



# Mental Health Reform

Promoting Improved Mental Health Services

## MHR opening statement to the Oireachtas Committee on Future of Healthcare

**4<sup>th</sup> November 2016**

Mental health is a cross cutting issue that is deeply entrenched in every aspect of Irish society. In 2015 the European Joint Action on Mental Health and Wellbeing stated that “mental health is more crucial today than it has ever been...” due in part to its impact on every domain of life.<sup>1</sup> This effect is compounded by the growing recognition of mental health difficulties and, as a consequence, an increasing demand on services that are already under-resourced and overstretched.

### Prevalence

- Currently, mental health difficulties constitute one third of the disease burden in Europe and according to the World Health Organisation (WHO), by 2030 depression is expected to be the largest contributor to disease burden
- The Healthy Ireland survey reports that 9% of the Irish population over age 15 has a ‘probable mental health problem’ at any one time.<sup>2</sup> This equates to approximately 325,000 people based on Census 2011 population data
- Almost 20% of young people aged 19-24 and 15% of children aged 11-13 in Ireland have had a ‘mental health disorder’<sup>3</sup>
- According to the Suicide in Ireland survey, suicide is the leading cause of death in young males, exceeding road traffic accidents and cancer
- New research published by the Economic and Social Research Institute identified the two most common types of work related illness, one of which is work related stress, anxiety and depression (SAD). In Ireland SAD accounts for almost 20% of work-related illness

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<sup>1</sup> Joint Action on Mental Health and Well-being (2015) Mental Health In All Policies: Situation analysis and recommendations for action. Available at <http://www.mentalhealthandwellbeing.eu/publications>

<sup>2</sup> Department of Health (2015) Healthy Ireland survey 2015: summary of findings. Dublin: Department of Health.

<sup>3</sup> Cannon M, Coughlan H, Clarke M, Harley M & Kelleher I (2013) The Mental Health of Young People in Ireland: a report of the Psychiatric Epidemiology Research across the Lifespan (PERL) Group Dublin: Royal College of Surgeons in Ireland.

## Costs

- There is a strong correlation between physical and mental health difficulties. Altogether, the extra physical healthcare caused by mental health difficulties was estimated in 2012 to cost the NHS at least £10 billion<sup>4</sup>
- Adults aged 18 or older with any “mental disorder” or major depressive episode in the past year are more likely than adults without these conditions to have high blood pressure, asthma, diabetes, heart disease, and stroke
- In terms of health service utilisation, adults with any “mental disorder” use both emergency departments and hospitals more than those without a mental disorder, leading to higher health care costs
- It has been estimated that the overall cost of poor mental health in Ireland is 2% of GNP which would equate to €4 billion currently.<sup>5</sup> To put this in context, the cost of overweight and obesity in Ireland was estimated at €1.13 billion in 2009, equating to 0.7% of GNP at that time.

This evidence suggests that the individual and social returns from adequate investment in mental health in Ireland are likely to be “high and sustained”.<sup>6</sup> The main economic costs of mental health difficulties are associated with the labour market as a result of lost employment, absenteeism, lost productivity and premature retirement.

## Parity of esteem

MHR strongly recommends that mental health is recognised and afforded appropriate priority within the wider health agenda to reflect its significance in contributing to the burden of disease in Ireland and its impact on other areas of life. Despite the high costs of mental health difficulties to Irish society, resources for mental health services continue to be disproportionately low compared to resources for physical health services.

In 2017 there will be a 3% increase in revenue funding for mental health, however, this is much less than the 7.4% increase in revenue funding for the overall health budget. In 2016, mental health funding represented just 6.2% of the overall health budget which is significantly lower than other, leading countries and lower than recommended in Irish mental health policy. In both Britain and Canada the proportion of funding is approximately 13% and in New Zealand 11%.

This Government’s allocation will do little to redress the historical underfunding and decades of neglect of Ireland’s mental health system, let alone put in place the foundations for a

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<sup>4</sup> Centre for Economic Performance (2012) How Mental Illness Loses Out in the NHS, p. 1.

<sup>5</sup> Ibid. p. v.

<sup>6</sup> Ibid, p.vi.

modern mental health system, as required by national and international standards. The urgent need for additional investment is clearly reflected in particular service areas which remain shockingly under-developed. These include, for example:

- the lack of 24/7 crisis mental health services throughout the country for both adults and children
- the lack of services for particular groups of adults and children at risk, including those with a dual diagnosis of mental health difficulties and addiction, and co-morbid mental health and intellectual disability

### **Mental health in primary care**

In addition, there continues to be a lack of capacity within the primary care sector to provide comprehensive mental health services, including early intervention, detection, and appropriate interventions for adults and children. Such gaps include:

- Wide variation in access to mental health support in primary care and the underdevelopment of mental health workers in primary care teams across the country
- The lack of a comprehensive range of mental health interventions in primary care. This is reflected in the current limitations of the Counselling in Primary Care service which is only available to people over age 18 who have a medical card, and has a maximum of eight sessions. Of the 2,496 clients waiting for counselling nationally at the end of the first quarter in 2016, 21% of clients were waiting between three and six months and 5% were waiting over 6 months.
- The lack of delivery and evaluation of appropriate training, supervision and support in mental health for GPs and other primary care professionals across the country. This includes the absence of a national 'shared care' approach to ensure effective communication between primary care and specialist mental health services

### **E-mental health**

E-mental health is another strand of service delivery which has received little attention in the Irish context, and should be considered in the development of mental health services. There is potential for e-mental health supports to improve accessibility and affordability of mental health care, reducing the prevalence of unmet need. This in effect could address health inequalities and social exclusion, particularly in times of increased demand and over-stretched services. Currently, there is a huge gap between the level of need for mental health care and available provision. For example, CIPC received 17,000 referrals in 2015, however an estimated 325,000 people over age 15 in Ireland have a probable mental health problem.

Long waiting times can be a deterrent to help-seeking, private supports can be expensive, and there is still social stigma which prevents people from seeking care. If e-mental health is applied effectively, it can deliver personalised care, empower individuals to take ownership of their mental health, and reach many people who are not currently getting support.

### **Prevention & early intervention services**

It is also necessary to invest in the development of prevention and early intervention services which specifically target the mental health of infants, young children and their families. Despite targeted investment by Government in evidence-based programmes to improve outcomes for children and families (most notably through the Area-based Childhood initiative) there has been a lack of national direction on mental health in this area and a lack of consistency in incorporating mental health into local programmes. Prevention needs to include an approach which places the social and emotional health and well-being of infants on par with that of their physical health. This should be set out in national policy and complemented with the necessary resources.

In 2013, the WHO recommended redirecting mental health spending towards community-based services, including the integration of mental health into maternal and child health, enabling access to better and more cost-effective interventions.<sup>7</sup> A recent evaluation of a parenting programme in Ireland indicated that for every €1,463 spent per child, a saving of €4,599 per child was realized.<sup>8</sup> In this context, it is worth noting that between 2008 and 2015 there was a 38% cut to funding for Family Resource Centres.

The financial impact on wider society, by neglecting to invest in early intervention services has been clearly identified - from economic disadvantage to academic underachievement, substance abuse, so-called 'juvenile delinquency' and intergenerational effects, to name but a few.<sup>9, 10</sup> Researchers, clinicians and economists are in strong agreement that adequate investment in this area, and a move towards prevention and early intervention, as opposed to crisis care will lead to long-term economic savings, enhanced social capital and individual gains.

### **Mental health in all policies (MHiAP)**

Overall, MHR recommends that Government adopt a mental health in all policies approach. This approach has been defined by the European Framework for Action on Mental Health and Well-being 2016 as

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<sup>7</sup> World Health Organization (WHO; 2013). Mental Health Action Plan 2013 – 2020. WHO, Switzerland.

<sup>8</sup> Early Years Strategy (EYS; 2013) Right From the Start: Report of the Expert Advisory Group on the Early Years Strategy. Department of Children and Youth Affairs, Ireland.

<sup>9</sup> Mihalopoulos et al.,(2012).

<sup>10</sup> NICE (2014).

“the development of mental health promotion, prevention and early intervention... through the integration of mental health in all policies and multi-sectoral cooperation”.

The WHO also recognises that mental health influences a wide range of outcomes for individuals and communities. It is both a cause and a consequence of social and economic status. In order to improve the mental health outcomes of the population, the social, cultural and economic determinants of mental health must be addressed through a whole of Government approach in which mental health is considered in areas such as the wider health environment, primary care, housing, employment, education, justice and social protection. For example, the recent ESRI report discussed the need for targeted measures to address work-related illnesses, not only to assist workers experiencing difficulties, but also to tackle the issues of lost productivity, and the associated costs for healthcare and social protection.

### **Concluding recommendations**

MHR is calling on the Committee to consider the following recommendations:

1. Mental health should be prioritised in any future healthcare vision and integrated with physical healthcare throughout the health system
2. The principles of human rights, autonomy and recovery should underpin all service delivery, including in mental health, the wider health services and other social and community services
3. A Mental Health in All Policies approach should be adopted to take account of the broad impact of mental health on a range of social and economic policy areas
4. Government should invest in mental health in primary care to ensure that the mental health needs of the population are addressed at the lowest possible level of the mental health system. This should be supported through investment in mental health resources in primary care and implementation of the shared approach between primary and secondary mental health services. Furthermore, individuals with long term mental health needs should be afforded access to free primary health care.
5. Investment in prevention and early intervention services to support the mental health of infants, young children and their families, particularly those at risk is required.