



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Submission to the 2nd Independent Monitoring Group on the
progress of *A Vision for Change*

November 2009

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The IMO welcomes the opportunity to make a submission on the progress of the implementation of *A Vision for Change* and the priorities for 2010. Since its publication in 2006, successive reports have conveyed slow progress implementing the Mental Health Strategy. At the end of 2009, this continues to be the case.

Implementation Process and Planning

Reports from the first Independent monitoring group highlighted the lack of a comprehensive implementation plan and no clear leadership or responsibility for its progress. Also described is the lack of transparency in the allocation of resources to fund the Mental Health Strategy (including funds from the sale of psychiatric lands), with resources diverted to fund other services.

While the HSE adopted an implementation plan for 2009-2013 earlier this year, the plan has not been published in its final form. A report from the Mental Health Commission¹ stated that the necessary resources to implement the plan are not identified, plans for the reallocation of financial and human resources are not included nor are any links between outcome, timeframe and resources evident. In 2009, an Assistant National Director for Mental Health Services was appointed however, there is no leader with sole responsibility for the implementation of *A Vision for Change*, nor an implementation team in place with the necessary skills and expertise.

Community Mental Health Teams

Central to the Mental Health Strategy was the closure of psychiatric institutions and the transfer of services to a more appropriate community setting. Almost four years after *A Vision for Change* was published a report by Indecon² has found that “*there remains a reliance on traditional acute and long-stay inpatient beds...while Community Mental Health Teams are not resourced to the recommended levels*”. Less than half the recommended number of staff are in place, with particular shortages of CMH Nurses, occupational therapists, psychologists and social workers. Approximately half the CMH Teams for Older People have been initiated³ with teams in the South operating with just 32% of the recommended staff levels.⁴ And Specialist Teams in areas such as substance abuse, eating disorders and forensic services have yet to be developed⁵.

Services for People with Severe and Enduring Mental Illness

Rehabilitation and recovery teams were to be established to treat long-stay patients currently in mental institutions, those discharged from long-stay services as well as new long-stay patients and patients with severe and complex mental problems. There has been progress from 5 teams in 2006 to 20 teams at the end of 2008, however this

¹ Mental Health Commission (MHC) From Vision to Action? An Analysis of the Implementation of *A Vision for Change*, MHC 2009 : 35

² Indecon International Consultants, Review of Government Spending on Mental Health and Assessment of Progress on Implementation of *A Vision for Change*, 2009

³ Indecon 2009: 33

⁴ Indecon 2009: 68

⁵ Indecon 2009: 36

amounts to less than half of the 41 teams required and again the teams in place are substantially understaffed.⁶

Due to the failure to provide alternative accommodation, patients with long-term and severe mental illness continue to be treated in antiquated institutions inappropriate to their needs.

Child and Adolescent Mental Health Services (CAMHS)

In 2006, the Expert Group on Mental Health Policy recommended that “urgent attention” be given to the completion of four 20-bed units in major hospital centres bringing the number of in-patient beds for children and adolescents to 100. While some progress has been made in 2009, with the opening of a six-bed adolescent unit at St. Vincent’s Hospital in Fairview and a eight-bed interim unit at St. Stephen’s Hospital, Cork, there are currently just 36 beds available. Concerns have been raised that due to staff shortages some units are not fully operational. Even with 20 permanent beds due to open in 2010 in Cork city and a further 20 to be commissioned in Galway, the number of beds falls short of the 100 beds which were required “*as a matter of urgency*” in 2006. Unless the shortage of psychiatric in-patient beds is urgently addressed, young people will continue to be treated in adult psychiatric units inappropriate to their needs.

The HSE Performance Report September 2009⁷ reported 49 Community CAMHS Teams now in place, however this amounts to just half of the 99 Community CAMHS Teams recommended and many teams are not complete with consultant psychiatrists operating without the support of the full multidisciplinary complement. At the end of September 2009, 2617 children and adolescents were waiting on an appointment either for assessment or treatment with a CAMSH team.

Many CAMHS teams are still obliged to provide most assessments, diagnoses and ongoing services to children of all ages with Autism Spectrum Disorders, despite the recommendation that these should “*include comprehensive multidisciplinary and paediatric assessment and mental health consultation...where necessary*”.

Mental Health Services for Adults with Intellectual Disability

Just 13 consultant posts exist in psychiatry for adults with intellectual disability and not one exists with the full recommended complement of staff.⁸ Failure to develop specialist teams and appropriate inpatient and day patient facilities mean again these patients remain in institutions inadequate to their needs and or continue in placements outside the state.

⁶ Indecon 2009 : 35

⁷ HSE Performance Report September 2009

⁸ Indecon 2009 : 32

IMO Recommendations

- The funding and allocation of resources to Mental Health Services must be transparent;
- Funds from the sale of psychiatric service lands must be released;
- A specific Mental Health Directorate must be set up;
- The HSE implementation plan must show clear links between outcomes, timeframe and resources;
- Full multi-disciplinary Community and Specialist Mental Health Teams must be established in line with the recommendations of *A Vision for Change* including the immediate recruitment of community mental health nurses, occupational therapists, psychologists, social workers;
- Rehabilitation and recovery teams must be established and alternative accommodation provided to facilitate the closure of psychiatric institutions and the transfer of patients into the community setting;
- Urgent attention should be given to Children and Adolescent Mental Health Services including the completion of the 100 in-patient units as well as the establishment of CAMHS teams;
- Full Mental Health Services for Adults with Intellectual Disability must be developed that are appropriate to individual patient's needs.