"The Black Hole"

The Irish Psychiatric Association Report on the funding allocated to adult mental health services: where is it actually going?

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Summary

An analysis was carried out of the material published in the Report(s) of the Inspector of Mental Hospitals from 1998 to 2003 to examine the budget allocated to funding adult mental health services within each mental health catchment* area in Ireland from 1998 to 2003 relative to their reported psychiatric services and demographic variables. Clinical services and budget information was mapped onto indices of poverty and affluence for each area using the SAHRU deprivation index. Findings can be summarised as follows:

- A 13-fold disparity in funding was found in 2003 from a *per capita* (the amount spent per head of population) spend of €37.97 in Kildare to €495.47 in the St Brendan's Hospital area of Dublin.
- There was vast regional variation in relation to numbers of nursing, medical and administrative staff, as well as bed availability.
- Almost none of the clinical resources available bore any relationship to the apparent spending in each region, or the population size.
- There was also considerable variation in funding changes over a 5-year period, with 8 services experiencing an increase in budget of between 118% and 286% and 3 services having an actual reduction in funding.
- Intriguingly, there was no clear relationship between significant increases in budget allocation and the establishment of new clinical services.
- There was no relationship between current clinical resources or improvements in clinical resources, and socioeconomic need.
- The largest overall staff increase was in the number of administrative staff: these increasing by 56% from 1998 to 2003.
- The data suggest that "new" funding attributed to improve mental health services may not actually have been spent on mental health, and may have been diverted to other service areas, thus contributing to the failure to modernise facilities as rapidly as has happened elsewhere in the developed world.

*This refers to the area traditionally served by a district mental hospital. In many cases catchment areas correspond with county boundaries. In Dublin and Cork, the catchment area boundaries correspond in most cases with those of the community care areas of the health boards.

Introduction

There have been dramatic changes in the structures and delivery of mental health care throughout Europe over the last 50 years. Ireland, following the lead of many European states, has had a policy of moving patient care from long-stay institutions to more acute inpatient facilities and community-based care. Care in the community, although theoretically more humane for the vast majority of those with serious mental illness, is only so in practice if the necessary resources are put in place to sustain this type of relatively staff-intensive treatment. Health Boards have had varying degrees of success in phasing out long-stay mental health institutions, this being the Government policy for the Irish mental health services for 21 years (*Planning for the Future*, 1984). In January 2005, Health Boards were disbanded following the enactment of the Health Act 2004 with the Health Services Executive taking over the provision of publicly funded health care delivery in mid June 2005.

The Irish Psychiatric Association (IPA) has previously published a report[*] on a survey of clinical resources[∇] in the various geographical psychiatric catchment areas for the mental health services (O'Keane *et al*, 2004). The most important finding from this survey was that there was an inverse relationship between the socio-economic needs of catchment areas and mental health clinical resources: i.e. areas most in need of mental health services, with high levels of poverty, were the least likely to be well-resourced. The association between socioeconomic deprivation and increased need for mental health services is a guiding principle in the deployment of psychiatric resources (Bindman *et al*, 2000), because areas of social deprivation have the highest rates of psychiatric disorders and the greatest need for services (Glover *et al*, 1998; Thornicroft, 1991). We also found that more than 50% of Clinical Director[√] posts were filled on a temporary basis and that these non-permanent arrangements were highly significantly located in the poorer and less well resourced areas. Non-permanent clinical leadership may have contributed to the inadequacy of clinical services in the socially deprived areas, with those in temporary posts possibly less able to influence and to effectively advocate for necessary service developments (O'Keane *et al,* 2004).

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[*] This report, also known as The Stark Facts Report, was launched by the Irish Psychiatric Association in March 2003.

[∇] Clinical resources, solely refers to the availability of multidisciplinary staff, a range of treatment options and access to a variety of specialist expertise.

[√] Clinical Directors are Consultant Psychiatrists who are appointed to take overall responsibility for service planning and development in each local service.

A preliminary examination of the budgets attributed to the various mental health services suggests many anomalies and inconsistencies. Areas that are relatively under-resourced from a clinical point of view often have budgets that are on a par with and sometimes even greater than those in the areas with better clinical resources. In order to investigate this further, the relationship between clinical and financial resourcing within the Irish mental health services was examined, and budget allocation and clinical services across all catchment areas were compared. We analysed data in two ways: cross-sectionally for one year (2003) and over the preceding 5 years (1998 to 2003) to compare changes in budget allocation.

Method

Sources of data

Data were obtained from the Report(s) of the Inspector of Mental Hospitals for the years from 1998 to 2003 (Department of Health & Children). The report, published on an annual basis, provides basic demographic information, and details staffing and the budget allocation for each catchment area service (see Table 1).

All revenue income for the years 1998 - 2001 was converted from Irish *punt* to *euro*, and, as catchment area populations vary greatly in size, the *per capita* spend on adult mental health rather than the gross financial allocation attributed was the key statistic used. Information about the following key clinical variables were tabulated and analysed: number of doctors, nurses, other professions[ɔ], non- nursing[Δ] and administrative staff[Φ]; and the number of acute and long-stay beds. These data were also examined in relation to the changes in budget and the staffing over the years 1998 to 2003 (see Table 2) with reference to all catchment areas.

In order to assess the degree of need of each area, the Small Area Health Research Unit (SAHRU) deprivation index was utilised (www.sahru.tcd.ie) (Sinclair & Kelly, 1999). This index has been compiled by the Department of Public Health & Primary Care in Trinity College, Dublin and analyses socio-economic deprivation in districts, based geographically on the 3,422 Electoral Divisions of which the country is geographically composed. This SAHRU analysis was determined using the 2002 national census data. It rates indices of relative poverty on a scale of 1 to 10, where 1 is the most affluent and 10 the most deprived.

[ɔ] This term refers to non-medical professionals, e.g. social workers, psychologists, occupational therapists.

[Δ] This term refers to domestics, orderlies, porters, gardeners etc.

[Φ] The level of seniority, determined by grade of these posts, is not stated.

Catchment area services

At the time of carrying out this study, Ireland's health care system was administered via the Eastern Regional Health Authority (ERHA) which served the greater Dublin area comprising 3 Area Health Boards, and 7 further Health Boards which served the rest of the country. The ERHA and the Health Boards were sub-divided into geographically defined areas called catchment areas for the purpose of delivering psychiatric care. Each catchment area is geographically comprised of a number of Electoral Divisions. Up to the end of 2004, the ERHA had 10 catchment areas, and there were 21 in the rest of the country, some of which were combined, making a total of 31 catchment areas services[Π] nationally.

Results

Population

The national population increased by 7% from 3,658,254 in 1998 to 3,897,196 in 2003.

Budget

In 2003, the average amount of money spent on adult mental health services per head of population across the country was €128.69, with a variation from €37.97 (in Kildare) to €495.47 (Dublin North Inner City: St. Brendan's Hospital. There was also a wide regional variation in clinical resources (see Table 3).

Staffing

There has been a 56% increase in administrative staffing from 1998 to 2003, from 396.95 whole time equivalents to 618.7 but the seniority of these posts is not specified.

There has been a 44% increase reported in other professions e.g. social workers, psychologists and occupational therapists, from 262.5 whole time equivalents to 377.49 over that time period.

Medical posts have increased by 26% from 381.89 whole time equivalents to 481.03 from 1998 to 2003, although the seniority and status of these posts i.e. whether permanent, temporary or training posts, is not clear.

Nursing posts have increased by 8% from 5,033.7 whole time equivalents

[Π] The Louth & Meath Service began to be reported upon separately in 2003 but as they continued to share many resources, we have reported on these as a joint service, as had been the case up to that time. Similarly, the Carlow & Kilkenny Services have been jointly reported.

to 5,428.69, from 1998 to 2003.
Non nursing posts e.g. porters, catering, accommodation have increased by 7.5% from 1917.08 whole time equivalents to 2060.87, over the index time period.

Budget increase
The non-capital financial allocation to the adult mental health services increased from €306.17m to €502.1m from 1998 to 2003, an increase of 64% overall[∞]. Budget increase to individual services over the 5 year period ranged from a loss of €1.4 million in Cork, North Lee, to an increase of €18.55 million in Carlow/Kilkenny. This was unrelated in any significant way to any increase in clinical services. Table 4 illustrates the clinical resources following from budget increases in comparable catchment area services.

Socioeconomic need
There were no statistical associations between SAHRU indices of poverty or affluence and budget allocation or *per capita* spending across districts.

Discussion

The most striking finding was the immense variation in spending on mental health services across the country. There was no relationship between size of the catchment area population served and the budget allocated. Neither was there any association between socioeconomic need and investment in psychiatric services. An interesting finding was that budget spend was largely unrelated to clinical resources. The most intriguing finding was that no clear relationship could be found between increases in financial allocation in each area and the provision of additional clinical services. Neither was there an association between increasing clinical resources and socioeconomic need.

In a previously published study we have found that available mental health services were unrelated to the variable sociodemographic needs across Ireland. In fact, the more affluent areas had relatively better clinical resources available to their catchment population. This current analysis extends these findings and demonstrates a similar vast regional variation in financial resources across areas that is neither related to poverty indices or, more startlingly, to mental health services. Several explanations could account for the fact that the catchment area budgets

[∞] The consumer price index for the 1998 to 2003 time period indicated a total level of inflation of 32.2%

were not related to the spending on clinical resources. It may be that services are being bought from outside the catchment area, giving rise to a higher budget/resource ratio in the catchment area buying the resource, and a lower budget/resource ratio in the catchment area providing the resource. This is the case with, for example, the Cluain Mhuire Service in County Dublin which buys its acute inpatient beds (including the nursing input to these beds) from St John of God Private Hospital. Removing the Cluain Mhuire Service from the analysis does not alter the findings, however. Other services that are "twinned", where one facility provides a service for which the other gets the budget, or where one provides a long-stay service used by both, were analysed as one (e.g., Louth/Meath). This cannot therefore completely explain the discrepancies. Another possible explanation for the regional differences in budgets is that there may be a regional variation in the cost of running and maintaining a mental health service across regions. A closer examination of the wide variation in the funding of services in the Eastern Region does not bear this out. Another explanation for the variability across catchment areas may be that long-stay beds are cost ineffective and consume a disproportionate amount of finances. The analysis did not support this, however, as there was no correlation between any measure of budget and number of long-stay beds. It is not possible to understand the absence of any association between the budget increases for the catchment areas and increased provision of any of the clinical resources unless one considers that the money allocated to mental health is being sidetracked into some other area in the health service structure.

The only variable related to budget spends (both overall and *per capita*) was the number of nursing staff. If nursing staff are consuming the bulk of the budget and their density bears no logical relationship to need or services provided, then this could explain the financial/resource mismatch between services. Why is nursing staffing within the mental health services deployed in such an apparently random manner, unrelated to service need? As can be seen from Table 3, the number of psychiatric nurses per capita varies almost 7-fold across districts from 1nurse per 246 catchment population (St. Brendan's Hospital, Dublin 7) to 1 per 1,802 catchment population (Kildare Service). The catchment areas with the highest concentration of nurses have or had large long-stay psychiatric hospitals, suggesting that the concentration of nursing staff is related to historical services rather than current service or demographic demand.

The increase of 56% in the number of administrative staff within the adult mental health services, and relative to this the reduction in numbers of medical, nursing and allied health professionals, is noteworthy. The total

numbers of administrative and medical staff in working in mental health were reported as almost equal in 1998, at 396.95 and 381.89 whole time equivalents respectively but there were 29% more administrative than medical staff by 2003. Has this shift in personnel mix resulted in better patient care?

In the Report of the Inspector of Mental Hospitals 2003 (page 5), a number of services were named as "black spots" and were identified as being "unacceptable for the care and treatment of patients because of seriously unsatisfactory conditions". On examining these facilities with their *per capita* spend and budgetary increase from 1998 to 2003, the following emerges:

- St Brendan's Hospital, Dublin - €495.47 *per capita* spend and 286% budget increase.
- St Bridgid's Hospital, Ballinasloe - €323.47 *per capita* spend and 38% budget increase.
- Kerry Service (St Finian's Hospital) - €104.88 *per capita* spend and no funding increase.
- Longfort/Westmeath (St Loman's Hospital, certain named wards) - €175.24 *per capita* spend and 41% budget increase.
- St Ita's Hospital, Dublin (female admission ward) - €117.24 *per capita* spend and 77% budget increase.
- St Senan's Hospital, Wexford (female admission ward) - €122.65 *per capita* spend and 64% budget increase.
- Vergemount Clinic, Dublin - €116.49 *per capita* spend and 123% increase in budget.
- St Luke's Hospital, Tipperary - €122.08 *per capita* spend and 35% budget increase.

There is a huge concern among those who work within the mental health services in Ireland that services are being gradually stripped of their resources relative to other health services. In the last 15 years the percentage of the budget allocated to mental health services has fallen from 13% to 6.8% of the overall health budget. This compares to 11% of the total health spend in the UK being deployed for mental health services in 2003. The under resourcing of mental health services is apparent in the appalling state of many facilities, and has been highlighted repeatedly in the Inspector of Mental Hospital Annual Report. If, in addition to this under-funding, the budgets theoretically allocated for mental health services are being channeled elsewhere, services are being further impoverished.

Conclusion

There is a clear mismatch between increased budget allocation to the mental health services and establishment of new clinical services. The only explanation for the budget/clinical resource mismatch over a five year period is that in some health board areas, money being attributed to mental health services has been diverted elsewhere. Stable and effective clinical leadership within the mental health services could go some way towards preventing this diversion of resources from many already impoverished mental health services.

For services to improve for mental health service users, there is a need for more diversity in the treatments available and a change in the skill mix of clinical staff to enable them to deliver the kind of evidence-based services that individuals with serious mental illness need to enable their recovery.

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	Highest provision	Lowest provision		Variation
Budget (€/*per capita*)	**495.47** (St Brendan's Hosp., D7)	**37.97** (Kildare Service)		**13-fold**
Nurses[⊕]	**246** (St Brendan's Hosp., D7)	**1,802** (Kildare Service)		**7-fold**
Doctors	**2,984** (James Connolly Memorial Hosp., D15	**13,562** (Tipperary Service)		**5-fold**
Administrative	**2,505** **(**East Galway)	**21,400** (Kildare Service)		**9-fold**
Acute beds	**1,758** (Roscommon)	**5,707** (Kildare Service)		**3-fold**

Table 3

The range of budget and key clinical resources across 31 catchment area services in Ireland in 2003, are shown. Values are standardized for population. Budget is presented as the amount spent per head of population and the clinical values are derived by dividing the population of a catchment area by the quantity of the clinical resource.

[⊕] Cluain Mhuire, Dublin has been taken out of this analysis as inpatient services including nursing are purchased from St John of God Private Hospital

	% increase budget	% increase doctors	% increase nursing	% increase other professionals	% increase administration	% increase beds
St Brendan's Hospital	286	0	-5	-66	-5	0
James Connolly Memorial Hospital	257	42	85	168	85	0

Table 4

Percentage increase in budget and key clinical resources for two comparable catchment areas in Dublin: St. Brendan's and James Connolly Memorial Hospital services. The increase was analysed over a 5 year period from 1998-2003.

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