



Summary Response
to
Sharing the Vision: A Mental Health Policy for Everyone'
(published June 2020)

The College of Psychiatrists and Psychiatry

The College of Psychiatrists of Ireland is the sole body in the Republic of Ireland recognised by the Medical Council and the HSE for the training of doctors to become specialists in psychiatry and for the continuing assurance of the career-long competence of specialists in psychiatry. As the professional body for psychiatrists, the mission of the College is to promote excellence in the practice of psychiatry and to advocate for the highest standards of care in our mental health services.

As Psychiatrists we have training in all aspects of mental health care, which includes expertise in mental health promotion, early intervention and management of all mental illnesses, including mild, moderate and severe mental illnesses. Like all illnesses, many mental illnesses can be managed in primary care, and there is a place for psychiatry in education and advising General Practitioners and Primary Care health professionals in the management of such illnesses. Psychiatrists work in a number of different places and wide-ranging services including hospitals, emergency departments, community mental health services, people's own homes, residential centres, nursing homes and prisons.

Within psychiatry there are a number of specialties. The College achieves its work through specialty Faculties (representing the specialist areas of psychiatry) and Special Interest Groups. It ensures all psychiatrists have access to training in biological, social and psychological aspects on mental illness providing expert opinion on matters related to mental illness. The College recognises that each person with a mental illness requires a unique personalised response which is delivered by different members of the primary care or secondary care multidisciplinary teams. The College supports delivering mental health services through evidence based and recovery focused services.

As medical doctors, the length and breadth of training to become specialists ensures psychiatrists are best equipped to lead the secondary care multidisciplinary team. This leadership role is also underpinned by the Mental Health Act and the consultant contract. Over the past two decades advances in treatments for mental illnesses have improved. Evidence based treatments for schizophrenia, bipolar disorder and recurrent depressive disorder can now ensure that a large percentage of people with these illnesses can now live a full and rewarding life. Advances in treatments include advances in psychological therapies, pharmacotherapies, and occupational and social interventions.

There are many examples of services throughout the country where fully resourced multidisciplinary teams are improving outcomes for individuals. Unfortunately, there are also services around the country where teams are not resourced. The College has repeatedly called for recruitment and retention to be addressed as well as necessary funding provided for specialist mental health services. We believe it is a lack of funded services, and not psychiatric leadership that has prevented the development of effective, recovery focused mental health services.

In preparing this response the College has reviewed the *Sharing the Vision* policy, along with the following supporting documents:

- *A Vision for Change Evidence Review*
- *Change for the future: A Vision for Change 'refresh'*
- *Final Report of the Joint Committee on Future Healthcare*
- *Women's Mental Health Report*
- *International Mental Health Patient reported outcome measures*
- *Oversight Group Report*
- *WRC Stocktake of progress on A Vision for Change*

The review process and development of *Sharing the Vision* was inexplicably inadequate, omitting consultation with the College and professional bodies for key allied health professionals whose members also deliver and support patients/ services users with moderate to severe mental illness in the mental health services, both in the community and hospitals. *A Vision for Change*, a landmark policy framework, heralded enthusiasm, expectation, relief and hope. Essential to its successful acceptance was the collaborative consultation process, from conception to final publication, and agreement that ensued among all stakeholders - health professionals, patients/service users and their families/carers to public servants, government bodies and other disciplines.

The College was not consulted at any phase in the production of *Sharing the Vision*. This lack of expert input has resulted in serious gaps in provision for people with serious mental illnesses and those with neurodevelopmental disorders. It should be noted that on many occasions the College communicated with the chairperson of the Oversight Group indicating its willingness to be available for consultation and collaboration, but no invitation was forthcoming.

In addition, the process of producing the document has lacked transparency; in many areas there is an inconsistency between the recommendations from the evidence review, the refresh document from the Oversight Group and the final document. A number of key recommendations from the report of Oversight Group, who were tasked with reviewing *A Vision for Change*, were not carried forward in the final policy but it is unclear why and what process, including systematic/formal evidence, was used to determine the final recommendations included. There is a lack of clarity as to whether *Sharing the Vision* is a new stand-alone policy which is intended to replace *A Vision for Change (AVFC)* in its entirety or whether it is a refresh of AVFC. This confusion is worsened as *Sharing the Vision* makes reference to not implementing recommendations from AVFC that are no longer relevant. It is noted that the yet to be formed National Implementation and Monitoring Group will be able to provide clarity on this, and this is welcomed. This group needs imminent formation with all relevant stakeholders represented to ensure a robust and funded implementation plan with clearly defined and measurable actions as a matter of urgency.

Funding and governance of required services

The lack of reference to the chronic underfunding of mental health services is a serious gap in this policy. The fact that mental health services receive less than 6% of the overall health budget, and not 10%, as recommended in AVFC, or 13%, which would be in keeping with the level of morbidity and disability caused by mental illness, has led to serious issues in access to all levels of specialist mental health care.

Biological, psychological and social interventions for serious mental illnesses have improved dramatically over the last 25 years, and yet in Ireland people with a severe mental illness will die on average 10- 15 years earlier than the rest of the population; access to specialist mental health remains a challenge, with an inadequate number of acute inpatient or step down beds and under resourced community mental health teams. We do not believe any of these issues have been adequately addressed in this policy.

Sharing the Vision, as it stands, further stigmatises those with moderate to severe mental illness by its lack of recognition, both in the language used and the detail of supports and pathways required, for this societal group. The evidence review provides clear evidence of the value of investing in mental health services for those with moderate and severe mental illnesses. The recommendations failed to reach the final document.

A Vision for Change (AVFC) was produced by a team of mental health professionals, researchers and members of the Mental Health Commission. They used extensive consultation and evidence to develop the policy. AVFC supports keeping the patient at the centre of services, ensuring there is a collaborative, recovery-based approach and that services should be funded to deliver the best standards of care. It outlined how well-resourced secondary care services would also liaise closely with community based services and with primary care health services. It advised developing a multi-disciplinary mental health directorate within the HSE, to include all members of the multidisciplinary team, along with service users. Unfortunately, services have not been adequately resourced and funded, the HSE mental health directorate was not developed, and substantial elements of AVFC were not introduced. We do not believe mental health services will be improved until a HSE mental health directorate is in place. The assurance from the Department that the National Implementation Monitoring Committee will ensure changes, does not address the fact that AVFC had what some saw as a very strong monitoring committee. But in the absence of a body within the HSE to deliver AVFC, all the monitoring committee could do was report each year on the lack of progress. We do not believe the recommendations in this policy will be achieved through the organisation structure recommended in *Sharing the Vision*. *Sharing the Vision* Rec 75 'The organization of mental health services should be aligned with emerging integrated care structures under SlainteCare reform including the six regional Health Areas and within these community mental health networks corresponding to populations of about 50,000'. To implement this strategy, we strongly recommend that the original recommendations of the Oversight Group Report are retained and that a dedicated, single line of authority is set up within the Department to which the CEO of the HSE should be accountable to.

While Community Mental Health Teams (CMHTs) have been established to provide a service for those with moderate and severe mental illness and those with neurodiversity, the reality is that the bulk of referrals to CMHTs are for mild to moderate mental illnesses. Despite an increase in voluntary community based mental health services in the last two decades referrals to CMHTs have increased. We support the position in *Sharing the Vision* of improving access to services in primary care, but we caution against the suggestion that such services will be cheaper, or that they will result in a reduction in the use of secondary care services. Greater investment in both primary and secondary care will result in better outcomes, and over time a reduction in costs to the exchequer, as more people with mental illness will live lives that are not dependent on the state. Initial investment in services will be needed to achieve this.

There is a need for multidisciplinary expertise within primary care, and the College is available to work with the Department and the ICGP in developing this expertise. The reference to greater integration between primary care, community, voluntary organisations and the specialist mental health services is welcome, and we strongly advise that the core specialist mental health services are resourced to provide this. Resourcing the community based and voluntary services, without resourcing the specialist services will result in greater referrals to secondary care and a lack of capacity within those services to manage these referrals. Investment at all levels, both financial and operational, is required for a seamless service, achieving better recovery outcomes.

Human Rights

We support the focus on human rights in the policy and would like to see more emphasis on the human right to receive health care. At present, the lack of adequate funding of secondary care services has left many without adequate access to services. While investing in 'upstream' health promotion and primary care is required, we believe there is also a need, and in parallel, to invest in services for those with severe mental illnesses. We believe that *Sharing the Vision* over-estimates the impact that investing in health promotion or primary care will have on reducing the needs of specialist services and those who require them. The evidence has always been that an increase in mental health promotion and awareness will identify an increase in need for specialist services. We are particularly concerned at the statement that investing in the cheaper 'upstream' services will reduce the need for the more expensive 'downstream' services. There is a risk that this policy could result in investment in mild mental illness and mental wellbeing, but those with severe mental illnesses will not receive the service they require. We believe this is stigmatising those with severe mental illnesses.

We have concerns that this policy lacks an urgency in addressing the current needs of those with severe mental illness. The lack of adequate numbers of acute mental health beds, PICUs, or ICRUs, is resulting in an increase in people with mental illness in the homeless and the prison population. The policy has failed to engage with many of the key stakeholders who are familiar with the care needs of those with severe mental illnesses and with ongoing disabilities. The right to access appropriate mental healthcare, the right to choose where to live, the right to education/training and access to employment, the right to privacy and the right to achieve one's potential, have not been adequately provided for many people with an enduring mental illness and who cannot access mental health rehabilitation services. This policy ignores these individuals' rights and seeks instead to rebrand and rename the services provided as its main innovation.

Specialist Mental Health Services

The investment in Clinical Programmes is welcome and the further commitment from the Department of Health (Mr Tom O'Brien's letter) to further develop these programmes is welcome. A number of the Clinical Programmes have developed Models of Care to work across services and at primary and secondary care level. The College collaborated in the development of these clinical programmes but regret that there has not been a commitment to date within the HSE to prioritise funding for these programmes. This further emphasises the urgent need to invest in specialist mental health services.

Finally

Detailed Faculty and Committee responses follow with a number of points made highlighted below and which are expanded on in the following pages.

The College offers these responses as an aid to the development of a world class mental health service that can build on A Vision for Change, and the recent advances and developments in the management of all mental illnesses.

The College looks forward to developing a stronger partnership with the Department of Health and ensuring the expertise of College members is fully utilised.

Highlights from College Faculties (Psychiatry Specialism Committees) and Special Interest Groups – See full responses in following pages

- This policy lacks ambition and stigmatises those with severe mental illness.
- Focus on mental health difficulties, and lack of reference to actual mental illnesses, we believe will lead to an undermining of the treatment of severe mental illnesses.
- The needs of older people were not adequately reviewed and considered in any of the documentation, resulting in a complete lack of understanding of the needs of this population.
- The needs of a number of people with intellectual disability have not been considered. People with mild and borderline ID; Neurodevelopmental disorders in the absence of a moderate-profound ID; Mental health disorders in those with genetic disorders eg Prader-Willi syndrome; Adult ADHD
- Services for autistic people with co-morbid mental health difficulties have been mentioned, but the policy does not address the many deficits in the pathway to care for autistic people.
- There is a lack of understanding of the specialty of Liaison Psychiatry, an all age service which addresses the needs of patients with medical and mental health co-morbidity in acute hospitals In Ireland.
- We welcome the recommendations of the evidence review on the need to invest in specialist Mental Health services, particularly in addressing access, coordination and continuity of care, however we have concerns that these recommendations did not reach the final policy document.
- The recommendations to continue to implement the National Clinical Programmes is noted, but there is no reference to how funding will be agreed, or how these programmes will be integrated with other parts of the services.
- We have concerns about introducing elements into services that do not have a credible evidence base, and warn that stand-alone innovations that are bolted onto under-resourced and under-developed services will not be effective. (e.g. Crisis Cafes; telepsychiatry.)
- We welcome the acknowledgment of the Community Mental Health Team as the cornerstone of service delivery in Secondary Care, but have concerns that the lack of clarity on the composition of teams and the lack of adequate resourcing will lead to a total unravelling of mental health services that have been chronically under-funded for years.
- We question the recommendation that Community Mental Health Teams would be strengthened through the development and agreed implementation of a change in governance structures. Consultant Psychiatrist-led mental health teams have been shown to have a high level of patient satisfaction. Consultant Psychiatrists are the only medical specialty to have their clinical governance questioned. We believe that this will further exacerbate existing recruitment and retention difficulties.
- Sharing the Vision seems to be recommending a lowering of existing bed capacity. This directly contradicts the Oireachtas subcommittee on mental health which accepted that the bed capacity was much lower than our European partners.
- In relation to CAMHS inpatient beds, Sharing the Vision seems to be recommending an acceptance of the need for admission of children to adult beds, rather than increasing capacity as needed for our current population of under 18 year olds. This position goes against AVFC, the recommendations of the Mental Health Commission and the European Convention on Human Rights—and clearly demonstrates the lack of ambition in this policy.
- The youth mental health task force has been quoted incorrectly. They did state that there needed to be more funding directed to the 18 to 25-year-old cohort. They did not state that CAMHS should provide for this group.

This document should be read in conjunction with Individual Faculty and Special Interest Group Responses