



## **Budget Submission 2016**

**The College of Psychiatrists of Ireland was formed in 2009. It is the professional body for psychiatrists in the Republic of Ireland.**

**The Mission of the College of Psychiatrists of Ireland is to promote excellence in the practice of Psychiatry.**

**Mental Illness causes both social and financial damage with the Mental Health Commission estimating that the cost of poor mental health is over 2% of GNP.**

**The College draws attention to the continued slow pace of the delivery of the national mental health policy 'A Vision for Change' and joins with advocacy groups in demanding delivery of the policy's key tenets nationally.**

### **Main Points of the College Budget Submission:**

1. Spending on delivery of Mental Health supports in the context of national concerns about this issue is scandalously low (6.2%) both compared to other countries (e.g. UK 12%, Canada and New Zealand 11%) and compared to that proposed in 'A Vision for Change' (8.24%). This must be corrected in the coming budget.
2. The provision of community based mental health teams for patients of all ages on a 24/7 basis nationally must be a priority if inroads are to be made into the continued morbidity and mortality due to suicide, self-harm, chronic mental illness and alcohol and substance abuse.
3. All services should be funded on a Recovery model and the provision of rehabilitation specialists and multi-disciplinary supports assured in all areas of the country.
4. Funding must be provided for the Clinical Programmes in Psychiatry if these are to be more than a paper exercise.



5. Funding for the nationally based primary care counselling service must be sufficient to ensure ease of access through General Practice for people in need.
6. Budget actions (both Taxation and Spending) must support activities that reduce marginalisation and substance abuse, two of the main contributors to psychiatric morbidity and self-harm and suicide.
7. The financing of mental health services must move from a hospital bed based model to a community based team provision model.
8. Access to 'Talk Therapies' such as Cognitive Behaviour Therapy and Interpersonal Psychotherapy that have a proven effect for mental illness must be provided nationally.
9. Guidance and education on mental health must be properly resourced at all levels of our education system nationally
10. School based and community based counselling and psychological services for children and adolescents must be revitalised.
11. The recruitment and retention of trained staff must be prioritised and, in the context of Psychiatry, the implementation of the MacCraith Report and the provision of attractive working conditions for Trainee and Consultant Psychiatrists (i.e. the provision of appropriately staffed teams and systems) need to be urgently addressed.
12. To ensure continuity of care for patients, sufficient and appropriate cover for Consultants and all members of multi-disciplinary teams must be provided.
13. Information Technology Systems need to be provided nationally in each local service and across the health service to ensure co-ordinated, seamless services and patient safety and to provide national data to facilitate future service planning.



14. 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 is a patient safety issue.
15. The Dementia Strategy must be fully resourced to ensure continuous roll out until its objectives are met.
16. 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.
17. The European response to the current refugee crisis will mean responsibilities for Ireland. Planning for healthcare, including mental healthcare, must be in place to ensure the special needs of displaced people are met appropriately.
18. The College supports the proposal that monitoring and reporting on the progress of 'A Vision for Change' be reintroduced and put on a statutory basis.



## INTRODUCTION

The College of Psychiatrists of Ireland was formed in 2009. It is the professional body for Psychiatrists in the Republic of Ireland.

Its mission is to promote excellence in the practice of Psychiatry. The College supports the delivery of Mental Health services in line with the national mental health policy 'A Vision for Change' and the Recovery Model.

The College is the body recognised by the Medical Council to train doctors to become specialists in Psychiatry and to ensure competence of all specialists throughout their careers. It is vital that the health provision in the Annual National Budget ensures that vulnerable people get the support they need to be active members of Irish society. The College proposes certain key issues that must be addressed to reduce the impact of mental illness on Irish citizens and Irish society.

The Percentage of the Irish Health Budget that has been dedicated to Mental Health (c6%) falls far short of that of other countries (e.g. UK 12%, Canada and New Zealand 11%) even though advocates in those countries also criticise the level of investment.

**This is a human rights issue and should be seen as a scandal by anyone who cares about the health of our nation.**

The Irish national policy on mental health, 'A Vision for Change', proposed that the 8.24% of the national health budget (based on 2005 figures) should be dedicated to mental health. A case can be made that the changes in Irish society wrought by the economic deterioration after 2005 have caused mental health morbidity to increase and thus the proportion of the health budget needed is now larger. Even taking a cold and practical view that leaves aside the damage to society and to individuals in society caused by mental ill health all international research shows the major negative effect on GNP of untreated mental health problems. The Mental Health Commission's report 'The Economics of Mental Health Care in Ireland' (2008) gives an estimate of €3 Billion for the cost to Ireland of poor mental health (2% of GNP).

The case for investment is multi-faceted and impossible to deny. The Mental Health Commission's Report states that "the evidence examined suggests that the individual and social returns from judicious investment in mental health in Ireland is likely to be high and sustained". The damage wrought to mental health service provision by the departure of experienced staff and the focus on an inpatient model of investment also needs changes in organisational and professional culture. Service delivery and professional training must be based on a Recovery model delivered mostly in the community. Though this is national policy and exemplars exist we



are far from achieving this nationally. Difficulties in recruitment of staff and reluctance to support continued professional development for all staff with the resources to provide cover for leave and retirements and the call for existing staff to “do more with less” does not permit the development of reflective community based practice.

Delivery of modern health services cannot occur in a piecemeal fashion. The problems highlighted by advocates and service providers such as deaths due to unavailability of inpatient beds; the lack of crisis intervention except through understaffed A & E Departments; over reliance on pharmacological treatments and the lack of community based clinical services all are part of a cycle of poor integration and lack of consolidation of investment across the country. A review carried out by the HRB in 2013 highlighted that 67% of all admissions were readmissions (Activities of Irish Psychiatric Units; Daly & Walsh). A review exploring traditional, hospital-based service compared to a service providing home treatment and 5-day-a-week day hospital support found that the latter was able to reduce re-admissions to 58% compared to 72% in the traditional service (Value for Money: A comparison of cost and quality in two models; Gibbons et al; HSE; 2012).

To illustrate what is meant, if a person in distress can go to their GP and access a community mental health team as needed then they will not need to go to A & E thus not occupying the time of A & E staff and they may not need admission thus freeing out hospital based resources for those in need of such a model of intervention. If treated in the community their recovery may be quicker thus returning them to active participation in their community and freeing out resources for other people. The subsequent positive effects on the individual, the community, health services and the GNP are obvious.

The benefits of a national community based mental health service for all ages will not happen without investment both Financial and Philosophical. The annual Budget is an opportunity for the Government to propose a pathway to underpin mental health by investment of money and by policies that support the mental health of vulnerable individuals through investment in social policies and taxation that promotes community inclusion and discourages unhealthy activities.

The Irish public is concerned at the effect issues such as suicide, self-harm, alcohol abuse and chronic mental ill health are having on our communities throughout the country. The College of Psychiatrists of Ireland proposes certain measures that it sees as priorities for the development of a mentally healthy nation. In proposing these measures under separate headings the College reiterates that it is vital that the mental health services and allied supports develop in a unitary cohesive fashion as piecemeal delivery will be ineffective and wasteful. In circumstances of



financial drought however certain issues must be prioritised and can form a sound base for future investment as the economic picture improves.

## **THE KEY ISSUES**

In financially straightened times the College proposes that resource allocation in Psychiatry be on the basis of community based treatment and not on hospital beds.

The priority must be to have functioning specialist assessment and intervention systems in place nationally for children, adolescents, adults and the elderly available on a daily basis. These allied to the Clinical Programmes (see below) will have a major impact on current issues of public concern such as self-harm and chronic mental illness. The template for the community teams is delineated in 'A Vision for Change'. There are examples of such teams in practice in the Adult Mental Health Services but nationally major gaps remain with major deficits in Child and Adolescent, Old Age and Intellectual Disability Mental Health Services. The lack of such teams leads to unfortunate situations highlighted in the media where people with acute exacerbations of chronic mental illness present to A & E departments causing further distress to themselves and others.

## **PROMOTING MENTAL HEALTH**

### **Alcohol**

Alcohol abuse remains a major factor in occurrences of self-harm. The National Registry of Self Harm shows that 45% of men and 37% of women use or misuse alcohol at the time of their self-harm act (*Saving Lives and Reducing Harmful Outcomes: Care Systems For Self-harm and Suicidal Behaviour: National Guidelines for the Assessment and Management of Self-harm* 2012). In Irish psychiatric units and hospitals, 2,360 individuals were admitted with a primary diagnosis of alcohol or other drug disorder to an inpatient unit in 2013, representing 12.8% of all admissions. (*HRB Activities of Psychiatric Units and Hospitals*; 2013).

Research shows that pricing is one of the ways to control alcohol use (Working Group on Alcohol Misuse; 2006). The College is part of the Alcohol Health Alliance and supports the minimum pricing of alcohol as a way to reduce public and individual harm. Allied to this any measures which control the ready availability of alcohol in circumstances that are outside normal social interaction and control are welcome. Unfortunately and unpopularity this will mean price increases.



The College also supports a ban on advertising of alcohol as evidence from other jurisdictions shows such bans have coincided with a decrease in harm due to alcohol ('Calling Time on Alcohol Advertising and Sponsorship in Ireland': Supporting a Ban on Alcohol Advertising in Ireland, Protecting Children and Adolescents; A Policy Paper prepared by the Faculty of Addiction Psychiatry of the Irish College of Psychiatrists; 2008)

## **Education**

8% of Irish children have a moderate to severe mental health difficulty and that 2% of children at any point in time will require specialist mental health intervention (Irish College of Psychiatrists; 2005: *A Better Future Now: Position Statement on Psychiatric Services for Children and Adolescents in Ireland*).

Training for children from an early age addressing mental health promoting activities has been shown to reduce the occurrence of mental ill health in later life in those who have such programmes from an early age (*Better Outcomes, Brighter Futures*; Department of Children and Youth Affairs; 2014 & *Well-Being in Primary Schools - Guidelines for Mental Health Promotion*; 2015; *Departments of Health, Department of Education & Skills and HSE.*). Early and prompt recognition of pupils with specific educational support needs is vital to reduce suffering in vulnerable children and adolescents.

Following on from this provision of appropriate educational supports to those with specific learning problems and social problems has also been shown to reduce psychiatric morbidity. Individual counselling for pupils in distress and appropriate referral pathways for those in need of more intense input allowing early intervention are also important in decreasing morbidity from substance abuse, self-harm and mental illness. In the past few years financial cut backs have led to a reduction in Psychological assessments and supports in schools nationally.

The College asks that major steps be taken in the Education budget to reverse these cuts.

## **Community Activities**

The College supports any national or local activities that promote inclusion of all in local communities. Isolation and marginalisation are major factors in mental ill health and, for those who suffer mental ill health, major barriers to recovery. Any budgetary measures that support organisations that increase local community integration are to be welcomed. The College is



aware that currently community recreational organisations are subject to rates and allied taxes. A simple measure to help these organisations would be to end their tax liabilities thus decreasing their expense base and cost and freeing funds for practical local community promoting actions.

## **SERVICE PROVISION**

### **Community Based Teams**

The template for Psychiatric Service Provision in Ireland is in A Vision for Change. Unfortunately the proposals of that document in acute assessment and intervention and in rehabilitation and recovery have not been implemented nationally and retirements and recruitment embargos and other recruitment problems have depleted existing teams of Specialist Psychiatrists, Trainee Doctors, Specialist Nurses and Allied Health Professionals (see Training and Staffing below). The College strongly recommends that the budget allocates funding for the delivery of assessment and intervention teams nationally that are available every day of the week to those in need.

### **Recovery**

Rehabilitation services to support those with longer term illness towards Recovery are needed nationally. The requirements are as designated in A Vision for Change.

### **Information Technology and Administrative Support**

To help plan and deliver these services a National Mental Health Information Technology System is needed. A Vision for Change indicated that this was a priority but no progress seems to have been made. The system would enable audit and review. Such a system should also facilitate communication between mental health professionals (both Psychiatry and Primary Care) and between the system and service users. The College knows of many examples where Clinicians are answering phones or writing letters which is a poor use of clinical time. The difficulties posed where information about service users is not available to the professionals supporting them when needed due to the lack of a modern IT infrastructure is a major safety concern. An IT system with appropriate administrative support is needed nationally as a matter of urgency.



## **The Clinical Programmes**

Clinical Programmes are being developed to improve and standardise patient care throughout the HSE by bringing together clinical disciplines and enabling them to share innovative solutions to deliver greater benefits to every user of HSE services. A number of National Clinical Programmes in Mental Health are in the process of development. The Programmes are based on three main objectives: To improve the quality of care we deliver to all users of HSE services; to improve

access to all services and to improve cost effectiveness. Currently the Clinical Programmes in Psychiatry are in Deliberate Self – Harm, Eating Disorders and Early Intervention in Psychosis. The budget should indicate funding of these programmes.

## **‘Talk’ Therapies**

There is much evidence to show that in certain circumstances, for certain conditions therapies such as Cognitive Behaviour Therapy (CBT) are as good as or better than pharmacotherapy. There is also evidence that such therapies used in conjunction with pharmacotherapy improve recovery from illness. Unfortunately availability of such interventions is limited in the public health service. Action on provision of trained staff nationally in the public service must be accelerated.

Access to appropriate Mental Health supports from Primary Care must include national resourcing of regulated counselling services. Figures for 2014 indicate that at the end of November 2014 there were 248 people waiting for counselling for 3 to 6 months and approximately 80 patients had waited for longer than six months (*A Vision for Change Nine Years On*, Mental Health Reform, 2015).

## **Special Groups**

Certain groups of people have specialist support needs that should not necessarily be within the remit of mental health services. Unfortunately due to the lack of such services they present to mental health services often when carers have burnt out after years of unsupported unrecognised maintenance of their loved one. These groups include people with intellectual disability, people with developmental disorders (e.g. Autism), people with head injuries and people with dementia. These groups need community support from trained carers, appropriate vocational and recreational support and education and appropriate respite. They also need specialist psychiatric



clinical services from time to time. This is more likely without the appropriate care and support. They are also more likely to be prescribed psychotropic medication especially if they have behaviour problems.

This is a national scandal caused by the lack of appropriate environments and activities and a lack of specialist input when it is needed. Funding must be provided for community supports to ensure such vulnerable people lead meaningful lives.

The College asks for funding for this as a matter of national duty and that resources be allocated also to ensure specialist mental health services are available nationally, for all these groups, as per A Vision for Change.

### **Dementia Care**

It is estimated that there are approximately 50,000 people with dementia in Ireland today (Irish National Dementia Strategy: 2014; Department of Health). These numbers are expected to increase to over 140,000 by 2041 as the number of older people in Ireland increases. It has been estimated that the average annual cost per person with dementia in Ireland is €40,500 with the bulk of care for people with dementia being provided free of charge by family caregivers, many of whom are adult children and spouses.

The value of informal care for those with dementia is estimated to be €807 million per annum. Thus the burden on families and other informal care givers is huge and provides an under heralded benefit to the State.

The College endorses the Government's undertaking to provide dedicated funding for the Dementia Strategy and calls for this to be copper fastened in the forthcoming budget. . People with dementia often require home care packages that can increase their time at home but home care needs significant investment. People with dementia are more likely to go to nursing homes than people without so the onus of the 'Fair Deal' is heavier on them. It is also unfair that if a person with dementia requires a specialised dementia unit they will be charged more than an individual with a physical health problem.

Finally Carers of people with dementia need increased and equitable access to respite and other services regardless of the age or presentation of their loved one with dementia.



## **Peri-Natal Mental Health Services**

The discussion of the Protection of Life in Pregnancy Act has highlighted the lack of Peri-natal Psychiatrists nationally. The College supports the introduction of specialist Peri-natal Psychiatry Services nationally.

## **Refugees**

The plight of refugees has rightly led to a supportive response from the Irish Government. 4,000 refugees are due in Ireland before the end of the year. Practice and research (The Mental Health Service Requirements for Asylum Seekers and Refugees in Ireland; CPsychI; 2009) have shown that the experiences of refugees lead to increased mental health issues compared to the indigenous population and that for many reasons they need specialist support. Research shows that refugees resettled in western countries have been shown to be about ten times more likely to have Post traumatic Stress Disorder, PTSD compared with age-matched general populations in those countries. International research reveals that 30–60% of all refugees in Europe have experienced torture and other forms of serious violence. The research goes on to explain that it is possible that the under-detection of trauma and under-diagnosis of PTSD are the case not only in the outpatient mental health clinics represented in this study but also in services nationwide. The College is happy to help in planning for the needs of newly arrived refugees but warns that existing services are not sufficient and delivery of extra resources in the areas where refugees will live is a matter of urgency. Simply directing refugees with mental health needs to catchment area services where they are placed will not meet their needs and will further dilute the general effectiveness of existing services.

## **TRAINING AND STAFFING**

### **Recruitment**

Recruitment processes seem ponderous and not fit for purpose. Conditions of employment including pay and the actual provision of a modern multi-disciplinary working environment continue to adversely affect recruitment at all levels in all disciplines. This allied to insufficient training places in many disciplines and the lack of ring fenced time for trainers to train and trainees to learn continues to discourage high quality candidates. Other countries seem to provide a more attractive pay and working environment for mental health professionals especially doctors.



The College is aware of many services without the requisite team members either due to recruitment problems or key professionals being on long term sick leave. This has a major effect on continuity of care and on waiting lists. This, in turn, leads to patients presenting in crisis which could have been avoided with the availability of appropriate community mental health staff. The deficits in staffing also put increasing stress on those who remain. This perpetuates a cycle of low morale and further staff indisposition leading to further problems in service provision. The overall

deficits in Mental Health Professional numbers must be corrected as a matter of urgency and the relevant professional groups consulted as to how this can be done.

### **Training and Career Planning**

The remit of the College is as regards training of Psychiatrists. In this regard the recommendations of the MacCraith Committee (Strategic review of Medical Training and Career Structure: Final Report; Department of Health, June, 2014) must be implemented in full to encourage both Irish and overseas medical graduates to train and then work as Consultants in Ireland. Our current system of service provision is dependent on a certain number of junior/trainee doctors and is at risk of collapsing without them. There are ongoing problems in recruitment. Among the issues highlighted by MacCraith is the working environment, career progression and pay

Disregarding the impact of the former in any plan to improve recruitment would render the project redundant but the implementation of appropriate service development so that trained specialists can work in a clinical environment that promotes their skills is also vital. The College recommends that the national budget sets aside the funding necessary to implement the actions proposed by MacCraith to ensure a system is in place nationally to attract and develop sufficient trainees to provide for the public need in Psychiatry in the future.

### **Consultant Manpower**

Patients are entitled to a Consultant delivered service but current employment practices and recruitment practice militate against this. The College has published a Manpower Planning Document (College of Psychiatrists of Ireland, Workforce Planning Report 2012-2013) which



delineates the Consultant numbers necessary to deliver such a service and the trainee places necessary to provide for such numbers in the future.

## **SUMMARY**

The College of Psychiatrists of Ireland remains concerned that the Recovery based approach to Mental Health Services as delineated in 'A Vision for Change' is not seen as a priority and that a patchwork approach to service implementation remains the default position.

The College holds that unless a systematic approach is developed nationally as proposed in A Vision for Change based on appropriately resourced Multi-Disciplinary Mental Health Teams to deliver community based Recovery focused assessments and interventions then resources will be wasted, professionals will leave and service users and their carers will suffer.

The coming budget is an opportunity for the Government to mark its intentions to change this by dedicating a substantial amount of money to the Mental Health Budget along with plans for governance and accountability that will promote development of mental health services that will support people with mental health problems in their recovery in the short, medium and long term.