



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Opening Statement to the Oireachtas Sub-Committee on Mental Health

3rd December 2020

Thank-you to the Chair and Committee for the opportunity to discuss the impact of Covid 19 on the demand for mental health care and access at Primary Care level.

There is no doubt that the present Covid emergency has had significant psychological effects on the population of Ireland. There are escalating reports of common mental health problems and more marked neuro psychiatric disorders associated with the COVID-19 pandemic. These can arise from direct effects of infection and of long Covid syndrome, with enforced isolation and quarantine and with the additional stressors such as acute or abnormal bereavement, job losses, inter familial tensions and sudden impoverishment. These additional pressures can present as acute psychiatric diagnosis or an exacerbation of previous psychological/psychiatric issues, domestic violence or increased levels of alcohol, or drug use.

General Practice is generally the first point of contact with the health services for patients suffering with mental illness. Around 50% of GP consultations have some element of psychological input, while 25% of GP workload relates directly to managing mental health symptoms including anxiety symptoms, depressive symptoms and addiction. International best-practice suggests that 90% of emotional and psychological problems can be adequately managed by GPs in the community, without referral to specialist mental health services however unfortunately the system in Ireland does not support this approach.

Currently there is no funding is allocated for mental health care in General Practice. Neither A Vision for Change nor Sharing the Vision sufficiently recognise the role of General Practice in mental health care while none of the funding allocated to mental health services factors in GP-based care.

The greatest burden of mental ill health lies within the medical card population but presently GPs consult with patients with mental health illness with no formal contract in place other than acute care provision under the current GMS contract which was subject to a decade of FEMPI cuts.

The recent agreement between the IMO, the HSE and the Department of Health to reverse those FEMPI cuts imposed to General Practice is welcome however, a standard clinical programme for mental health care in General Practice should be negotiated similar to the chronic disease management programmes funded in the recent agreement.

For GPs, the value of psychological therapies, including counselling, cognitive behavioural therapy, psychotherapy and group therapy, is widely recognised in the treatment of patients with mental health issues. In 2006, A Vision for Change recommended that “all individuals should have access to a comprehensive range of interventions in primary care for disorders that do not require specialist mental health services”, however access remains poor.

- Access to Counselling in Primary Care Services is restricted to adult medical card holders only and excludes patients with moderate to severe psychological problems, longstanding depression, severe anxiety, behavioural problems or personality disorders. Those excluded are left reliant on the private system the cost of attending psychotherapy or a course of cognitive behavioural therapy can be prohibitive;

Incidences of mental health disorders in children and adolescents is growing with studies showing the prevalence of diagnosable mental disorders as 1 in 6 in young teenagers. Mental health disorders in childhood are a strong predictor of mental health disorders in adulthood, but good outcomes are most likely if children and young people have timely access to advice, assessment and treatment. Jigsaw provides early intervention services for young people with a range of walk-in and on-line mental health supports for young people and their families however for children with more complex mental health and behavioural issues, access to specialist child and adolescent mental health services (CAMHS) is poor:

- Recent figures from October this year show that there 2,229 young people with serious mental health and behavioural problems are on a waiting list for an initial assessment by a CAMHS team of which over a third have been waiting for longer than 6 months.
- A recent report published by HSE mental health division found that staffing levels at the end of 2019 in our Child and Adolescent Mental Health Services were just 57.5% of the levels recommended in A Vision for Change. And approximately 15% of Child and Adolescent Psychiatry posts are unfilled while a further 20% are filled on a temporary basis.

Failure to appropriately resource mental health care in General Practice and provide adequate counselling and psychotherapy services in primary care can therefore lead to an over-reliance on drug therapy. At the same time failure to adequately resource specialist mental health services in the acute sector means that for many patients the only way to access services is through emergency out-of-hours services or through already stretched Emergency Departments.

The IMO recommends

- **Investment in a clinical programme of care for mental health should be negotiated between the IMO, the Dept of Health, and the HSE similar to the chronic disease management programmes funded in the recent GP agreement.**
- **Investment in publicly funded counselling and psychotherapy services and supports in the community, accessible on GP referral; - many practices have available rooms, which could facilitate these services and would de-fragment the management of mental health conditions;**
- **Appropriately resource specialist child and adolescent mental health services (CAMHS) to ensure timely access for vulnerable young patients;**
- **Address the difficulties in recruiting and retaining consultant specialists across the health system;**
- **We must build our capacity in both the primary care and acute settings in tandem.**