



Mental Health Reform
Promoting Improved Mental Health Services

Good Population Mental Health is Crucial for Economic Recovery

Pre-Budget Submission 2012

Executive Summary:

Good quality mental health services are vital to Ireland's economic recovery. The World Health Organisation has said that "good population mental health contributes to economic productivity and prosperity, making it crucial for economic growth."¹ Mental health difficulties cost the Irish economy around 2 %, approx. €2.5 billion, of GNP annually, and most of the costs are in the labour market as a result of lost employment, absenteeism, lost productivity and premature retirement.

Mental Health Reform, the national coalition promoting improved mental health services, calls on the Government to save mental health service resources and use them to implement its mental health policy *A Vision for Change*. Mental Health Reform is submitting the following budgetary recommendations for inclusion in Budget 2012.

- 1. The Government must ensure that the overall mental health service staffing level is maintained and that funding for posts is preserved at the level of Budget 2011 in order to allow recruitment of staff to reconfigure services towards AVFC model.**
- 2. Mental Health Reform welcomes the commitment in the Programme for Government of €35 million from within the health budget to develop community mental health teams and services as outlined in A Vision for Change. This commitment must be realised and this money must be invested in the delivery of mental health services.**
- 3. The Government must adequately resource the Directorate for Mental Health Services to ensure that it contains the necessary change management capacity and skills to drive implementation of A Vision for Change.**
- 4. The Government must ensure adequate capital funding in 2012 to continue the closure of psychiatric hospitals and transfer of service users to appropriate, community-based accommodation.**
- 5. The Government must ensure that reduced welfare spending does not negatively impact on the mental health of the population.**
- 6. The Government must invest in supports that effectively link people with a mental health problem with work.**
- 7. In the absence of a funding stream under the Department of Environment, Heritage and Local Government for tenancy sustainment support, Government should ensure that Rehabilitation and Recovery Teams are adequately resourced to provide on-going support to individuals with a mental health problem to enable them to live independently in the community.**

¹World Health Organization Regional Office for Europe (WHO Europe) (2011) 'Impact of economic crises on mental health', Copenhagen: WHO, p.2.

Mental Health Reform, the national coalition promoting improved mental health services, calls on the Government to save mental health service resources and use them to implement its mental health policy *A Vision for Change*.

Good quality mental health services are vital to Ireland's economic recovery. The World Health Organisation has said that "good population mental health contributes to economic productivity and prosperity, making it crucial for economic growth."² Mental health difficulties cost the Irish economy around 2 % of GNP annually, and most of the costs are in the labour market as a result of lost employment, absenteeism, lost productivity and premature retirement.³ They also account for more than a third of the years lived with disability across Europe,⁴ while in Ireland, one quarter of people on Illness Benefit and almost 20% of people on Disability Allowance have a mental health difficulty as their primary health problem.

Mental health services bearing the brunt of cuts

The mental health services lost 1,000 posts in 2009/10, bearing a disproportionate number of health service staff losses. Despite exemptions to the recruitment moratorium for some types of staff, it appears that the number of new staff is falling far short of the number of staff losses, with, for example, just 54 nurses recruited from 2010 to March 2011, despite almost 600 nurses having retired in 2009 alone.⁵ Despite the HSE's supposed capacity under the moratorium to hire staff for key posts, the cutback environment within the HSE has meant that these replacement posts have not materialised to anywhere near the extent of the losses.

The Government's commitment to *A Vision for Change* is very welcome. This policy represents a wide consensus on how Ireland can develop modern, good quality mental health services, but services provided today are too often a far cry from this standard.

Too many people still end up in hospital, a very expensive type of treatment, when with effective early intervention and home-based treatment services, they could remain at home. Between 2005 and 2009, annual admissions to Irish inpatient units dropped by just 5%. Too many young people are ending up in hospital, with the number of children and adolescents admitted to psychiatric units actually having increased by 22% between 2007 and 2010.

Of serious concern is that over-prescribing of benzodiazepine medication is occurring in inpatient settings. The Inspector of Mental Health Services recently commented that this increase is likely to be due to the absence of therapeutic programmes resulting from the lack of appropriate staff.

These stark facts highlight how the reform of the mental health services envisaged in *A Vision for Change* has not been realised on the ground, with admissions either static (adults) or increasing (children), low availability of alternatives to medication and poorly resourced community-based mental health supports.

²World Health Organization Regional Office for Europe (WHO Europe) (2011) 'Impact of economic crises on mental health', Copenhagen: WHO, p.2.

³O'Shea, E. and Kennelly, B. (2008) 'The Economics of Mental Health Care in Ireland', Dublin: Mental Health Commission, p.ix.

⁴WHO Europe (2011), p.1.

⁵Psychiatric Nurses Association (PNA) (2010) 'A Mental Health Service in Crisis: Report by the Psychiatric Nurses Association', Naas: PNA, p.3.

The Government must ensure that the overall mental health service staffing level is maintained and that funding for posts is preserved at the level of Budget 2011 in order to allow recruitment of staff to reconfigure services towards AVFC model.

For the population in Ireland to have good mental health, we need both good social policy and quality of mental health services. Having a decent job and a secure income and home are important protective factors for mental health. Thus the Government's jobs initiative is a positive mental health measure, as would be sustaining adequate welfare benefits and social housing support. On the other hand, increased unemployment, welfare cuts and rising homelessness are bad for the mental health of Ireland.

Unfortunately, the tendency in most countries is for mental health services to come under increased pressure during an economic downturn.⁶ Yet Ireland's economic crisis offers an opportunity to reconfigure services to better meet people's needs. As the WHO has recommended,

“Meeting the mental health challenges of the economic crisis requires not only protecting spending on mental health services but also restructuring services to meet the needs of the population.”⁷

Community-based mental health services reduce the incidence of suicide⁸ as well as reducing admissions to hospital. It can be expected, then, that a slowdown in the transformation of mental health services into the community would lead to increased use of more expensive options such as inpatient admission as well as the inappropriate use of the prison system and homeless services. It is also likely to result in poorer mental health and social outcomes, with people having more severe, enduring difficulties and less likelihood of engaging in work due to a lack of early intervention.

Implementation of the Government's mental health policy *A Vision for Change*

Community mental health services, the cornerstone of a modern mental health service, are suffering from cutbacks that directly contravene the Government's stated commitment to mental health policy, with admissions to inpatient units either static (adults) or increasing (children and adolescents) and a worrying over-use of medication due to the lack of alternative therapies. In 2010, there were still substantial shortfalls in health and social care staff in adult Community Mental Health Teams (CMHTs) with:

- just over half the required Clinical Psychologists,
- 60% of the required social workers, and
- Half of the required Occupational Therapists across the country.⁹
- Three Super Catchment Areas have as little as 45-56% of the total staffing they require in their community teams.¹⁰

⁶WHO Europe (2011), p.13.

⁷WHO Europe (2011), p.12.

⁸WHO Europe (2011), p.12.

⁹Mental Health Commission 'Super Catchment Area Staffing Table 2010' report available at http://www.mhcirl.ie/Inspectorate_of_Mental_Health_Services/Super_Catchment_Area_Reports/Super_Catchment_Area_Staffing_2010.pdf

In 2010, child & adolescent teams in the community had 41% of the total staffing required under *A Vision for Change*.

Mental health services for older people were far short of the required number of teams and staff:

- Only about half the number of recommended teams
- For older people, the Inspector has recently reported that “in the teams that do exist the number of health and social care professionals such as psychologists, social workers and occupational therapists are far short of the agreed recommendation per CMHT.”¹¹
- There are too few acute and continuing care beds for older people being treated by the old age psychiatry services.
- There is concern that there could be difficulty in accessing beds for individuals with dementia.¹²

Improvements in mental health services are happening least for the most vulnerable groups of people with a mental health problem. Since publication of the Government’s mental health policy in 2006, there has been:

- Almost no development of mental health services for people with intellectual disability,
- No development of the recommended eating disorder service,
- No development for people in the forensic services of the Central Mental Hospital who continue to reside in a Victorian building unsuitable for modern mental health services.

This lack of progress in specialist mental health services has caused the Independent Monitoring Group to report that it “is alarmed and concerned at the complete lack of progress in the Psychiatry of Old Age, Intellectual Disability, Liaison Psychiatry, Eating Disorder, Recovery and Rehabilitation, Co-morbid Substance Abuse and Mental Illness, Neuropsychiatry and Borderline Personality Disorder [services].”¹³

The Government must adequately resource the Directorate for Mental Health Services to ensure that it contains the necessary change management capacity and skills to drive implementation of *A Vision for Change*.

The Government must ensure adequate capital funding in 2012 to continue the closure of psychiatric hospitals and transfer of service users to appropriate, community-based accommodation.

People with a mental health problem who are on disability or illness benefits have been hit by cuts to welfare spending. Inflation in Ireland is currently running at 2.7 per cent and energy costs are due to increase. Meanwhile, people with a mental health problem are disadvantaged in the labour market and may experience discrimination due to prejudice.

The Government must ensure that reduced welfare spending does not negatively impact on the mental health of the population by:

¹⁰Same as above.

¹¹Mental Health Commission ‘National Overview of Mental Health Services for Older People Report 2010’, p.13.

¹²Same as above, p.17.

¹³Independent Monitoring Group, *A Vision for Change* - the Report of the Expert Group on Mental Health Policy: Fifth Annual Report on implementation 2010, available at www.dohc.ie

- Ensuring that the standard of living of benefit recipients is maintained
- Ensuring that welfare control measures do not disadvantage people with a mental health problem who are in need of welfare support
- Ensuring that activation measures are supportive, not punitive and genuinely increase the ability of people with a mental health problem to avail of work

The Government must invest in supports that effectively link people with a mental health problem with work.

The Willing Able Mentoring programme is a good example of a FÁS-funded initiative that has been effective in linking graduates with experience of a mental health problem to work through work placements. Government should ensure adequate funding of this programme in 2012.

Enabling people to live in the community

The HSE's value for money review of long-stay residential mental health services found that almost 1,000 people were inappropriately placed in long-stay accommodation. Rehabilitation and Recovery Teams play an important role in supporting people with long-term mental health problems to move from psychiatric hospitals into the community. In 2008, there were less than half the required number of these teams and in total they had only 20% of the staffing recommended by *A Vision for Change*. Government has yet to identify any other funding stream for the on-going social support to enable individuals with a mental health problem to sustain a tenancy. In the absence of such a funding stream, Mental Health Reform recommends that the HSE's Rehabilitation and Recovery Teams be given this responsibility and are resourced to do so.

In the absence of a funding stream under the Department of Environment, Heritage and Local Government for tenancy sustainment support, Government should ensure that Rehabilitation and Recovery Teams are adequately resourced to provide on-going support to individuals with a mental health problem to enable them to live independently in the community.

Mental Health Reform

Mental Health Reform's vision is for an Ireland where people experiencing mental health difficulties achieve and enjoy **the highest attainable standard of mental (and physical) health**.

Mental Health Reform promotes a model of health and social care where **all citizens have equal access** to affordable, sustainable and high quality primary care and specialist mental health services.

The views and **active participation of people who experience mental health difficulties**, their families and friends are **important to achieve best outcomes** in public mental health services delivery and integrated services at local community level are the best setting to attain these outcomes.

A Vision for Change, the national policy for reforming Ireland's mental health services, published in 2006, proposes a radical change in ethos and approach to the provision of mental health care. The recovery model, which lies at the heart of AVFC, challenges the traditional power base in the current mental health system in Ireland. We will **develop the capacity of our member organisations** and

service users **through information, education, support and training to secure implementation of AVFC** by its outside target date of 2016:

The Work of Mental Health Reform

Mental Health Reform will work with its members through education, information, support and training to take the necessary steps to deliver structural and cultural reform in line with existing policy.

Structural reform is about setting in place the policies, model of service, funding, accountabilities, partnerships and legislation that will lead to the adoption and effective implementation of a progressive, comprehensive and holistic mental health system in Ireland.

Cultural change requires a programme of education for mental health professionals, service users, family members and communities to engender new attitudes and expectations in mental health. Training programmes for mental health professionals should be re-shaped to be in line with the person-centred, recovery focussed approach set out in *A Vision for Change*.

Bridging policy to practice: Mental Health Reform is calling on the Government to move to comprehensive community based services, as set out in Ireland's mental health services reform policy, *A Vision for Change*. Since the introduction of the policy in 2006, implementation has been slow. At the current rate of progress, it will not be implemented even by the outset target of 2016.

Improving mental health services is an essential part of political and social reform in Ireland, as the quality of mental health services impacts on all of our lives: one in four people experience a mental health difficulty during their lives. Nonetheless, mental health funding is at its lowest level in modern history at just 5% of the HSE budget and community mental health services, the cornerstone of a modern mental health service, are poorly resourced.

Background to Mental Health Reform

Formerly the Irish Mental Health Coalition (IMHC), Mental Health Reform was founded by five founding members in response to the need to create a focal point for national-level mental health promotion.

The founding members of Mental Health Reform are:

- Amnesty International Ireland
- Bodywhys – The Eating Disorders Association
- Grow
- The Irish Advocacy Network
- Shine (formerly Schizophrenia Ireland).