



Mental Health Reform

Promoting Improved Mental Health Services

Opening Statement to the Oireachtas Committee on the Future of Mental Health Care

July 2018

Introduction

Good afternoon. I'd like to thank the Chair and the members of the Committee for inviting Mental Health Reform to appear before you today to discuss the important topics of 1) mental health funding and 2) performance indicators for the mental health system.

Mental Health Reform has strongly welcomed the establishment of the Oireachtas Committee on the Future of Mental Health Care that has signalled the priority of mental health as an issue across all political parties and has provided a real opportunity for Ireland's mental health system to be scrutinised at parliamentary level. We also support many of the recommendations in the Committee's previous, interim reports, and in particular recommendations on increasing the proportion of the health budget allocated to mental health, including development funding, in addition to prioritising the development of a mental health IT system and expanding the existing suite of key performance indicators in the mental health services.

For those who are not familiar with MHR, we are Ireland's leading national coalition on mental health. With over 60 member organisations, we campaign together to drive progressive reform of mental health services and supports in Ireland. Since 2012, Mental Health Reform has actively campaigned for increased funding for mental health services and supports. In addition, MHR has been calling on Government to invest in and ensure the implementation of a national mental health information system in budget submissions for the last 6 years.

Funding of mental health services

The question of investment in mental health services must be understood as a question of resources for staffing, since 80% of expenditure on mental health care is in staffing. Investment in public mental health services is about ensuring that the right people are in place and available to provide support to people in mental/emotional distress across the country.

Between 2012 and 2018 €210M in development funding has been allocated to the development of new mental health services. However, it must be acknowledged that this investment has occurred in the context of increasing demand on the mental health services, with much of this funding being spent on

- areas of service delivery, not originally envisioned for development (e.g. investment in the National Office for Suicide Prevention, counselling in primary care, etc.),
- maintaining existing levels of service in the face of increased demand
- expenditure on out of area placements, and
- agency staff cover for unfilled posts

While this investment is most certainly welcome, there is no doubt that it has been vastly outstripped by other costs attributed to challenges in the operation of the mental health services.

There is an ongoing shortfall of investment in mental healthcare creating a system that is at breaking point and in dire need of financial attention, in the context of significant increased demand since *A Vision for Change* was published in 2006.

In 2017 the HSE reported that it required an additional €98M to achieve the staffing for mental health services set out in *A Vision for Change*. This figure did not include investment in primary care and the voluntary sector. Thus, notwithstanding investment by successive Governments since publication of *A Vision for Change*, the reality is that upwards of 10% more funding is needed, in today's terms and in light of today's demographics, simply to fulfil the mental health service programme published in 2006.

These figures reveal that a step change in investment in mental healthcare in Ireland is needed. We must be much more ambitious than heretofore. We must think in terms of ensuring that everyone has speedy access to the mental health support that they need. If not, the costs will be felt everywhere else in our health and social system, from higher costs for physical healthcare to higher disability and illness benefit payments to higher supported housing costs and lost productivity for employers.

A report published by the London School of Economics (LSE) and Political Science identified that total expenditure on healthcare for 'mental illness' amounts to some £14 billion a year in the UK.¹ In addition, 'untreated mental illness' amounts to over £10 billion in physical healthcare costs each year and the total non-NHS cost of adult mental illness to the Exchequer may be around £28 billion.²

¹ The Centre for Economic Performance Mental Health Policy Group (2012) *How Mental Illness Loses Out in the NHS*. The London School of Economics and Political Science: London.

² Ibid.

The Healthy Ireland framework reports that the economic cost of mental health problems in Ireland is €11 billion per year, much of which is related to loss of productivity. Similarly, a recent report published by the Work Research Centre (WRC) identifies that the “economic costs of ‘mental health disorders’ are enormous, with figures suggesting this may amount to as much as 4% or more of GDP in some countries. Although substantial costs accrue to mental healthcare systems, the main economic costs are located in the labour market and social protection systems, not just for those experiencing poor mental health but also for other family members”.³

The high burden of disease attributed to mental health difficulties highlights the need for adequate investment in mental health. The evidence based review on refresh of AVFC clearly identifies that “studies have shown the substantial returns on investment that a broad range of prevention and treatment mental healthcare interventions can yield. This may include better outcomes for the mental health care sector and for the physical healthcare sector, cost-savings arising from prevention, and substantial cost-savings and other contributions across other areas of the public sector, economy and society.”⁴ The London School of Economics report states that “effective mental health treatment can generate large savings to the government, for example by increasing employment or improving the behaviour of children.”⁵ The report cites one example - the Improving Access to Psychological Therapies programme in the UK has almost certainly paid for itself through reduced disability benefits and extra tax receipts.

In addition, the WHO has recently reported that every US\$1 invested in scaling up treatment for depression and anxiety leads to a return of US\$4 in better health and ability to work.⁶

In 2018 the total budget for mental health in Ireland is just €912 million. If fully realised, this level of expenditure will equate to just 6% of the overall health budget. This proportion represents a decrease on previous years and is severely lagging behind both national and international standards. Notwithstanding difficulties in comparing expenditure between countries, the WRC evidence review acknowledged that Irish expenditure was lower than better performing mental health systems.⁷

An increase in mental health expenditure is required not only for new developments, but to maintain ‘existing level of service’ (“ELS”) costs. ELS costs increase each year due to a variety of factors, including demographic changes, in particular, a rising child, youth and older population which is resulting in increased demand on services, in addition to costs

³ Work Research Centre (2017) *A wide-angle international review of evidence and developments in mental health policy and practice*. Department of Health: Dublin.

⁴ Ibid.

⁵ The Centre for Economic Performance Mental Health Policy Group (2012).

⁶ World Health Organisation (WHO) “Investing in treatment for anxiety and depression leads to fourfold return”, media release, 13th April 2016 available at <http://www.who.int/mediacentre/news/releases/2016/depressionanxietytreatment/en/>.

affiliated with out of area placements for services that are not available in Ireland, and agency staff to cover vacant posts.

Even though it is proving difficult to recruit and retain various specialist mental health staff, we believe it is possible to increase investment by broadening the scope of roles within mental health services, reserving scarce clinicians for roles they can uniquely perform. Mental Health Reform has consistently recommended that there be a shift of focus in recruitment of staff from primarily medical professionals to health and social care professionals, including psychologists, occupational therapists, social workers, etc. Currently in CAMHS, there are less than 40% of the required number of clinical psychologists in post, less than 50% of social workers and less than 60% of occupational therapists.

While there is a fundamental requirement to invest in specialist mental health services, there is also substantial scope to develop mental health services elsewhere in the system, including in primary care and across the community and voluntary sector.

Going forward, it is imperative that mental health is afforded financial parity of esteem within the wider health budget to reflect its significance in contributing to the burden of disease in Ireland. This will require a substantial increase in mental health funding. Mental Health Reform recommends:

- 1. Increasing public expenditure on mental health services to 10% of the health budget within 10 years to comply with international standards on mental health funding as a proportion of the overall health budget, and in line with the Sláintecare report; and**
- 2. Increasing mental health staffing to ensure timely access to all relevant supports for anyone in mental health need as well as population-wide prevention programmes. This includes resourcing services at all levels of the system, from prevention to community supports to primary care and through to specialist mental health services.**

Absence of a national mental health information system

In addition to the continued under-resourcing of the mental health system, there is no national mental health information system to report on the full extent of service resources, provision, quality and outcomes for community-based mental health service delivery. Mental Health Reform has been calling for such a system in budget submissions since 2013. It is not acceptable that more than 12 years after publication of *A Vision for Change*, there is no information system to account for the more than €800-900M in public expenditure on mental health care each year.

There is widespread acknowledgment of the importance of such a system from national and international experts, the Mental Health Commission and from within the HSE. The development of an appropriate, electronic mental health information system based on key performance indicators, will assist in the full transparency and accountability for the evaluation, planning, funding and effective and efficient delivery of mental health services.

The WHO's guidance⁸ and the UN's human rights framework⁹ can inform the creation of an appropriate framework for performance assessment, supported by well-chosen indicators. To date international evidence shows more widespread and detailed usage of performance indicators in mental health services than is currently the case in Ireland. There are numerous KPIs that have been developed in other jurisdictions that can be applied and/or tailored to the Irish context, including for example, in England, Scotland, Canada, New Zealand and Australia. Mental Health Reform recommends:

- 1. Introducing a national, electronic mental health information system within 3 years of completion of the review of AVFC to enable the planning, implementation and evaluation of service activity; and**
- 2. Developing up-to-date key performance indicators that show delivery of human rights standards and national mental health policy within one year of the review of AVFC. KPI's should be reported on regularly to ensure accountability in mental health service provision and should take account of mental health facilities, resources (funding and staffing), quality of service and mental health outcomes for service users and family/supporters.**

Concluding remarks

Of note, restructuring of governance and accountability mechanisms within the HSE this year has led to the dissolution of the HSE's Mental Health Division and National Director of Mental Health position.

It is vital that coherent leadership in mental health at the national level is not lost in the new HSE structure and that there is clear authority and accountability for 1) a distinct, national mental health budget each year and 2) driving reform of the mental health services. Committee members may want to consider making proposals in this regard in the context of legislation due before the Oireachtas to increase the HSE's accountability.

⁸ See The WHO Mental Health Policy and Service Guidance Package. Available at http://www.who.int/mental_health/policy/essentialpackage1/en/

⁹ Indecon (2009) Review of Government Spending on Mental Health and Assessment of Progress on Implementation of A Vision for Change available at https://www.amnesty.ie/sites/default/files/report/2010/04/Indecon_Report%20to%20Amnesty1%20Sep%202009.pdf. Amnesty International and Indecon (2010).

Finally, Mental Health Reform welcomes the wide range of recommendations made by the Committee in its interim reports and calls on members today to consider the following issues in line with the Committee's terms of reference:

- Developing mental health services for particular groups of people, including older people, children and young people in the care system, people experiencing homelessness, individuals from the deaf community, people with mental health and intellectual disability and those with autism
- Establishing national independent advocacy services for adults and children engaged in mental health services
- Identifying and addressing the needs of carers/supporters
- Developing mental health services for people engaged in the criminal justice system, including diversion supports
- Investing in infant/early years mental health services to support the mental health needs of young children and their families
- Recognising and supporting the valuable, essential and complementary role of the community and voluntary sector in supporting the mental health needs of the population, including the development of peer led services

Further details about these recommendations are available in our submission on the review of *A Vision for Change* previously circulated to the Committee members.

In conclusion, given the scale of money involved in mental health, and considering the lack of systems in place to track and support performance against such spending at care group level, our specific appeal to this Committee today is that accountability in mental health funding and expenditure is prioritised in your final report.

Thank you for your consideration.