

# Joint Committee on the Future of Mental Health Care

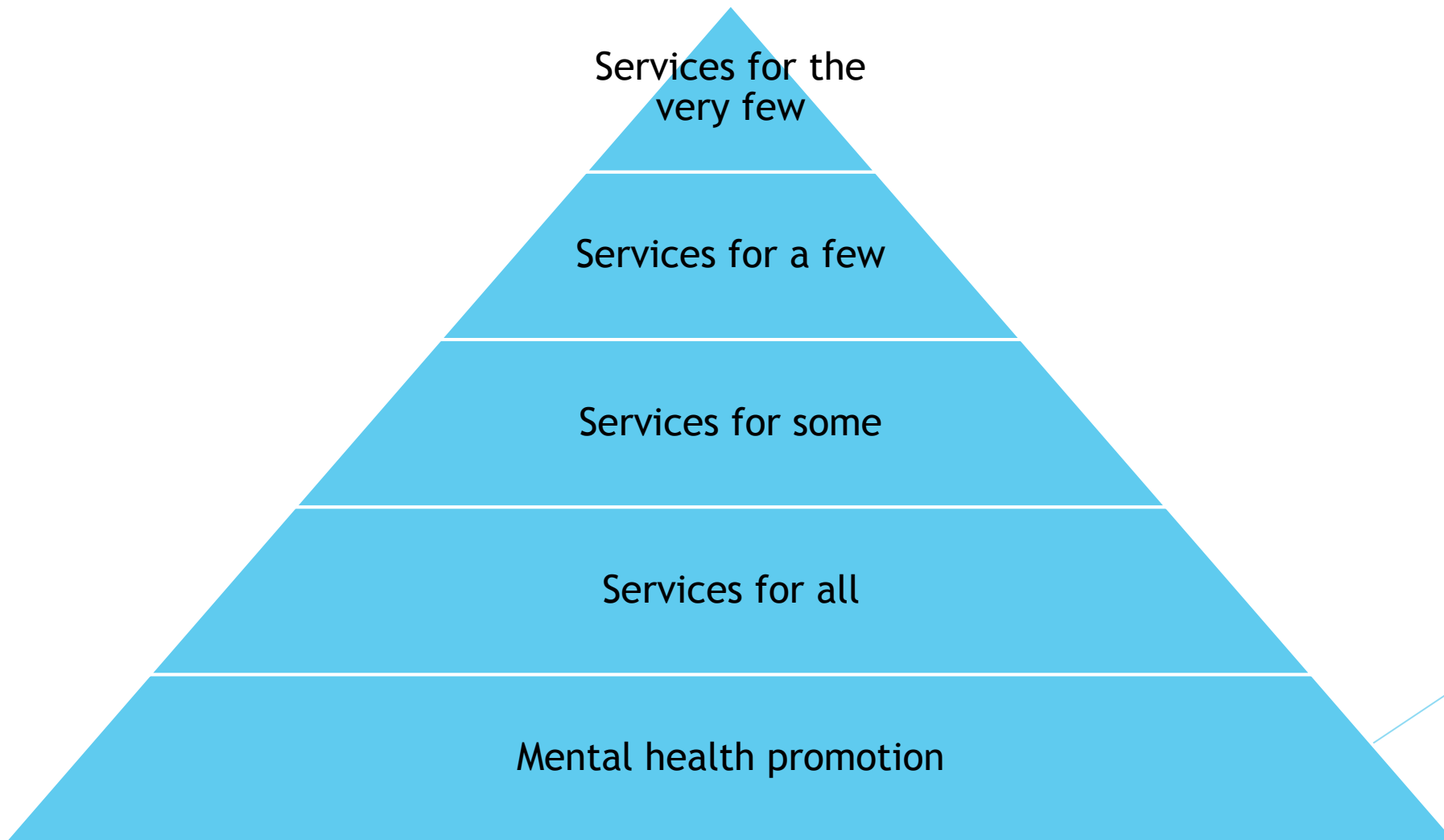
Meeting  
December 14<sup>th</sup> 2017

Opening statement  
Professor Joyce O'Connor  
Dr Fiona Keogh

# Context

- ▶ Vision for Change
- ▶ Framework for the delivery of *mental health supports and services*

# Framework for mental health services and supports



# Primary care

- ▶ 90% of mental health difficulties dealt with through primary care
- ▶ Primary care critical role in delivering mental health supports and services *and* as a 'gatekeeper' to mental health supports and services as well as coordinating care for service users
- ▶ GPs are central to the delivery of primary care services. Major gaps in other primary care team members such as; nursing (PHNs, practice nurses etc., psychologists, counsellors, social workers, speech and language therapists, etc....)

# Gaps

- ▶ Not everyone needs specialist mental health services
- ▶ However, accessing the right service at the right time can be difficult for a number of reasons:
  - ▶ Person doesn't know what's available to access self-help or non-specialist help
  - ▶ People usually go to GP but GP may not know all that's available locally
  - ▶ GP usually does not have time to offer structured intervention
  - ▶ However, lack of mental health professionals at primary care level who have the skills and expertise to offer therapies
  - ▶ Gaps generally in the range of mental health supports and services that may be available in a local area

# Example: Supports and services for children and young people

- ▶ Almost 100,000 staff who support children and young people in different ways, are funded or employed by Government
- ▶ Almost €300m of investment by Government in Youth Mental Health
- ▶ A lot of work undertaken - evidence-based analysis (e.g. Pathfinder Project, Draft Final Report 2017)
- ▶ However,
  - ▶ No single policy for youth mental health
  - ▶ No single person/Department responsible
  - ▶ Action focused on the system - limited focus on local situation or solutions

# Waiting Lists CAMHS

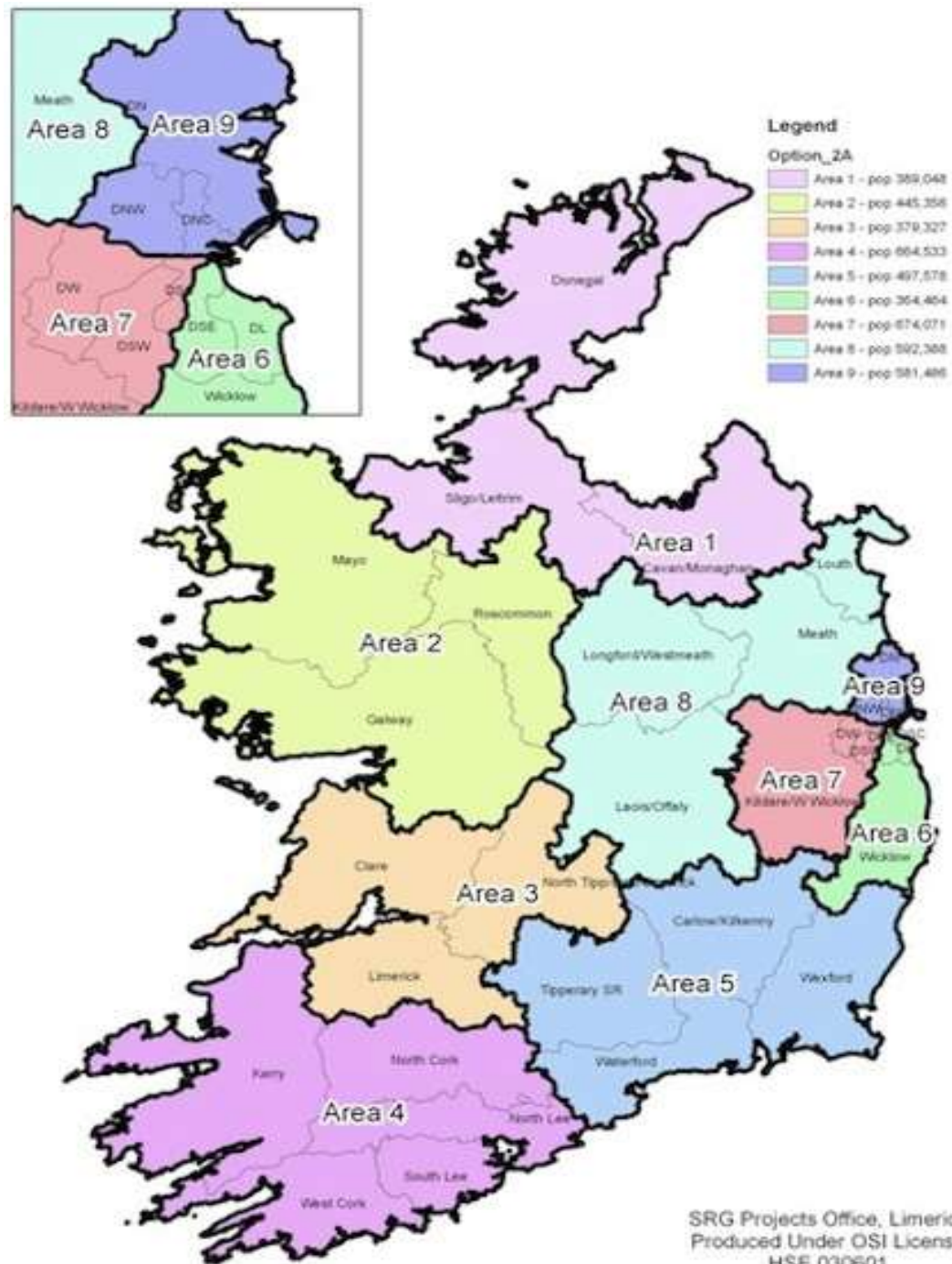
- ▶ Urgent cases seen within 72 hours
- ▶ 73% of referrals seen within 3 months
- ▶ Total waiting longer than 12 months = 366 nationally
  - ▶ Lots of variation - 0 in many areas but problems in others

Source: HSE - figures as at end July 2017

# Child and adolescent mental health services (CAMHS)

- ▶ CAMHS waiting lists are a ‘symptom’ of a system that is fragmented with referrals for *any* support often inappropriately going to CAMHS
- ▶ Five of the nine CHO areas do not have waiting lists over 12mths for CAMHS
- ▶ Factors associated with lower waiting lists:
  - ▶ Effective leadership
  - ▶ Effective coordination and team working
  - ▶ Close to full staffing of teams (including key staff members)
  - ▶ No recruitment problems





# Critical actions to change practice and systems

- ▶ Several service improvement initiatives underway for CAMHS
- ▶ Standard Operating Procedure (SOP) for CAMHS
- ▶ Joint Working Protocols agreed with other divisions in HSE (Primary Care, Health & Wellbeing and Social Care)
- ▶ Joint Working Protocol agreed with Tusla
- ▶ Joint working with Department of Justice managed through the forensic mental health service
- ▶ Working arrangements with NGOs governed through service agreements

# Gaps

- ▶ Need for key providers of mental health supports and services to have their own Standard Operating Procedures (SOP)
- ▶ No Joint Working Protocol yet with:
  - ▶ Department of Education and Skills - role in NEPS and wellbeing programmes
- ▶ Need for ***one agreed pathway*** so that the right intervention is delivered at the right level and the right time
- ▶ Need to use **ALL** resources across Departments and Agencies including NGOs

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Suggested actions

# Actions for Child and Youth Mental Health

- ▶ Direct your support at systemic change to make a lasting difference
- ▶ Interdepartmental Action Group (including relevant agencies) established with Mandate to direct and support relevant ***national*** actions on mental health supports and specialist services to be implemented ***locally***
- ▶ Area-based approach e.g. CHOs
- ▶ ‘Liaison Officer’ appointed to:
  - ▶ Coordinate development of ONE agreed pathway for an area (based on locally available services)
  - ▶ Ensure all relevant joint working protocols are in place/developed
  - ▶ Coordinate signposting to the agreed pathway and relevant services - comprehensive directory with relevant information

# Mental Health Act 2001

- ▶ The emphasis on the role of the Consultant Psychiatrist in both the Mental Health Act and the consultant's contract is seen as an impediment to multi-disciplinary working
- ▶ 2015 Review of the Mental Health Act (2001) Approved Clinician - recommendations:
  - ▶ 138. The Group did not recommend the introduction of an 'Approved Clinician' at this stage.
  - ▶ 139. The Group believes that the introduction of an 'Approved Clinician' should be considered again as part of future reviews of the legislation.
- ▶ May be possible to introduce an 'Approved Clinician' into the Irish Mental Health Act 2001 through the use of a Statutory Instrument
- ▶ Good evidence that multidisciplinary working can be done well and lead to improved outcomes e.g. The Choice and Partnership Approach (CAPA)

# Summary

- ▶ Wider view of mental health ***supports*** and services
- ▶ Interdepartmental Working Group - national actions implemented locally
- ▶ Mental Health Act statutory instrument - introduce 'Approved Clinician'