

DÁIL ÉIREANN

AN COMHCHOISTE UM CHÚRAM MEABHAIRSHLÁINTE SA TODHCHAÍ

JOINT COMMITTEE ON FUTURE OF MENTAL HEALTH CARE

Dé Céadaoin, 28 Feabhra 2018

Wednesday, 28 February 2018

Tháinig an Comhchoiste le chéile ag 1.30 p.m.

The Joint Committee met at 1.30 p.m.

Comhaltaí a bhí i láthair / Members present:

Teachtaí Dála / Deputies	Seanadóirí / Senators
Pat Buckley,	Máire Devine,
Michael Harty,	Frank Feighan.
Tom Neville,	
Anne Rabbitte.	

I láthair / In attendance: Deputies Paul Murphy and Éamon Ó Cuív and Senator Fintan Warfield.

Seanadóir / Senator Joan Freeman sa Chathaoir / in the Chair.

Business of Joint Committee

Chairman: Apologies have been received from Deputies Catherine Martin, Fiona O'Loughlin, Mary Lou McDonald, John Brassil and James Browne and Senators Colette Kelleher and Gabrielle McFadden. I propose that we defer dealing with private business until later and that we proceed to our engagement with the Minister so that if we have to finish up early we can get a commitment from him to meet with us again. Is that agreed? Agreed. We will suspend for a few minutes to allow the Minister and his officials to take their seats.

Sitting suspended at 1.47 p.m. and resumed at 1.49 p.m.

Mental Health Services: Discussion (Resumed)

Chairman: I welcome the Minister for Health, Deputy Harris, to the meeting. We have been advised to follow Dáil proceedings as the House may adjourn at 2 p.m. for health and safety reasons. Obviously, we will follow suit so we would like to get a commitment from the Minister today that he will come back to us another day.

Minister for Health (Deputy Simon Harris): Sure.

Chairman: I thank the Minister and I invite him to make his opening statement.

Deputy Simon Harris: I thank the committee for the invitation to appear before it today. Should we have to finish up early, I would be more than happy to have my office arrange a further engagement with the committee at the earliest possible date. I appreciate the opportunity that this committee provides for a cross-party and cross-group approach to mental health. It is welcome that we now have this important forum within the Oireachtas. I see this as a committee for the sharing of information and good ideas, for oversight and for suggestions. It sends an important message that the Oireachtas has decided mental health is such an important issue it should have a dedicated stand-alone committee. That was a view shared by many, including the Chair, who sought the establishment of this committee.

While there is a dedicated Minister of State at the Department of Health with special responsibility for Mental Health and Older People, I am pleased to be here as the Minister with responsibility for mental health and take on my responsibilities in respect of a number of the issues the committee has been discussing, and will discuss, very seriously. I look forward to having an ongoing engagement with the committee.

This Government is committed to developing our mental health services. I think that commitment is well documented. It predates this Government, the last Government and the Government before. In general, this country, regardless of who is in government, wishes to do all it can to develop our mental health services. Since 2012, we have seen significant increases to the HSE's mental health budget. I refer to an increase of over €200 million or about 28%, with further increases that I have already pre-committed to in a letter to Mental Health Reform. It was also sent to the director general of the HSE.

I have been conscious, from watching coverage of some of the committee's meetings and following the transcripts, that from the committee's perspective and mine it is not just about the budget. The budget is terribly important and it is important we continue to invest. However,

it is also about how we best use the budget to achieve the best outcomes in developing the services we have. As part of our considerations in this respect, as the committee knows and is familiar with, we are working on developing a successor policy to A Vision for Change.

An oversight group has been established to look at where we are now in our mental health services in Ireland, where we want to be and, most important, how we get there. The oversight group will provide us with a blueprint for the provision of mental health services in the future. The group is currently finalising its work plan. This will outline its objectives and the work completed to date. I expect the chair of the oversight group will shortly be in a position to share the group's work plan with the committee. I welcome the committee's engagement on this. I know the committee is looking forward to this body of work.

The text of the general scheme of a Bill to amend the Mental Health Act is currently being prepared in my Department. This Bill is a comprehensive revision of our existing legislation and I know that Oireachtas members have a particular interest in improving legislation in this area. If I was ever in any doubt about that, I think the number of Private Members' Bills we have seen in recent months has signified that. We are in the process of addressing four Private Members' Bills which will propose more immediate changes to the Mental Health Act covering areas such as consent to admission; replacing "best interests" with new guiding principles; introducing safeguards regarding admissions of children to adult units, an issue the Chair has been working on; ensuring mental health has equal parity with physical health; and ensuring that advance health care directives apply to persons detained under mental health legislation.

Much work has also been done in the critical areas of suicide reduction and youth mental health. The implementation plan of the national suicide reduction strategy, "Connecting For Life", has now been published. The strategy will be implemented on a cross-sectoral basis. The cross-sectoral aspect is important. I hope this will help to decrease further suicide rates in this country. The report of the national task force on youth mental health was launched by my colleague, the Minister of State at the Department of Health with special responsibility for Mental Health and Older People, Deputy Jim Daly, and myself last December. Many of its recommended actions have been incorporated into existing service agreements with various Departments, the HSE and Tusla.

Other actions will be driven by a new interdepartmental initiative currently under consideration, called the youth mental health pathfinder project. The pathfinder project aims for effective collaboration across three Departments in the area of youth mental health. These are the Department of Children and Youth Affairs, the Department of Education and Skills and my own Department of Health. While the importance of planning cannot be overstated, it is equally important we now work to address any existing gaps between mental health services demand and supply. We are all aware that is a real situation. We are also aware it is a situation not equal in its existence across the country. It is more of an acute problem in some areas than others. It is important, as we plan, to look at how we address those existing gaps.

With this in mind, we have taken a number of steps to increase the supply of services across the country. We have provided funding to increase the annual number of psychiatric nurse undergraduates by 130. In addition, we have introduced an assistant psychologist grade in primary care and have provided funding for 114 posts and an extra 20 psychologists. This can be a significant positive development for our community mental health services.

If this works properly, and if we make sure the posts are allocated to the areas most in need and on the basis of need, what we can see is these posts working hand in hand to try to relieve

pressure on our child and adolescent mental health services, CAMHS, while ensuring quicker access to services for those with mental health issues. If we can have a situation where this new grade can deal with some cases that perhaps are of lower complexity or acuity, it can free up more capacity within our CAMHS services to try to drive down our waiting times there as well.

I will also make a point the committee will be familiar with from engagement with the HSE and the chief officers from across the country. There is a particular challenge with recruitment and retention at the moment. It is an issue I have discussed with many people here in different fora over recent months. We have a number of funded posts within our mental health services that we have not been able to fill.

I have outlined some of the measures we are taking to address this issue, including the additional psychiatric nurse undergraduate posts and the new assistant psychologist grade. However, there is also a body of work being done by the Public Service Pay Commission. I think that is important. It came up with an analysis of public sector pay that led to the public service stability agreement. There was a view within the Government that there are some sectors of the public service where there are particular challenges in recruiting and retaining staff. They are not generic right across the public service.

Health was, thankfully, one of those areas where Government recognised a particular challenge. I and the Minister for Finance, Deputy Donohoe, asked Government to approve a phase two of that commission to look specifically at health recruitment and retention. I refer to how we recruit in the first place and, more important, retain staff in the Irish health service. That is due to report in June of this year with recommendations and what I hope will be a roadmap in respect of what more can we do to help recruit and retain our staff. That will be a significant piece of work. I look forward, either now or on the next occasion, to any questions the committee may have. I assure the Chair and the committee that in terms of any information needed, attendance from my officials, or anything we can do to collaborate, I am keen to make sure that happens. If on any occasion it is not happening please let me know directly.

Chairman: I appreciate that. We have three minutes. Out of respect to the Minister, Deputy Harris, and also to the members, I propose we leave the questions until the next session if that is agreed. Agreed. May I just say one thing to the Minister, to be clear for the sake of the members? He spoke about the oversight group. At the beginning of our remit here as a committee we were confused about what we were supposed to be doing.

There seemed to be an incredible overlap between us and the oversight group. One of the things that probably comes to all of our minds is that the oversight group is now eight months old. There still is not a work plan. We have been asking for that. It is taking a long time for that plan to come in. We are also not quite sure what the Minister thinks we are. We know ourselves what we are and we really want to support the Minister. One aspect in which we can support him is in looking at accountability and by looking at the questions the Minister may not be able to ask. That is what this committee has to offer, as well as dedicated members who want to make things happen in mental health services. If the Minister, in one minute, can answer about the difference between us and the oversight group and what is delaying them coming up with the work plan, I would be very grateful for that answer.

Deputy Simon Harris: I do not mean this rudely but I would be interested in hearing what the Chair, on behalf of the committee, feels its role is. It is important we have a common understanding and a common agreement as to what the committee's role is. I see this committee as having an opportunity to scrutinise in a public forum the working of our mental health services.

That is extraordinarily important. I am encouraged by the way the committee has carried out its work to date because I happened to see some of the meeting where the chief officers were in from the HSE. All too often as politicians we just look at the resourcing issue, and that is not to excuse myself from the resourcing area. However, it is also what happens when the funding leaves Hawkins House or Merrion Street and goes out into the community. It is also about how the funding provided to the communities is being spent, whether we are getting bang for our buck in terms of the services we want delivered and whether everything that can be done is being done in terms of recruitment and retention. The role of this committee, as the people's representatives, is to scrutinise and hold to account those who have a responsibility for our mental health services, including myself. My colleague, Deputy Daly, who is charged with responsibility for mental health within the Department of Health is open to working with the committee as a forum in which to stress test ideas, good and bad.

In regard to the oversight group, my understanding is that it has met four times but that as it took some time to get the various experts together membership of the group was only finalised before Christmas. I understand also that it is to produce a work plan soon. I will revert to the committee on how quickly that will happen. I know that the Chairman of the oversight group wants to share that work plan and I will ensure it is shared with this committee so that it can track that what we are committing to deliver is being delivered.

Chairman: I thank the Minister for being here today. It is proposed to adjourn the meeting at this point. Is that agreed? Agreed.

The joint committee adjourned at 14.05 p.m. until 1.30 p.m. on Wednesday, 7 March 2018.