

Joint Oireachtas Committee on Health
Wednesday Oct 7th 2020.

Martin Rogan, CEO, Mental Health Ireland

There is no health, without mental health.

In recent decades our use of the term mental health has expanded to extend well beyond its previous connotation of mental illness and psychiatry. Irish people now apply the term to describe a broad range of life experiences and in a less stigmatised way.

Mental health services in Ireland have been through a period of change and reform, but concerns in relation to service access and capacity persist. We have experienced a pendular swing from a service that almost entirely bed-based in the 1980's, to now having one of the lowest *bed to population* ratios in the OECD, running at half the European norm. This model should only be contemplated where there has been strong and sustained investment in community based services. Unfortunately, this hasn't been our experience to date.

As a country, we have experienced radical social change over the past two decades, life style change, new work patterns, demographic and economic changes, greater diversity and new life expectations. Personal satisfaction and wellbeing are the new determinants of success.

The term mental health attempts to encompass a broad sweep of human experiences from life satisfaction, wellbeing, stress and distress, mental ill health through to psychiatry. To date we have looked to an under resourced psychiatric model to extend itself to respond to the full spectrum of these needs. This is not an appropriate or sustainable model. We need to step back and apply the right solutions, in the right settings at the right time.

The recently published '*Sharing the Vision a Mental Health Policy for Everybody*' proposes that we address the needs of the whole population, while providing a properly resourced and more responsive mental health service for people with the most significant needs.

The WHO recommends that each state needs to dedicate 12% of its health spending to mental health care, in Ireland it is less than 7%. Despite the extraordinary commitment of staff working in our services is, it is unrealistic to expect them to be able to function effectively with less than 60% of the recommended funding. Our Mental health services must be imaginative, but they cannot be imaginary.

The additional pressures associated with the Covid-19 pandemic have unmasked the underlying tension and fragility that many Irish people live with. Strained social bonds, over stretched families, insecure housing, long commutes, inadequate childcare provision, drug and alcohol misuse and financial uncertainty. Things can be difficult at the best of times, these clearly are not the best of times.

A healthy society seeks to proactively address these concerns, chronic stress, corrodes both physical and mental health and instils division, hostility and cynicism eroding the quality of life for all. The uncertainty of Covid-19 has overwhelmed many and the crushing effects of isolation have been very difficult to bear as pre-existing loneliness has been exacerbated.

At Mental Health Ireland we have two primary roles, the promote positive mental health and to support people in recovery from mental health difficulties. This work is underpinned by contemporary evidence and is delivered by our Volunteers and staff and through a network of Mental Health Associations, Peer Educators and Recovery Colleges. We work closely with the HSE Mental Health Services and many cross-sectoral partners.

'Mental Health for All – Greater Investment, Greater Access' is the theme for World Mental Health Day -this Saturday, October 10th. Our new national policy perfectly echoes this sentiment as it calls for additional investment, but not just more of the same, it seeks to advance a different, more hopeful and inclusive agenda.

Developed in co-production with people who use services, family members, professionals and providers, this policy is ambitious and expansive. At Mental Health Ireland we are committed to playing our part to realise all of its objectives.

This new policy is a comprehensive and impressive declaration of intent, but it must be more than that. Unless it is backed with investment the momentum will be lost, and unless its implementation is monitored by political oversight it risks disappearing without trace.

At Mental Health Ireland, along with our colleagues in Mental Health Reform, we would welcome the establishment of a special Mental Health Sub-committee of the Oireachtas Health Committee to keep the focus on the actual progress of this policy and its full implementation.

The Irish people are concerned about mental health, not in a self-serving or selfish way, but there is a genuine concern that all citizens are treated equally, effectively and respectfully. This has to more than a faint hope. We frequently hear the words mental health being bandied about as a trendy mantra. People who use services and their families have been disappointed before, now they want to be seen, heard and listened to, talk is cheap, talking therapies are not.

When promoting positive mental health, at Mental Health Ireland we use three strategies, *Strengthening the Individual, Strengthening the Community and removing the structural barriers*. Our work is supported by the HSE and through the generous public contributions. There is an enormous and urgent groundswell of support and people want to help and to get involved.

Research proves that investment in the mental health of our population not only raises quality of life for individuals, it build better communities, promotes independence and brings economic benefits too. There is little point in having a burgeoning economy if the people cannot enjoy it and share in its success. It cannot be built on slavish routine, stressed and unsustainable lifestyles, **exploitation** and inequality. We can do better.

Over the past 7 months we have witnessed the best in Irish people, pulling together, protecting one and other and the reawakening of community bonds. The challenge of Covid-19 has reminded us that personal health and wellbeing is no longer a solo pursuit, but one that requires cohesion, collective effort and mutual respect across all life stages.

Providing high quality, uninterrupted community based mental health care is a challenge in the context of Covid, but it is one we must overcome. For people who use mental health services, we now have a better understanding, new treatment options and insights which can cause us to be much more hopeful about recovery. By working with Peers and Family Members we can share their experiences and develop new pathways to recovery. We need to embrace these opportunities in all communities.

Irish mental health services are patchy and unevenly resourced. We must ensure that every citizen has their right to recovery fully realised in every county in Ireland. Uneven investment has restricted timely access in some instances, while discouraging innovation and modernisation in others. This needs to stop.

Timely access is critical, delayed interventions risk lives and misses opportunities for recovery. While acutely unwell, when you need to see a Psychiatrist, a Nurse, an OT, a Psychologist or a Social Worker no substitute will do. But we also now have an opportunity to open up and deploy a more diverse workforce with a range of new skills sets and solutions in employment, supported housing, education, training, life skills and community integration.

Protecting mental health and promoting recovery must be a cross Governmental task, mobilising and synchronising the efforts of all Government Departments and agencies. We have seen the fruits of this approach in the *'Connecting for Life'* suicide prevention framework. Promoting mental health is also a shared enterprise and we are confident that all agencies will wish to collaborate.

We have seen difficult examples from overseas and behaviours we do not want to replicate in our own country. For example in the USA, life expectancy has reduced over the past 3 consecutive years – the main causes can be attributed to poor mental health – *Alcohol, Drug Misuse, Obesity and Suicide*. Collectively known as the *'Diseases of Despair'* we can recognise these emerging patterns in our own country. We are not powerless, we must take concerted action to avoid this harmful path.

Our new mental health policy is confident and is much less fixated on inputs, but is instead focused on the outcomes that the person with mental health needs and their family would wish for. A decent life, with respect, autonomy and choices. One Service user described his simple hopes as *'A Roof over my head, food in the fridge, a job to go to and a date for Saturday night'* – surely it's not too much to ask that our mental health services could deliver on the first three of these four modest ambitions.

The new policy is built upon four key principles – *Human Rights, Recovery, Trauma Informed Care and Learning and Values*. When resources are so limited, we often hear the phrase *'value for money'*, but right now we need to see *Money for Values*. That is what the Irish people want for themselves, their families and their communities and are asking why must we continue to wait.

Next Tuesday is Budget day, and we will need to see a strong signal that our new mental health policy, that so many people have put great store in, will be adequately funded so that its implementation can begin in earnest.

The new policy, *Sharing the Vision* is positively stated but there is a difference between being hopeful and wishful – we now need to make this happen. Valid and accessible *Key Performance Indicators* must be regularly published so that we can see and appreciate the progress being made so it can be monitored by political representatives.

We have been patient, but we have had enough empty rhetoric, we now need to see some real commitment, real investment and real change. The formation of a special Mental Health Sub-Committee can go a long way to reassure the public that this time it will be different.

Martin Rogan
CEO
Mental Health Ireland

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