Vision For Change
PNA Submission To The Independent Monitoring Group

11/25/2010

Introduction

Countless reports and news articles comment on how the Irish Mental Health service is failing people with mental health problems. Mental Health remains the perennial Cinderella of our health system. It has never been adequately funded, with just over 5% of the health budget set aside for mental health services in 2010.

Members of this union (PNA) are now coming to the conclusion that the HSE are ultimately using the Vision for Change document as a fiscal scalpel to cut services instead of enhancing them. Almost 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.

Capital Spending:

The sale of psychiatric lands and hospitals promised to be sold off to generate €50 million towards modernising mental health facilities now looks doubtful in the current economic climate. The adverse affect this has had on the property market seriously diminishes the returns from the psychiatric land and buildings.

Impact of Social Determinants of Health, Poverty & Unemployment

Negative social determinants such as poverty and or economic insecurity increase the risk of mental health problems. The highest rates of admission to psychiatric hospitals in this country are those from the unskilled occupational class, while common mental illnesses are twice as frequent among the lowest income groups. The recession is affecting mental health particularly; psychological distress, depression and anxiety disorders are at higher levels in those who are not in paid employment. Almost one quarter of the 77,665 people in receipt of illness benefit last year cited mental health issues as the reason they were unfit for work .....what will it be this year?

The structure and operation of the mental health system is itself fundamental to achieving greater health equity. Furthermore, good mental health care is obviously critical in ensuring that effective and quality treatment is received by those in need of assistance. In today's turbulent economic climate what does that say about our ability to provide comprehensive service to individuals, families and those most vulnerable when we have now witnessed the lowest ever spend as a percentage of the Health Budget, currently @ 5.3% compared to the 8.4%recommended under Vision for Change and the 12% spent in the UK?

At a time when the strain of the economic downturn is impacting heavily on families,' livelihoods and relationships, a high quality mental health service is more essential than ever.

Funds & Structures:

Colm O Gorman, Executive Director, Amnesty International Ireland, in a foreword to the report "Accountability in the delivery of Vision for Change" commented that "a more transparent mental health service will benefit everyone and also the need to measure the quality of the service and the outcomes for the people who use it". At present transparency is not part of the HSE policy, especially in the questionable way proposals for developments are being rolled out. The HSE quote the Vision for Change document in development plans to keep independent spectators satisfied: this is where the transparency ends. The fact is: citing Vision for Change is a lip service exercise where certain aspects are cherry picked by corporate HSE.

Community Mental Health teams (CMHTs) are a central component of most local services for people with mental health problems. Recommendation 9.1 of Vision for Change outlines the requirement to *" provide an effective community based service, CMHT's should offer multidisciplinary home based treatment and assertive outreach , and a comprehensive range of medical , psychological and social therapies relevant to the needs of service users and their families".*

The Mental Health Commission in its Annual Report last June observed regression in the way services were provided. Within inpatient services, the report highlighted "slippage" in a number of areas, including staffing, therapeutic services and programmes, privacy and premises. At the launch of Vision for Change, the PNA welcomed and continues to endorse the replacement of services in hospital with those in the community. However at the time of writing this submission community teams are at the point of falling apart as nurses are brought back to hospitals to cover in patient rosters, people with mental health difficulties who are capable of living in the community are now ending up back as inpatients. Retreating from investment in community based services will simply lead to regressive and institutional care.

Staffing:

The Inspector of Mental Health Services in 2009 drew attention to the disproportionate impact staffing cuts were having on the progressive community mental health teams that have been promised. This is, he said, "causing a reversion to a more custodial form of mental health service". Despite having fewer than 9% of the total HSE workforce, mental health services could be contributing more than 60% of the HSE's total staff reduction.

1,500 nurses have left the system over the past three years, at the same time highly committed; well educated and enthusiastic young graduates are being forced to emigrate. It is economic madness to be denying employment to these young graduates while incurring excessive costs in using overtime, agency and retired nurses to plug the gaps. In other cases we have nurses seeking to return from career breaks and/or part time

working who are being denied the right to return, and instead the more expensive option of overtime etc being used. Indeed recent reports suggest that Nurses on Career Breaks, unable to get back to their original job, are returning to work via Nursing Agency, - this is ridiculous in the extreme, expensive, disruptive unnecessary and certainly not strategic. The HSE's own analysis reveals 1000 posts will be lost this year. The PNA have major concerns that it appears now that the value of salaries is given back to the department , - meaning the fragile process of what was in place previously to cover the staffing gaps , whereby these posts were covered by overtime and agency will no longer pertain.This means the loss of funding will lead to an unstructured decompression of service capacity, making it impossible to implement Vision for Change.

But the situation is even worse than that, there are a number of services which are in a critical situation with acute inpatient services being compromised with an escalating risk to service users and staff members. By not replacing nurses who left or have retired , those remaining in place are experiencing increase workplace pressure and as staffing numbers drop and the number of patients rise, the pressure increases making the experience for service users inconsistent at best and confusing fragmented and frightening at worst. In addition staff feel demoralised and disempowered, and so many more retire early.

Geographic Spread:

Urban – as opposed to suburban or rural teams and acute admission facilities.

As frontline services providers, members of the PNA have a unique perspective on how services should develop into the future. Increasingly the issue has come up with regard to the closure of acute facilities particularly those housed in old institutions. In the race to close such facilities (PNA acknowledges their lack of suitability) little consideration seems to have been given to the alternative in the current cutting environment. Vision for Change recommends one acute patient unit per catchment area of 300,000 population with 50 beds. This acute in patient unit should be located in the "Major "or Regional hospital. In some areas these beds may be provided as two units with 25 beds each. It is our experience that legitimate arguments can be made to look at acute admission facilities as configured above based on the dispersal of populations in the rural context and the unnecessary burden on families in some case to have to travel up to 60 miles in order to access a service for an individual in crisis. The PNA along with service users and carers have grave concerns as to the proposals emerging in this regard, and in the current environment whereby community services and outreach teams are in fact being cut, there is a legitimate anxiety to revisit some of these proposals, one crisis house per 300,000 in the context of a closed admission unit and reduced community services will not address the service requirement, not to mention the distances involved in accessing care.

Suicide and Deliberate Self Harm:

The increase in the rate of suicide is particularly worrying. In 2008 there were 424 deaths by suicide and intentional self harm and 527 in 2009 an increase of 19.6% Hospital Presentations for Deliberate Self Harm (DSH)

In 2009 there were 11966 attendances at A & E with deliberate self harm. This continued the cycle of increase since 2007 (11,084) 2008 (11,700) which has seen the number of presentations with DSH progressively increase. Over 2500 of those incidents involved persons attempting DSH for a second or third time or more.14.4% of those attending hospital with DSH leave the hospital without receiving any recommendation re follow up care.

We know that emergency workers have seen an increase in the number of people who have attempted suicide, taken their own life or self harmed in recent months. The recession has added to the problem and job losses, marital break ups and issues associated with the recession have all "contributed" to the number of people who are taking their own lives. Funds are direly needed to address this issue. Signposts rather than obstacles to care are an imperative for those in suicidal crisis. Vision for Change outlines a requirement for Liaison Mental Health services – one multidisciplinary team per regional hospital, which equates to roughly one per catchment area or 13 teams nationally this, has yet to be implemented fully.

The peak hours for admission of persons with DSH are between 11pm and 3am with relatively high numbers of DSH presenting to Hospital Emergency Departments at weekends. However specialist Mental Health Nurses tend to be employed between 9am to 5pm. Indeed the National Suicide Research Foundation in May of this year recommends a review of the adequacy of staff numbers available for self harm management and psychiatric consultations at DSH peak times. The foundation has been recognised by the Department of Health and Children as an official research unit to contribute to the prevention of suicidal behaviour in Ireland. There is little point in "recognising the foundations comprehensive work and recommendations, if Government fails to respond.

Child & Adolescent Mental Health:

In 2009 there were 200 admissions of young people to adult inpatient units, a practice described by the Inspector of Mental Health Services as "counter therapeutic "and "almost purely custodial". Whilst the units in Galway & Cork (hopefully will open this year) the MHC code of practice says no children under 17 years should be admitted to adult psychiatric units from Dec 1 2010, teenagers with mental health problems who are placed in adult psychiatric units, cope with the fear and unpredictability of being inappropriately placed on these wards, between 2009 and June 2010 Child and adolescent waiting lists increased by 14%, we know that almost 2,800 young

people are on a waiting list for child and adolescent mental health services. Of the 78 teams recommended in a vision for Change , only 50 such teams were in place in 2009 (at the time of writing this submission we await the 2009 Annual Report of Child & Adolescent Mental Health Services). The majority of these teams are operating without the appropriate level of staffing resulting in services being unable to respond adequately to children's needs. Barnardos CEO, Fergus Finley recently (October 2010) eloquently summarised the major difficulties:

"The absence of comprehensive in patient and community based services for children and young people experiencing mental health difficulties are common. The development of Child & Adolescent Mental Health Teams is slow with many teams still not having the required complement of professionals and the ongoing lists children experience for assessment and treatment with these services presents a true but dismal picture of the state of mental health care for children in Ireland".

Mr Finley concluded *"Time matters to children; difficulties quickly identified and dealt with pose fewer long term problems than those left to fester because children can't get the support they need. The budget for mental health services has decreased in recent years which then raise societal questions of how many young lives need to be blighted by our inadequate mental health system before we finally prioritise these vitally important services?"*

Conclusion

Economic recession not withstanding, there is surely a moral responsibility upon all of us to demand allocation of sufficient funding to guarantee the provision of an effective public mental health system.

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.

Whilst the PNA welcomed the appointment of a national assistant director for mental health in the HSE, the PNA is concerned about the lack of clarity around the authority of the post which does not have any budgetary power. Without a budget or the influence to decide how the budget is spent, with the best will and knowledge, worryingly the post could have little impact.

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.

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.

Vision for Change provided a clear programme of reform with agreed cooperation for reform from all stakeholders. This programme is not being pursued in the spirit it was devised. Instead it is becoming increasingly clear , that managers in the HSE are cynically using Vision for Change as a symbolic wrecking ball to dismantle mental health services without any thought or provision to not only preserve the limited services that were available , but to actually cull and minimise even further the mental health services in this country and

by doing so unfairly and unjustly compromise 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. Leadership at political and clinical level is crucial in articulating and driving the dangers right on our doorsteps. The absolute nightmare is for mental health spending to be cut by the same percentage as the rest of the health budget, whatever the circumstances; this will have a disproportionately negative effect on our mental health services and must be argued against at all costs.