

A Vision in Hindsight

The Irish Psychiatric Association one year progress report of the implementation of our nation mental health policy, A Vision for Change.

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Summary

This report looks at the progress made in implementing the national mental health policy one year after its launch. We outline the process of this policy being devised, the format of the document and the impact of its implementation and monitoring groups on the mental health services during the first crucial year.

As there is a litany of published but unimplemented reports in the health services, we plan to repeat this exercise each year for the 7-10 years that is has been envisaged to put this policy into practice.

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Introduction

The current national mental health policy document, *A Vision for Change* was launched by the Minister of State at the Department of Health & Children with special responsibility for mental health, Tim O'Malley, on the 24th January 2006.

Minister O'Malley in his introduction to *A Vision for Change* described it as “a comprehensive policy framework for our mental health services for the next 7-10 years”.

Given the admission in the introduction to Chapter 6 of *A Vision for Change* that the recommendations of the two previous national mental health policy documents published in 1966 and 1984 respectively were only partially implemented³; that clinical resources in our mental health are over-stretched and not best developed in areas of greatest need⁴; and the widespread acceptance that funding for the mental health services is illogical and haphazard⁵, the Irish Psychiatric Association undertook to publish on an annual basis, an account of the progress in putting *A Vision for Change* into practice.

We are calling this annual review *A Vision in Hindsight*, the first year of which coincides with the first anniversary of the launch of *A Vision for Change*.

³ “The recommendations of the *Commission of Inquiry* (1966) were only partly implemented and while the recommendations of *Planning for the Future* (1984) were more widely implemented, there is still considerable room for improvement...” *A Vision for Change*, page 52.

⁴ O'Keane V, Jeffers A, Moloney E & Barry S. *The Stark Facts*: The need for a National Mental Health Strategy as well as Resources. Dublin: Irish Psychiatric Association, March 2003.

⁵ O'Keane V, Walsh D & Barry S. *The Black Hole*: The funding allocated to adult mental health services: where is it actually going? Dublin: Irish Psychiatric Association, June 2005.

Brief Overview of the process of A Vision for Change

An 18-person Expert Group on Mental Health, drawn up of individuals from a range of backgrounds and wide experience of the mental health services, was established by Minister Tim O'Malley on the 4th August 2003, under the Chairmanship of Professor Joyce O'Connor, President of the National College of Ireland. This Group was charged with preparing "a new national policy framework for the mental health services to replace the existing policy document, Planning for the Future, which was published in 1984".⁶

It was initially announced by the Minister that this Expert Group would conclude its work within 18 months. Their report took almost a year longer to complete than had been promised by the Minister at the outset but the detail of the wide consultation process patently justifies the time overrun.

The Expert Group held two consultation seminars in Dublin and Limerick during April and May, 2004 that were each attended by 200 invited stakeholders; 154 written submissions were received by them following public advertisement and a service user's survey of 369 people was carried out⁷. In addition, an in-depth survey of 100 service users was undertaken by the Irish Advocacy Network on behalf of the Expert Group⁸ and 19 advisory sub-groups comprising 130 people selected from professional and service user backgrounds were invited to bring forward recommendations - all of the above to inform the final report.

⁶ Minister announces formation of Expert Group on Mental Health Policy (Department of Health & Children Press Release, 26th August 2006).

⁷ Speaking Your Mind. Report prepared by Carr Communications on behalf of the Expert Group on Mental Health Policy, 9th December 2004.

⁸ What We Heard. Report prepared by Kieran Crowe, Irish Advocacy Network on behalf of the Expert Group on Mental Health Policy, 9th December 2004.

Format of A Vision for Change

A Vision for Change is broadly organised into 3 sections – Chapters 1 - 5 set out *the vision* underlying the policy; Chapters 6 -15 describe *the plan* for service developments; and Chapters 16 - 20 describe the process of *implementation* of policy, which includes recommendations about organisational changes; and the essential staffing and funding changes.

Brief overview of progression of A Vision for Change from launch

The launch of A Vision for Change in January 2006 was widely welcomed⁹, although with some measure of caution¹⁰. As the months passed, scepticism and concern has also been

⁹ “The HSE welcomed the publication today of "A Vision for Change", which clearly defines the future direction for mental health services in Ireland. The National Mental Health Directorate within the HSE will immediately establish an implementation group to ensure that the recommendations are realised in a timely and coordinated manner.” (HSE Press Release of 24th January 2006).

¹⁰ “While we welcome the report, the steps taken by government from today to ensure its implementation will be the litmus test of its true commitment to reform. Monitoring and promoting implementation of the Expert Group’s recommendations will be the cornerstone of the Coalition’s agenda for change”.... “Mental health service users and providers are still struggling with an outdated, fragmented, and severely under-resourced system. We earnestly hope that today marks a turning point in government’s attention to this neglect. We are glad that people with mental health problems and their families are finally receiving recognition of their needs”... “That we now have a national policy framework is to be welcomed. This policy will be critical to the long-term future of mental health. We need to see meaningful progress towards a more holistic approach to mental health, based on the principles of human rights and equality”... “The challenge for government will be delivering on these commitments, in compliance with its human rights obligations. While this new framework is welcome, detailed implementation plans and programmes must follow, with clear timeframes and dedicated resources. Otherwise, the fate of *Planning for the Future* looms”... “The questions now are: is there sufficient political backing to implement the Expert Group’s recommendations? Will Budget 2007 mark the turning point in the decades of erosion of mental health revenue expenditure as a proportion of the health spend?” (The Irish Mental Health Coalition (Schizophrenia Ireland; The Irish Advocacy Network; GROW; Amnesty & Bodywyse) Press Release of 24th January 2006)

expressed^{11,12} as to the serious commitment to its implementation. Public dissociation of the report's conclusions in relation to addiction has come from all bar one of the members of the Addiction Advisory Sub-group¹³, and support for this stance emerged in other correspondence¹⁴.

On the 11th March 2006, Minister O'Malley established an 8-person independent monitoring group chaired By Dr Ruth Barrington, Chief Executive Officer of the Health Research Board to oversee the progress in implementing the recommendations of *A Vision for Change*.

On the 6th July 2006, the Health Service Executive set up an 18-person implementation group chaired by Mr Martin Rogan, HSE National Care Group Manager for Mental Health “to ensure that mental health services develop in a synchronised and consistent manner across the country”¹⁵ and “to guide and resource service managers and clinicians in making the recommendations in *A Vision for Change* a reality. Both of these groups (*monitoring & implementation*) will play an important role in ensuring that the recommendations of *A*

¹¹ Rebranding psychiatry: does mental health give you butterflies? “The report is a triumph of style over content”... “it’s a message with a lexicon of politically correct terminology and awash with up-to-the minute terminology”...“whether putting old problems into new clothes produces the evidence-based, multi-disciplinary leap forward the expert group hopes for is uncertain as new ways of working in other health care systems have not been without problems for patients...” (Dr Clifford Haley of Letterkenny General Hospital writing in *The Irish Medical News Letters to the Editor*, 15th May, 2006)

¹² On World Mental Health Day, 10th October 2006, Amnesty published an *Action for Briefing on Mental Health Policy* in which they expressed concern about the Government’s implementation plan for the *A Vision for Change* document. According to Amnesty, 10 months after its publication, “there is little information in the public domain about how the Government proposes to implement its recommendations.”

¹³ Correspondence from Prof Joe Barry *et al* in the letters page of *The Irish Times*, 15th December 2006.

¹⁴ Correspondence from Alice Leahy, Co-founder of Trust in the letters page of *The Irish Times*, 28th December 2006.

¹⁵ HSE Establish *A Vision for Change* Implementation Group. (HSE Press Release, 6th July 2006).

Vision for Change are implemented in a co-ordinated and timely manner”¹⁶.

An Expert Advisory Group on Mental Health¹⁷ under the chairmanship of Dr. Ian Daly was established by the HSE in October 2006 with the purpose of advising the CEO, Professor Brendan Drumm on the organisation and development of mental health services. At this point it remains unclear how these bodies (*monitoring, implementation and expert advisory group*) will interrelate as regards implementing A Vision for Change.

By the 10th November 2006¹⁸ the National Monitoring Group had met on 3 occasions and had, over those meetings drawn up terms of reference. The National Implementation Group had met only once, although a second meeting was scheduled for the 14th November 2006, and a third meeting subsequently scheduled for the 16th January 2007. The Expert Advisory Group met twice in December 2006, again on 12th January 2007, and plans to meet on a monthly basis.

Methods

Two survey questionnaires were devised: one based on the key recommendations of A Vision for Change (Appendix 1); and the other a gap analysis of the Community Mental Health Teams (CMHT) recommended in A Vision for Change (Chapters 6-15), to enable a measure taken of the disparity between what our new national mental health policy recommends and that which currently applies (Appendix 2). These were posted out

¹⁶ Minister Tim O'Malley highlights significant developments in mental health services (Department of Health & Children Press Release, 26th August 2006).

¹⁷ Not to be confused with the Expert Group that authored A Vision for Change.

¹⁸ A Vision for Change: making it happen - Implementing the National Strategy for Mental Health. Presentations by Dr Ruth Barrington, Chair of the National Monitoring Group and Mr Martin Rogan, Chair of National Implementation Group at a jointly hosted National Learning Network/HSE Conference in Cork, 10th November 2006.

to all 30 Clinical Directors of the HSE Adult Mental Health Services on the 21th December 2006. An accompanying covering letter set out the purpose of the survey - to determine the progress made in implementing *A Vision for Change* as evidenced by those who work on the ground, and we sought to have responses returned by the 11th January 2007. By way of providing cross reference we also sought information from a sample of colleagues working in Psychiatry of Old Age Services, Child & Adolescent Psychiatry and in Learning Disability Services.

Results

We received 19 responses (63%) response to the questionnaires devised in relation to *A Vision for Change* at the time of going to print.

An increase in the involvement of service users and carers in service related matters was reported in 38% of services but most of those did not see this as having yet occurred to the extent that *A Vision for Change* espouses. None of our respondents were aware of any mental health promotion having been made available since the launch of *A Vision for Change*.

Only a tiny minority of respondents indicated that they had a fully staffed multidisciplinary clinical team as set out in *A Vision for Change* and there was considerable variation, both within and across services in what constituted for them a generic community mental health team. Clinical staffing deficits were apparent in adult mental health services community mental health teams which must have a less than optimal impact on the services delivered.

All services had far more inpatient beds available than was recommended in the new policy and some responders, particularly in urban areas indicated severe difficulties in providing the necessary acute inpatient care due to an insufficiency of community based facilities to which they could

discharge vulnerable people with enduring mental health difficulties.

No services have been re-organised into larger catchment areas nor were any multidisciplinary catchment management teams recently created as a consequence of the new policy.

No progress whatsoever was reported in the matter of developing Mental Health Information systems across services. The establishment of the National Mental Health Service Directorate of the HSE antedates the launch of *A Vision for Change* but its structure has not been developed accordingly.

Many respondents used the free text sections to indicate their views on specific aspects of the progress of *A Vision for Change* and a number volunteered that they had no tangible evidence that a new national mental health policy had been launched a year ago.

All of our respondents were aware of their service receiving new monies ranging from €200,000 to enable staff enhancement to €500,000 to employ a new clinical multidisciplinary team in the course of 2006. That these allocations were made principally on foot of negotiations to support the implementation of the Mental Health Act 2001 was mentioned in free text by a number of respondents. In the majority of cases respondents reported that there had been inordinate delays in having those new posts confirmed so that recruitment of new permanent clinical staff during 2006 proved impossible – the public service staffing embargo being cited as the cause of these delays.

Discussion

There has been little evidence that the task of implementing *A Vision for Change* has been seriously tackled by the HSE to date. The HSE Implementation and Expert Advisory Groups took almost 6 months to be established and they have each

met only 3 times since. No formal geo-mapping exercise has yet been conducted by the HSE and this would, in our view, be a fundamental task.

A brief organisational analysis yields a number of major difficulties, for instance, under-resourcing in some areas; an ageing workforce in certain areas coupled with the difficulties of recruiting young staff, notably to nursing; lack of expertise, of a necessary skills base and of relevant training programmes to implement the types of services outlined in *A Vision for Change*. General uncertainties and managerial confusion surround the recent large-scale reforms within the health services and the formation of the HSE.

Although €26m was committed nationally to the development of new mental health services in 2006 at the time of commencement of *A Vision for Change*, the level of funding received by individual services has been small, none receiving more than €500,000 and this has been insufficient to create the new multidisciplinary teams that have been recommended, and for which it was allocated.

An unprecedented increase of €1.1bn in the health spend was announced in the 2007 budget - bringing the total to €14bn. Of that, €800m is allocated to mental health as revenue funding and €25m to new service developments. *A Vision for Change* advised that implementing their recommendation would require mental health percentage of the health budget to increase from its previous 6.9% to 8.24% - the meagre increased funding for mental health in 2007 brings that percentage down to below 6%, indicating clearly that we are moving in the opposite direction!

Of the €25m developmental funding committed to Mental Health Services in 2007, almost one-third of this has been earmarked to Child & Adolescent mental health services and more than a fifth committed to contingencies brought about by the commencements of the Mental Health Act 2001 and the Criminal Law (Insanity) Act 2006 in 2006. This leaves very little remaining funding to be shared out among very disparate

areas of need. Only €1.8m of the new services money has been allocated to generic adult mental health services in 2007. It is very clear from those sums that a continuation of the expanded community services that began in 2006 at the time of the launch of *A Vision for Change* has not been incorporated within this year's budgetary allocation.

Do our health service planners think that there are either no extra costs involved in implementing *A Vision for Change* or that there are other sources of funding? Selling off surplus mental hospital lands and re-investing the monies realised back into mental health services has become national mental health policy but is there an actual coherent plan in place to capitalise on this in a time of a property bonanza?

We know of the existence of huge national inequities of funding, but we are not aware of any greater resolve to remedy the problem this year than any other year in the past.

We were very heartened by the level of response to our survey, in particular given that, to ensure up to date information by the one year anniversary of *A Vision for Change*, this survey had to be carried out over the holiday periods of Christmas and the New Year, and with very little resources.

Conclusion

One year after publication, *A Vision for Change* remains a plan. At the most senior organisation level there appears to be little thought given to organisational development, financial or otherwise, to enable its implementation.

The funding issue, if it is being debated at all, is being debated in the abstract. The financial targets outlined in *A Vision for Change* will clearly not be met. We can say with some confidence that, on the first anniversary of publication of the document, and also the year in which our "budgetary give-aways" have been at a historical high, the relative decrease of

the mental health budget is a very bleak indicator for the future.

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Appendix 1

A Vision for Change sets out a number of key recommendations (page 9):
To your knowledge have these happened?

Recommendation	Has this happened? Yes/No	Comments – continue on back if needs be.
1. Increased involvement of service users & carers.		
2. Mental health promotion to be available for all age groups.		
3. Well-trained, fully staffed CMHTs for all services.		
4. CMHTs should offer home-based, assertive outreach & a range of medical, psychological & social therapies.		
5. A recovery orientation should prevail & care plans should reflect the service users own particular care needs.		
6. Links between specialist mental health services, primary care & voluntary groups supportive of mental health should be enhanced.		
7. Mental Health Services should be organised nationally into catchment areas of 250,000 and 400,000.		
8. Organisation & management of local services should be co-ordinated locally, & ultimately nationally by the HSE.		
9. Service provision should be prioritised & developed where there is greatest need.		
10. Services should be evaluated with meaningful performance indicators.		

Recommendation	Has this happened? Yes/No	Comments – continue on back if needs be.
11. A plan to close all mental hospitals & the resources released protected.		
12. Mental Health Information systems should be developed nationally & mental health service research should be undertaken & funded.		
13. Planning & funding of education & training of staff should be centralised in the HSE.		
14. A multi-professional manpower plan should be put in place, linked to projected service plans.		
15. An implementation review committee should be established to oversee the implementation of this policy		
16. Substantial extra funding is required to finance this new Mental health Policy. A programme of capital 7 non-capital investment in mental health services as recommended in this policy & adjusted in line with inflation should be implemented in a phased way over the next 7-10 years in parallel with the reorganisation of mental health services.		
17. <i>A Vision for Change</i> should be accepted and implemented as a complete plan.		