



PNA 2013
Pre Budget
Submission
Part 1

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“Mental health is a most important, maybe the most important, public health issue, which even the poorest society must afford to promote, to protect and to invest in.”¹

Introduction

In today’s turbulent climate which has wreaked havoc and alarming cuts on our mental health and intellectual disability services, the Psychiatric Nurses Association (PNA) is taking the opportunity to provide a written submission to the Department of Health in respect of the 2013 Budget.

This submission has been informed by consultation with the PNA membership led by the National Executive who have listened to their colleagues and more critically to those individuals to whom we strive to provide a mental health service. The PNA is the largest Specialist Nursing Union in Ireland representing over 6,000 nurses. Our Association provides leadership to promote Psychiatric/Intellectual Disability Nursing, to improve health care for individuals, families, groups and communities and shape health policy for the delivery of health services.

This document is presented in two parts.

The first part provides the context of the Irish mental health services and the mental health of the nation, policy, legislation, and international human rights. It also outlines the current mental health budget allocation; it’s inadequacy to deliver on National Mental Health policy A Vision or Change (AVFC)², HSE’s failure to sufficiently interface mental health requirements with the Primary Care Strategy and the lack of skilled leadership, authority and commitment to put in place the administrative and organisational structures to bring about the change required. Finally we call on Government to fulfil its commitments to deliver “Vision for Change” and in this regard we prioritise the PNA’s recommendations for Budget 2013

¹ World Health Organisation, *Mental Health in the WHO European Region, Fact sheet EURO/03/03*. 2003: Vienna.

² Department of Health and Children (2006) A Vision for Change – Report of the Expert Group on Mental health Policy . Dublin. Stationary Office

The second part offers real and tangible examples in the services reported by our executive of where some of the real life, shocking curtailments has impacted for service users, families, GP's and staff.

The PNA pre budget submission for 2013 focuses on the following key areas:

- *The provision and exclusive use of dedicated resources for the Irish Mental Health Services.*
- *The need for accountable leadership in the form of a Mental Health Directorate with clear autonomy to implement Vision for Change.*
- *The urgent requirement to realise a national accessible network of comprehensive, community based multi disciplinary teams with sufficient nursing posts*

Context

Ensuring proper access to health care is a fundamental policy objective in all EU member states. It requires, among other things, having the right number of health care providers in the right places to respond to the population's needs. The health services are intricately interwoven with the fabric of Irish life. The extent to which good health is enjoyed by everyone in society, regardless of economic or social circumstances or gender is an important indicator of how much that society values equality.

Mental health problems account for up to 30% of consultations with general practitioners in Europe³. While it is widely reported internationally that up to one in four people experience mental health problems (at some point in their lifetime), it has been estimated that a quarter of the Irish population will experience a mental health problem during their lifetime a substantial one in five people stated that they care for or are related to someone with a mental health problem⁴.

The link between economic downturns and poor mental health has been cited by the Mental Health Commission who noted that

*"... There is a wide ranging and reliable body of evidence which documents a strong negative association between poverty, debt, unemployment, and mental health"*⁵.

Mental Illness continues to be a major health and social issue. Negative social determinants such as poverty and or economic insecurity increase the risk of mental health problems. The highest rates of admission to psychiatric hospitals⁶ in this country are those from the unskilled occupational class, while common mental illnesses are twice as frequent among the lowest income groups. Against a background of continuing recession, the mental health of the population of Ireland is under severe strain.

³ HSE (2007) *Mental Health in Ireland: Awareness and Attitudes* National Office for Suicide Prevention
Dr Steevens' Hospital

⁴ *ibid*

⁵ Mental Health Commission (2010) *The Human cost : An overview of the evidence on economic adversity and mental health recommendations for action*, Dublin : Mental health Commission , p.11.

⁶ Health Research Board 2012 HRB Statistics Series 18 Activities of Irish Psychiatric Units and Hospitals 2011

It is imperative that people experiencing mental health problems are supported when they need it. Those of us at the coal face of providing a “ mental health service “ do so in the knowledge that treatment is not designed just to ‘manage’ patients, but to bring about their recovery, this is at the heart of modern thinking on mental health services and government policy Vision for Change 2006.

Our budget submission is born from respect for the fundamental right of every person to attain “*the highest attainable standard of physical and mental health*”⁷ and has the principle of recovery at its heart. By “*recovery*” is meant – helping people to live to the highest level of performance and quality of life. Regrettably our services, starved of an adequate nursing resource are being denied the opportunity to be truly responsive and facilitative of growth and recovery. Ultimately we need a mental health system where people can be treated and assisted in their own community wherever possible. Our mental health services must cater for each person on an individual basis, providing the necessary support to achieve this.

The current reference policy document ‘A Vision for Change’ (2006)⁸ “details a comprehensive model of mental health service provision for Ireland” and “proposes a holistic view of mental illness and recommends an integrated multi-disciplinary approach to addressing the biological, psychological and social factors that contribute to mental health problems”⁹.. There is no doubt that the cost cutting measures have had a disproportionate impact on the fundamental goal of delivering a quality mental health service outlined in Vision for Change. It is blatantly clear that managers in the HSE have a whole different take on its implementation. **Members of this union (PNA) have concluded that the HSE are ultimately using the Vision for Change document as a fiscal scalpel to cut services instead of enhancing them.** Mental Health services took a disproportionate cut in staff numbers early in 2012, as a result of retirements and the continuing recruitment moratorium 425 nurses retired in January and February¹⁰. In many regions posts intended for community services have been diverted to inpatient services due to staff shortages or not emerged at

⁷ International Covenant on Economic, Social and Cultural Rights (Article 12)

⁸ Department of Health and Children (2006) A Vision for Change – Report of the Expert Group on Mental health Policy . Dublin. Stationary Office

⁹ ibid

¹⁰ PNA Annual Delegate Conference Mr Liam McNamara Chairman’s Address 2012

all. Over half way through the lifespan of Vision for Change, the reality is, this policy just means a cut in hospital services without any possibility of replacing those services in the community, or the possibility of expanding those already denuded community services with staff moving to the community thus compromising the lives of both current and future service users, their families, the staff and our communities. From this union's (PNA) perspective this is a dangerous and misguided social policy.

Since the start of the recession we have seen an increase in the number of people coping with mental health difficulties, and people dying by suicide¹¹. Research has indicated that common mental illnesses are twice as frequent among the lowest income groups compared to the highest¹². The vicious circle of mental health means that poverty is both a major cause of poor mental health and a potential consequence of it¹³.

In the programme for Government a commitment was made to *"vastly improve access to modern mental health services in the community"* in line with the recommendations of A Vision for Change. In Budget 2012 the Government made a commitment *"to develop community mental health teams for people with mental health conditions."* This has been fudged and neglected by this Government and done so in the context that 600 mental health beds have been cut since 2006, on the understanding that community services would be developed. Now more than ever, we should be investing more money in the mental health services, but instead we are cutting chunks out of an already tiny budget.

The majority of Dáil members believe that the provision and funding of mental health services should be made a priority over the next three years, according to a new survey from Millward Brown Lansdowne¹⁴.

¹¹ HSE National Office for Suicide Prevention Annual Report 2012 Dublin

¹² *Mental Health and Social Inclusion*, National Economic and Social Forum, 2006

¹³ World Health Organisation, Regional Committee for Europe, Fifty-third session, Vienna, 8-11 September 2003, cited in *A Vision for Change*

¹⁴ <http://www.thejournal.ie/survey-majority-of-tds-believe-funds-for-community-mental-health-services-should-be-ringfenced-629238-Oct2012/>

The survey shows the majority of TDs believe that delivering community mental health services (63 per cent) and increasing funding (59 per cent) should be “top priorities” if the country is serious about improving mental health services over the next three years.

The survey contains responses from nearly half of Dáil members (71 out of 166) and reveals that 56 per cent of politicians surveyed see the topic of mental health raised ‘very often’ or ‘frequently’ within their constituency clinics – a significant increase from the 27 per cent reported last year.

The emphasis on improving mental health services is also reflected in a nationally representative survey run at a similar time, which found that more than two-thirds of the public (68 per cent) believe that the importance of mental health services needs to be focused upon over the next three years.

The survey, commissioned by the One Foundation, also revealed some of the following Views:

Political view

- The provision of mental health community services (61 per cent) and budget increases (59 per cent) are seen as top priorities
- A large majority of the 71 TDs interviewed (83 per cent) believe money for community mental health services must be ring fenced
- Nearly four in five support a legal obligation for government to deliver mental health services within the community

Public views

- Two-thirds (66 per cent) believe cuts in health spending have hit mental health services more than other areas of the health spend
- The majority (85 per cent) agree that the state needs to prioritise mental health by increasing its budget over the next three years

Minister Reilly is on the record stating *“Mental health distress is rampant in Ireland”..... “that mental health required huge attention and resources -but we have to make sure that the resources give the outcome needed”*. The PNA concurs with the Minister -having available the services you need as a patient when you need them is the premise of which we are all agreed and the surest way to achieve outcomes for our distressed citizens. The PNA recognises that measures which seek to improve the capacity of the health system to convert resources into value are required in order to ensure fiscal and economic sustainability. The optimal use of skilled people being at the heart of the change we are looking for in the delivery of the system is key, however, premature cuts to mental health services by salami slicing or cutting back on evidenced based services will increase costs to the system as a whole over the next decade.

Mental Health Budget

How a government allocates its resources provides a strong indication of a government’s policy priorities. Where violations of economic, social and cultural rights occur, they are not simply a matter of inadequate resources, but a result of policy decisions.¹⁵

The Committee on Economic, Social and Cultural Rights (CESCR) has detailed the obligation on states that are party to the International Covenant on Economic, Social and Cultural Rights of which Ireland is a signatory to follow a course of action that would achieve fulfilment of the rights in the Covenant in the shortest possible period of time. The level of fulfilment of any right will be determined by the economic conditions prevailing in a particular state¹⁶. However both the overall level of resources and the allocation of those resources, including equality of funding are relevant. The CESCR has noted that “health resource allocation can lead to discrimination that may not be overt.”¹⁷ For example, the UN Special Rapporteur’s 2005 report noted in the case of mental health services:

¹⁵ Amnesty International, Human rights for human dignity. A primer on economic, social and cultural rights, London, 2005, p.3

¹⁶ ICESCR, Article 2(1)

¹⁷ Amnesty International, Human rights for human dignity. A primer on economic, social and cultural rights, London, 2005, p.41

“Inappropriate resource allocation can lead to inadvertent discrimination.”¹⁸ In any assessment of whether a state is meeting its obligations of progressive realisation, there is a strong presumption that going backwards in the realisation of the right to health would constitute a violation of the right to health.¹⁹

It is also critical to monitor resources to ensure that resources allocated are delivering upon the area of rights which they address e.g. health. Analysis of budgets is a critical tool in assessing governments’ performance: *“budget analysis can often pinpoint inadequacies in expenditure, misdirection of funds or a ‘misfit’ of expenditures relative to the governments stated human rights commitments.”*²⁰ Similarly, *“such analysis can help identify where funds have been blocked or where they have “leaked” (i.e., disappeared) as they are disbursed from one level of government to another.”*²¹

The PNA is on the record bemoaning the failure to provide appropriate funding and the siphoning away from mental health services of funding that was allocated to it. Equally unsatisfactory has been the lack of comprehensive information on budgeting and expenditure in psychiatric services. There have been suspicions that lack of transparency has been a deliberate feature of health funding and expenditure, so that funds are available for transmission to other areas of health when required irrespective of the needs and requirements of the mental health services.

We are now experiencing the lowest ever spend as a percentage of the Health Budget, falling from 24% in the 1960’s to currently @ approx 4.5% compared to the 8.4% recommended under Vision for Change and the 12% spent in the UK .

¹⁸ Commission on Human Rights, Economic, Social And Cultural Rights, Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Paul Hunt, 2005, UN Doc. E/CN.4/2005/51, at 58

¹⁹ Committee on Economic, Social and Cultural Rights, General Comment 3, The nature of states parties obligations (Art. 2, par. 1), 1990, UN Doc. E/1991/23

²⁰ Fundar-Centro de Análisis e Investigación, International Budget Project and International Human Rights Internship Program, Dignity Counts, a guide to using budgetary analysis to advance human rights, 2004, p.2

²¹ *ibid*

We need properly resourced mental health services with multidisciplinary teams in all services nationwide, which will ensure best practice and, importantly, that service users and their families receive the best possible care, attention and support –which they deserve.

A promised €35 million investment in mental health teams has yet to happen, with many of the professionals not due to start until December at the earliest.

Under pressure to protect funding for acute care, HSE management are cutting other expenditures such as assertive outreach teams, transport, community day facilities, psychiatric nurse liaison services, mental health prevention programmes. The PNA is of the view that spending on prevention now can be much more cost-effective than treating mental distress in the future.

The profession of psychiatric nursing can and has delivered value to the system and will support the principle of putting in place innovations to support that.

Recommendations:

Government

- Funds mental health services proportionate to its prevalence and role in overall individual and societal well-being.
- Commits administratively and legislatively to a clear framework within which proper control and accountability mechanisms are working to ensure that mental health budgets are used effectively and in accordance with the terms and conditions with which they are granted , with timely accurate relevant and comprehensive accounting reports
- Act immediately in the provision of comprehensive and community based mental health services identified in Vision for Change, and ensures transparent detailed planning and reporting is available on the funding and delivery of mental health services by catchment area and service area.
- Confirms that the overall mental health budget service staffing level be maintained and funded in accordance with that recommended by “a Vision for Change” of 8.4%.
- Acknowledges that Community Mental Health Teams, CMHTs, are understaffed and that properly and adequately resourced community services are crucial in helping people recover from mental health issues and so prevent hospitalisation. Therefore it must Ring-fence €35 million additional funding annually to develop and enhance community mental health teams including specialist services as outlined in A Vision for Change and the programme for Government.
- Lifts the Moratorium on the employment of Psychiatric Nurses which is having a disproportionate and damaging effect on the provision of vital services throughout the system and urgently employ safe staffing levels for both inpatient and community based mental services

Who is responsible for driving forward and overseeing the Mental Health programme in Ireland?

One of the great inefficiencies in the current system for delivering mental health care is our failure to look at it as a total system.

Respond! Housing Association in its McKeown Survey of 2008 discovered that up to 30% of lone parent mothers on social housing estates were suffering from significant mental health problems. Among their children there was also an incidence of some 23% suffering also from mental health difficulties.²² Mirroring one of the main conclusions of the Slan: Mental Health and Social Well Being Report. It found that women in the poorest social class who are aged between 18 and 29 are the most prone to “major depression and anxiety attacks”. These women are most likely to be living in Social Housing estates²³.

Collaboration of county councils, housing departments and voluntary housing associations with the statutory mental health services at management and strategic level is critical to ensure better local delivery of mental health services to those suffering with mental ill health living in low resourced social housing estates

Despite having a National policy for Mental Health Services in this country – a so called “roadmap “- there are a plethora of views as to how it should be delivered. What is missing is a shared understanding and some reasonable clarity of what our mental health system is designed to achieve, and more worryingly there appear to be different interpretations of the core principles which underpin its delivery.

Central to Vision for Change was the establishment of a National Mental Health Directorate to put in place the administrative and organisational structures to bring about the change required. Indeed the 1966 Commission of Enquiry²⁴ recommended this very same requirement.

²² McKeown, K., Hasse, T., Pratschke, J., Lanigan, C., Burke, S., Murphy, N., and Allen, L., 2008

²³ Barry, M.M., Van Lente, E., Molcho, M., Morgan, K., McGee, H., Conroy, R.M., Watson, D., Shelley, E. and Perry, I. (2009) SLÁN 2007: Survey of Lifestyle, Attitudes and Nutrition in Ireland. Mental Health and Social Well-being Report, Department of Health and Children. Dublin: The Stationery Office.

²⁴ DH, Report of the Commission of inquiry on Mental illness (Dublin : Stationary Office , 1966)

The PNA argues that the establishment of such a structure is essential to deliver on the implementation of VFC, not only is it required to address the 160 recommendations, it is also essential to address multi level action across government departments particularly that of the Departments of Health, Enterprise, Trade and Unemployment, Education and Science; Social and Family Affairs, Environment, Heritage and Local Government and Justice, Equality and Law Reform in a coordinated response to address the complex relationship between social inclusion and mental health. There has not been a systematic approach to the implementation of the recommendations of AVFC across Government Departments.

Minister Reilly has regularly quoted some of the successes of the Special Delivery Unit in acute care, and we commend such an approach, as it yields results and is beginning to make inroads to the crisis in accessing A& E depts. but it does so, when all elements of the system including the clinical care programmes take a co – ordinated agreed approach and streamlines it cohesively in one unit.

Nothing less will do in our opinion at this point in our mental health services. After almost 46 years since this recommendation was put forward, mental health can wait no longer, Government must fulfil this promise and do so with the contribution of key stakeholders such as the PNA who have consistently lobbied for this Unit. This is a small country it should not be so difficult, Mental Health needs this requirement above all other elements of health.

Recommendation:

- **Government establishes a Directorate for Mental Health to deliver on the implementation of the 160 VFC, recommendations of a Vision for Change and is adequately resourced to address multi level action across government departments particularly that of the Departments of Health, Enterprise, Trade and Unemployment, Education and Science; Social and Family Affairs, Environment, Heritage and Local Government and Justice, Equality and Law Reform in a coordinated response to address the complex relationship between social inclusion and mental health.**

The economic crisis and growing budgetary constraints have put additional pressures on the mental health services:

41% of all admissions to Irish psychiatric units and hospitals in 2011 were unemployed²⁵. In keeping with the pattern observed over many years, the unskilled occupational group had the highest rate of all (87.6) and first admissions (199.4)²⁶.

Depression is a condition that shows a genuine increase. Depressive disorders accounted for almost one almost 30% of all and 31% of first admissions to psychiatric units and hospitals last year (2011)²⁷. 1.2 % of the working age population aged 15-64 years were in receipt of benefits for depression and/or anxiety, in 2011²⁸.

Respond! Housing Association in its McKeown Survey of 2008 discovered that up to 30% of lone parent mothers on our estates were suffering from significant mental health problems. Among their children there was also an incidence of some 23% suffering also from mental health difficulties

The latest statistics from Ireland's Central Statistics Office cited in the National Office for Suicide Prevention Annual Report 2012 show a 7 % increase in suicides in 2011²⁹. The report states that 525 people took their own lives last year, 439 men and 86 women with the majority aged between 15-44³⁰. That accounts for 11.4 suicides per 100,000 of the population in 2011. This is a national scandal and while the complexities in relation to human suffering are multifaceted, promotion of awareness and positive mental health initiatives with the support of comprehensive flexible properly resourced services is essential.

The intentional killing of oneself can be seen as evidence not only of personal breakdown, but also of a deterioration of the social context in which an individual lives. Suicide may be the end-point of a number of different contributing factors. It is more likely to occur during

²⁵ Health Research Board 2012 HRB Statistics Series 18 Activities of Irish Psychiatric Units and Hospitals 2011

²⁶ *ibid*

²⁷ Health Research Board 2012 HRB Statistics Series 18 Activities of Irish Psychiatric Units and Hospitals 2011

²⁸ <http://www.thehealthwell.info/communityprofiles/area/area.php?inds=8976>

²⁹ HSE 2012 National Office for Suicide Prevention Annual Report Dublin

³⁰ *ibid*

crisis periods associated with upheavals in personal relationships, through alcohol and drug abuse, unemployment, clinical depression and other forms of mental illness. Because of this, suicide is often used as a proxy indicator of the mental health status of a population. All relevant indicators point to a society in trouble and a Mental Health Service being allowed to disintegrate with no regard for the needs for a quality and safety culture.

The non replacement and withdrawal of psychiatric liaison nurses in A&E departments is a particularly worrying move in various pockets throughout the country, usually occurring in times of staffing crisis to shore up levels in the acute inpatient facilities.

Example:

The withdrawal of liaison nurses has reportedly had a dramatic increase of inappropriate admissions to the Limerick Acute Services.

Recommendations:

Government

- **Evaluates social and health epidemiological data and population profiles to inform and enhance nursing practice in primary, secondary and tertiary locations to respond to emerging population needs, through promotion of awareness, improved access to mental health care, and delivery of supportive positive mental health initiatives.**
- **Provides liaison Mental Health Multidisciplinary teams (1: 300,000) fulfils Government's commitment to Reach Out National Strategy for Action on Suicide prevention 2005-2014 .Action Area 12.3, *Plans, develops and implements an effective response appropriate to the need in each area, such as liaison psychiatric nurse services, in all accident and emergency departments responding to those who present following DSH or who are acutely suicidal.***

Lack of coherence of Primary Care with Mental Health Services.

It is widely accepted that since its inception the Primary Care Strategy has not been adequately prioritised and funded. Not only that, but the PNA are on the record in outlining the structures and processes which would allow psychiatric nurses to be accessible , responsive and a consistent resource in responding to individual needs in primary, secondary and tertiary locations

The recently published Report - “A Vision For Psychiatric Mental Health Nursing – A Shared Journey for Mental Health Care in Ireland”³¹ reviews the role of the Psychiatric Nurse with a view to making evident and further promoting the significant contribution of Psychiatric Nurses to existing and future Mental Health Services. It identifies the role re-definition/expansion of RPN’s as well as the development of specialist and advance practice roles in the following areas • Greater understanding and application of the recovery model in practice • Facilitate the enhancement of social inclusion • mental health promotion in the community • Development of roles aligned with primary care. The report outlines a range of therapeutic and psychosocial interventions • Counselling/ Psychological therapies including CBT • interventions to work with people with dual diagnoses etc etc.

It also notes specifically that RPN’s provide specialist and advanced practice skills in assessment and therapeutic intervention. Evaluation of these roles has indicated positive outcomes for service users such as • improved access • improved quality of service • decrease of admission rate • increased user satisfaction. The report notes the requirement for more specialist and advanced roles in response to service need and in accordance with established criteria.

Much of the comments from the focus groups which informed this report cited Primary Care as an essential point to access the skills of the psychiatric nurse, in terms of prevention, early detection and intervention. GP’s and/or secondary care services have struggled to

³¹ Office of the Nursing Services Director HSE 2012 A Vision for Psychiatric / Mental Health Nursing A Shared Journey for Mental Health Care in Ireland HSE Dublin

cater for the needs of consumers with mental health concerns. Psychiatric nurses are willing able and eager to provide the services, the problem is that psychiatric nurses are not being facilitated to fulfil their role and function in many areas, including primary care. We have blinkered managements and often times resistance from our medical colleagues to nurses fulfilling these roles and of course little resources in terms of funding and the ever present problem of non replacement of psychiatric nurses.

Over the past five years, prescriptions for antidepressants, benzodiazepines and sleeping pills on the medical-card scheme increased by more than 25%. All of this comes with a heavy economic cost. The three-million-plus prescriptions for mental health drugs on the medical-card system and the Drugs Payment Scheme in 2010 cost the State in excess of €100 million. In addition, mental health problems are estimated to cost the Irish economy around €2.5 billion a year through lost employment, absenteeism lost productivity and early retirement, according to recent research by the Mental Health Commission, the State's independent body for psychiatric care.

According to medical card figures for 2010, the medications most prescribed for mental health problems were Valium (500,550 prescriptions) and Xanax (432,000), both of which are benzodiazepines or sedative-type drugs that can be highly addictive, and the antidepressant Effexor (323,000). The true extent of medication consumption is much more as the only figures recorded are for medical card holders and people claiming through drug payment scheme. Benzodiazepines prescribing should never be purely symptom orientated, but should be used in conjunction with treatments for any underlying disorder. Government has set up groups and consulted with this organisation (PNA) in relation to legislative changes required to monitor and ensure best practice in the prescribing of benzodiazepines. The PNA submit that medication ought to be an adjunct to *“well being focused care and interventions”* but not a replacement. We recommend that the spend on some of these medications is transferred to the provision of stepped measured psychological interventions at all levels of service from Primary to Secondary Care. We submit RPN's are uniquely positioned, skilled and competent to offer these interventions across the trajectory of services and in turn offer a wrap around coordinated approach to continuity of service for the consumer.

Recommendation:

- That Government commences a pilot programme of placing a specialist RPN on 20 primary care teams in key areas (Rural & Urban) in association with the legislative changes in the reduced prescribing of benzodiazepines and evaluate the benefits to service users, the team and value for money

Child & Adolescent Mental Health Services (CAMHS)

The HRB's report on activities of Irish Psychiatric Units and Hospital's report 2011 highlighted 35% of all admissions for under 18s / child and adolescent services had a primary diagnosis of depressive disorders³² with 38% of first admissions having a diagnosis of depressive disorders³³. Of the 435 admissions for people under 18 in 2011, 26% were admitted to general hospital psychiatric units and 45 to psychiatric hospitals.

Given that adolescence is the period when 75% of mental health problems emerge it is worrying that almost a quarter of children and young people referred to Child and Adolescent Mental Health Services (CAMHS) waited for up to a year to be seen between October 2010 and September 2011³⁴. There are no CAMH's psychiatric liaison nurses in place outside Dublin with increasing numbers of under 18's presenting to emergency departments around the country.

The Inspire Ireland Insights Report 2012³⁵, examining attitudes and behaviour related to youth mental health and online support, indicated that three quarters (75%) of those surveyed indicating that they are dealing with moderate or severe psychological distress.

³² Ibid

³³ Ibid

³⁴ Society of St Vincent de Paul Pre budget submission 2013

³⁵ Inspire Ireland Insights Report 2012 Published by Inspire Ireland Foundation

Recommendations:

- Prioritises their (Governments')commitment to deliver 99 Child and Adolescent Mental Health teams as the current status of 56 teams, not all with their full complement of professionals, falls far short of that.
- Delivers their commitment in providing 100 inpatient beds nationally for children up to the age of 18
- Provides the 15 paediatric liaison Child & Adolescent Mental Health Multidisciplinary teams (1: 300,000)

Conclusion

*"Mental health is paramount to personal well-being, family relationships, and successful contributions to society... Mental ill-health and poverty interact in a negative cycle: mental ill-health impedes people's ability to learn and to engage productively in their economies, and poverty in turn increases the risk for developing mental disorders, and reduces people's ability to gain access to health services."*³⁶ (mhGap A 2008)WHO

Renewed talk about further steep health cutbacks is alarming. The PNA acknowledges the Government's responsibility to reduce the deficit, and that decisions on spending cuts have to be taken, but reserves the right to comment that in its (PNA) view after four years of stringent ... measures on top of an already inadequate proportion of the health spend, mental health services must be protected. The infrastructure delivering mental health services are in collapse. Mental health services have not caused health spending over runs despite rising demands for services. Government must recalibrate its deficit measures to protect Irish citizens in mental distress and look beyond the short term, weighing up the outcomes in terms of people's ability and well being to live fruitful and fulfilling lives. Otherwise after this recession finally ends we will face the frustration and costs of sustained mental and social distress, as well as dismaying levels of inequality.

³⁶ Dr Ala Alwan, mhGAP : Mental Health Gap Action Programme : scaling up care for mental, neurological and substance use disorders, WHO, 2008

Albert Einstein said, - the key to success would be what he called the “*eighth wonder of the world the compound effect*”. The compound effect is the principle of reaching huge rewards from a series of small smart choices consistently.

Short term measures need to have long term logic; the PNA reminds Government of the enduring costs to the mental health system and Irish society if short term savings supersede long term logic and the principle of the “compound effect”.

Mental health services must be safe, effective, efficient, accessible, and above all person centred, - six years on from the launch of Vision for Change, the evidence is ominously worrying. The Officer Board of the PNA has now formally requested its Executive that it reviews its support of the National policy of *Vision for Change*. As this submission is being prepared, the Officer Board are making preparations to hold a one day extraordinary conference in this regard which will challenge both its membership but also interrogate public representatives and this Government as to what really is their commitment to the personalised approach of mental health care to this nation’s citizens.

Key Recommendations:

The Government in this Budget must:

- 1. Fund mental health services proportionate to its prevalence and role in overall individual and societal well-being.**
- 2. Commit administratively and legislatively to a clear framework within which proper control and accountability mechanisms are working to ensure that mental health budgets are used effectively and in accordance with the terms and conditions with which they are granted , with timely accurate relevant and comprehensive accounting reports**
- 3. Act immediately in the provision of comprehensive and community based mental health services identified in Vision for Change, and ensure transparent detailed planning and reporting is available on the funding and delivery of mental health services by catchment area and service area.**
- 4. Confirm that the overall mental health budget service staffing level be maintained and funded in accordance with that recommended by “a Vision for Change” of 8.4% .**
- 5. Acknowledge that Community Mental Health Teams, CMHTs, are understaffed and that properly and adequately resourced community services are crucial in helping people recover from mental health issues and so prevent hospitalisation. Therefore it must Ring-fence €35 million additional funding annually to develop and enhance community mental health teams including specialist services as outlined in A Vision for Change and the programme for Government.**
- 6. Lift the Moratorium on the employment of Psychiatric Nurses which is having a disproportionate and damaging effect on the provision of vital services throughout**

the system and urgently employ safe staffing levels for both inpatient and community based mental services

7. Establish a Directorate for Mental Health to deliver on the implementation of the 160 VFC, recommendations of a Vision for Change which is adequately resourced to address multi level action across government departments particularly that of the Departments of Health, Enterprise, Trade and Unemployment, Education and Science; Social and Family Affairs, Environment, Heritage and Local Government and Justice, Equality and Law Reform in a coordinated response to address the complex relationship between social inclusion and mental health.
8. Evaluate social and health epidemiological data and population profiles to inform and enhance nursing practice in primary, secondary and tertiary locations to respond to emerging population needs, through promotion of awareness improved access to mental health care, and delivery of supportive positive mental health initiatives.
9. Provide the 15 liaison Mental Health Multidisciplinary teams (1: 300,000) fulfil Government's commitment to Reach Out National Strategy for Action on Suicide prevention 2005-2014 .Action Area 12.3 *Plan, develop and implement an effective response appropriate to the need in each area, such as liaison psychiatric nurse services, in all accident and emergency departments for responding to those who present following DSH or who are acutely suicidal³⁷.*
10. Commence a pilot programme of placing a specialist RPN on 20 primary care teams in key areas (Rural & Urban) in association with the legislative changes in the reduced prescribing of benzodiazepines and evaluate the benefits to service users, the team and value for money.

³⁷ HSE 2005 Reach out National Strategy for Action on Suicide Prevention 2005 -2014

11. Prioritise their commitment to deliver 99 Child and Adolescent Mental Health teams as the current status of 56 teams, not all with their full complement of professionals, falls far short of that.

12. Deliver their commitment in providing 100 inpatient beds nationally for children up to the age of 18

13. Provide the 15 paediatric liaison Child & Adolescent Mental Health Multidisciplinary teams (1: 300,00).

The PNA calls on the Government in this Budget to: adopt these recommendations in Budget 2013.

The PNA is available to discuss its pre budget submission and recommendations. Please contact Mr Des Kavanagh General Secretary at 045 852300 or via e mail at dkavanagh@pna.ie