College of Psychiatrists of Ireland

Wisdom • Learning • Compassion

Pre Budget 2014 Submission

Re Mental Health Services

September 2013

CPsychI Submission Pre Government 2014 Budget

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Introduction

The College of Psychiatrists of Ireland continues to have concerns about the organisation and funding of our national mental health services.

Despite having a well known and referenced mental health strategy for almost 7 years, *A Vision for Change*, the College has concerns about the commitment to implementing it in its entirety. Its essence describes reorganising our services, of developing specialties, of developing community mental health teams and moving away from a dependence on residential and hospital based services. There was to be a national mental health directorate (a team of mental health specialists), which would not only ensure funding and accountability of same, but also ensure services would follow the needs of patients and move away from political or historical agendas.

Some parts of *A Vision for Change* have been introduced, but the situation still remains in Ireland, that receiving a quality mental health service depends on where you live rather than strategy and on an individual's needs and support required for recovery. At a time when the integration of developments in psychological and neurobiological treatments have the potential to greatly improve outcomes in mental health, the country still struggles to implement the basics of our mental health strategy.

As a percentage of overall health spend, the budget for mental health has always been lower than recommended for a developed country. The recommendation from *A Vision for Change*, was to gradually build up to 8.24% of the health budget. In the UK, mental health is 12% of the health budget. Before the recession in Ireland, the percentage was down to 7%, and since the recession has reduced to nearer 5%. The actual spend on mental health services has reduced considerably since 2006, the year *A Vision for Change* was published as the accepted blueprint.

The overall amount of funding for mental health services has dropped from €937 million in 2006 to €733 million in 2013.

A double edged sword

The lack of a coordinated approach means monies spent on mental health are not always being spent efficiently. Rather than developing specialties, and developing community mental health teams, the bulk of the monies in mental health is being spent on residential and hospital services. Although there is a clear recommendation and agreement to move away from these they remain necessary because of the lack of specialties and community services.

Constant and regular reports tell us that the recession and the effects of austerity are having a major negative impact on our nation's mental health. This is placing a greater strain on services. The lack of adequate mental health services, in the longer term, will result in greater costs to the exchequer. There is clear evidence internationally that suicide rates increase during a recession and tragically we have already seen this occurring in Ireland.

This paper will address the impact of the recession, and the impact of the poor organisation of mental health services.

Early Intervention, Services and Supports for Children and Adolescents

Mental illness affects 25% of the population. 50% of mental illnesses come on before the age of 14 years, and 75% before the age of 25. There is good evidence from around the world, that early intervention improves outcomes, reduces disabilities, and reduces long term costs.

Our Child and Adolescent Mental Health Services (CAMHs) need to be resourced to achieve good outcomes. *A Vision for Change* recommended there should be five 20 bedded inpatient units in the country. Of the projected and recommended 100 beds required only 60 are in place. Some of the 60 are not operational due to insufficient staffing which in turn impacts negatively on waiting lists. There are no emergency beds for those presenting with acute mental illness and requiring same day admission and immediate care. There are waiting lists for all inpatient beds. The location of inpatient beds is causing a problem, and we recommend provision of beds should follow population needs, to ensure family members have minimum travel.

Child & Adolescent Psychiatry is mainly delivered in outpatient settings by Multidisciplinary Teams (MDTs). *A Vision for Change* planned for 99 multi disciplinary CAMHs teams but currently there are only two thirds in place. The staffing levels of these teams are at best two thirds of the recommended compliment.

The ring fencing of € 35 million for mental health was welcomed part of which was to augment the CAMHs teams but the experience on the ground is that recruitment did not occurr until the last quarter

of 2012 therefore concerns exist for 2013 and 2014 regarding recruitment. Assuming resposibility for the care of the 16 – 18 year old group as recommended by the Mental Health Commission is predicated on the full implementation of recommendations in *A Vision for Change*.

Liaison for Children and Adolescents: Despite recommendations in *A Vision for Change* that there should be one liaison psychiatry team per 300,000 led by a consultant psychiatrist, there has been no movement at all for paediatric liaison services other than the pre-existing services at Tallaght Hosptial, Temple Street and Crumlin which were already in existence pre *Vision*. The recommended day hospital provision and physical resources have not been put in place either. We recommend that a Psychiatrist in Paediatric Liaison is included in the planning of the National Children's Hospital and that fully developed and staffed liaison psychiatric services are incorporated in the new hospital.

Physical Environment: There have been improvements in some services but the standard of facilities is highly inequitable around the country. Not all services are in community settings and day hospitals.

Impact of increase in population: the increase of Ireland's population to 4.5 million has impacted on CAMHs but the estimates and resources for CAMHs have not been readjusted to allow for this change. Today 23% of the overall population is under 18 compared to a lower population and percentage when AVFC was finalised resulting in actual recommendations in Vision now being an underestimate.

Alcohol, Mental Health & Young People

Alcohol use in Ireland is high compared to other European countries and also high compared to historical levels of use.

Concerning and known facts and figures:

- The harm this use causes cost the State €3.7 billion in 2007, which accounted for 1.9% of GNP in that year. In 2008 €2 billion was raised in taxes from the manufacture and sale of alcohol. It can be assumed that the State is paying approximately €1.7 billion in a current year to support this high level of alcohol use.
- In September of this year, at the launch of their most recent report, the National Office for Suicide Prevention (NOSP) and the National Suicide Research Foundation noted that alcohol misuse continues to have a significant impact on self-harm and suicide.
- Suicide is the leading cause of death among young Irish men aged 15-24 years with more than one in three deaths in that age group as a result of suicide. A national study of youth mental health found strong links between excessive drinking and suicidal behaviour.
- The 2011 ESPAD report found that Irish Students drink a third more on their latest drinking day when compared to the European average. This report also found a worrying trend where Irish girls are starting to drink as much as Irish boys.
- Alcohol is 50% more affordable than it was 15 years ago.

- A woman can reach her maximum safe drinking levels on €6.30 and a man can reach his on €10.00.These amounts are well within the range of the average pocket money given to children and young people.

Given all this evidence the College is concerned by the very high levels of harm alcohol is causing and costing Irish society both financially and to wellbeing of our population and future generation. Increasing evidence shows that alcohol use by children and young people can cause long term and irreversible damage to their developing brains. The College is very worried about this given the already problematic pattern of alcohol use that Irish children and young people currently show. The WHO states that effective measures to reduce the harm related to alcohol are increasing the price, reducing the availability, stopping promotion, addressing drink driving and providing evidence based interventions such as brief intervention and specialised treatment.

In view of this and particularly to protect children and young people we recommend the following measures be included in the budget:

1) Minimum pricing for alcohol
2) Substantial increase in the licence fee paid by supermarkets
3) An increase in excise duty on all alcohol (a percentage of which could be used directly to fund addiction and other areas of mental health services)
4) Ban on alcohol advertising and sponsorship

Mental Health Services for those with a Learning Disability

The singular lack of progress in the implementation of the recommendations of *A Vision for Change* in relation to Mental Health Services for both children and adults with a learning disability remains a serious concern.

A Vision for Change recommended the need for 26 consultant led, multidisciplinary teams for adults with mental illness and a learning disability, and 13 consultant led, multidisciplinary teams for children and adolescents with mental illness and learning disability. There is currently no recognised, fully staffed team for either adults or children with mental illness and learning disability.

The impact of cuts to community services is particularly concerning in this group. Currently there are people without transport, respite, one to one supports and special staffing which they had previously. People who need residential care cannot get it.

All these issues are affecting mental health as the pressure on staff and families grows and the individuals themselves miss out on an appropriate and natural rhythm to their day, week, month and year. Though we are well away from the mental health service for people with Learning Disability as

recommended in *A Vision for Change,* the basics of a quality life need to be met for people with learning disability. Costs for home help, support workers and special needs assistants are small compared with the costs involved in supporting families where individuals have experienced major mental illness due to lack of support in their day to day life.

The College has outlined what is required for children and adolescents with learning disabilities in the document attached. **(Attach Position paper on services)**

Mental Health Services for Adults – 18 to 65 year olds

Continuous Deterioration

Mental Health Services for those between the age of 18 and 65 years are the services which in the past were better developed, but now they too continue to deteriorate. Community Mental Health Teams have found their staff numbers are greatly reduced. The promised extra staff for teams has only occurred in some areas and there has been significant loss of staff due to retirements who have not been replaced.

Developments in Primary Care

A Vision for Change recommended greater collaboration between Primary Care and Specialist Care. We welcome the greater number of Community Mental Health Teams located within Primary Care sites, but caution that without the actual specialist staff available, this collaboration will not be possible or effective.

Introducing counselling in Primary Care is welcomed, but experience in other countries has shown that this will only be cost effective when there is good collaboration between Primary Care and Specialist Care. It is important to note that many episodes of depression and anxiety are self limiting, and experience in other countries has shown that counselling in Primary Care may not always reach those in greatest need. As funding for Primary Care counselling has come from the specialist mental healthcare budget, we recommend this service is evaluated by looking at outcomes, and not just activity levels. The opportunity to implement these measure from the beginning with a new service should not be ignored or missed.

Early Intervention and Collaborative Care

The needs within adult mental health services are to ensure there are adequate staff to provide early intervention, which has been shown in other countries to reduce the burden of disease and therefore reduce costs and improve wellbeing. Psychosocial interventions, when given alongside biological interventions, have been shown to be the most effective interventions in mental healthcare. Without the sufficient qualified people to provide these psychosocial interventions, we are left with only the short term option of providing biological treatments, which has less impact in the longer term and goes against our approach and training to work with and support an individual in their recovery.

Mental Illness Equal Treatment to Physical Illness

Disorders such as Recurrent Depression, Schizophrenia and Bipolar Disorder, require collaborative care, and benefit from Chronic Illness management, and therefore we recommend they should be included in the list of long term conditions, ensuring mental illness is treated equally with physical illness. People with severe mental illnesses have a higher physical morbidity than the rest of the population, and services need to address this.

In summary:

- Urgently address staffing of specialist teams, community mental health teams and Primary Care teams nationally according to *A Vision for Change* and to counter the loss of expertise/staff due to volume of retirements
- Evaluate the new Counselling in Primary Care service by measuring outcomes of those using the services and not just numbers and activity levels. A realistic cost benefit analysis should be undertaken.
- Support an individual in the mental health services with more rounded effective mental health care by putting the relevant qualified personnel in place for psychosocial interventions proven to have better outcomes for the person along with biological treatments.
- Treat mental illness on a par with physical illness by including listed disorders in the long term conditions and budget for chronic management of same.

Specialist Services

Eating Disorders Services

There remains a lack of Eating Disorder Services for most people in the country. We recommend developing services as identified in *A Vision for Change* and any Clinical Programme should address those with severe eating disorders. The mortality in this group is high and the lack of services needs to be urgently addressed.

Perinatal Psychiatry Services

The lack of perinatal psychiatry services in the country has been well documented. There is a need to address this deficit and ensure all women will receive the full maternity services they require and deserve.

Addiction Services

Forty percent of adults presenting with severe mental illness will have a comorbid addiction to alcohol or other substances. In a country with rising suicide rates, an increase in services for management of addiction is essential.

Over Reliance on Beds due to lack of Other Specialist Services Required

A Vision for Change recommended developing specialisms, to move away from one general psychiatrist providing all the care to all adults. Because the specialist services have not been developed, many general adult mental health teams continue to provide services to individuals who should be receiving care from a specialist mental health team. These include people who should require the input of a Liaison Psychiatry team, a Rehabilitation team, a Forensic team or a team for older people.

This places extra pressure on adult teams, and diminishes the service they can provide to those with acute illness. The result of this has been a greater reliance on the use of inpatient beds. If specialist services were developed, as outlined in *A Vision for Change*, then and only then would it be possible for the country to manage with the number of beds as outlined in *A Vision for Change*. There are services around the country who are not managing to provide a service with the current bed numbers. The result is moving patients to out of area beds, placing increased pressure on family members, and increasing the costs to the HSE, and to society.

A Vision for Change identified beds required for different groups. These included inpatient beds in:

- an acute admission unit
- a crisis house within the community
- four intensive care rehabilitation units with 30 beds in each region
- high support intensive care residences of 10 beds each, in each HSE area
- one 30 bedded unit for older people with challenging behaviour in each HSE area
- 10 rehabilitation beds for people with mental illness and intellectual disability
- five 20 bedded units for those aged 0 – 18 years
- one 10 bed secure unit for children and adolescents and
- one 10 bed national secure unit for those with intellectual disability.

The lack of provision of these beds has led to inappropriate use of admission unit places, increased pressure on families, sending a number of individuals outside the state for care at an increased cost financially and an increased burden on families.

Liaison Psychiatry

The number of Liaison Psychiatry teams has reduced from nine at the time of writing *A Vision for Change* to eight at present. There should be 13 Liaison Psychiatry teams; at present there are eight, based in Dublin, Cork and Limerick. This has major cost implications. Liaison Psychiatry helps patients in hospital to process and cope with the impact of major illness, and with loss and trauma. Recent recognition of

the contribution of Liaison Psychiatry in achieving considerable cost savings (of £4 per £1 spent in the UK), whilst simultaneously improving quality of care, has led to considerable expansion of Liaison Psychiatry in other jurisdictions. The role of Liaison Psychiatry is particularly important in the Emergency Department, and the lack of these services will impact on the Acute Medicine and the Emergency Medicine programmes.

Rehabilitation and Social Mental Health Services

The College supports the notion that all services should have a Recovery orientation, with emphasis placed on ensuring there is a rights based service for all and with emphasis on collaborative care and care planning. However, we have serious concerns that over the last number of years there has been a concerted effort to dismantle existing rehabilitation services, and no commitment to developing any new rehabilitation services.

There are a group of people, with severe illnesses, who continue to have disabilities because of their illness. In order for these people to live fulfilling and worthwhile lives, they will require specialist input from rehabilitation teams. We are concerned that without such specialist teams, individuals will fail to reach their full potential. There is evidence from an Irish based study, (Lavelle et al) that those having input from a specialist rehabilitation team have a much greater chance of moving to independent housing and of obtaining work, training or education and so contributing to society as well as living a better quality life.

Forensic Psychiatry Services:

At present Forensic Psychiatry services are essentially delivered in Dublin within the prisons and in the Central Mental Hospital. The lack of appropriate regional services and beds is placing extra burden on the national forensic services.

Psychiatry as a Profession

Psychiatrists provide leadership within mental health teams. When there is a deficit of disciplines within the team, we are the ones who will fill the gap, often by increasing the numbers seen in out patient clinics, or by working longer hours. Psychiatrists wish to provide the evidence based, biopsychosocial interventions, which are shown to improve outcomes. It is essential psychiatrists are in a position to keep up with current advances in psychiatry and to maintain involvement with their professional bodies. Any employment contracts for psychiatrists must ensure there is adequate time for psychiatrists to avail of training and professional competence.

Summary - Funding, Value for Money & Better Outcomes

Improving our mental health services is not just about money, it is about ensuring we get value for money in delivering the services and those using the services receive the service and support they need and deserve. The best service is the service identified in *A Vision for Change*, and if this is implemented, it will be possible to deliver a quality service in the longer term, within the reduced budget that it now has.

There is a need to have an adequate Information Technology system in place. We recommend a focus on outcomes, and not just on activity levels. We also recommend a transparent information system to ensure all monies allocated to mental health services are spent appropriately and fairly.

Many of the activities carried out by mental health services, such as training, housing and wellness programs should be funded by community and primary care monies, and not come from the mental health budget. Mental Health Services have traditionally provided these services, at the expense of providing much needed mental health interventions. The budget for these other activities needs to be found elsewhere, and the budget left to concentrate on building up the teams, as recommended in *A Vision for Change*.