Joint Committee on the Future of Mental Health

Thursday 30th November 2017

Opening Statement

By

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Good morning Chairman and members of the Committee. Thank you for the invitation to attend the Committee meeting. I am joined today by:

- Dr. Philip Dodd, National Clinical Advisor for Mental Health

- Mr Liam Hennessy, Head of Mental Health Engagement

- Mr Jim Ryan, Head of Operations and Service Improvement
- Ms Yvonne O'Neill, Head of Planning, Performance and Programme Management

Members, you will have received a separate briefing document which sets out detail in relation to the implementation to date of *A Vision for Change* and other service improvements currently underway. In this briefing document we set out in detail the progress made in respect of each of the relevant 209 recommendations. Briefing documents supplied to this Committee last week set out the governance of mental health services along with an overview of the 2017 budget. This is in addition to other reports available to the Committee published as part of the HSE annual planning and performance cycle.

The Report of the Expert Group on Mental Health policy – *"A Vision for Change"* was published in 2006 and was adopted as Government policy. It is a progressive, evidence-based policy document that proposed a new model of service delivery which would be service user centred, flexible and community based. It has contributed significantly to the development of mental health services in recent years, providing a policy and rationale for the delivery of standardised services. The implementation of *A Vision for Change* was initially constrained by the lack of the recommended investment in the post publication recessionary years. Whilst consistent investment has been made available since 2012 through Programme for Government funding, the inability to recruit some key clinical staff due to early retirement options for nurses and international competition for some specialist consultant staff has frustrated efforts to improve services at a faster rate.

In this statement I would like to make the following summary points which are detailed in the separate briefing document provided.

Initially, the implementation of *A Vision for Change* focused on the core building blocks underpinning Mental Health services including the reconfiguration of Community Mental Health Teams within recommended population catchment areas.

Total Whole Time Equivalent staffing recommended by *A Vision for Change* adjusted for the latest 2016 population is 12,354. The actual staffing at October 2017 is 9,767 which is nearly 80% delivery of the *Vision for Change* recommendation.

General Adult Mental Health Teams are now based on populations of 50,000 and we have reached 76% of the *Vision for Change* recommended staffing levels nationally. Additionally, we have put in place 69 of the 79 recommended Child & Adolescent Mental Health teams and 30 of the 48 recommended Psychiatry of Later Life teams. In some of these existing teams, there is insufficient staffing numbers resulting in 56% achievement of the recommended staffing levels for CAMHS and nearly 61% for Psychiatry of Later Life. We continue to use development funding to increase the staffing levels on existing teams or to create new teams whilst also implementing recommendations on other specialist teams including Mental Health Intellectual Disability and Rehabilitation, all of which is outlined in detail in the briefing document submitted.

A Vision for Change describes a framework for developing and promoting positive mental health, including suicide prevention, across the entire community. The National Office for Suicide Prevention, established shortly after the publication of the policy, has driven the strategic direction for suicide prevention. Initiatives to date include the appointment of Suicide Resource Officers in local communities, Suicide Crisis Assessment Nurses in general practice, funding of agencies for direct counselling and support services and more recently through Connecting for Life, the commitment to interagency working and the development of local suicide prevention implementation plans. Additionally the development of the Self Harm Clinical Programme and the appointment of Self Harm Nurses to Emergency Departments nationally has been progressed.

A Vision for Change places significant emphasis on the need to involve service users and their supporters at every level of service provision. Within the Mental Health Division , we have developed a national office dedicated to Engagement with service users and their families and increased Mental Health Engagement capacity within the 9 Community Health Organisations. We have developed a National Recovery Framework to ensure that a recovery ethos underpins all service delivery. In 2017 we have employed Peer Support Workers in our services for the first time.

The policy recognises that most Mental Health treatment and care is delivered in primary care settings. Specific initiatives to date include the development of the Counselling in Primary Care Service and National Counselling Service, the funding of over 100 Assistant psychology posts to expand psychological interventions to children and the funding of innovative youth friendly Mental Health organisations like Jigsaw.

The policy also recommended that Community Mental Health Teams should offer multidisciplinary, home-based and assertive outreach care and a comprehensive range of medical, psychological and social therapies across the lifespan. Recent initiatives here include the development of 7 day Mental Health Services, the funding of Home Based Treatment Teams and Assertive Outreach teams, the provision of modern evidenced based therapeutic programmes and the development and implementation of the Early Intervention Psychosis Clinical Programme.

A Vision for Change sets out recommendations for best practice in the delivery of recovery and rehabilitation services for people with severe and enduring mental illness and other significant needs such as Forensic Mental Health, Homelessness, Substances Misuse and Eating Disorders. Initiatives here to date have included development of Specialist Rehabilitation services, Mental Health Services for people who are Homeless, the Clinical Care Programme for Eating Disorders and the deployment of Forensic Mental Health Teams in all Prisons.

Significant capital development has taken place since the publication of the Policy. Over recent years, new units have been built for children in Dublin, Galway and Cork

Adults units have been developed in a number of locations, including Cork, Drogheda, Limerick , Galway and Killarney. The refurbishment of many units across the country has also all been provided for. Construction work has now commenced on the new National Forensic Mental Health facility in Portrane which will provide 170 Forensic beds including Forensic CAMHS and Forensic MHID services. Notwithstanding these developments, it is estimated that in excess of €500m additional funding is required to meet all future mental health infrastructure requirements.

Since the publication of *A Vision for Change*, the Mental Health Division has also responded to a variety of emerging wider Mental Health issues including development of appropriate Perinatal Mental Health services, development of a clinical programme for ADHD in adults and other initiatives. Additionally, since the establishment of the Division in 2013 there has been an emphasis on improving services using a programmatic approach to ensure implementation of sustainable change designed to modernise Mental Health services, including over 25 service improvement projects.

In conclusion, *A Vision for Change* has been a valuable policy guiding the continued development of and investment in Mental Health services. Consideration now needs to be given to adapting the approach taken to date to support integration and the implementation of more recent policies. The HSE looks forward to contributing to the Review of *A Vision for Change*, recently initiated by the Department of Health, and also to maximising the opportunities identified in *Slaintecare* for responding to mental health needs as part of a wider societal and whole of government approach to health.

This concludes my opening statement.

Thank you.