

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

Pre-legislative Scrutiny of the General Scheme of Mental Health (Amendment) Bill 2022

The IMO would like to thank the Committee for the invitation today to discuss the General Scheme of the Mental Health Amendment Bill.

The provisions of the Bill will impact on the delivery of care for patients across both acute and community settings. That care is already compromised in a service that is inadequately staffed and has significant structural and system issues some of which have been highlighted in recent weeks by the Review of Kerry CAHMS service. Those issues are the inevitable result of years of inattention and underfunding of critical health and mental health services across the State and the introduction of unsupported structures to deliver optimum care.

In the context of the Mental Health (Amendment) Bill and our views on the provisions of that Bill it is also critical for this Committee to understand that to enable any legislation and to provide safe care to patients we must address the ongoing problems within the service. We have known for many years of the unmet needs of patients and we also know that this will continue to grow significantly as a direct result of the pandemic yet we are still woefully unprepared.

Our mental health services are chronically understaffed and resourced.

- Funding for mental health now stands at just 5.5% of healthcare funding compared to 10% in the UK and Canada, 13.5% in Norway and 15% in France.
- The mismatch between the allocation of funding and the needs of specific catchment areas combined with the sectorised multi-disciplinary teams approach has created postcode lotteries and difficulties in access to essential services;
- We have a consultant recruitment and retention crisis, The Kerry CAMHS review highlighted the key role of the consultant clinical lead in ensuring quality of care, providing clinical governance, leadership and expertise to the multi-disciplinary team. However, as a direct result of the 2012 pay cuts to consultants, 136 out of 485 consultant psychiatry posts are unfilled or are filled on a temporary locum basis. That is almost one third of posts and the highest for any specialty.
- Additionally the working environment for consultants and the lack of streamlined and workable structures between community and acute makes the role more difficult and unmanageable.

- Particular deficits arise in our CAMHS Services where in excess of 3,300 children are waiting for a consultant appointment – 6% of these are waiting in excess of a year while many others are not deemed ill enough to even qualify to go onto the waiting list.
- We have an over-reliance on non-training NCHDs to deliver services when services should be delivered by consultants and NCHDS in training
- The NDTP estimate that 628 additional consultants are required over the next ten years to cope with additional demand and to replace those retiring or leaving the service.
- There are also significant shortages of psychiatric nurses, counsellors, psychotherapists, occupational therapists, social workers with staffing levels up to 40% below recommended levels; and there is insufficient or in some cases no focus on medicine management such as integration of clinical pharmacy into MDTs.
- Ireland has 33.5 inpatient psychiatric beds per 100,000 population which is less than half the EU average of 68 inpatient psychiatric beds per 100,000 population;
- In addition, acute adult psychiatric units operate at almost 90% occupancy, well above the 85% safe occupancy levels.
- There is no dedicated or resourced time within General Practice to deal with mental health issues and in many cases the only option is to refer and this again brings back the issues of postcode lotteries.

Our Specialist Mental Health Services treat patients with severe mental health illness and the Mental Health Act 2001 is designed to ensure that the rights of those patients are protected.

It is only right that this legislation should be subject to regular review and not once every 20 years - creating over 120 amendments and a 300 + page compendium for review. But bearing in mind that we have failed to adequately resource mental health care in Ireland we must be sure that in amending our legislation we are not further lowering the standard of care provided in our health services nor creating additional barriers to access.

Today we would like to hone in on the areas that cause us the most concern, however the Committee has received a copy of our detailed Submission to the Department of Health's Review of the Act, which contains our full list of concerns.

Legislating for an interdisciplinary approach to care and treatment

A multi-disciplinary team approach underpins the model of mental health services in Ireland as per *A Vision For Change* (2006) and the new Mental Health Strategy *Sharing the Vision* (2020) and a number of amendments in the draft Bill seek to legislate for an interdisciplinary approach (whereby the consultant must consult with at least one other Mental Health Professional before certifying an admission order, renewal order or before recommending or administering treatment or medicine to a detained patient who lacks capacity) without sufficient evidence to support its effectiveness nor reference to existing clinical and legal governance.

Notwithstanding, the IMO recognises the value of multidisciplinary care whereby teams of healthcare professionals - NCHDs, nurses, counsellors, therapists, social workers, work together in a team under the clinical leadership of the consultant psychiatrist. Each member of the team, trained in their own discipline, brings their own unique skills and strengths to the team and the care of patients with severe mental illness. However to suggest that the roles and skills of each team member are interchangeable or that teams are even homogenous, represents a significant misunderstanding of the different education, training and roles of each health care professional within a team.

After receiving their medical degree, doctors must undergo between 7 and 10 years of specialist training in Psychiatry, before they can enter the specialist register and qualify to apply for a consultant post. Consultants in Psychiatry are uniquely qualified in the diagnosis and treatment of patients with psychiatric illness and under the current Consultant Contract, a consultant is clinically independent and retains overall responsibility for the care of the patient. While a consultant psychiatrist may consult, and frequently does, with other members of the multidisciplinary team with regard to aspects of a patient's treatment including involuntary detention, any legal requirement to do so, poses a risk to patient safety, undermines the contractual responsibility of the consultant and blurs the lines of accountability.

Authorised Officers

The difficulties in accessing specialist mental health care across the country means that vulnerable patients with moderate to severe mental illness often do not access appropriate care until a crisis arises. When patients are in crisis and require admission for inpatient care, whether voluntary or involuntary, we must ensure that the legislation supports their access and does not create further barriers to care. Authorised Officers have a useful role to play in making an application for involuntary detention where a patient has no family or where there is dispute among family members. However the IMO has concerns that a requirement that Authorised Officers (which the HSE define as a Local Health Manager, Grade VIII General Manager, Psychiatric Nurse, Occupational Therapist, Psychologist or Social Worker) be the only people allowed to make an application to a medical practitioner for involuntary detention will add an additional layer of bureaucracy and lead to delays in treatment for patients. In advance of the implementation of this measure, there would need to be a significant increase in the number of Authorised Officers in place across all healthcare facilities in the state to ensure 24-7 availability at a maximum of one hour's notice.

Definition of a Child

We must address the loopholes in care for vulnerable teenagers. There are over 12,000 presentations to Emergency Departments annually following an episode of self-harm, with the highest rates among young people aged between 15 and 24 years. However, discrepancies in the definition of child have led to gaps in services for some vulnerable teenagers. Under the Mental Health Act 2001, for the purpose of admission to CAMHS Services, a child is defined as a young person under the age of 18 (unless married). On the other hand paediatric emergency departments (including the New Children's Hospital) are only accessible to children under the age of 16 years. Therefore emergency presentation of

children between the ages of 16-17 years occurs at the adult general hospitals, most of which, if not all, have no child psychiatry cover, yet admission of this age category to adult psychiatric units is a cause for national scandal.

Recommendations

The IMO therefore recommends as follows

- Serious action must be taken by the HSE to address the recruitment and retention crisis affecting Consultants across our health services including in psychiatry.
- The 30% pay cut imposed unilaterally on consultants in 2012, a cut that was in addition to cuts generally applied during austerity to public servants, has had a devastating effect on recruitment particularly in psychiatry. The reversal of this cut must take place as promised by successive Ministers for Health including the Tanaiste Leo Varadkar, Minister Simon Harris and Minister Stephen Donnelly.
- The current consultant contracts talks are delayed as we await the appointment of a new Chair – these talks must recommence as a matter of urgency and address all the issues that make Ireland unattractive for consultants.
- We must expand the number of psychiatry training places across our health services, half of our consultant psychiatrists are over 50 and 276 -350 will retire or leave the services over the next 10 years.
- An urgent review is required as to how care can be provided to patients in the community while ensuring the governance issues, clinical pathways and ongoing system support within the acute setting is enhanced.
- Dedicated support for mental health services must be directed towards General Practice so that they can work more effectively with their local specialist services

In specific relation to the draft legislation the IMO recommends:

- The Role of the consultant in providing clinical governance, leadership and expertise to the multi-disciplinary team must be valued and respected. This is of paramount importance if we are to provide safe, quality care and attract highly qualified psychiatrists to our mental health services.
- Unless we can guarantee that authorised officers will be available nationwide on a 24/7 basis then we should not introduce a requirement that they be the only category persons allowed to make an application for voluntary detention.
- Provide a clear and unambiguous definition of “A Child” that is consistent across all health care services, so that 16-17 year olds receive care appropriate to their needs;

The IMO welcomes amendments to the legislation to expand the role of the Mental Health Commission, but believes it does not go far enough.

- In a first instant we would call on the Mental Health Commission to engage an independent body to carry out an in depth analysis of the role of community multi-disciplinary teams and to assess if the current model of community based mental health teams is the best model for the provision of mental health services in Ireland.

- When inspecting Mental Health Services, the Mental Health Commission should assess the budget allocation received by that service to ensure that services are adequately funded, and identify areas of national policy where the recommended services have not yet been delivered.
- Finally given the proliferation of private and voluntary organisations providing mental health services to the public, the IMO is of the view that all agencies providing mental health care in Ireland should be required to achieve accreditation to international standards. The IMO is calling for the remit of the Mental Health Commission to be expanded to allow for the inspection of all agencies, public, voluntary and private, providing mental health care including those providing psychotherapy and counselling services. Patients need safe care everywhere.