



## **OIREACTHAS COMMITTEE ON THE FUTURE OF HEALTHCARE**

### **Submission of the College of Psychiatrists of Ireland**

The College of Psychiatrists of Ireland is the professional body for psychiatrists in Ireland and the sole body recognised by the Medical Council and the HSE for Training of doctors to become specialists in Psychiatry and the supervision and assessment of the career long competence assurance of trained specialists in Psychiatry.

#### **Executive Summary**

The College of Psychiatrist of Ireland in making this submission would like to emphasise these main themes:

- **Parity of funding for mental healthcare with physical healthcare.**
- **Funding that promotes community care.**
- **Funding that ensures the proper functioning of primary care and frees out secondary and tertiary care for those who need it.**
- **Staff recruitment, training and retention.**
- **Simplification of administrative systems.**
- **Access on the basis of need not income or geography.**

#### **Strategy**

##### ***1. What are the key priorities for inclusion in a ten year plan for the health service?***

- Mental Health must have parity of investment with physical health in acknowledgment of the level of damage that mental health problems cause to individual, their families and the state.
- Increased budget for mental health services. Budget should be at least 12.5% of GDP similar to other European countries.
- Financing must support a community based model of service delivery in line with the national policy 'A Vision for Change'.
- People with mental health support needs must have access to appropriate interventions regardless of income or geographical position.
- Urgently plan to correct the critically low level of medical and allied professional staff in the Mental Health Services.
- Develop a long term plan for staff retention and recruitment.



- Information must be readily available to clinicians, service users/patients and carers to facilitate access and use of resources to the maximum benefit of the patient.
- Administrative systems in healthcare must all should be co-terminus to allow for better co-ordination and information sharing.
- There should also be national patient records system.
- All clinicians should have ready access to IT systems that allow information gathering.
- Frontline Clinicians and other healthcare workers must be freed from local administrative work (e.g. answering phones, collating files, making appointments) to concentrate on patient interventions.
- Acute hospitals should be for acute illnesses that cannot be treated in the community. Resource initiatives should be community focused to ensure this.

**2. *What are the key challenges, in your view, to achieving a “universal single tier health service, where patients are treated based on health need, rather than ability to pay”?***

- Financial resources nationally following the major financial downturn that occurred from 2008 onward.
- Lack of transparency on true financial resources.
- Simplifying confused and complex administrative systems.
- Critically low level of medical and allied clinical staff.
- Inability to recruit at Consultant level.
- Lack of control of funding at local levels.
- Lack of transparency on allocation of funding.
- The complexity, lack of flexibility and lack of speed and imagination of the recruitment process: there is no clarity on whether its local or central recruitment; there is no flexibility if local candidates are available who will undertake training to be able to fill a vacant post; there is no flexibility in the system if the particular post in a discipline cannot be filled and another suitable person in another discipline is available.
- Resource planning does not include private sector as well as public sector mental health support and illness intervention resources.



**3. *What actions are needed to plan for, and take account of, future demographic pressures (population growth, ageing population), and their impact on the health system?***

- Use of regression analysis to predict the ten year demographic picture and then use medical morbidity trends to predict the breakdown of need so that planned resourcing, including capital funding and staff training, can be predicated on this information.
- A progressive incremental plan to increase the budget for mental health services. Currently the budget is only at 6.5% GDP and it should be at least 12.5% similar to European sister countries.
- Scoping of available resources in public and private sectors to facilitate the maximum appropriate use of financial resources.
- Ensure training of sufficient clinicians to meet the need predicted.
- Proper resourcing of primary care services in the community, including primary care psychology, speech and language therapy, occupational therapy. This will have the effect of amelioration of conditions that currently add to secondary and tertiary mental health assessment and intervention waiting lists and delay those meeting criteria for secondary care services receiving them. An example is the many children with developmental delay currently on Child and Adolescent Psychiatry waiting lists when educational assessments and plans may suffice.
- Ensure modern theories on patient support inform the training and employment of staff (including the training of patient experts and the use of peer support workers, non-specialist therapists such as counsellors and behaviour therapists and specialist clinicians such as Psychiatrists).

**Integrated Primary and Community Care**

**4. *What steps are needed to move from the current model towards a model based on integrated primary, secondary and community health care?***

- Allocation of resources based on the philosophy of care in the community not hospital bed requirements.
- Integrate health administration systems to include primary, secondary and tertiary mental and physical healthcare rather than the current diffuse models.
- Imaginative uses of personnel in the frontline to ensure that Specialists are available to those who need specialist assessment and intervention. An example is a pilot project in Roscommon using assistant psychologists under supervision by clinical psychologists to address long waiting lists in primary care.
- What are the key barriers to achieving this, and how might they be addressed?



**5. *In your experience, what are the key roadblocks you encounter in your particular area of the health service?***

- Lack of appropriately trained staff in every part of the Mental Health Services.
- Focus on funding of hospital care rather than the community based model.
- Conflicting administrative systems and geography.
- Focus on physical health not mental health.
- Too many tiers of administration.
- Deficits in communication and information availability at a local level. This includes both lack of access to information search tools and lack of access to information on individual patients especially when they present in crisis.

**6. *How would you ensure buy-in from health care professionals to progress towards an integrated health care model?***

- The College of Psychiatrists of Ireland's membership are trained in and fully supportive of an integrated care model in Psychiatric care.
- All trainees of the College of Psychiatrists of Ireland are trained in an integrated care model and training sites are those that practice such a model where available.

**7. *Are there any examples of best practice that the Committee should consider? Please refer to any evidence you have to support this.***

- There are examples of best practice in Psychiatric Care delivery in Ireland (e.g. Building Blocks: Evaluation of a Home Based Service for Patients with Acute Mental Illness in North Kildare. HSE 2006). They have not generalised for various reasons. The College of Psychiatrists would be happy to facilitate presentations to the Committee on the models in practice if asked.
- The College of Psychiatrists of Ireland Workforce Planning Report 2013 – 2023 (December 2013) delineates with supporting arguments and data the requirements for training and staffing to ensure Consultant led acute and continuing care Mental Health Services in the future  
([http://www.irishpsychiatry.ie/Libraries/PGT\\_Documents/CPsychl\\_Workforce\\_Planning\\_Report\\_2013-2023\\_Dec\\_2013.sflb.ashx](http://www.irishpsychiatry.ie/Libraries/PGT_Documents/CPsychl_Workforce_Planning_Report_2013-2023_Dec_2013.sflb.ashx))



## **Funding Model**

**8. Do you have any views on which health service funding model would be best suited to Ireland?**

- The College of Psychiatrists of Ireland has already addressed the idea of Universal Health Insurance in a prior submission. The College stated then, and still holds that: “In theory Universal Health Insurance and a ‘Money Follows the Patient’ funding policy should allow a person with mental health problems to plan, with professional assistance, a personal road to recovery accessing the appropriate assessments and interventions wherever they are available.”

**9. Please outline the specifics of the financing, payment methods and service delivery (purchaser and provider) of the model you are advocating**

- This is not an area that the College is currently in a position to comment on.



10. What are the main entitlements that patients will be provided under your funding model?
  - Access to the range of therapies and supports that facilitate wellness in line with the individualised Recovery Model of mental health supports. This would include acute treatment packages when needed and individual Recovery planning and resourcing. The latter may include clinical inputs and medication at both primary and secondary care level but may instead focus on alternative supports such as Peer Support and socialisation.
  
11. Examples of best practice, or estimated costs of such models if available.
  - We refer to models such as cited in point 7 above.