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PNA 2013  
Pre Budget  
Submission  
Part 2

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## **Vision for Change – The Savaging of a Community Mental Health System!**

It is impossible to outline all of the deficiencies that exist in our mental health services; this document brings to Government's attention some of worst, appalling vistas currently occurring around the country. These cases, have been highlighted by the PNA Executive as part of the consultation process embarked upon in preparation of this pre budget submission, they cannot be ignored by this Government and will not be tolerated by the PNA, all interested groups and the Irish public who regard the delivery of mental health services as an absolute requirement of this Government.

### **Those services which had established community services now cut!**

*Examples:*

#### **Day Hospitals / Day Centres**

At the end of September 2012 a day centre located on lower Gerald Griffin in Limerick City closed for reasons of staff shortages. This day centre was managed by one nurse and catered daily to on average seventeen clients. The usual functions of a centre were carried out such as medication management hygiene and clothing programmes and various therapies including art and group therapy. Interaction with advocacy groups and local voluntary groups were also initiated. One of the main benefits of the centre was the provision of a subsidised hot lunch which the attendees greatly appreciated and looked forward to. With the closure of the centre the clients now attend another day centre in St. Josephs Street which is attempting to provide the same level of care but in very cramped and overcrowded conditions.

#### **Transport / Meal Income**

We are aware of a recently imposed charge by the HSE to those clients attending Mental Health Day facilities to subsidise transport and food costs in a number of services around

the country. Sligo/ Leitrim being a case in point, whereby clients have been asked to contribute up to €5.50 to attend on a daily basis. Accepting that this transport fee doesn't apply in the urban centres, whereby clients have been asked to use their "Bus Pass" to access services, - the lack of public transport in rural areas makes this option impossible which brings an inequity to the situation and in many cases will deter clients from attending their day hospital / day centre programme. As outlined in Limerick whereby a day centre facility has closed and clients have now been asked to shop around local establishments to price a hot lunch. The average price in the locality ranges from €6.50 upwards. These clients are completely dependent on either Disability Allowance or Old Age Pension. Further, in that area – at a local high support residence, a mid day lunch is being delivered to residents to be reheated for their 5pm evening meal.

In Kildare / West Wicklow Travel to bring clients to services has been cut back. In many parts of the service public transport is not an option. The seriousness of the situation is further compounded in the context of restricted day hospital / day centre services in many parts as outlined, but also in the context of the reduced number of community mental health nurses providing outreach services to this client group due to non replacement, redeployment to acute services, and restricted transport / travel ceilings. **We must insist that serious consideration is given to reversing these cuts, for those living far from the location of their care as this causes physical and mental health deterioration, severe hardship stress and relapse.**

Unfortunately and ironically, when cuts are made, it is the progressive community services which are culled, causing in the worse case a complete absence of a mental health service and at best a reversion to a more custodial form of mental health service.

## **Mental Health Services for Older People**

In Sligo/ Leitrim services, a 26 bedded care of the elderly unit has become a mixed unit nursing patients with Alzheimer's /Dementia and now patients with chronic & enduring mental illness and some patients who are without appropriate placement, i.e. Acquired Brain Injury, Behavioural Issues, Difficult to manage Behaviour. This is completely

unacceptable and flies in the face of “Vision for Change” “...that each citizen should have access to local and comprehensive mental health services provision that is of the highest standard”<sup>1</sup> and Article 12 of the International Covenant of Economic, Social and Cultural Rights (ICESR)<sup>2</sup> which includes the right “...to a system of health protection which provides equality of opportunity for people to enjoy the highest attainable level of health.”<sup>3</sup>

*Example:*

### **East Wicklow /Newcastle Hospital**

The Mental Health Commission’s report “From Vision to Action” quoted a sense of how the recovery ethos and principles which underpin Vision for Change are not being pursued by the HSE<sup>4</sup>. This is glaringly apparent in this case of the East Wicklow Mental Health Services.

A high support hostel in Bray has recently been downgraded, it did provide a respite and an early Discharge (2beds) facility, now individuals requiring respite care have to attend the Acute Unit, which is supposed to be providing ..... “a range of therapeutic interventions and clinical care options for service users experiencing severe and acute psychological distress , e.g. psychosis , and severe depression”.

Even more disturbing however, the appalling situation now prevails in the East Wicklow mental health services, whereby due to the closure of a high support hostel which provided a home for 12 service users, 2 individuals are now being provided care long term in the Acute Unit, with 5 individuals in the Continuing Care Unit since December 2011. The 5 service users in the Continuing Care Unit are now in a locked facility and have to seek permission to exit same having come from an environment , which they regarded as their home and where they could come and go as they wished.

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<sup>1</sup> Department of Health and Children (2006) A Vision for Change – Report of the Expert Group on Mental health Policy. Dublin. Stationary Office

<sup>2</sup> International Covenant on Economic, Social and Cultural Rights (ICESCR), 1966, UN Doc. A/6316 (1966) Article 12

<sup>3</sup> CESCR, General Comment 14, para. 8

<sup>4</sup> Mental Health Commission (2009 ) From Vision to Action? An Analysis of the Implementation of A Vision for Change mental health Commission Dublin

Let us repeat the quotation of the CESCR at this point *“health resource allocation can lead to discrimination that may not be overt.”*<sup>5</sup> .The UN Special Rapporteur’s 2005 report noted in the case of mental health services: *“Inappropriate resource allocation can lead to inadvertent discrimination.”*<sup>6</sup> 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.<sup>7</sup>

The PNA fails to see how this arrangement is anything other than discriminatory and a violation of these individual’s right to liberty, “will and preferences”, nor is it person centred, recovery based philosophy, equal or affording dignity and respect of these people’s needs and requirements. It is in this organisation’s (PNA) opinion a blatant violation of rights, restrictive and in breach of the guiding principles of AVFC coming nowhere near the policy’s approach to service planning and delivery.

## **Those services which had never received funding to develop as per Vision for Change!**

*Examples:*

### **Kildare / West Wicklow**

Kildare / West Wicklow has a population of 240,000 with a nursing staff of 103 including those on sick & maternity leave x 2; not replaced. The Nurse Managers are struggling to keep 3 newly qualified staff on (part of the current 103) in January 2013.

Kildare has a 29 bed acute unit with 1 seclusion room; no intensive care unit and no back up in crisis situations other than the security personnel in the General Hospital. It has no CBT service; and only one home care team (5 nurses) staffed in accordance with Vision for Change, based in North East Kildare .According to Vision for Change the service users who

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<sup>5</sup> Amnesty International, Human rights for human dignity. A primer on economic, social and cultural rights, London, 2005, p.41

<sup>6</sup> 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

<sup>7</sup> 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

should access rehabilitation services fall into four broad categories: long-stay in patients, discharged long-stay patients, new long-stay service users and new service users with severe and complex needs. However many of the services which have supported these service users, have closed and staff redeployed.

Current core staffing of the rehabilitation team in Kildare/West-Wicklow consists of:

1 Consultant psychiatrist (half-time post)

1 Senior registrar

1 CNS Rehabilitation

1 CNS Drama therapy

Given the core staffing recommended in VFC per 100,000 of the population Kildare would require at least two fully functioning teams. In addition travel to bring clients to services has been cut back. In many parts of the Kildare service public transport is not an option.

### **Roscommon Mental Health Services.**

Roscommon has a population of 51,800 which had a nursing staff of 116 WTE, over the past two years Roscommon Mental Health Services has seen a drastic reduction by half to 59 nursing staff. The area consists of a 22 bed acute unit based in Roscommon General Hospital. The local Community including the Prison Services have articulated their concerns re lack of A&E locally and as a consequence of this position, the long term absence of nurses escorting patients to A& E in Galway for medical clearance has taken nurses away from essential patient care and the Acute Psychiatric Unit. There is no Liaison Nurse in Roscommon General Hospital who would provide this essential service and no liaison from the nearby A&E at Portluncla. There is merely one day hospital in Co. Roscommon with one nurse allocated to the day hospital, with no acute home based psychiatric team and no crisis house facility. There are just 4 community mental health nurses in Roscommon Mental Health Services, compare this to recommended provision articulated in AVFC in terms of its population, Roscommon should have 8 RPN's on a Community Adult Mental Health Team

In terms of the Rehabilitation and Recovery Mental Health Service for Enduring Mental Illness -there are also significant deficits;

VFC recommends “...given the number of people requiring specialist rehabilitation services , the geographic spread of people requiring such services and the size of the required team, specialist services for people with severe and enduring mental illness are best structure on the basis of one team per 1000,00 of the general populations” on the basis of these figures that would equate to 7 RPN’s in a Community Rehab and Recovery Team to serve this population.

The sum total of Roscommon’s rehabilitation service comprises of

- One high support hostel in Castlerea with 14 beds.
- One medium to low support hostel in Castlerea/Strokestown
- A low support hostel in Ballaghadereen
- 2 Day centres one at Ballaghadereen, Boyle and Strokestown

By definition these people have disabilities which persist in the long term and this, in addition to the associated social supports they require , makes it essential that a range of specialised resources are made available . The shared philosophy of recovery oriented care is sadly abysmal in Roscommon, the burden for family and friends of individuals with enduring mental health difficulties cannot and should not be underestimated. Six years on from the launch of Vision for Change , it is the solemn view of this organisation PNA , that Roscommon has the worst track history for progressing this policy AVFC and not only failed to deliver any semblance of VFC , but has dismantled and regressed the services beyond repair.

## **Those Services Closed without provision of adequate Crisis and Community Services.**

### **Closure of Acute Inpatient Care**

The sequencing of implementation of Vision for Change is also a critical issue for this union. For example community mental health services require substantial strengthening prior to any changes in levels of inpatient care. This has not proceeded in an organised fashion.

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



Huge disparities continue around the country, as well as closures, amalgamations and downsizing of inpatient facilities with very little developments in the community.

*Examples:*

### **Enniscorthy / Waterford**

Although the HSE fails to detail an intelligible plan of progressing A Vision for Change, it is clear that some of the changes which have occurred are nothing short of reckless. In the Acute services, admission wards in St Senan's Hospital Enniscorthy closed with admissions proceeding to Waterford Regional Hospital, but without continuity of care.

Access to the Department Of Psychiatry in Waterford is proving difficult, and most admissions are very acutely ill putting an added strain on families who previously had easier access to admission services, and an immediate point of contact, especially out of hours which allowed early intervention for service users in the early stages of relapse. This safety valve/ and support no longer exists as there are no Home Base Care Teams to offer 24hr prompt response to crisis management. Inspectors from the Mental Health Commission have recently described conditions at the busy acute unit – which provides inpatient care for Waterford and parts of Wexford and Kilkenny – *as unsuitable and counter-therapeutic and expressed concern at the under-resourcing of mental health teams, which was affecting the provision of care*<sup>9</sup>.

### **Clonmel /Ennis**

The closure of the acute unit in Clonmel has seen patients from Sth Tipperary to the Kilkenny Unit and those for the north of the county bizarrely to Ennis; in both instances described, the respective units are overcrowded and report multiple administration difficulties, with the service user and families travelling long distances usually in crisis seeking admission.

In Ennis overcrowding at the acute psychiatric unit is forcing staff to locate patients in an activities-therapy room during the night and wheel the patients back out into the unit

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<sup>9</sup> <http://www.irishtimes.com/newspaper/frontpage/2012/1123/1224327011626.html>

corridor during the day. The overcrowding stems from the 39-bed unit looking after psychiatric patients from north Tipperary.

The Mental Health Commission has found the Health Service Executive (HSE) to be in breach of mental-health regulations in relation to overcrowding and found that on 30 occasions between January and April of this year, patients were wheeled into the activities-therapy room at night because of a lack of available beds. When inspectors visited the unit, they recorded that 13 north Tipperary patients were present.

## **Kerry**

In Kerry, as elsewhere in Ireland, the reality of Vision for Change 2006 (AVFC) is bleak. Six years on, Kerry does not have a single community mental health team, and with a population of 150,000, Kerry should have up to 8 teams. In 2012, Kerry was promised 10 posts, (four social workers, three occupational therapists and three psychologists) in the "€35m, special allowance". To date, not a single post has been filled and it will be 2013 before any of them can be filled.

The Victorian section of St Finan's Hospital, Killarney, which closed in Sept 2012, did not result in a single staff member being relocated to a community setting, in line with the recommendations of AVFC. Instead of moving nursing staff to the community, existing community-based services are being reduced and scaled back.

## **Dublin North (St. Ita's/ St Vincent's Fairview)**

There are currently 24 acute inpatient beds located in Joyce Unit, St. Vincent's Fairview. This is a reduction of bed numbers from the 48 which were available in St Ita's prior to its closure in August 2011. The unit constantly has 30 or more patients seeking admission which results in patients being 'lodged out' to other facilities, such as, the Psychiatry of Later life unit and St. John of Gods Hospital Stillorgan. Whilst its' anticipated the long awaited new acute unit based in Beaumont hospital will be completed in 2013, the interim arrangements have had significant safety and security issues, and proven to be a shambles, rife with hardship for the people of Nth County Dublin their families, and staff resulting in long protracted engagement with HSE management to reality check the seriousness of the

situation. Another farcical occurrence is currently in play in St Joseph's CAMH's inpatient unit at St Vincent's hospital whereby at present there are only 12 inpatient beds, of which only 6 are in operation. There are no other beds for CAMH's in Nth Dublin, and indeed in Sth Dublin a temporary inpatient CAMH's facility is currently closed to admissions due to a staffing crisis in that facility, resulting in children being admitted to the adult services and having to be 'chaperoned', which runs totally contrary to Code of Practice Relating to Admission of Children under the Mental Health Act 2001<sup>10</sup>

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<sup>10</sup> Mental Health Commission (2009) Reference Number: COP-S33(3)/01/2006  
Code of Practice Relating to Admission of Children under the Mental Health Act 2001

## Key Recommendations:

*Recognising that: one in four Irish persons will experience a mental health issue at some point in their lives and that that good mental health is an integral component of general health and well-being and the importance for all citizens to achieve and maintain optimum mental health the commitments contained in A Vision for Change and its placing of the service user at the centre of the mental health services;*

### The PNA calls on the Government in this Budget to:

- 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 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.

8. The Department of Health and HSE population health Directorate 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.
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 suicidal<sup>11</sup>.*
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 prescribing of benzodiazepines and evaluate the benefits to service users, the team and value for money
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](mailto:dkavanagh@pna.ie)

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<sup>11</sup> HSE 2005 Reach out National Strategy for Action on Suicide Prevention 2005 -2014