental Health Service users and providers. A deep sense of betrayal will be consolidated and likely lead to a loss of morale and staff engagement with reform. Standards will decline and recruitment into and development of Mental Health Services will be significantly damaged. Most importantly those who suffer from mental ill health and their carers will have been seriously misled and denied basic services and basic reforms. This is clearly at odds with the expressed will of the Irish people and government not to mention the stakeholders in the services. If this happens it will pose a risk of a verdict of abject failure by those responsible to deliver those reforms. It therefore requires will and commitment in the remaining years of the *A Vision for Change* project to reverse this trend, if that verdict is to be avoided.

We now call on the Minister for Health & Children, the Minister of State with special responsibility for Disability & Mental Health and the Principals involved in the Department of Health of Children and the HSE to materially demonstrate their position and commitment in the following way:-

1. Acknowledge the strategic and fundamental value of mental health services to the Irish population but most especially at this time.
2. Acknowledge the proposals of *A Vision for Change* as being the way clearly set down following a lengthy, collaborative and expensive consultation process with stakeholders and providers alike.
3. Exempt the Mental Health Services from the recruitment embargo imposed on Public Services where staffing norms fall below *A Vision for Change* levels in each region.

4. Secure from the Department of Finance the €28 million realised from the sale of St Loman's Hospital (West Dublin) and elsewhere for development of Mental Health Services.

5. Exempt Mental Health Services from further cuts as a priority objective within the Health Service.

6. Secure from the Department of Finance the development funding as promised under *A Vision for Change*.

7. We ask the Minister of Finance to make an undertaking that the objectives of *A Vision for Change*, as set down, will be honoured by the Department of Finance and that all future funds realised from the sale of mental health assets be secured for the purpose of reinvestment in those services for their redevelopment.

We call on the Minister of State at the Department of Health & Children with special responsibility for Disability and Mental Health, John Moloney TD and the Minister for Health & Children, Mary Harney TD, to make their position clear on these demands at the first opportunity.

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