1ST February 2018.

OPENING ADDRESS TO THE JOINT OIREACHTAS COMMITTEE ON THE FUTURE OF MENTAL HEALTH CARE

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Introduction

Thank you for your invitation to address the Joint Committee on the Future of Mental Health Care. As General Secretary of the Psychiatric Nurses Association, I would like to highlight my concerns in relation to the future of Mental Health Care in Ireland.

The inadequacies and underinvestment in the current provision of mental health services is something the PNA has consistently drawn attention to and I would hope that the interest by the Committee in this area will help in addressing the many gaps in the mental health services that exist throughout the country.

Funding

In 1984 the first major Mental Health Policy was published, recommending the development of Community Services to coincide with the closure of Hospital beds. The closure of a large number of beds occurred, however very limited community services were provided, as outlined in the table below.

In 2006 Vision for Change was published with recommendations to close more beds and develop comprehensive community services. The policy envisioned an active, flexible and community based mental health service where the need for hospital admission will be greatly reduced. It would require substantial funding, but there was considerable equity in building and lands within the mental health system, which could be realised to fund the plan. The report recommended that steps be taken to bring about the closure of all mental hospitals and to reinvest the resources released by these closures in the mental health service.

The report An Impact Evaluation of "Vision for Change" (Mental Health Policy) on Mental Health Service Provision Phase 1(2016)[1] commissioned by the PNA and completed by the Faculty of Nursing & Midwifery RCSI aimed to explore the extent to which the principles and practices enshrined in a vision for Change 2006 have been realised and implemented over the past decade.

While the study participants identified a multiplicity of prerequisites for the full implementation of A Vision for Change, their top priorities were identified as:

- Comprehensive staffing and resourcing of community-based services,
- The provision of 24/7 Crisis Home Care Teams, the development of crisis houses, developing alternatives to admission.

[1] Culhane A Kearns T (2016) An Impact Evaluation of "Vision for Change" (Mental Health Policy) on Mental Health Service Provision Phase 1(2016

- The establishment of Rehabilitation Assertive Outreach Teams in all Mental Health Services.
- Regional Intensive Care Rehabilitation Units must be established as per Vision for Change.

The PNA/ RCSI study 2016 clearly shows that 76% of beds were closed, however, only 30% of the Community Services were provided.

	1984	**2004**	**2016**
Mental Health Service in Patient Beds	**12,484**	**4,173**	**1,002**

Drop in Percentage between 1984 and 2016 = 92% Drop in Percentage between 2004 and 2016 = 76%.

It is very evident that the necessary agreed closure of inpatient beds has not coincided with a well-developed and resourced comprehensive community based alternative in line with National Policy.
As outlined in the table below the stark reduction in funding coincides with the time line of both policies, clearly indicating that both policies have been used as cost cutting measures.

The findings indicate that there has been a significant failure to implement national policy; the findings clearly indicate that this failure has very significant impact on the quality of mental health service and care available to the Irish public.
The report concludes that unless the community-based mental health service is fully staffed and resourced the system will continue to malfunction and fail to meet the needs of its users, people with mental health needs and mental illness, an already vulnerable cohort in Irish society.

<u>Mental Health Budget as a % of Health Budget.</u>

1984	2004	2015
14%	= 7.34%	6%

UK / Australia = 12-14% of Health Budget devoted to Mental Health (source PNA, June 2016)
It is imperative that the Mental Health Budget as a percentage of the Health Budget is significantly increased. Research would show that 1 in 4[2] people develop a Mental Health problem in their lifetime equating to 25% of the population, yet just over 6% of the Health Budget is allocated to Mental Health.

[2] WHO 2001 Mental Health: New Understanding, New Hope

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Another key factor in the lack of service development is the crisis in recruitment and retention of psychiatric nurses.

In December 2016, HSE figures show that there are 885 psychiatric nurses over 55 and 867 nurses between the ages of 50-54. Under fast accrual potentially 885 psychiatric nurses may retire immediately, whilst a further 867 may retire within the next 5 years. Total of 1752 which equates to 34.2% of the mental health nursing workforce. The headcount as of September 2017 was 4748. These figures would suggest that there are 374 vacancies, however a recent survey of PNA branches suggest vacancies are closer to 500. Services with high levels of vacancies are:

Tallaght/St. Loman's Dublin:	43 vacancies (over 20%)
St. Joseph's, Portrane:	58 vacancies (over 20%)
Waterford:	26 vacancies (over19%)
Louth/ Meath	34 vacancies (over16%)

When we factor in the service developments as outlined in Vision for Change, (which have not yet been implemented), there is a requirement for the provision of an additional 700 plus nurses. When we factor in 10-15 nurses per assertive outreach teams as recommended by Vision for Change, i.e.; 1 team per 100,000 equates to 675 nurses at 15 nurses per team x 45 teams.

In August 2017, the HSE figures reveal that only 93 new staff were recruited this year despite soaring demand in all areas of the mental health services and the HSE's own admission that 1,963-new posts have to be filled if the level of staffing required in Vision for Change is to be achieved.

The following are some examples of the impact on service provision due to nursing shortages.

- In May 2017, 50% of the admission beds in Linn Dara, Child and Adolescent Mental Health Services (CAMHS) in Dublin were closed until the end of October, i.e.; 11 of the 22 beds were closed. This was directly due to nursing shortages as the service was short 50% of the complement of nurses.

  A Vision for Change recommended 100 CAMHS beds nationally, following the closure of the beds in Linn Dara, the bed numbers were reduced to 52 nationally.

- The construction of the New National Children's Hospital whilst a welcome development, will have 20 beds for Child and Adolescent Mental Health, eight of which will be dedicated to a service for eating disorders. However, considering the difficulties in recruiting and retaining nursing staff in CAMHs services this development will of itself create some challenges.
- Due to the failure in the provision of Assertive Outreach Teams and Intensive Care Rehabilitation units ICRUs, over 16% of the bed capacity nationally are occupied by patients whose admission has exceeded 6months.
- As a consequence of the 76% reduction in beds and the lack of community services there is a huge demand on beds resulting in 120% bed capacity e.g.; regular admission of service users in Waterford and Kilkenny who due to no beds are resorted to sleeping on chairs. Also, in Waterford, service managers proposed to suspend parental leave/ cancel annual leave for 4 weeks over the Christmas period due to nursing shortages.
- Tallaght/St. Loman's Mental Health Services have 43 nursing vacancies as a consequence, the assertive outreach, which should have 45 nurses as per Vision for Change, had 13 nurses last year and this has been reduced to 8. This is a vital service for those with an enduring mental illness to ensure that these service users can live as independently as possible in the community. The diminution of this service will ultimately result in an increase in admissions of this client group.
- The same service proposed to close their 6-bed high observation unit at the end of December 2017. This is a unit for those with an acute mental illness who require a high level of observation.
- In Kerry the Homebased Team, as recommended in "A Vision for Change" has been disbanded.
- St. Joseph's Intellectual Disability of Mental Health Services has 58 nursing vacancies with a huge reliance on overtime and agency, this has had significant impact on the continuity of care for clients.

I now wish to refer to some examples of challenges in recruitment: Staff Nurse Salary Minimum Point of Scale (all figures presented as purchasing power parity3* ratio) in main destination countries for Irish Nurses).

Country	Hours P.W.	Min-point	Hourly Rate
Canada	37.5	53078	27.13
Australia	38	41844	21.10
Ireland	39	33908	16.66
United Kingdom + High Cost Area Supp Max 20%	37.5	32404* 38885	16.56 19.87

*(2nd point of band 5 salary scale – all nurses commence employment on the 2nd point of the salary scale in recognition of nursing degree qualification and are recruited to areas where the high cost area supplement automatically applies.)

- According to the Department of Health the top 5 destinations for Irish Nurses emigrating are Australia, UK, US, Canada and New Zealand. The Nursing and Midwifery Board of Ireland (NMBI) showed a total of 1343 nurses and midwives sought "certificates of current professional status" in 2017, documents which verify their qualifications and are sought by nurses when they intend to work overseas. This is a strong indication of the nurse's intention to work abroad.

- The UK has 24,000 nursing vacancies and this is expected to increase after Brexit. Mr Jim Campbell, Director of the World Health Organisation Workforce Department, speaking at the Global Forum on Human Resources for Health held in Dublin in November 2017, raised his concerns that post Brexit, the UK may try to fill gaps left by EU migrant health workers by attracting nurses from Ireland under the traditional UK-Ireland bilateral agreement. The UK are offering packages such as:

- €8000 relocation costs (over five times more than the "bring them home package")
- Educational Opportunities
- Low Cost accommodation
- 37.5-hour week.

- Mental Health Nurses are in significant demand in the UK (Royal College of Nursing LMR 2012) and other countries and services in these locations are offering relocation/incentive packages to attract Irish Nurses. The "HSE bring them home" campaign in 2015 offering €1500 relocation package, only generated 6 psychiatric nurses.

[3] Purchasing Power Parity, is a number that standardises currency in order to facilitate international comparison. Purchasing power is equal when the ratio between countries' price level of a "fixed basket of goods and services' is equal to1. A purchasing power parity exchange rate equalises the purchasing power of different currencies in their home countries for a given basket of goods.

- Domestically- St. Patrick's Hospital, Dublin starts all graduates on the 2nd point of the scale. €3,000 welcome package i.e.; €1,500 paid after 6 months, €1,500 paid after 12 months. Nurses work a 37.5-hour week and are not subject to the pension levy.

Work Environment

Work environment, e.g.; overcrowding, staff shortages, failure to implement service developments as per Vision for Change. Job satisfaction, workplace stress, lack of cohesion and continuity of care, unsustainable workload, acuity of symptoms of service user's due in part to lack of community development, lack of career opportunities, incidences of violence and aggression.

Significant delays in recruitment process.

It can take between 4-6 months to complete the HSE recruitment process. At a time of recruitment crisis these delays are inefficient and unacceptable.

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In the UK, the professional qualifications of the Nurse are recognised with the 1st point of the nurse's scale above the maximum of the HSE Scale. In the UK, The Nurse is recruited at the same level as the Therapy Grades (Physiotherapist, Occupational Therapist, Podiatrist etc). In Ireland, the nurse is treated as a lesser professional than the Therapy Grades.

Please note the comparative salaries:

Staff Nurse Mental Health	Therapy Grades
1st point 29,122	34,969
Midpoint 37,129	43,191
12th point 43,754	48,851
LSI 45,086	50,062
	51,033

- It is the PNA's view that the Staff Nurse Scale must commence at an equivalent point to that of Therapy Grade Scale.
- Having regard to the comparable minimum qualifications (Honours Degree) and the role and responsibilities the Therapy Grades Salary Scale should be applied in its entirety to Nursing.
- The development of the Staff Nurse scale in this way would enhance recruitment and retention.

Conclusion

The Mental Health Service is in dire need of Psychiatric Nurses and other professionals who will join and stay in the public system after qualifying. One of the most significant consequences of the recession and the decisions of Government in cutting Public Service Pay and enforcing a recruitment embargo was the creation of a culture of graduate emigration. For those who were unable to emigrate or chose to remain at home the private sector continues to offer exciting and financially rewarding opportunities.

The current crisis in Nursing is forecast to get significantly worse over the next few years. Should the Public Service Pay Commission fail to recommend remedial pay measures then the chance for this country to resolve this crisis will be lost for a generation with horrendous implications for the delivery and development of Mental Health Services and patient care.