

# Making the 'Vision' a reality

The Government needs to focus its attention on the absence of progress in developing specialist mental health services, which is affecting some of the most vulnerable people in society, writes June Shannon

**W**HEN IT was first published in 2006, Ireland's national mental health policy, *A Vision for Change*, highlighted a number of vulnerable groups for whom it said specialist mental health services should be provided. These included the homeless and people with an intellectual disability (ID).

In its most recent report published in July 2011, the independent monitoring group (IMG) set up to assess the progress of *A Vision for Change*, expressed disappointment with the absence of progress in developing specialist mental health services, with the exception of child and adolescent services, during 2010.

According to the group: "Year on year, the IMG reports have criticised the lack of progress in the specialist services . . . and, in particular, intellectual disability services. There is now a critical and urgent need for Government to turn its attention to these specialist services used by some of the most vulnerable people in society."

It is estimated that up to 25 per cent, or one in four, homeless people in Ireland are affected by a severe and enduring mental illness, while up to 70 per cent are struggling with alcohol and substance abuse.

Research has also estimated that up to 50 per cent of people with severe and profound learning disabilities will have a mental health problem at some point in their lives, as will up to 25 per cent of those with mild and moderate intellectual disabilities.

There were 26,484 people registered on the National Intellectual Disability Database (NIDD) in December 2010 and, according to the latest census of homeless people from the Homeless Agency (counted in 2008), there were 2,366 homeless people in Dublin alone.

It is impossible to estimate with any real certainty the number of homeless people living in Ireland and more difficult still to accurately portray the numbers who are affected by a mental illness. The NIDD is an invaluable resource, but it does not collect data on the number of people with an ID who also are affected by a mental illness.

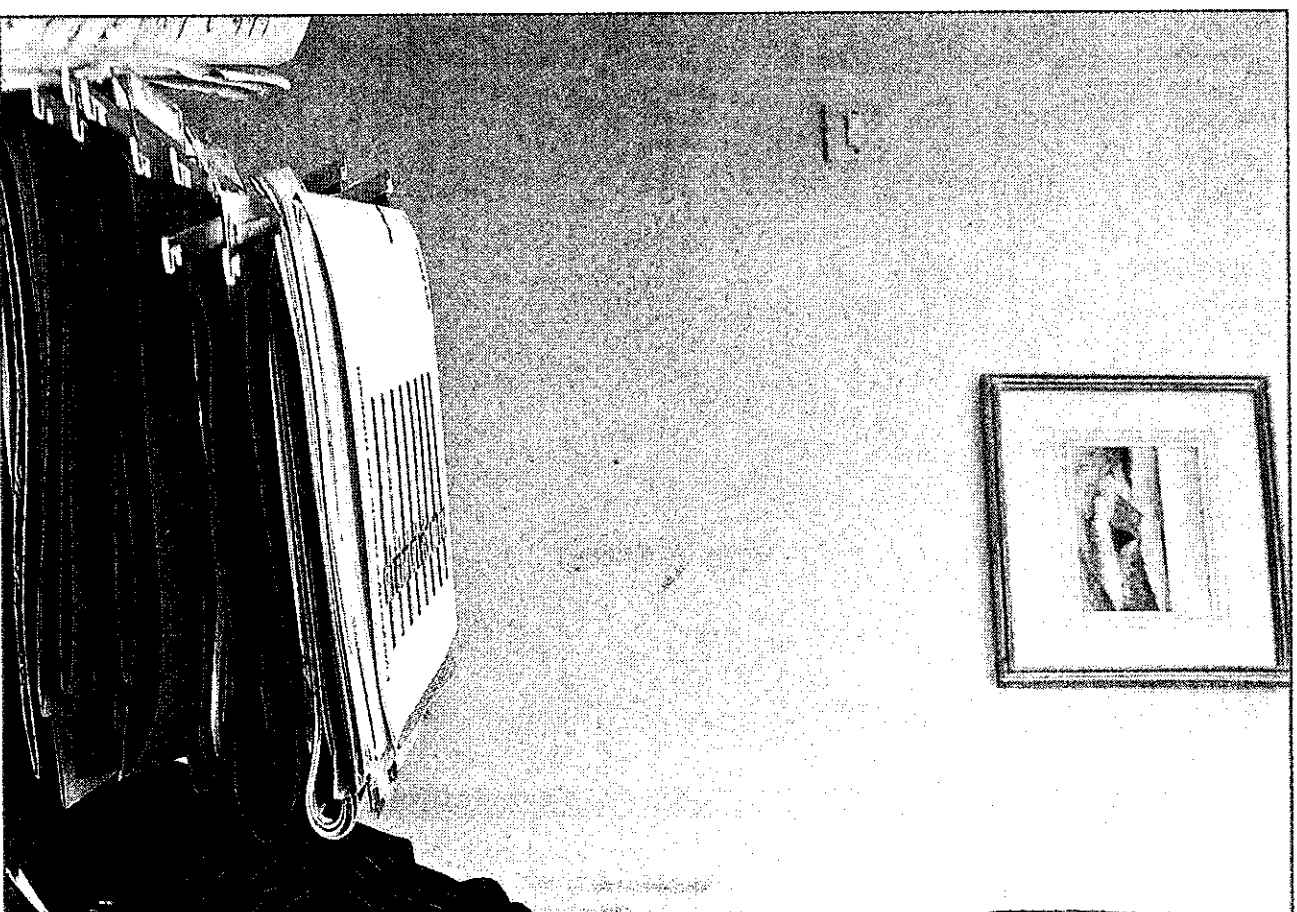
The need for accurate data was recognised by *A Vision for Change*, when it called for detailed information on the mental health of people with intellectual disability to be collected by the NIDD. Similarly, it says: "A database should be established to refine the dimension and characteristics of homelessness and analyse how services are currently dealing with it."

To date, none of these recommendations has been implemented and this lack of information continues to frustrate the work of mental health professionals dealing with the homeless and ID populations.

Dr Joanne Fenton is a consultant psychiatrist with the Assertive Community Care Evaluation Service (ACCES), a community-based mental health team which provides mental health services to homeless individuals in south Dublin city.

ACCES is an assertive outreach programme which cares for homeless adults with severe and enduring mental illness such as schizophrenia, bipolar disorder and major depression with or without co-occurring substance misuse problems.

According to Fenton, most mental health services are set up in such a way that people must first visit their GP and are then referred to the psychiatry service. However, most homeless people either don't have a GP or won't attend because they have more important competing priorities such as finding accommodation or their next meal. Therefore, members of



Dr John Hillery: "Most of us are still working in intellectual disability services for voluntary bodies rather than working in the mental health services." Photograph: Eric Luke

the ACCES team visit individuals in a location that is convenient to them such as a local hostel.

Fenton says the provision of specialist mental health services for people who are homeless is not uniform across the country.

There is another specialist service for homeless people based at St Brendan's Hospital in north Dublin, which also incorporates a day centre, and a specialist service in Cork city. There are also specialist mental health services for homeless people in Limerick, Waterford and Galway – however, these have just one mental health nurse each.

*A Vision for Change* calls for two multidisciplinary, community-based teams to be provided, one in north Dublin and one in south Dublin, to provide a mental health service to the homeless population.

In relation to staffing, the document recommends: "Each multidisciplinary team should include the core skills of psychiatry, nursing, social work, clinical psychology, occupational therapy. The composition and skill mix of each CMHT [community mental health team] should be appropriate to the needs and social circumstances of its sector population."

The ACCES team consists of a consultant psychiatrist, a junior doctor, two community mental health nurses and a senior social worker, none of whom are full-time. "The ACCES team has been in place since



## SHOWING DIGNITY AND RESPECT

According to Dr Joanne Fenton, providing appropriate user-friendly mental health services to the homeless population can result in some people moving out of homelessness altogether.

She recalled one individual with a diagnosis of schizophrenia disorder and a mood disorder, who was in and out of prison and who had also been hospitalised a number of times. Once he had received appropriate mental health treatment, this person's condition improved and he was able to move out of homelessness into his own accommodation. With time, he moved back into the family home.

Fenton says it was about providing individuals with holistic treatment, which includes meeting them and finding out what their needs are. "It is not all about one treatment form, it is about medication management, psychotherapy, housing support, advocacy, and marrying all those things together," she says.

She added that all mental health professionals have a responsibility to treat homeless individuals. "It doesn't matter what walk of life that you come from, it is easy to become homeless. It is about treating everybody with dignity and respect."



2004 and rather than an increase in staffing there has actually been a decrease in the fact that none of the staff now are full-time at all," says Fenton.

Due to cutbacks and the effects of the recruitment moratorium, the ACCES team has lost a nurse who will not be replaced and it currently has no occupational therapist, no psychologist, no addiction counsellor and no housing officer.

Every year since the publication of *A Vision for Change*, the College of Psychiatry of Ireland has focused on certain aspects of its progress. This year, the college's anniversary paper raises the issue of homelessness and mental health and calls for specialist services and a joined-up coordinated approach for this marginalised group.

Speaking at the launch of the paper earlier this year, Fenton says: "In the current economic climate, those at the margins of society are at greatest risk of losing vital services. Our homeless people are no exception, especially our homeless people with mental health problems. We are increasingly concerned about the welfare of this group of people.

"*A Vision for Change* clearly outlines how this group's mental health issues should be served. The fact that the recommendations haven't been implemented is of great concern, particularly in light of the overall cuts and cuts to rehabilitation teams," she adds.

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Much like the recommendations in *A Vision for Change* for the provision of specialist mental health services for the homeless, many of its proposals in relation to the ID population are also awaiting implementation six years later. These include the provision of two multidisciplinary community mental health teams for adults with ID per 300,000 population and one for children and adolescents with ID per 300,000 population.

Dr John Hillery is a consultant psychiatrist with a special interest in the mental health of people with ID. He works in Stewarts Services and St John of God Kildare services for people with ID. Hillery says that while there are psychiatrists working across the country with other professionals to provide mental health services for the ID population, there aren't, to the best of his knowledge, any functioning teams.

"Most of us are still working in intellectual disability services for voluntary bodies rather than working in the mental health services," he says.

According to *A Vision for Change*, "the process of service delivery of mental health services to people with intellectual disability should be similar to that for every other citizen". However, Hillery says this is not happening.

"We are still in a system where some people are lucky enough to have access to psychiatry from those services that have psychiatrists but

... the downside of that is that it may be the only access to any mental health professional, so their first point of call is a psychiatrist which isn't necessarily the right one either."

He also says that some parts of the country did not have any access to any specialist mental health services for people with ID.

In a statement, the HSE says that in 2011, work in respect of mental health and ID continued although no additional funding was allocated for mental health and ID teams since the publication of *A Vision for Change* in 2006. In this instance, general adult community mental health teams continue to provide a mental health service for adults with a mild ID and a mental illness.

"The homeless mental health resource for the eastern region provides a service in north Dublin and the ACCES service south of the Liffey. Due to resource limitations, these teams are not complete and work in collaboration with their general adult colleagues to provide community-based or inpatient services to the homeless individuals with a mental illness," the HSE adds.

The Samaritans provides confidential, non-judgmental emotional support, 24 hours a day for people who are experiencing feelings of distress or despair, including those which could lead to suicide. Contact the Samaritans at Tel: 1850-609090 or email: [jo@samaritans.org](mailto:jo@samaritans.org)