College of Psychiatrists of Ireland

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2019 Budget Submission

A fit for purpose Mental Health Service for all – Psychiatrists, allied health professionals, patients and their families/carers

EAP Department

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The College, formed in 2009, is the professional and training 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.

Priorities for a Fit for Purpose Mental Health Service for All

Psychiatrists and allied health professionals, patients and their families/carers

1. Budget must address Retention, Recruitment and Working Environment Issues

Urgent, continuous action and adequate budgetary expenditure nationally is required for a **working environment that attracts, trains, and retains high quality clinical staff from all necessary disciplines to our Mental Health Services** both at community and hospital care level. This is essential for person-centred, recovery oriented care and treatment to be provided to those with chronic enduring mental illness and mental health issues.

Budgetary consideration must also include **the reinstatement of protected time** for psychiatrist's research, supervision, training and continuous education which not only provide career enhancement but results in better outcomes for patients. The recognition that, as part of a consultant psychiatrist's work plan, there be a minimum of one session per week dedicated to teaching, training and research to the benefit of patients must be part of any fiscal plan.

The College of Psychiatrists has received the highest positive feedback three years consecutively from (Medical Council) "***Our Training Counts***"– maintaining this requires a significant human resource with protected time to provide educational mentoring, examinations, workplace-based assessments and so forth.

The ***MacCraith report*** findings must be implemented in full.

The recommendation of the recently published ***Public Service Pay Commission, Recruitment and Retention Module 1***(August 2018) to adequately fund development of an integrated workforce plan are welcomed and should be supported. Part of this requires urgently introducing a central data hub to enable identification of the current gaps in recruitment and filling of positions, including those in mental health services, rather than the current '40 different sources the commission had to go to determine those gaps (as per presentation on 26 September 2018 to the Oireachtas Committee on Future of Mental Healthcare). This is essential 'to monitor, manage and maintain an adequate and appropriate workforce' and to begin planning to address the mult-facted push and pull factors causing the recruitment and retention issues across healthcare that include mental healthcare staffing.

2. Budget allocation for reinstatement of a HSE Mental Health Director to lead and coordinate plans to ensure equality of access nationally to Mental Health Services

For progressive effective reform and development of mental health services, the role of a national Mental Health Director/Lead and a Mental Health Division are essential and should be reinstated with ring fenced and adequate funding. Urgent and continuous budgetary planning to ensure nationwide access to fully resourced multidisciplinary teams based on need not location is still required. Part of this must include introduction of measures that evaluate each step of care and support in each service to identify what the issues are and why, and to inform subsequent fiscal planning and service development. Without appropriate focus and leadership further dismantling and downgrading of services is a major concern.

3. Appropriate Budget Amount with Outcome Measures for Mental Health Services

Immediate increase of the mental health services budget to minimum 'Sláintecare' recommended amount of 10% of the overall health budget, rising to 12% by 2020, and including ring fencing of the funding for mental health services alone. This should be separate to extra funding allocated each year for once off projects/capital expenditure.

Systems of transparency and accountability which include a breakdown of allocation of funding to all areas including awareness raising and education and so on are essential. Reviews evaluating successes, adjustments and improvements needed, as well as potential transfer of funds between mental health service areas (depending on analysis of need) and not to other areas of health services must form part of the system.

The College maintain the call for 25% of the budget to be designated to Child and Adolescent Mental Health Services (CAMHS) to include maintenance and further development. Begin with our children and adolescents to ensure future generations' better health outcomes.

4. Urgent implementation of a Mental Health ICT system

A mental health services 'information and communication technology (ICT)' system is more urgently needed than ever to promote efficient, safe and supportive services. Sufficient budgetary and development planning, in phases if necessary, is required to facilitate: - communication between mental health professionals (both Psychiatry and Primary Care); communication between the system and patients/service users; development of adjunct tools, where appropriate, to enable flexible, alternative supports and services using digital technologies to be offered; audit and review to ensure efficient use of resources.

Overview and background

The mental health budget of €917 million, which is circa 6% of the total Health budget of €14.5 billion (as reported in the second report of the Oireachtas Committee on the Future of Mental Health Care), remains scandalously low and inadequate for our increasingly diverse population with growing mental health issues and illness especially when compared to other jurisdictions.

Recruitment and retention of psychiatrists and trainee psychiatrists is thwarted by a mental health service that is overall underfunded, pressured, restricted in its ability to support and treat service users/patients effectively and humanely and therefore unattractive as a place of professional satisfaction, achievement, growth and development.

While acknowledging increased funds in the past six years of circa €200 million to mental health services, this amount is from a depleted and low inadequate base of funding. Extra funding, such as development funding of €55 million for 2019 and funding for the *National Perinatal Strategy* (€1 million for 2017/2018 and an additional €2 million for 2018/19 to put posts and the program in place) in addition to the current €917 million is welcome and necessary, but camouflages the fact that to run community-based recovery oriented mental health services, with a full shift away from a hospital-based system as well as required acute and specialist services as set out in *A Vision for Change,* requires necessary resourcing and staffing.

The College maintains its concern that media and public focus on striving for good mental health, mental health problems and suicide prevention, all of which are important, divert the attention from the need for continued long-term support and services for those with enduring chronic mental illness. An informed discussion on the needs of those with chronic mental illness remains necessary.

Role of Psychiatrist, Recruitment & Retention and Mac Craith Report Recommendations

Role of Psychiatrists

Consultant Psychiatrists are secondary care specialists competent in the assessment, diagnosis and management of mental disorders. They are key to the delivery of emergency and continuing support to people with mental illness. A Psychiatrist in a modern community service is required to be a brain/mind specialist and be able to practise evidence-based psychiatry attuned to an individual patient's needs. Psychiatry is an integrative discipline which spans the evidence base from biological sciences to psychology and the social sciences. The boundaries between primary and secondary care, neuroscience and social science, Psychiatrist and Psychologist, traditional healer, religious, Counsellor and Psychotherapist, hospital and community all have to be traversed in both directions all the time.

Psychiatrist numbers

The College Workforce Planning Report 2013 – 2023 provides an outline of the number of specialists and consultants that are required in Psychiatry in that period referencing relevant policy documents. The report states that within Europe the number of Consultant Psychiatrists per head of population varies from 1 per 100,000 in Albania and Turkey to 30 per 100,000 population in Switzerland. Taking the total numbers of Psychiatrists (Consultant and NCHD) per 100,000 in OECD countries, Ireland at 19 per 100,000 ranks below all other northern European countries with **Consultant numbers at 8 per 100,000**. (OECD paper 2012.)

We recommend an **increase of Consultant numbers to minimum 16 per 100,000.** We also recommend that the number of NCHDs in Psychiatry be matched to the number required to train this number of Consultants and to provide training for future General Practitioners.

Currently ***many consultant posts across the country are vacant or shored up by long-term locums***, who are often not experienced enough or trained appropriately for the posts they hold. Many medical bodies consistently and regularly highlight this issue. Patients do not get the expert service they require and deserve as service development is not as clinically driven as it should be.

We **call for a continued and urgent plan to address this unacceptable situation and prioritise attraction of suitably qualified psychiatrists to consultant posts.**

The College **also calls for the delivery of the recommendations of the** Mac Craith Report as a matter of urgency with appropriate budgetary allowance.

Equitable Priority to Mental Health Service Development with ICT system

Parity of esteem between physical and mental illness can only occur when finances, management and attitudes adjust accordingly.

Progress has been made in the last 36 months on some initiatives and in some areas but basic fundamental services are still lacking and in many more areas since 2017 as is well reported in media and other public domains.

As is consistently highlighted, if the mental health of the nation is prioritised and those with mental illness are supported not only will the individual have a better quality of life but also their contribution to the economy and society will benefit all. Mental illness causes both social and financial damage with the Mental Health Commission having previously estimated that the cost of poor mental health is over 2% of GNP.

Special programmes planned or in development should rest on a functioning general service, not substitute for it. Information on needs nationally, on the progress of services implemented to meet these needs, on

outcome measurements and not just KPIs, must to be readily available. This would ensure planning, accountability, learning across the system, and best use of funds for the recovery of people who present with mental illness.

The College, once again, calls for independent oversight of progress on policy delivery and for the development of an ICT system to collate appropriate accurate information, which can be readily available to all.

Mental Health Services engagement with Service Users and family members/Carers

Support and necessary resources should be continued in the next budget to further facilitate and grow areas of the HSE that support service users/ patients and their family members/carers enabling their meaningful involvement in development of a person-centred mental health service.

Main Issues to be Addressed to Achieve Priorities

1. **The percentage of the Health budget designated for Mental Health** must increase to 12% at the very least by 2020. A sliding scale of minimum 10% in 2019 leading to 12% in 2020 and 13% in 2021 should be allowed for. Spending on delivery of Mental Health Services in the context of national concerns about this issue remains scandalously low at 6% compared to that proposed in *A Vision for Chan*ge at 8.24% which is inadequate now due to population growth and increased demand on the services since 2006.

Twenty five percent of the budget should be designated to further development of Child and Adolescent Mental Health Services (CAMHS).

2. **The training, recruitment and retention of frontline staff**. In the context of Psychiatry, the **implementation of the MacCraith Report** and the provision of attractive training and working conditions for both trainees and consultant psychiatrists need to be urgently addressed (i.e. the provision of appropriately staffed teams and systems; protected educational time and resources for trainees and protected teaching/training time for trainers). Staff numbers and skill mix should be sufficient to ensure a consultant delivered and supported service, with cover readily available so that no gaps are caused by leave or retirements.

The College Workforce Planning Report 2013 – 2023 provides an outline of the number of specialists and consultants that are required in Psychiatry in that period and addresses the policy documents and literature influencing these requirements.

Consultant psychiatrist numbers need to be increased to minimum 16 per 100,000 from **8 per 100,000** and brought in line with other Northern European countries and OECD recommendations.

3. **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 are patient safety issues.

4. **Equality of access for all - address the inequitable two-tiered health system and lack of full multidisciplinary teams in many areas.** Access to specific mental healthcare inputs must be based on individual clinical need not ability to pay or postcode/ address. An imaginative approach to enabling access to clinical inputs not available in the public sector would improve access for all. Currently people are disadvantaged by the two-tier healthcare system due to geography and finance. In addition, lack of required specialist personnel on many teams inhibits a biopsychosocial approach and recovery focused plan to be provided for a person and support to their family/carers.

5. **Information Technology Systems.** A contemporary and user friendly national IT system with appropriate patient record access needs to be provided in each local service and across the health service to ensure co-ordinated, seamless services, patient safety and to provide national data to facilitate future service planning.

6. **24/7 multi-disciplinary community-based services and support for people with acute mental distress and those in recovery**. Increased re-admission figures and waiting list data indicate that people are not getting the support they need in the community for independence and recovery. The provision of community based mental health teams for patients of all ages on a 24/7 basis beginning with immediate funding and roll out of 7 day services nationally must be a priority if inroads are to be made into the continued morbidity and mortality due to chronic mental illness, suicide, self-harm, alcohol and substance abuse.

7. **Ensure independent transparent oversight of policy implementation and service need.** There is still no independent reporting eight years later on the implementation of what is accepted by all as the national policy for mental health services. Unless we delineate the deficits in the existing service we cannot hope to remedy them in a practical and practicable way.

8. **Recovery model and principles to underpin service provision**. All services should be funded on a Recovery model with ARI principles encouraged and integrated in services nationally. The provision of rehabilitation specialists and multi-disciplinary supports must be assured in all areas of the country.

9. **Nurture the mental health of the future generation.** Resilience education for all and support for vulnerable children must be planned and funded appropriately and for the long term. Guidance and education on mental health must be properly resourced at all levels of our education system nationally.

10. **Counselling and psychological services** including community based psychological therapies **for children and adolescents must be revitalised to provide ease of access based on need nationally.** This includes assessment of individual abilities and needs at an early stage.

11. **Fund the development and full implementation of Clinical Programmes in Psychiatry in parallel with ensuring basic general mental health services are in place.** Designated, ring-fenced budgets for development and implementation, with time lines on staff provision and education that ensure delivery, are required for all clinical programmes both existing and planned**.**

12. **Primary care counselling with ease of access nationally**. Funding for the nationally based primary care counselling service must be sufficient to ensure ease of access through General Practice for people in need.

13. **Budget actions (both Taxation and Spending) must support activities that reduce marginalisation and substance abuse**. This means continued action on employment, housing and in support of community action group that provide settings and activities that promote community activities and reduce isolation of individuals. Such groups include sporting organisations.

This includes reducing alcohol related harm and cost to health and mental health budgets by:

a) Introducing a substantial increase in license fee or some additional tax on alcohol sales from the off-trade, given that these now account for about 75% of alcohol sales/consumption in Ireland. They are therefore responsible for 75% of the annual cost of alcohol related harm which stands in excess of €3 billion per annum (adding costs generated directly by drinkers and costs of harm to others). This means that the tax (vat & excise) & license fee revenue from the off-trade should be about €2.25 billion, simply to pay its share of those costs. It is currently contributing a small fraction of that amount.

b) ***Improve funding of alcohol treatment services nationally*** given the facts that (i) only 3.5% of the estimated 150,000 people with alcohol dependence seek treatment each year (the international norm is

10%) and (ii) there is very wide geographical variation in treatment participation across Ireland, a five-fold difference in treatment uptake between the best performing areas and the poorest performing areas. Money spent on treatment ultimately saves money (€3 to €5 for every €1 invested), as it reduces other health care costs, social welfare costs and criminal justice costs.

14. Change from a hospital bed based model of funding to a Community Clinical Supports model. The financing of mental health services must move from a hospital bed-based model to a community-based team provision model but not to the detriment of required hospital beds for emergency referrals and acute illness needs of both children and adults.

15. Access to 'Talk Therapies' must be available nationally. Therapies such as Cognitive Behaviour Therapy and Interpersonal Psychotherapy that have a proven effect for mental illness must be provided nationally.

16. The Dementia Strategy must be fully resourced and implemented including support for Carers. Respite services and home support for people with Intellectual Disability and dementia must receive increased levels of funding.

17. Specialist services for vulnerable groups. 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 such as Homeless, Travellers, Refugees & Asylum Seekers and Migrants.

18. Plan and resource to ensure the physical health of those with long term severe mental illness who die on average 17 year earlier than the general population.