



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

## College of Psychiatry of Ireland Pre-Budget Submission 2011 November 8, 2010

The College of Psychiatry of Ireland fully endorses *A Vision for Change*, the Government's national mental health policy document, published in January 2006. The College urges Government not to renege on its commitment that this policy will be implemented in full by 2016, thereby giving Irish citizens a mental health service they deserve.

### The burden of mental illness in Ireland

- Suicide rates have risen in Ireland in the last 25 years, most notably among young men, and suicide is now the leading cause of death among adolescents and young adults.
- There were **527** deaths by suicide in Ireland in 2009, an increase of **103 (24%)** on the number in 2008. This figure did not include "deaths of undetermined intent", some of which are accidental deaths and some of which are suicides. The international literature suggests that omitting deaths of undetermined intent from the suicide figures results in an underestimation of the true number of suicides by up to 10-30%. The implication is that the true number of suicides in 2009 was **600-700**.
- Worldwide, the burden of disease accounted for by disorders of mental health conditions is over **25%** of the total burden of disease.
- Depression alone has been identified by the World Health Organisation as the **leading** cause of years lost to disability in the world, and this burden rises inexorably year on year.
- Schizophrenia, a serious mental illness that affects 1% of the Irish population, is estimated to cost €460 million per annum in direct costs, loss of productivity, and premature death.
- The costs of untreated complications of alcoholism, drug misuse, dementia and stress-related mental health problems adds hugely to these figures and has lingering serious effects on the well being of people in Ireland and our capacity to function as a healthy society.

## The current state of mental health services in Ireland

- Spending on mental health in Ireland does not begin to reflect the burden of disease attributable to psychiatric conditions.
- Funding for mental health services has dropped steadily in the last 25 years as a proportion of the overall health budget, from 13% of the health budget in 1986 to 6.4% in 2009 and 5.2% in 2010.
- *A Vision for Change* recommends that mental health funding should make up 8.4% of the total health budget, which would still lag considerably behind UK funding and international figures averaging around 12% of health spend.
- Plans to modernise Ireland's mental health services have long been delayed by lack of investment in infrastructure and staffing.
- Many current mental health services are no longer fit for purpose.
- Services that are primarily based in hospitals without community support are unsuitable and ill-prepared for sustaining recovery and facilitating service users to work and participate fully in society.
- The loss of mental health staff during the staffing moratorium has been disproportionate to that from other areas of the health service.
- Over 700 mental health staff left the mental health services in 2009 alone, among them 400 nurses, and they have not been replaced. This trend is set to continue and likely worsen as it extends to the loss of administrative and support staff so necessary to run services.

## The College of Psychiatry of Ireland's Submission

- *A Vision for Change* can only be implemented if there is an adequate investment in staff and infrastructure.
- The effect of the staffing moratorium is such that in some services there is essentially no capacity to deliver or develop community-based mental health care, and services are set to further contract and likely collapse if they are not spared from the current cuts.
- As noted by the HSE Assistant National Director for Mental Health, Mr. Martin Rogan, the loss of such a large number of staff in this unplanned manner is "*stripping our mental health service*".
- *A Vision for Change* recommended that 1800 professionals be employed over 7-10 years to facilitate adequate community mental health care. The moratorium prevents any of this from progressing.

- Child and adolescent mental health teams have been severely affected by poor investment. Many “teams” are not teams at all, but doctors working alone without input from other essential professionals. High levels of untreated mental distress among young people relates directly to our high levels of suicide, depression, drug and alcohol misuse in this group, vital to our future.
- The College’s submission in 2009 to the Independent Monitoring Group for *A Vision for Change* reported that the future funding of mental health services cannot *solely* depend on the sale of lands.
- The College believes that people with mental illness, and their families, are among the most neglected in the country, and that services to them must not be cut in the current round of devastating measures.
- A key point is that private mental health care is not an option for the vast majority of service users who depend entirely on public services for the supports they so fundamentally require.

### **2011 Budget Priorities**

The College acknowledges the straitened financial circumstances in which the country finds itself, and mental health service users are all too aware of the recession. Mental health service users are more likely to live in poverty than the rest of the population and that this can become a vicious cycle as poverty leads to worsening mental health. We ask Government not to fuel this vicious cycle and call on the Minister for Finance, Brian Lenihan, Minister for Health and Children, Mary Harney, and the Minister of State with responsibility for Mental Health and Disability, John Moloney, to work collaboratively with key HSE principals to:

1. **Renew the government’s commitment to implementing *A Vision for Change* within the timescale originally pledged.**
2. **Re-instate mental health funding towards the level agreed in *A Vision for Change*, beginning immediately.**
3. **End the moratorium on the recruitment of frontline mental health nurses and allied staff, by committing to the replacement of staff that leave the service.**
4. **Decouple funding for the rolling out of *A Vision for Change* from funding obtained from sale of psychiatric buildings and lands and find alternative sustainable funding models for mental health services.**