



The College of Psychiatry of Ireland
Coldiste Siciatrachta na hÉireann

The College of Psychiatry of Ireland submission to the 2nd A Vision for Change Monitoring Group November 2010

When *A Vision for Change* was launched in 2006, an implementation period of 7-10 years was planned, so that there were real hopes of a transformed mental health service by 2013-2016. No-one speaks of 2013 now and halfway to the outer deadline of 2016, it is increasingly unlikely that *A Vision for Change* (AV4C) will be implemented even then. The current economic situation is likely to see services reduced as demand becomes greater than ever.

The Faculty of Child & Adolescent Psychiatry¹ reported grounds for optimism as there were capital developments in Cherry Orchard Hospital and improved inpatient bed availability in Galway and Cork. However, there is far from widespread access to appropriate beds.

There has been increased emphasis placed on Key Performance Indicators [KPI].² There was some concern that KPIs were being artificially boosted, in that staffs were occasionally parachuted into clinical teams to reduce an unacceptably long waiting list and then removed once the short term objective had been met. This is a “sticking plaster” approach and not indicative of long term planning.

The Faculty of General Adult Psychiatry expressed concern that the cultural change required in the delivery of care is being compromised by poor development of multidisciplinary teams. The public service staffing moratorium has resulted in psychiatric services becoming increasingly disconnected from the holistic, biopsychosocial model espoused in AV4C.³ Acute bed numbers are being reduced while community multidisciplinary teams are being decimated: a “lose lose” result contrary to the letter and spirit of AV4C.

The Faculty of Old Age Psychiatry⁴ is pleased to report the welcome development of an Old Age service in East Galway. Also they appreciate the fact that later life patients have equity of access to the new arrangements for funding of nursing home care through *A Fair Deal* where this is clinically appropriate. This is in line with the Vision for Change prin-

¹ The Specialty provides for the mental health needs of children, adolescents & their families through a multidisciplinary approach which is child centred & family focussed, in a developmentally appropriate manner.

² These are that [i] 70% of those on waiting list are seen within 3 months; [ii] that each member of the multidisciplinary team carries out a minimum of 26 assessments/year; [iii] waiting lists decrease by 5%.

³ “*The artificial separation of biological from psychological and social factors has been a formidable obstacle to a true understanding of mental health*”, *A Vision for Change*, p.18.

⁴ This specialty is concerned with providing specialist assessment and advice on psychiatric treatment and care of older people in their own homes or community, or when admitted to general hospitals.

principle that people with mental illness should not be discriminated from gaining access to the same facilities as other people.

Unfortunately, there are still significant regions of the country without any Old Age Psychiatry Service, including Wicklow, Kildare, Roscommon & parts of Cork/Kerry. Apart from no non specialist Old Age Psychiatry Acute Units being provided for older people with severe mental health problems who require inpatient care, there continues to be pressure on existing units and even access to existing acute adult facilities. For instance the acute unit in St. Ita's Hospital and in St. Fintan's Hospital, Portlaoise have been closed, and in one other area older peoples access to the acute inpatient unit is in jeopardy.

The Social & Rehabilitation Psychiatry Faculty⁵ acknowledged the appointment of the Assistant National Director for Mental Health and Executive Clinical Directors. The Faculty noted a continued failure to implement policy, a progressive disempowerment of mental health services through ill considered service reductions, withdrawal of funding and an absence of accountable leadership across the HSE.

The Faculty highlighted a disproportionate level of service cutbacks that affect service users through bed closures, staff vacancies and withdrawal of Rehabilitation & Recovery services. Targeted cutbacks on those teams that are tasked with the care of those with serious and enduring mental illness represent an assault on those members of the community with the weakest voice. The College is gravely concerned at the HSE proposal to subsume Rehabilitation team with General Adult teams.

The Learning Disability Faculty⁶ reported that there has been little or no implementation of AV4C for people with ID. AV4C recommended 39 specialist mental health of intellectual disability (ID) teams nationally; 26 for adults with ID (two per 300,000 population) and 13 for children and adolescents (one per 300,000). In reality, two adult teams exist, both in Dublin, and not a single child and adolescent team.

AV4C recommended five acute in-patient beds, ten rehabilitation beds and one day hospital with ten places per 300,000 population. These are not yet at the planning stages. A ten-bedded national forensic unit was also recommended and has not materialised. A 2009-2010 report from the Faculty revealed that 34 persons are placed out of state because of the absence of appropriate ID services capable of managing people with challenging behaviour. These placements dislocate vulnerable people from their families at huge expense to the state (up to €400,000 per year per placement).

The Forensic Psychiatry Faculty⁷ reported no progress on implementing Recommendations 15.1.1-15.1.9 of AV4C. Additionally, the Faculty noted that urgent matters are fast approaching with potentially profound consequences for those who use the forensic psychiatric services. The final reading of the *Criminal Law Insanity Act* occurs on 12th Decem-

⁵ This Faculty is concerned with a whole system approach to recovery from mental ill health which maximises quality of life and social inclusion by encouraging skills, promoting independence and autonomy in order to give hope for the future which leads to successful community living through appropriate support.

⁶ This sub speciality concerns itself with mental illness and behaviour problems in person's with additional complex needs that include intellectual disability; neuro-developmental disorders [autism]; neurological & neuropsychiatric conditions. While a learning disability in and of itself is not a mental illness, the rates of mental illness among the learning disability population is much higher than in the general population and dedicated services have developed to serve those people.

⁷ Forensic psychiatry is the application of psychiatry in the particular environments created by the criminal justice system, such as the court or prison. Consequently most patients who are admitted for treatment are identified with mental illnesses at some point following arrest, prosecution or conviction.

ber 2010 and a provisional commencement date of March 2011 has been set. W in a number of people being eligible for conditional release for secure facilities, but - due to the non implementation of relevant sections of AV4C - they will have nowhere to go. Neither the capital to develop necessary hostel facilities nor the revenue to staff appropriate services has been forthcoming.

There is an identified need for twenty-one beds for females but only eight currently exist. There is no step-down facility for women and all women patients co-exist in an acute admission environment that needs must also serve as a high dependency environment. In parallel the stratified range of secure services linking Intensive Care Rehabilitation Units to long term low secure facilities has not materialized. This faculty advises the development of thirteen Psychiatric Intensive Care Units nationally with separate long term low secure units rather than the proposed ICRU model - at present, with neither, this is an academic debate.

The **Faculty of Addiction Psychiatry**⁸ repeated its view, stated in 2009, that AV4C was flawed in its separation of addiction and other mental health services. The Faculty noted that the *National Substance Misuse Strategy 2009-16* and the HSE's *Review of the Methadone Treatment Protocol* both recently commented on the incongruity of *A Vision for Change* having excluded addiction treatment from mental health services.

The **Trainee Faculty** commented on the recommendation of AV4C that "Current steps to revise postgraduate training in psychiatry should be undertaken with a view to increasing the numbers of graduates in this specialty" (18.10.13). Contrary to this aspiration, the number of basic specialist trainees is being reduced from 400 to 290, and the European Working Time Directive has resulted in a poorer trainee experience.

The **Faculty of Psychotherapy** and the **Faculty of Liaison Mental Health**⁹ [LMH] reported no new developments, except that the latter indicated that staffing resources in 2010 are far less than had been in place in 2006. Otherwise please refer to the College's submission from 2009.

Conclusion

The College of Psychiatry of Ireland reports through its constituent faculties that services appear to be moving away from, not towards, compliance with the policy outlined in AV4C, though small successes have occurred in the past year. The College has not lost sight of the principle that underpinned AV4C: "*Each citizen should have access to local, specialised and comprehensive mental health service provision that is of the highest standard.*"¹⁰ We remain hopeful that these will be more than fine, empty, words.

⁸ This faculty is concerned with improving understanding & developing relevant & comprehensive treatment for addiction with its biological, psychological and social manifestations

⁹ Liaison Psychiatry refers to the subspecialty that is practiced in General Hospitals and Emergency Departments to those who present with physical disease as a manifestation of a psychological problem and those who develop psychological problems associated with physical illness.

¹⁰ *A Vision for Change*, p.4