



The College of Psychiatry of Ireland  
*Coláiste Síciatrachta na hÉireann*

## Pre Budget Submission

November 2012

The current government states that it is committed to helping to improve services for those with mental illness. Much has been spoken about ring fencing €35m for mental health, introducing human rights based services and improving social inclusion for those with mental illness.

In reality:

- Staffing on our mental health services has been decimated year on year for the last three years. Funding for mental health services has been reduced disproportionately, compared with other health services. Mental Health Services funding as a percentage of the overall health budget is much less than that recommended in '*A Vision for Change*'.
- The €35m, which was originally part of the cuts from the mental health budget, has still not been reinvested in it.
- Cuts to frontline health and social services are impacting on individuals and their families and
- Morale within the mental health services is at an all time low.

The College of Psychiatry has grave concerns about the lack of meaningful discussion and planning around providing a mental health service during a time of austerity. Continued failure to ensure adequate funding for mental health services will result in an explosion of costs into the future. Lack of early intervention, lack of community services and lack of basic frontline services will result in an increase in disabilities from mental illness, a return to overuse of beds, costs rising immediately (disability allowance, cost of hospital stay to name just two), quality of service diminishing and demands on families will be increased.

While the College continues to comment on the lack of implementation of *A Vision for Change* there are many practical areas that need to be addressed immediately:

### 1. Mental Health Directorate.

At present there is no coherent strategy within the mental health services, despite *A Vision for Change*. Services are being cut without any reference to this policy document or to the impact the cuts will have on costs into the future or the impact on individuals and families in the short term.

There is a need to ensure that any resources given to mental health services are directed to those with greatest need, used for evidence based services, and used equitably throughout the country. This requires the introduction of a Directorate of Mental Health Services, as identified in *A Vision for Change*. This means a team of individuals who have clinical and managerial expertise and budgetary responsibility to ensure resources are used to best effect. At present, there is no transparent plan on service development.

***We call for the introduction and funding for a Directorate of Mental Health Services***

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## 2. Full Introduction of Community Mental Health Teams

As recommended in *A Vision for Change* community mental health teams are an essential component of our Mental Health Services. Up to 2011, bed usage in Ireland had continued to decline; Ireland is now estimated to have one of the lowest bed usages in Western Europe. This has occurred despite lack of fully resourced teams and the burden of care for individuals has fallen on family members who are not adequately supported within the community.

The growing numbers of people with mental illness in our prison and homeless population is an early indicator of the deficits in our community services.

***We call for community based and recovery focussed service. It needs emphasising that services need to be resourced as failure to do so will result in greater dissatisfaction, poorer uptake of services and an increase in development of dependency and disability into the future.***

## 3. Individuals with Intellectual Disability (ID)

Small amounts of money have major impacts on individual's lives. For individuals with Intellectual Disability (ID), there is a need for an increase in the budget for frontline supports for people with ID and their families.

Currently we have people **without transport, respite, one to one supports and special staffing** which they had previously. We also have people who need residential care who cannot get it. All these issues are affecting mental health as the pressure on staff and families grow 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 ID as outlined in *A Vision for Change*, the basics of a quality life need to be met for people with ID.

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.

Other groups, such as children, young adults and older people, all have experienced similar cuts to their services with detrimental effects.

***We call for reinstatement of basic supports for people with intellectual disability: home help, individual support workers, transport and respite services. We also need discussion to start on how 'A Vision for Change' recommendations for those with mental illness and intellectual disability will be developed.***

## 4. Specialist Rehabilitation Mental Health Services

Individuals who have developed psychosocial disabilities from mental illness require specialist rehabilitation mental health services.

Over the last two years there has been a reduction in the services for this group. Community beds have been closed, with loss of staff. While the College supports moving individuals to more personal home environments, we also call for retention of staff for this client group. There is clear evidence that providing specialist rehabilitation services will reduce disabilities, and reduce the medium term costs associated with mental illness. (Lavelle, MHC 2012)

There is clear evidence that Rehabilitation and Recovery services are being reduced, with loss of posts in Donegal and Ballinasloe. The loss of these posts is at odds with the government's declared commitment to implementing policies which are based on scientific evidence. There is evidence that young people suffering from serious mental illness are at particularly high risk of suicide and these young people and many older patients with complex mental health needs were being maintained out of hospital and progressing toward recovery with the support of rehabilitation teams. The decision to dismantle these teams will lead to many of these patients occupying acute inpatient beds in increasing numbers and increase the risk of suicide for these individuals.

This is another example of the needs of the most vulnerable, powerless and voiceless being ignored. Also no Rehabilitation Specialist has been invited to join the Expert Advisory Group on the establishment of intensive care rehabilitation units and yet this specialty is ideally placed to manage these units.

***We call for an increase and not a decrease of Rehabilitation teams which are ideally placed to inform the development of early intervention services for those with psychosis. This will reduce costs by reducing the development of disabilities.***

## **5. Cost of Alcohol Abuse to Mental Health**

Alcohol abuse has been identified as having damaging effects on both mental and physical health. It is estimated that 1.5m Irish people currently drink in a harmful way. In 2008, it was estimated that problems from alcohol were responsible for 88 deaths each month and that each night 2,000 beds in Irish hospitals were occupied due to alcohol related illnesses. There is clear evidence that as the consumption of alcohol per head of population increases, the suicide rate increases. The consumption of alcohol per head reduces when the cost of alcohol increases and availability is restricted. As alcohol is shown to be involved in 45% of young suicides and 50 % of incidents of deliberate self harm in Ireland, if the Government is genuinely committed to introducing measures to reduce suicide rates in Ireland it must implement the National Alcohol Strategy .There is little point in funding a strategy to improve the management of patients presenting to emergency departments with deliberate self harm and suicidal behaviour unless the government also introduces public health measures to reduce alcohol consumption.

Alcohol related health problems cost the exchequer an estimated €3.2 billion annually. Alcohol related crime costs €1.2 billion a year.

***We call for the full implementation of the National Substance Misuse Strategy. This includes the introduction of minimum pricing, ceasing alcohol sponsorship of sporting events and a ban on alcohol advertising.***

## **6. Strategy for Care of Older Individuals**

As well as the need to properly resource community mental health teams which can care for older people in accordance with *A Vision for Change* (as above), there is an urgent need to prioritise the development and implementation of a National Dementia Strategy in 2013 in line with stated government commitment.

A national network of memory clinics need to be established in 2013 for the diagnosis and treatment of suspected cognitive impairment.

***We call for the overall coordinated mental health services strategy to specifically include a National Dementia Strategy and the establishment of memory clinics in 2013.***

## **7. Hope, Recovery and Advances in Understanding Mental illness**

For individuals with mental illness in a western society, 2013 should be a time of hope and recovery.

Advances in neurosciences and in psychological and social sciences have meant we can now identify and treat psychiatric disorders better than we have ever done in the past. The growth of the service user voice and development of recovery focussed services, where individuals can accept responsibility for their own health, combined with the biopsychosocial advances, should mean management of mental illness can come out of the dark ages, and individuals affected will be able to live full and meaningful lives.

**In reality, our government and our society have made political choices to ignore those with mental illness.**

**The College of Psychiatry urgently calls on this government:**

- > **to reverse the downward trend of spend on mental health as a percentage of our health budget**
- > **to introduce a Directorate of Mental Health Services**
- > **to fulfil implementation of roll out of community based and recovery focussed services nationwide**
- > **to increase number of rehabilitation teams**
- > **to introduce minimum pricing and ban on alcohol advertising**
- > **to reinstate basic supports for people with intellectual disability**
- > **to implement a National Dementia Strategy**

**This will bring an immediate cost saving in lives, financially, economically and ensure those with mental illness and their carers /families receive the care and support they deserve.**