

The Psychiatric Nurses Association



**Submission for inclusion Department of Health & Children –
Statement of Strategy 2008-2010**

Introduction

Mental health is now at the centre, not the periphery of current international health debates. In 2005, the WHO European Ministerial Conference on Mental Health concluded that:” *Mental health is central to the human, social and economic capital of nations and should therefore be considered as an integral and essential part of other public policy areas such as human rights, social care, education and employment*”(P.3)

As outlined the *Department of Health & Children – Statement of Strategy 2008-2010* is intended to be a framework for action by the Department over the next 3 years incorporating priorities for Government and national policy.

Since the last statement 2005 -2007 significant policy and legislative changes have taken place which will shape and inform mental health service provision over the coming years.

The Mental Health Act 2001, Part 2, commenced on 1st November 2006. The Act places significant additional responsibilities on the Government Departments and the Health Service Executive including the issue of additional resources and services for those individuals with a Mental Illness. In addition Government policy *A Vision for Change, Report of the Expert Group on Mental Health Policy 2006* adopted a collaborative model and lifespan approach in the provision of mental health services as national mental health policy. This ambitious document, with over 160 recommendations, provides a broad framework for action to implement a shift from institutionalized service delivery to community – based services over the next 7 to 10 years. Widely welcomed and developed from 18 months of

consultation with key organizations, individuals and service users, it is the Government's current policy position on the development of mental health services. The PNA substantially supports the "Vision" espoused to in the report and embodied in the policy

"...to create a mental health system that addresses the needs of the population through a focus on requirements of the individual".

It is the PNA's understanding that as part of the health reform process, the role of the Department of Health & Children (DOHC) pertains to policy evaluation and analysis, and to support the Minister in holding the health system to account. It is within this regard, following consultation with its members this submission by the PNA's highlights some of the current difficulties within the system experienced both at the operational /frontline of service provision and from a strategic trade union perspective. This submission emphasis's the need for an integrated approach lead by the DOHC across Government departments and the HSE for policy implementation in relation to mental health.

The Psychiatric Nurses Association continues to identify the urgent need to address the mental health care needs of individuals, families, and groups to improve their access to, and attainment of, quality mental health care in a variety of settings and environments. The essence of any service provision and care for this most vulnerable of care groups must combine the concepts of rights and responsibilities with a systematic transparent roll out of the necessary resources

and structures so desperately needed for the mental health services in this jurisdiction.

The philosophy of “normalisation” places emphasis on the fact that individual’s with mental health problems should have the right to enjoy a decent life, as normal and as full as possible. These changes now place greater emphasis on social inclusion, empowerment, community adjustment, advocacy (whether it be self advocacy or citizen advocacy), and person centred planning. There is a requirement to incorporate these core facets in our mental health services so they are “fit for purpose”.

The strategic planning of nursing and quality assurance of mental health nursing services are of paramount importance to the work of the Psychiatric Nurses Association (PNA). As the professional representative body representing primarily psychiatric nurses, nurses working within intellectual disability services and general nurses working in specialist practice areas, we often submit and make representation on strategic developments which will have impact both for service users and our members. The PNA welcomes the opportunity to submit its views for inclusion in the Strategy 2008 -2010.

Organisational Change

In terms of the health services reform, the process of organisational change has been a difficult and complicated exercise to date. Whilst the PNA recognises that these types of fundamental organisational adjustments are, by their very nature, long-term endeavours. This new structure is not without its criticisms with regard to management and governance not least by the Inspectorate of Mental Health

Services in 2006. The Mental Health Commission remains concerned at the apparent tardiness in the implementation of the recommendations of the national policy “Vision for Change” and in particular the failure to appoint the National Mental Health Service Directorate , a body that was considered key in leading and managing the change programme advocated in “ Vision for Change”.

In May 2007 the Independent Monitoring Group to monitor progress on the implementation of the report “A Vision for Change” published its first report. It was concerned with the lack of a systematic approach to implementation of the Report and the lack of clarity in responsibility for implementation.

“ We believe that achieving the successful implementation of the recommendations of the Report requires a commitment to the vision and values outlined in the Report on the part of all the responsible organisations if a transformed mental health service is to emerge”. Independent Monitoring Group (2007)

As one of the principal Government Departments responsible for the report’s recommendations and the Department’s role in *“working with health agencies to identify and implement best practice throughout the system “* (Department of Health & Children 2005- 2007 Statement Strategy) the PNA is concerned re the lack of an interdepartmental framework (Recommendation 5.3 Vision for Change) in order to achieve interdepartmental cooperation. Like the Independent Monitoring Group we too are concerned there has not been a systematic approach across all the Government Departments. Indeed the PNA wrote to the

to the Minister for Health & Children expressing our concerns and whilst we understand a Project Manager is now appointed to progress the implementation plan the PNA notes in order to ensure the services, care and treatment facilities for some of the most vulnerable in our society are adequate, a more transparent relationship between HSE and Government Departments is required with defined objectives , actions, milestones, deadlines and assigned responsibility for implementing the recommendations. It is essential that work across traditional silos of bureaucracy and government is undertaken to ensure mental health priorities are reflected across the range of government and social agendas.

High Quality and Efficient Mental Health Service

While health policy has come to place a greater emphasis on consumer satisfaction and consumer choice, in line with policy initiatives on accountability and quality assurance, here to fore mental health services have lagged behind this trend. Moreover, and despite the rapid economic boom of recent years, there has been a decline in the nation's mental health with pronounced effects on our children and adolescents (Fitzgerald, 2007).Modern thinking in the provision of mental health services recommends a tiered service designed to respond holistically to identified need with locally based flexible and easily accessible services.

The PNA welcomes “The Quality Framework for Mental Health Services in Ireland” launched by the Mental Health Commission earlier this year. It specifies

the determinants of a quality mental health service as defined by the stakeholders and takes a lifespan approach in supporting the continuous improvement in the quality of mental health services. Whilst it is accepted by the PNA that the Framework will provide a driver for change and provides the standards as a guide to quality improvement the actually available resources and capacity are inadequate to meet demand. The Report of the Inspector of Mental Health Services 2006 (Mental Health Commission, 2006) is concerned about the lack of community resources and the poor staffing of multidisciplinary teams

“ Community mental health does not work without these resources. In – patient units will continue to be the first – line treatment locations, long stay wards will not close and there will be little or no access to alternatives to medication if community mental health and other multidisciplinary teams are not resourced.....” The Report of the Inspector of Mental Health Services 2006 (Mental Health Commission, 2007)

Ireland's expenditure on mental health services has dropped from 13% in 1984 to now just 7.34% of the national health budget, as compared with 12% in the UK and 10% in Germany (Mental Health Economics European Network, 2004 as cited in European Commission 2006). Ireland has seen unprecedented economic growth in recent years alongside rapid social and cultural transformation, given the Department of Health & Children's role in *“Monitoring and evaluating the equity, quality and value for money of the system as a whole and advising the*

Minister on the action required to protect and enhance implementation of these objectives” (DOHC2005),the PNA feels it is incumbent on the Department to formalise their commitment to the quality agenda in mental health care in this strategy document and provide the significant investments necessary to support the programme of reform. Certainly, there is little point in having an elegant legislative framework if the resources are not in place to provide high quality mental health care to all.

Mental Health Information Systems

It is our experience that service planning in mental health services is hampered by a lack of systems for the collection of data and research on the needs of and provision for individuals with a mental illness. As a result geographical inequities exist in the distribution of services. Some services remain fragmented and isolated, very few services have a five year plan and a gulf remains between clinical providers and local managers with mutual confusion. A vital tool of successful multi agency working is the use of information and communications technology (ICT). These have helped to increase efficiency and productivity in the private sector for some years. The potential is there to go further for ICT between public services to improve service delivery. Timely and comprehensive information on all aspects of the mental health services in Ireland is essential to progress the quality agenda in mental health care. Previous reports by the Inspector of Mental hospitals over the years has highlighted the dearth of mental health information in Ireland and the reliance on manual paper – based systems for collecting data.

Increased awareness of the prevalence, varieties and causes of mental health problems is an essential component of State responsibility in safeguarding the population's mental health. There is a requirement for a comprehensive national database and centralised information bank and method for data collection to enable planning into mental health initiatives and to properly analyse trends and statistics in the quality and efficiency of service provision.

On a positive note in relation to recording and disseminating knowledge, the PNA welcomes the Mental Health Research Network and Database, set up by the Mental Health Commission

Better Health for Everyone! Mental Health and Social Exclusion – Cross Departments

Quality and Fairness: A Health System for You (Department of Health & Children, 2001) increased focus on adopting a population health approach, tackling health inequalities and placing health at the centre of public policy.

The underlying principle of mental health promotion is that mental health is an integral part of overall health and is therefore of relevance to all (Barry and Jenkins, 2007). The Ottawa Charter for Health Promotion (WHO, 1986) enshrined empowering, participation and collaborative processes and outlined a systems approach spanning individual, social and environmental areas for action to promote health. Effective mental health promotion needs to identify the right messages to give to a wide range of audiences e.g. school children, teenagers, lone parents, people living alone and so on. Psychiatric nurses will continue to

contribute to this agenda drawing from evidence base and clinical knowledge combined with core knowledge of their working environment and potential audiences.

Most recently *Health in All policies: Prospects and Potential* (Finnish Ministry of Social Affairs and Health, 2006) provide an encompassing approach which goes beyond the boundaries of the health sector. It addresses all policies such as transport, housing, the environment, education, fiscal policies, tax policies and economic policies. Whilst the PNA recognises that not all of the key determinants of health are within the area of direct responsibility of the DOHC, the DOHC must work to co – ordinate the respective roles of all Government Departments in respect of implementation of all aspects of health and social policy relating to mental health.

In recent months the PNA made some recommendations within this regard to the NESF Project Team for Mental Health and Social Inclusion these are provided for as part of this submission.

Increasingly in Ireland and elsewhere, access to equity of mental health services, care and recovery have been examined in terms of fundamental human rights. The rights perspective is increasingly voiced in support of greater social inclusion and equality for those with experience of mental ill health. Amnesty International (2003c) argue that recovery – i.e. individuals being empowered to live productive, dignified and meaningful lives- is a human right and includes an obligation to

prevent and address the discrimination and social exclusion experienced by people with mental health problems .

Heretofore and still unfortunately the manner of delivering services have made it difficult for disadvantaged people to make contact or benefit from available provision. Services may not be accessible, may not be perceived as appropriate or may not meet clients complex needs.

High need individuals may lack basic skills, have mental health problems, be misusing substances and be at risk of debt or homelessness. Yet they are often also unable or unwilling to navigate their way through public services to get the support they need. Their contact with services is instead frequently driven by problematic behaviour resulting from their chaotic lives- such as anti social behaviour, criminality and poor parenting- and management revolves around sanctions such as prison, loss of tenancy and possible removal of children. The cost of this chaos is high. At the same time, their poor outcomes continue, causing harm to themselves, their families and their communities.

There needs to be clear responsibilities and tailored responses for those with chaotic lives and multiple needs. Many submissions to the Expert Group on the Mental Health Strategy A Vision For Change (2006) said that a partnership between service users, service providers and public and private funded bodies was necessary in the successful organisation and delivery of a new mental health service. A true shift to a community oriented model requires a change in culture and systems described and purported to in A Vision For Change (2006). The culture must change from illness focus to person centered and recovery

focus, which requires a shift from mental illness to mental health. Psychiatric nurses see the service user in the context of their family, their work and leisure pursuits, as members of their neighbourhood and the wider community. Consistency of care delivery and meeting the needs of service users/ relatives is the ultimate aim of all nurses, however “first class accommodation is needed” if community care is to be successful. This requires significant capital funding. Issues such as social isolation, homelessness, housing issues, and employment, are frequent problems encountered by our members on a daily basis.

In addition scoping work is required to ascertain a better understanding of:

- The lifetime costs and current service use of people who are frequent users of multiple services
- What is already being done by local areas to improve outcomes for people with chaotic lives and multiple needs and what current structural issues hinder agencies in working together?

The PNA holds the view that ultimately the DOHC strategy document 2008 -2010 must promote and take the lead on inter departmental and multi agency working to address multiple problems.

Key barriers which currently inhibit this approach need to be addressed, problems such as:

- Cultural barriers to the sharing of information
- Uncoordinated geographical boundaries between service providers

- Separate budget problems, it is the experience of some of our members that often mental health services incur the cost of intervention, while another service benefits from the saving. For example the responsibility for improving the educational attainment of a child diagnosed with Attention Deficit Disorder lies with the department of education, but the cost of failure tend to be picked up by mental health services, criminal justice services, or indeed community care services.

The PNA is of the view that we need a radical revision of our methods for tackling social exclusion for people with mental health problems. We need to personalise our services, be more persistent and coordinated, and fit them around the needs of individuals if we are going to tackle one of the most complex issues in today's society. Tailored help is needed to address their needs, and passing vulnerable people from service to service is good neither for them nor for the wider community. Primarily the approach taken should entail early intervention, systematically identifying what works; better co-ordination of the many separate agencies; personal rights and responsibilities; aspiring towards the best possible performance, and fundamentally changing the way we deliver and support those who are at their most vulnerable in times of crisis.

Conclusion

Mental Health and well being are as fundamental to everyday life as physical health, and indeed, they are interwoven in complex and emerging ways. It is known that mental well- being, social support and social networks are protective factors of physical health (Sturgeon 2007). The blueprint for mental health policy development in Ireland is "A Vision for Change "(Department of Health and Children 2006). There is no doubt that the provision of proper mental health services is vital for the prevention, care and recovery of those experiencing mental ill health

We as a professional organization value the opportunity to contribute to the Department of Health & Children – statement of strategy 2008-2010 and are committed to progressing the agenda of equality and integration for people with mental health problems going forward. Current events which are causing us some concern, is the current embargo an on the employment of staff. In an increasingly pressurised environment where there are currently nursing shortages and nurses over stretched we are at risk of loosing newly qualified graduates due to employment ceilings currently imposed. It has happened in the past newly qualified nurses have emigrated in this kind of climate, we wish to state for the record that this cannot be allowed to continue and the long term affects of this embargo will leave us in a most vulnerable position in the future provision of mental health care.

The proper management of resources and a sound financial standing enables mental health services to provide sustainable, effective quality mental health care. Within this regard it is therefore crucial that the funding allocated to mental health services remains in the sole development of mental health services and is not subsumed or distributed into other healthcare areas or agenda's. It is essential also that monies accrued through the sale of former psychiatric hospitals and their lands are ring fenced and are used solely for the development of our mental health services

It is our view that greater co-ordination and integration of services is required at individual, community and national level. Effective cross departmental / inter agency co operation lead by the DOHC is critical for the achievement of the successful development of resources, services and implementation of government policy "Vision for Change ".Evidence demonstrates that prevention of mental disorder prevention can lead to health, social and economic gain, increase in social inclusion and economic productivity, reductions in the risks for mental and behavioural disorders and decreased social welfare and health costs.¹ There is a requirement for a commitment to properly funded resources and transparency in the distribution of funding to adequately provide for the reality behind the paradigm of human rights in the Mental Health Act 2001 and Vision for Change 2006.This organisation has already posed the question to the Minister for Health *"who is responsible for the development of our services in accordance with "Vision for Change" and who is accountable for ensuring that*

¹ [http://www.who.int/mental health / evidence/en/ prevention of mental disorders sr.pdf](http://www.who.int/mental_health/evidence/en/prevention_of_mental_disorders_sr.pdf)

the additional resources promised by Government are utilised for the benefit of people some of whom are the most marginalised and at risk in our society”? It seems the body Corporate is responsible for everything and for nothing. Shared knowledge and communication between the decision makers is a basic requirement in any democracy. The Department of Health & Children has a duty to consult and make the appropriate policy changes required to push its colleagues to address the resource allocation and budgetary issues which have thwarted the development of mental health services and have led to the ad hoc approach and lack of coherent planning evident across some of the services. The DOHC has committed to policy evaluation and a “whole government” approach in its previous Statement of Strategy 2005-2007, the PNA looks forward to the Department’s evaluation of the current mental health policy and the development of an interdepartmental framework and co operation.

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