



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Opening Statement to the Oireachtas Committee on the
Future of Mental Healthcare

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The Irish Medical Organisation would like to thank the Chair and the Committee on the Future of Mental Healthcare for the invitation to discuss the difficulties in the recruitment and retention of medical staff to our community mental health services.

Mental illness represents a significant and growing burden of disease. It is now estimated that half of all people will experience a mental illness in their lifetime, and around one in five working-age adults suffer from mental ill-health at any given time.¹ Mental health issues have been shown to have a serious and detrimental consequences with sufferers, on average, have significantly shorter life expectancies of the order of ten to twenty years.²

Prevalence of mental health disorders in children and adolescents is also growing with studies showing the prevalence of diagnosable mental disorders as 1 in 6 in young teenagers.³ Mental health disorders in childhood are a strong predictor of mental health disorders in adulthood, but good outcomes are most likely if children and young people have timely access to advice, assessment and treatment.

Recruitment and retention of medical staff is a major issue across our health services including within our mental health services, the recruitment and retention of psychiatric consultants and non-consultant hospital doctors is a significant and growing concern, leading to

- Variations in access to services with excessive waiting times for outpatient assessment-review
- High usage of locum staff with consequent impact on budgets and continuity of care
- Access to child and adolescent mental health services has reached a critical point with under resourcing and difficulties recruiting and retaining medical staff leaving young people and their families particularly vulnerable.

In 2016, the Mental Health Commission reported that the most cited challenge facing Community Health Organisations was the recruitment and retention of staff across all specialties with particular difficulty in recruiting consultant psychiatrists in Child and Adolescent Psychiatry.⁴ While HSE figures suggest that General Adult Community Health Teams across the country are operating at 78% staffing levels⁵ Psychiatry of Old Age Teams at 58% and Child and Adolescent Mental Health Teams at 53%, the sharing of staff, overtime hours worked and the filling of key consultant positions by locum staff render the full extent of understaffing difficult to quantify. The HSE in their quarterly performance report (July – September 2017) highlighted difficulties in the recruitment and retention of skilled medical staff as a significant challenge to the provision of mental health services with high agency costs having a significant budgetary impact on Community Healthcare Organisations.⁶ In

¹ OECD Health at a Glance 2017, oecd.org

² E. Chesney, G. M. Goodwin, and S. Fazel, 'Risks of all-cause and suicide mortality in mental disorders: a meta-review', *World Psychiatry*, Vol. 13, Issue 2, June 2014, pp. 153-160; The Economist Intelligence Unit, *Mental Health and Integration*, The Economist, London, 2014, p. 2; Department of Health, *Healthy Ireland*, Dublin, 2013, p. 11.

³ Cannon M, Coughlan H, Clarke M, Harley M & Kelleher I (2013) The Mental Health of Young People in Ireland: a report of the Psychiatric Epidemiology Research across the Lifespan (PERL) Group Dublin: Royal College of Surgeons in Ireland

⁴ Report of the Inspector of Mental Health Services 2016

⁵ HSE, WTEs compared to the recommendations of a Vision for Change

⁶ HSE, Performance Profile July –September 2017 Quarterly Report

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particular the HSE highlighted recruitment and retention of medical staff to child and adolescent mental health teams as a key factor contributing to waiting lists in excess of 12 months in CHO 1 (Donegal/Sligo/Leitrim/ Cavan/Monaghan), CHO 3 (Clare/Limerick/Tipperary), CHO 4 (Cork/Kerry) and CHO 8 (Laois/Offaly/ Longford/Westmeath/Louth/Meath) and to difficulties reducing the number of children admitted to adult psychiatric units. Just 67 child and adolescent mental health teams are in existence out of the 95 recommended in A Vision for Change with many not working at full capacity. While just 66 inpatient child and adolescent beds are available⁷, a figure that falls far below the 100 beds that were required “as a matter of urgency” in 2006. Since then, there has been a population increase of approximately 216,000 in those aged less than 18 years, a rise of 21%, generating even greater need. Furthermore, in-patient beds are available only in the major urban centres of Cork, Dublin, and Galway, thus often placing treatment options far from the homes of patients in more remote areas of the country. For example, no in-patient beds exist in the country’s north-west, south-west, south east, or midland regions, nor in the State’s third most populous city, Limerick. Where referrals are required for patients in these regions, they must be sent to already pressured facilities in Cork, Dublin, or Galway.

If we are serious about putting mental health on a par with physical health, serious action must be taken by the HSE to address the recruitment and retention crisis affecting both Consultants and Non Consultant Hospital Doctors across our health services.

It is little wonder that the health services in Ireland experience pronounced difficulties in recruiting and retaining medical staff when both remuneration, and working conditions, lag significantly behind those available elsewhere in the English-speaking world. Independent research on the emigration of health professionals from Ireland has found that “much recent emigration has been driven by dissatisfaction with working conditions in the health system and uncertain career progression opportunities, aggravated by austerity-related staff reductions, salary reductions and taxation increases”.⁸ This research has also indicated that the overwhelming majority of those who leave do not plan to return to Ireland, and experience superior working conditions, training, professional opportunities, and pay abroad. Simply put, no solution can be found to the staffing issues within the mental health services without:

- Services that are appropriately resourced to deliver patient care in a safe environment
- Competitive remuneration of consultant and non-consultant doctors compared to international levels in English speaking countries
- Adequate clinical and other supports
- Increased educational and training supports
- Enhanced and improved work –life balance

General Practitioners (GPs) are often the first point of contact for those suffering from mental illness. International best-practice suggests that the majority of emotional and psychological

⁷ Marcella Corcoran Kennedy, Written Answer, Dáil Éireann, 29 March 2017; Department of Health, A Vision for Change, Dublin, 2006, p. 88.

⁸ 7 A. Walsh and R. Brugha, Brain Drain to Brain Gain: Ireland’s Two-Way Flow of Doctors, Royal College of Surgeons in Ireland, Dublin, 2017, p. 13

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problems, such as anxiety disorders and mild to moderate depression, can be adequately managed by GPs in the community, without referral to specialist mental health services. The value of psychological therapies, including counselling, cognitive behavioural therapy, psychotherapy and group therapy, is widely recognised in the treatment of patients with mental health issues. While there is increasing evidence that exercise is effective in the treatment of mild depression and anxiety. It is recommended in A Vision for Change that “all individuals should have access to a comprehensive range of interventions in primary care for disorders that do not require specialist mental health services.” Failure to provide adequate counselling, psychotherapeutic and occupational therapy services and support in primary care can therefore lead to an over-reliance on drug therapy or unnecessary referral to equally under-resourced specialist mental health services. Current Counselling in Primary Care Services are provided to adult medical card holders only, meanwhile children and those entitled to a doctor visit card only are left reliant on the private system where the cost is often prohibitive and where the regulation of counsellors and therapists is only now being introduced.

Our GPs describe the situation in our CAMHS as “heart sink”. Young patients with serious mental health and behavioural problems face long delays for assessment with urgent access only available through emergency out-of-hours services or Emergency Departments. With insufficient resources allocated to General Practice and limited access to supports and psychotherapy services in community or primary care, referrals to CAMHS services are increasing. At the same time pressures on CAMHS services have raised the threshold for acceptance and patients are increasingly referred back to the GP without assessment and where options for treatment in the community are limited.

The IMO is calling for sufficient resources to be allocated to General Practice with direct access, on GP referral, to publicly funded counselling, psychotherapeutic and occupational therapy services and supports in the community.