IRISH MEDICAL ORGANISATION

Ceardchumann Dochtúirí na hÉireann

Submission to the 2nd Independent Monitoring Group

on the progress of *A Vision for Change*

November 2010

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A Vision for Change

The IMO welcomes the opportunity to make a submission on the progress of the implementation of *A Vision for Change* and the priorities for 2011. In the last year since the IMO's submission last year the financial and human resources necessary to progress the mental health strategy have further decreased. The budget for mental health has fallen disproportionately, Capital funding is no longer reliable and the moratorium on recruitment continues to affect services.

Budget Allocation

Unemployment is a known risk factor for depression and suicide yet in the current recession funding for Mental Health Services fell from 7% of the health budget in 2008[1] to just 5.2% in 2010,[2] well below the 8% recommended in *A Vision for Change*.

Capital funding

15 "Victorian-era" institutions remain open despite reports of substandard conditions from the Inspector of Mental Health Services and recommendations that they should be immediately closed. While the Minister of State with Responsibility for Mental Health has promised the closure of the remaining institutions by 2013, alternative services are unlikely to be in place.

The 2010 budget provision of €50million to be invested the mental health capital programme is unlikely to be reached as the sale of assets has only managed to raise €10.3million so far this year. [3] In the current economic climate with falling property prices, the sale of psychiatric lands can no longer be relied upon to fund *A Vision for Change.*

Moratorium on Recruitment

Existing Community Mental Health Teams (CMHTS) are still inadequately staffed for the provision of holistic multidisciplinary care. A Vision for Change recommends an increase of staffing of 1800 people over the 7-10 years of implementation. In 2010, the 2nd Independent Monitoring Group for *A Vision for Change* reported that the group was "*still not in a position to report accurately on the number of CMHTS that exist in the HSE structure*"[4] and that since the moratorium on recruitment came into play in 2009, over 700 staff have left the Mental Health Services of which just 65 were replaced.[5] Figures from the HSE Performance Report August 2010 show that a further 92 less psychiatric nurses (WTE) and 12 less

[1] DOHC Health in Ireland: Key Trends 2009
[2] HSE National Service Plan 2010
[3] HSE Performance Report July 2010
[4] Independent Monitoring Group. 2010 : 39
[5] Independent Monitoring Group 2010 : 42

psychologists and counsellors (WTE) since December 2009. Psychologists and counsellors are supposedly exempt from the moratorium on recruitment.

Mental Health Services for Older People

A Vision for Change also recommended that mental illness affecting older people, including symptoms associated with dementia, should be treated in the community and that services should be home-based with appropriate recognition and support given to families and carers. A Vision for Change recommends a 13 member team for Mental Health Services for Older Adults, per 100,000 population. *This should equate to 43 teams nationally* There are currently 23 mental health teams in place, few of which are staffed to the level described in *A Vision for Change.* No additional funding was provided in 2008, 2009 and 2010 for Old Age Psychiatry and the HSE is pessimistic about additional funding in 2011.

Ireland's population is ageing. Currently 11% of the population are over 65, by 2036 25% of people living in Ireland will be over 65.[6] Service provision should be based on 1 team or 1 consultant per 10,000 older people rather than 1 per 100,000 general population as recommended in *A Vision for Change*.

Where hospitalisation is required older patients should be treated in specialised units instead patients are admitted to general adult acute psychiatric units where "*frail, elderly and demented individuals mingle in busy common rooms with psychotic, irritable, younger patients".* [7]

A Vision for Change states that " *Older people with mental health problems should have access to nursing homes on the same basis as the rest of the population" .*Dementia is the most common reason for admission to long-term residential care yet few private nursing homes cater adequately for patients with severe dementia and waiting lists apply for public long-term beds.

Addiction Services

Currently addiction services are totally removed from the Mental Health Strategy except in the case of dual diagnosis. The IMO share the view that *A Vision for Change* should be amended to provide for multidisciplinary addiction teams based on assessment of need.

[6] HSE Health Forum Steering Group 2008 *Toward an Integrated Health Care System or More of the Same*
[7] MHC 2008: 64

Summary of Recommendations

Funding and Recruitment

- Increase resources for Mental Health Services to 8% of the total health care budget in line with the recommendations of *A Vision for Change*
- As the sale of psychiatric lands can no longer be relied upon to fund *A Vision for Change,* appropriate Capital funding must be ring-fenced.
- Lift the HSE's Moratorium on recruitment to allow the establishment of full Multi-disciplinary Community Mental Health Teams

Old Age Psychiatry

- Dedicated old age psychiatry services must be rolled out throughout the country with a focus on treatment within the home and family contexts;
- Service provision must be based on actual numbers of elderly people;
- Where acute hospitalisation is required, patients should be accommodated in specialised units with staff trained in dealing with old age problems;
- Access to appropriate public residential care for elderly people who are mentally ill must be provided on an equal basis;

Addiction Services

- *A Vision for Change* should be amended to provide for multidisciplinary addiction teams based on assessment of need.