Mental Health Reform
Promoting Improved Mental Health Services

Briefing note on delivery of 24/7 community based mental health services

A Vision for Change sets out clear recommendations on the need for 24/7 crisis mental health services and more recently, the suicide prevention framework Connecting for Life made a commitment to the provision of a co-ordinated, uniform and quality assured 24/7 service for individuals in need of mental health care.

In addition, the HSE Mental Health Operational Plan 2017 includes a commitment "to provide 7 day service responses for known mental health service users in crisis, including provision of a weekend service in nine locations nationally".[1] The 2017 plan also commits to "reviewing existing out of hours services and exploring ways to improve 24/7 crisis intervention arrangements and consider pilot sites".[2] Commitments on the development of out-of-hours mental health supports have been included in HSE Mental Health Operational Plans since 2014.

What you can do now?

In February 2017 Minister for State Helen McEntee publicly stated that work was underway on a roadmap for developing out-of-hours access to mental health services.[3] Mental Health Reform is of the understanding that the HSE has completed this piece of work.

The Minister can publish a roadmap to deliver out-of-hours access to mental health services before the end of 2017.

Why act now?

The urgent requirement for crisis services can be demonstrated by the prevalence of individuals presenting to emergency departments (EDs) with mental health difficulties. Ireland continues to have one of the highest rates of suicide among young people in Europe. Unicef Ireland's latest Report Card on Child Well-Being shows that Ireland has the fourth

[1] See HSE Mental Health Operational Plan 2017.
[2] Ibid.
[3] Press statement by Department of Health, Out-of-hours access to mental health services is a priority – Minister McEntee, (2017). [online] Available at: http://health.gov.ie/blog/press-release/out-of-hours-access-to-mental-health-services-is-a-priority-minister-mcentee/

highest teen suicide rate in the EU/OECD region.[4] It further documents that Ireland had an above average international suicide rate in the 15-19 age group between 2008 and 2013.

It has been evidenced that people with severe mental health difficulties are a high risk group for suicide.[5]

Furthermore, in a study on the profile of frequent attenders to a Dublin inner city emergency department, it was identified that the presence of "a mental illness" was associated with a significantly higher attendance rate in the ED. The authors concluded that it is likely that "insufficient community-based mental health services….contribute to the reasons why people re-present to EDs".[6]

Despite the need for crisis supports, eleven years after the publication of *A Vision for Change*, mental health services are still not uniformly providing the basic model of care that includes 24/7 crisis intervention, home-based and assertive outreach treatment, with crisis houses, as the norm in all areas. As of March 2017, there were only three crisis houses in operation across the country.[7] In December 2016, there were no on call services available to children in CHO areas 1, 5 and 8.[8] This lack of out-of-hours supports for children and young people was clearly identified in a study by Jigsaw.[9]

In the absence of community-based supports, EDs are often the only option for individuals in crisis, even for those already known to the mental health services. However, people who use mental health services and their family members and carers consistently raise to Mental Health Reform their dissatisfaction of having to access crisis supports through EDs. More specifically, they report:

- The lengthy waiting times in EDs i.e. sometimes, 8, 10,12 hours or longer
- Often people won't wait the necessary hours to be seen and will leave the ED before getting support
- EDs are not an appropriate environment for people in mental distress
- Lack of follow on care after someone leaves hospital
- Stigma experienced from staff and other patients

There is broad based consensus across the mental health community that accessing supports through hospital EDs is inappropriate and distressing to an individual experiencing a mental health crisis. Furthermore, people often express concerns that medical

[4] UNICEF Office of Research (2017). 'Building the Future: Children and the Sustainable Development Goals in Rich Countries', Innocenti Report Card 14, UNICEF Office of Research – Innocenti, Florence.
[5] National Office for Suicide Prevention (2015) Connecting for life: report of the research advisory group for the national framework for suicide prevention strategy, Dublin: HSE.
[6] B Ramasubbu, A Donnelly & A Moughty (2016) 'Profile of Frequent Attenders to a Dublin Inner City Emergency Department' *Irish Medical Journal*, 109(4):389.
[7] See PQ reply 10196/17.
[8] See PQ reply 38460/16.
[9] Headstrong, The National Centre for Youth Mental Health (2013) Economic Burden and Cost to Government of Youth Mental Ill-Health. Dublin: Headstrong, p. 5.

professionals in EDs do not have the specialist training to appropriately respond to someone in mental and/or emotional distress.

What would help?

It should be noted that a small number of mental health teams across Ireland have been offering a more appropriate, responsive way in to urgent support, including the provision of 7-day-week day hospitals alongside home treatment and assertive outreach teams and 24/7 telephone support from specialist mental health staff. However, this type of service provision is patchy, with hundreds of thousands of adults and children in communities across Ireland having no access to out-of-hours supports.

It is estimated that the pay and non-pay costs attributed to rolling out seven-day-week mental health service provision (a step towards 27/7 service provision) in Ireland is just €4.5M (approx.) There will be additional costs to extend such services on a 24/7 basis, however, such costs are yet to be confirmed.

Despite the investment required to develop crisis services, there is no doubt that there is significant cost savings associated with its implementation. The result of delivering extended community services in Celbridge, Co. Kildare was 27% lower costs [per capita] and half the rate of overall admissions and length of stay [to the service].[10] While it requires enough community mental health team staff to be available across 7 days, it may result in less staff being needed in acute units and a reduction in costs for overtime and agency staff.

There are other models of out-of-hours mental health supports across the country that could inform the development of 7-day-week and 24/7 community mental health service provision, including a dedicated phone line for listening support and signposting, operating in Bantry mental health services. Existing home-based treatment and assertive outreach teams in areas such as Cavan/Monaghan and Clare should also be considered.

In the UK, the Government has taken significant steps to improve access to crisis mental health supports for both adults and children. This is largely reflected in the publication of the Crisis Care Concordat[11], which commits to ensuring that every local area develop its services so that people experiencing a mental health crisis can avail of supports 24 hours a day, seven days a week. The Care Quality Commission has endorsed the Concordat and has made specific recommendations to improve crisis supports across the UK in line with the

[10] Gibbons, P., A. Lee, J. Parkes, & Meaney, E. (2012) Value for money: a comparison of cost and quality in two models of adult mental health service provision. Dublin: HSE.

[11] The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. In February 2014, 22 national bodies involved in health, policing, social care, local government and the third sector came together and signed the Crisis Care Concordat.

principles of the agreement.[12] In its review of crisis services, the Commission has identified that there are some local areas in the UK which are effectively meeting the needs of people in mental health crisis.[13]

Furthermore, the NHS has published clinical standards which state that "a high quality, efficient patient pathway is dependent on access to high quality mental health services across the seven days of the week to provide timely and appropriate input to patient assessment, ongoing care and discharge support".[14] Furthermore, the NHS produced a report on transforming urgent and emergency care services in England.[15] This report set out guidance for the development of mental health crisis supports, including that effective local crisis care pathways should be developed.

Future in Mind, a report in the UK on improving mental health services for young people identifies that "the litmus test of any local mental health system is how it responds in a crisis".[16] It specifically recommends that the support and intervention as outlined in the Crisis Care Concordat is implemented, including the provision of an out-of-hours mental health service. The report also refers to the provision of home treatment teams and appropriate and timely psychiatric liaison from specialist mental health services.

It is noteworthy that the rate of hospital re-admissions among people with mental health difficulties is significantly higher in Ireland than in the UK. According to OECD data on "unplanned hospital readmissions for mental disorders" the rate of re-admissions [to the same hospital] for schizophrenia was 21.6 per 100 in Ireland and 8.1 per 100 in the UK. The rate of re-admissions [to the same hospital] for bipolar disorder was 21.3 per 100 in Ireland and 10.3 per 100 in the UK.[17]

The OECD has reported that a high rate of unplanned re-admissions to hospital is an indicator of the quality of several dimensions of the mental health system. It states that some countries, such as the United Kingdom, use community-based "crisis teams" to stabilise patients on an outpatient basis, effectively reducing admissions.

[12] Care Quality Commission (2015) Right Here, Right Now, available at http://www.cqc.org.uk/sites/default/files/20150611_righthere_mhcrisiscare_summary_3.pdf
[13] Ibid.
[14] NHS (2014) NHS Services, Seven Days a Week Forum Evidence base and clinical standards for the care and onward transfer of acute inpatients, available at https://www.england.nhs.uk/wp-content/uploads/2013/12/evidence-base.pdf
[15] UEC Review Team and ECIST (2015) Safer, Faster, Better: good practice in delivering urgent and emergency care. A Guide for local health and social care communities, available at http://www.nhs.uk/NHSEngland/keogh-review/Documents/safer-faster-better-v28.pdf
[16] Department of Health (2016) Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing. DoH: UK.
[17] This information was published in 2011 and is based on 2009 data.

Conclusion

Mental Health Reform has consistently called for the delivery of holistic, 24/7 community based crisis mental health services across Ireland and urges the Minister for Mental Health and his Department to address this issue as a matter of priority.

In February 2017, MHR welcomed a statement by then Minister of State for Mental Health Helen McEntee that work was underway on a roadmap for developing out-of-hours access to mental health services. It is imperative that this roadmap is published as a matter of priority.

Mental Health Reform is available to discuss the above recommendations. Please contact Kate Mitchell, Senior Policy and Research Officer at 01 874 9468 or via email at kmitchell@mentalhealthreform.ie for further information.