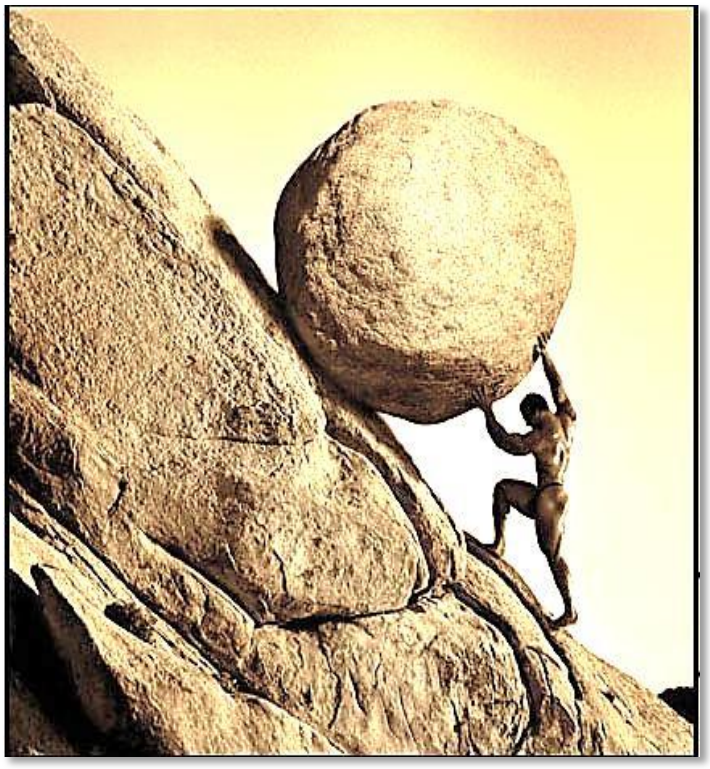
Joint Committee on Finance, Public Expenditure and Reform
Correspondence Item No. 2012/348(b)

Mental Health Reform
Promoting Improved Mental Health Services

DON'T DROP THE BALL ON MENTAL HEALTH



MENTAL HEALTH REFORM'S PRE-BUDGET 2013 SUBMISSION

September 2012

EXECUTIVE SUMMARY

Against a backdrop of continuing recession, the mental health of the population of Ireland is under severe strain. Known contributors to poor mental health such as unemployment and income inequality are persisting and a rise in the rates of suicide and self-harm has been reported in recent years.

The Government has a duty to protect the vulnerable in society, and must ensure that the already negative effects of the economic crisis are not exacerbated by the lack of services for people experiencing poor mental health.

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 the mental health policy *A Vision for Change*. A further commitment was made to ring-fence €35 million annually for the development of community mental health services. Mental Health Reform welcomed this commitment but is concerned that, at the time of making this submission, few appointments have been made in 2012 to staff the community mental health teams. In the context of a gap of over 1,500 staff in community mental health services there is an urgent need to fulfil this promised investment.

Ireland's mental health services are in a time of transformation and transition, from the old, institutional model of hospital-based care to a new model of holistic community-based services. Notwithstanding the country's current economic difficulties, it is crucial that the Government's commitment to reforming mental health does not waver. Important structural and cultural change is underway and any further cuts to the mental health budget risk undermining work already done.

Mental Health Reform urges the Government to **not to drop the ball on mental health**, but rather to continue to invest in reform of Ireland's mental health services and support for people experiencing poor mental health. The Government can do this by following the key recommendations listed below.

KEY RECOMMENDATIONS

The Government can ensure people with a mental health condition are not negatively impacted by Budget 2013 by:

i. continuing to invest in comprehensive, holistic community-based mental health services, **including an additional allocation of €35 million in 2013 for community mental health services as promised in the Programme for Government;**
ii. investing in the governance structures to support implementation of *A Vision for Change*, **including resourcing support for the Director for Mental Health;**
iii. ensuring no further cuts to funding for mental health and related voluntary and community organisations;
iv. ensuring there is no reduction in the living standards of people with a mental health condition on social welfare payments by maintaining rates at their current level, reducing the individual minimum contribution for rent supplement back down by €6 per week and restoring the fuel allowance cut made in 2012;
v. restoring the incentive for participants on disability benefits to undertake Community Employment (C.E.) by providing a €50 per week payment to participants on C.E. Schemes as is already provided for participants in the JobBridge Scheme;
vi. re-considering introducing a requirement for employers to contribute to illness benefit;
vii. ensuring funding for the mental health actions in the Housing Strategy for People with Disabilities implementation plan by allocating €1 million to support the transition of people with low and medium support needs from HSE mental health facilities to local authority social housing;
viii. funding innovative peer-led local groups.

Mental Health Reform calls on the Government to continue to invest in reforming mental health services and related public services so that people experiencing poor mental health can recover and participate fully in Irish society.

INTRODUCTION

The mental health of the population of Ireland continues to be under severe strain as a result of the current economic crisis. The link between economic downturns and poor mental health has already been firmly established, as reported by the Mental Health Commission:

> "…there is a wide-ranging and reliable body of evidence which documents a strong negative association between poverty, debt, unemployment, and mental health."[1]

During the continued recession, known factors for poor mental health such as unemployment and income inequality are increasing. Unemployment remains high at almost 15% and the gap between the wealthiest and poorest in Ireland has been widening.[2] This gap is important because income inequality is correlated with poor mental health.[3] Inflation continued to rise year-on-year from 2011 to 2012,[4] with an increase in the VAT rate hitting people on low incomes disproportionately hard[5], while important benefits such as the fuel allowance were reduced in 2012.

There are concerning signs that the economic crisis is giving rise to poor mental health. The annual rate of suicide is an internationally-recognised indicator of the mental health of the population; in Ireland preliminary statistics from the CSO show that suicides increased by 7% in 2011 compared to 2010[6], while the rate of reported presentations to Emergency Departments of individuals who have self-harmed increased 4% in 2010, the fourth successive annual increase.[7] The rate of first admissions to inpatient units increased 5% in 2010, the most recent year for which information is available.[8]

All of this evidence shows that the Government needs to ensure people with a mental health condition are not negatively impacted by Budget 2013. The Government can do this by:

i. continuing to invest in comprehensive, holistic community-based mental health services;
ii. investing in the governance structures to support implementation of *A Vision for Change;*
iii. ensuring no further cuts to funding for mental health and related voluntary and community organisations;
iv. ensuring there is no reduction in the living standards of people with a mental health condition on social welfare payments;
v. restoring the incentive for participants on disability benefits to undertake Community Employment;
vi. re-considering introducing a requirement for employers to contribute to illness benefit;
vii. ensuring funding for the mental health actions in the Housing Strategy for People with Disabilities implementation plan;
viii. funding innovative peer-led local groups.

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[1] Mental Health Commission (2010) The Human Cost: An overview of the evidence on economic adversity and mental health and recommendations for action, Dublin: Mental Health Commission, p.11.
[2] Social Justice Ireland *Policy Briefing: Poverty & Income Distribution*, July 2012.
[3] See Rowlingson, K. (2011) *Does income inequality cause health and social problems?* Joseph Rowntree Foundation, www.jrf.org.uk, p.11.
[4] Central Statistics Office (CSO) *Consumer Price Index June 2012* published 12 July 2012.
[5] Social Justice Ireland *Policy Briefing: Poverty & Income Distribution,* July 2012.
[6] CSO *Press Release Vital Statistics Fourth Quarter and Yearly Summary 2011*.
[7] National Suicide Research Foundation *Statistics* available at http://www.nsrf.ie/cms/?q=node/36
[8] Health Research Board *Activities of Irish Psychiatric Units and Hospitals 2010: Main Findings.*

DETAILED RECOMMENDATIONS

RECOMMENDATIONS FOR THE DEPARTMENT OF HEALTH/HSE

CONTINUE TO INVEST IN COMMUNITY-BASED MENTAL HEALTH SERVICES

- *COMMUNITY BASED SERVICES*
- *CAPITAL FUNDING*
- *COUNSELLING SERVICES*

COMMUNITY BASED SERVICES

Mental Health Reform welcomed the Government's commitment in Budget 2012 to an allocation of €35 million from within the health budget and 414 posts for the development of community-based mental health services, suicide prevention and access to counselling through primary care. However, while the 370 posts[9] allocated to community mental health teams may provide a base of one staff member per discipline in teams, the gap in overall staffing levels was more than four times this amount (1,500 posts) as of 2011.[10] The approach of providing one allied health professional per team does not necessarily provide even a basically adequate level of service, since the staffing required will depend on a combination of factors including population, economic and social deprivation and geographic accessibility of the service. *A Vision for Change* recommended two psychologists, two social workers and two and a half occupational therapists per 50,000 of population.

It must also be recognised that mental health services once again took a disproportionate hit in staff early in 2012 as a result of early retirements. The Psychiatric Nurses Association reported that 425 mental health nurses retired in January and February of this year.[11] The impact of these retirements and the continuing recruitment moratorium has put a critical strain on mental health services. However, the diversion of posts intended for community-based services in the HSE region of Dublin Mid-Leinster is not acceptable. Sapping community mental health services to resource inpatient units is counter-productive, since it takes staff from less costly community mental health teams that support people to stay out of hospital and transfers the resources to more costly inpatient units. This view is supported by a value for money review of the Kildare mental health services published this year that found a community-based service cost one fifth less per capita than the traditional hospital-based model, resulting from lower use of hospital beds and lower use of A&E services by people experiencing mental health difficulties.[12] It is therefore both cost effective and necessary to continue to develop general adult community mental health teams in line with *A Vision for Change.*

Given the cuts that are being imposed on the health services, there is an urgent need to identify basic staffing levels for both inpatient and community-based services. The Mental Health Commission has also commented that decreased staff-to-patient ratios may lead to an increased use of seclusion and restraint.

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[9] The HSE's National Service Plan includes 414 new staff to work in mental health. This includes 34 posts for mental health promotion/suicide prevention, 220 posts for adult Community Mental Health Teams, 150 posts for Child & Adolescent Community Mental Health Teams and 10 posts for primary care counselling services (see page 94).

[10] *Sixth Annual Report of the Independent Monitoring Group for A Vision for Change*.

[11] Liam McNamara, Chairman's Speech to the 41st Annual PNA Conference, 10th May, 2012.

[12] Health Service Executive (2012) *Value for Money: A comparison of cost and quality in two models of Adult Mental Health Service provision*.

Minister Lynch has stated that in 2013 she will seek to address staff shortages in specialist service areas identified in *A Vision for Change*, such as old age psychiatry, intellectual disability and forensic psychiatry. Mental Health Reform welcomes the Minister's recognition of these historically poorly-resourced specialisms. People in particular circumstances, especially people with an intellectual disability, have had almost no development of services to address their needs since publication of *A Vision for Change.* Mental Health Reform therefore calls on the Government to provide its promised €35 million additional funding allocation, along with an exemption for the relevant posts, so that progress can be made both on specialist services and in general adult community mental health teams in 2013.

> **Recommendation: In keeping with the commitment in the Programme for Government, an additional allocation of €35 million and related posts should be provided in 2013 to continue the development of multidisciplinary, community-based mental health services. Priority for additional staffing should be given to specialist services for neglected groups including old age psychiatry, forensic psychiatry and people with an intellectual disability, while the development of general adult community mental health teams, the rehabilitation and recovery function and child and adolescent community mental health teams should be continued.**
>
> **The HSE and the Mental Health Commission should establish baseline staffing levels for each inpatient unit and community mental health team to ensure the stability of both inpatient and community services.**

CAPITAL FUNDING

The continued transformation of mental health services also depends on having enough capital funding to build community-based facilities and enable closure of out-dated psychiatric hospitals. Despite the gradual closure of such hospitals to new admissions, too many long-stay patients continue to reside in unsuitable premises both new and old, including in St. Joseph's, Limerick and St. Otteran's, Waterford, among others.

> **Recommendation: The Government should ensure adequate capital funding in 2013 to continue building appropriate long-stay accommodation for people in need of long-term residential care in the mental health services.**

EXTEND COUNSELLING SERVICES THROUGH PRIMARY CARE

Mental Health Reform also welcomed the commitment in Budget 2012 to €5 million specifically for the development of counselling services through primary care. This is a positive mental health promoting initiative. However, the funding in 2012 was set to cover only those on medical cards, leaving many people on low incomes with difficulty accessing counselling. Given the links between poverty and poor mental health, it is particularly important that those on low incomes as well as those on medical cards have access to counselling services. In Ireland over a fifth of workers earn less than two-thirds of the median wage (approximately 358,000 workers).[13] In order to ensure that individuals who need counselling can get access to it and thereby help to prevent the development of long-term mental health problems, the primary care counselling service should be extended to individuals on low incomes.

> **Recommendation: The Government should commit €5 million of the €35 million in 2013 to extend the primary care counselling service to individuals on low incomes.**

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[13] Figure of one-fifth of workers earning less than two-thirds of the median wage taken from Loftus/Behaviour & Attitudes (2012) Decent Work? The Impact of the Recession on Low Paid Workers, Dublin: Mandate Trade Union, p.11. Calculation of number of workers based on CSO employment figures for April-June 2012 available at http://www.cso.ie/en/statistics/labourmarket/principalstatistics/

INVEST IN GOVERNANCE STRUCTURES TO SUPPORT IMPLEMENTATION OF *A VISION FOR CHANGE*

Minister Reilly has made a commitment to appointing a Director for Mental Health as part of the re-structuring of the HSE. The Director must be accountable for the funding, planning and delivery of mental health services. The Director must have executive powers, budgetary control and responsibility to report publicly on progress. However, a Director will have little impact without staff to assist in managing the change programme. In its most recent annual report, the Independent Monitoring Group has reiterated its call for a National Mental Health Services Directorate:

> "Year on year, many submissions and all previous IMG reports have called for the creation of this National Directorate which should be fully staffed, have authority to shape services in line with AVFC and have control over existing resources and any new resources made available to mental health services. The absence of a Directorate significantly reduces accountability for the delivery of AVFC."[14]

In order to fulfil the intentions of *A Vision for Change*, the Directorate must have multi-disciplinary input. The Directorate also requires budgeting expertise and administrative support to be effective.

Mental Health Reform is also concerned that no reliable evidence is available in the public domain on staffing levels in the mental health services. The Mental Health Commission is no longer reporting community mental health team staffing levels and the HSE does not report this information either, so there is no longer any regularly published information on the resources available to provide community-based mental health services. In 2011, the Department of Health advised the incoming Minister for Health that efficiencies could be generated in the public mental health services through the development of a national mental health information system as recommended in AVFC.[15] Two such systems have already been developed: the COMCAR database created by the Health Research Board and the WISDOM database developed and piloted jointly by the HRB and the HSE. The failure of either of these systems to progress to full implementation is a serious disappointment. The lack of reliable, national, public information on community-based adult mental health service delivery and outcomes continues to hinder implementation as it is impossible to tell with confidence which services are actually delivering improved outcomes for service users. In contrast with the adult services, child and adolescent mental health services have been publishing valuable data on service performance regularly for the past three years. The Child & Adolescent Mental Health Service Annual Reports demonstrate the feasibility and benefit of having good quality data against key performance indicators that is published regularly. The most recent report of the Independent Monitoring Group has called for similar reports to be produced by other parts of the mental health service.[16]

Recommendation: The Government must adequately resource a multi-disciplinary Directorate for Mental Health Services to ensure that it contains the necessary change management capacity and skills to drive implementation of *A Vision for Change*.

Recommendation: The Department of Health should budget for the design during 2013 of a mental health information system that will report on inputs, outputs and outcomes of community-based mental health service delivery according to Key Performance Indicators aligned to implementation of *A Vision for Change*. The Minister for Health should instruct the HSE to design a mental health information system by the end of 2013.

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[14] *Sixth Annual Report of the Independent Monitoring Group for A Vision for Change*, p.49.
[15] Ibid., p.110.
[16] *Sixth Annual Report of the Independent Monitoring Group for A Vision for Change*, p.47.

NO FURTHER CUTS TO MENTAL HEALTH AND RELATED VOLUNTARY AND COMMUNITY ORGANISATIONS

Mental Health Reform believes that partnership between the public mental health services and the voluntary sector (mental health and other voluntary organisations) is vital to implementing *A Vision for Change*. Mental health voluntary organisations provide vital support services such as peer and family support groups, telephone help lines, information and education programmes that are integral to recovery-orientated mental health services. Community and voluntary organisations can educate members of the community about mental health and provide mental health promotion programmes in schools. NGO-provided services such as housing and vocational training services can provide essential supports for an individual's recovery. Organisations cannot make the types of economies that might be possible in the statutory services. HSE-funded mental health voluntary organisations cannot afford to incur additional cuts without cutbacks in frontline service delivery.

Recommendation: The Government should ensure that no further cuts are made to community and voluntary agencies funded by the HSE.

RECOMMENDATIONS FOR THE DEPARTMENT OF SOCIAL PROTECTION

NO REDUCTION IN THE LIVING STANDARDS OF PEOPLE WITH A MENTAL HEALTH CONDITION ON SOCIAL WELFARE PAYMENTS

People with a mental health problem who are on disability or illness benefits have been hit by cuts to welfare spending. As highlighted above, inflation continued to rise year-on-year from 2011 to 2012,[17] with an increase in the VAT rate hitting people on low incomes disproportionately hard[18] while important benefits such as the fuel allowance were reduced in 2012. The DSP also increased the minimum rent contribution for individuals on Rent Supplement by €6 per week in 2012. These cost increases have put people with a mental health condition who are on benefits under increased financial pressure during 2012.

Recommendation: The Department of Social Protection must maintain the standard of living of people with a mental health condition on social welfare payments by maintaining rates at their current level, reducing the individual minimum contribution for rent supplement back down by €6 per week and restoring the fuel allowance cut made in 2012.

RECONSIDER INTRODUCING A REQUIREMENT FOR EMPLOYERS TO CONTRIBUTE TO ILLNESS BENEFIT

The Minister for Social Protection has proposed imposing a requirement on employers to contribute to illness benefit for their employees. There is a potential for employers to be deterred from hiring a person with a history of poor mental health using a rationale that hiring the individual could increase sick pay costs. This proposal could add to the already prejudiced attitudes that people with a history of poor mental health experience when seeking or in work. Such a provision could also deter individuals with poor mental health from getting treatment and this could have a negative impact on the mental health of the working-age population generally.

Recommendation: The Government should reconsider a requirement on employers to contribute to illness benefit.

[17] Central Statistics Office (CSO) *Consumer Price Index June 2012* published 12 July 2012.
[18] Social Justice Ireland *Policy Briefing: Poverty & Income Distribution,* July 2012.

RESTORE THE INCENTIVE FOR PARTICIPANTS ON DISABILITY BENEFITS TO UNDERTAKE COMMUNITY EMPLOYMENT

In recent years the Department of Social Protection has reduced the amount of additional weekly payment that people on disability benefits receive for participating in a Community Employment Scheme. The current additional payment is just €20 per week. Meanwhile, the Department of Social Protection recognises the need to provide an incentive for interns in its JobBridge Scheme, where participants receive €50 per week on top of their normal benefit.

The current additional payment of €20 per week is not an adequate incentive to encourage individuals on Disability Allowance to take up a C.E. place. People with a mental health condition often experience lowered self-esteem and self-confidence. They also face significant prejudice and discrimination in trying to avail of work on the open labour market. The C.E. Scheme provides a valuable opportunity for individuals who have been out of work due to a mental health condition to regain their confidence and skills in the workplace, while retaining the security of their disability payment. C.E. Scheme workplaces also provide an environment somewhat sheltered from the competitiveness of open employment and are thereby a helpful starting place for some individuals who would be deterred by the anticipated stress of a competitive work environment.

As it is, there is no significant financial incentive for individuals to take up a C.E. place and this is a discouragement to their activation and progression into the workforce. C.E. Scheme participants on disability benefits should be given the equivalent incentive of €50 per week as those on the JobBridge Scheme.

> **Recommendation: The Department of Social Protection should provide a €50 per week payment to participants on C.E. Schemes, as is already provided for participants in the JobBridge Scheme.**

RECOMMENDATIONS FOR THE DEPARTMENT OF ENVIRONMENT, COMMUNITY AND LOCAL GOVERNMENT

HOUSING FOR PEOPLE MOVING FROM MENTAL HEALTH SERVICES INTO THE COMMUNITY

In recent years there has been a barrier to individuals transitioning from HSE mental health service accommodation to mainstream housing in the community due to lack of a funding stream to provide on-going support. This issue is recognised in *A Vision for Change,* which recommends that:

> "the provision of social housing is the responsibility of the Local Authority. Mental health services should work in liaison with Local Authorities to ensure housing is provided for people with mental health problems who require it." (Recommendation 4.7)

The value for money review of long-stay residential care for people in the mental health services also recognised that there are individuals who no longer require HSE-supported accommodation but who nevertheless require some type of support to be able to move into and maintain independent living. The review found that almost 1,000 people were inappropriately placed in long-stay accommodation. Key recommendations from the report were that:

- HSE medium and low support accommodation should be transferred to local authority management
- Local authority accommodation should be sourced for people living in high support residences who have low and medium support needs
- Local authority accommodation should be sourced for new long-stay residents of psychiatric units who have low and medium support needs

The Housing Strategy for People with Disabilities made a commitment to identifying a funding stream to support individuals transitioning from HSE mental health facilities to appropriate community housing. The Implementation Framework for this strategy, recently published by the Department of Environment, Community and Local Government, estimates that €0.35 million will be needed in the first year to provide housing and tenancy sustainment support for 40 people to transition from psychiatric hospitals and inpatient units to local authority social housing, while an additional €0.5 million will be required to provide tenancy sustainment support for individuals living in medium and low support residences that transfer to local authority control.[19] It is important to note that the Implementation Framework fails to plan for an additional 400 people living in high-support community residences who could also be suitable for independent living.[20]

> **Recommendation:** The **Government should allocate €1 million to support transition of people with low and medium support needs from HSE mental health facilities (both long-stay in inpatient units and living in HSE community residences) to local authority social housing. This funding should consist of:**

- **€0.35 million to provide housing and tenancy sustainment support for 40 individuals to transition from psychiatric hospitals and inpatient units to local authority social housing;**
- **€0.5 million to provide tenancy sustainment support for individuals in HSE community residences that transfer to local authority control; and**
- **€0.15 million for a small number of individuals in high-support community residences to transition to independent living.**

[19] See Department of Environment, Community and Local Government (2012) *National Housing Strategy for People with a Disability 2011-2016: National Implementation Framework*.

[20] See Footnote 80 in the *National Housing Strategy for People with a Disability 2011-2016*, page 109.

FUNDING INNOVATIVE PEER-LED LOCAL GROUPS

Peer-led community groups exemplify the partnership and recovery principles in *A Vision for Change*. The Gateway Mental Health Project in Rathmines is an example of a peer-led group that focuses on supporting members to integrate into their local community. It operates according to community development principles and provides a drop-in centre, skills training, support to obtain employment, information and social activities. Another example is the Solas peer-run drop-in centre on the grounds of St. Davnet's Hospital in Monaghan, which provides a social space, activities, information and links to community resources. The National Economic and Social Forum recommended the development of supports for community groups. It specifically recommended that:

> "further development of community support services such as volunteering, befriending, mentoring programmes and peer groups should be supported and encouraged in local communities in tandem with the community and voluntary sector and official bodies such as Pobal, the Area Partnership and Leader." [21]

An important source of funding for the Gateway project to date has been community development funding and this type of funding should be expanded to provide support for other innovative community development projects around the country.

> **Recommendation: The Department of Environment, Community and Local Government should allocate €0.5 million to fund innovative, peer-led community development projects that support people with a mental health condition to integrate into their local community.**

ABOUT MENTAL HEALTH REFORM

Mental Health Reform is the national coalition of organisations working to improve mental health services and achieve implementation of the Government's mental health policy *A Vision for Change* in Ireland. Mental Health Reform works with its members through education, information, support and training to help bring about structural and cultural changes in mental health matters.

Mental Health Reform is available to discuss the above recommendations. Please contact Dr. Shari McDaid, Policy Officer at 01 612 1422 or via e-mail at smcdaid@mentalhealthreform.ie.

[21] National Economic and Social Forum (2007) *Mental Health & Social Inclusion: Report 36: October 2007*, Dublin: National economic and Social Development Office, p.174.