



To: John Saunders, Chairperson of the Independent Monitoring Group for A Vision for Change

Re: Association of Occupational Therapists of Ireland report on A Vision for Change

From: Association of Occupational Therapists of Ireland (AOTI)

11th November 2009

The Mental Health Advisory Group is a sub group of the AOTI, carried out a survey to provide a detailed snapshot of Occupational Therapy (OT) within Mental Health services in Ireland on 31/12/2008. It gives a baseline from which progress towards the standards set in A Vision for Change (VFC) can be monitored. The final draft of this survey is due to be published this November and we will forward you a hard copy of this document.

Current OT Staffing

VFC sets out a mental health service containing 519 teams and units¹, 333 of these include OTs (a total of 523² WTEs). According to the 2007 report of the Mental Health Inspectorate there are 309 teams and units in the country, this survey shows that 139 have OTs. Overall, based on current population figures³ there is a shortage of 426.65 OT WTEs. There are only eight service areas in the country that meet VFC recommendations for OT staffing. The survey shows a **shortage** of 108 - 193 (64 - 76%) OTs in General Adult Community Mental Health Teams (CMHTs), 71.3 (84%) OTs in Rehabilitation CMHTs, 65 (77%) in Child and Adolescent CMHTs, 41.9 (99%) in Mental Health of Intellectual Disability CMHTs, 24.9 (59%) in Mental Health Services for Older People and 10 (62%) in Forensic Mental Health Services.

The eight fully staffed services are Roscommon, West Galway and North Cork General Adult Service (at lower levels) and Psychiatry of Later Life Service in South Tipperary, Sligo- Leitrim, and Areas 2 and 3 in Dublin, St Ann's Acute Unit in for Children and Adolescents.

¹ This includes community teams, approved centres, residential services in all mental health specialities (34 different types of service).

² Taking the recommendation of 2-3 OTs as 2.5

³ VFC calculated mental health service needs using 2002 Census figures, the 2006 census showed a population growth of 300,000 (29 extra teams, units and service areas and 38 extra OTs)

There are 131 that have OTs but are inadequately staffed. Whilst partial staffing is better than none, this situation is unacceptable as OT in Mental Health is a labour intensive activity. Assessment and intervention involves many hours of work with service users. Hence therapists in understaffed services are not in a position to provide a comprehensive and consistent service. Forty two of these services have less than one OT. This usually⁴ indicates that their OT is shared between two or more teams reducing their effectiveness as core team members.

Rules and regulations governing approved centres specify the necessity of provision of multidisciplinary care plans and a therapeutic activity programmes, both of which require OT input. However there is no provision within VFC for OT on these units. There were thirteen HSE employed OTs working in locations such as acute psychiatric units and inpatient rehabilitation services at the time of survey.

Impact of Lack Inclusion of OT Services in MDTs

Multidisciplinary teams do not 'include the staff with the appropriate skills mix and expertise to address the assessed needs of the population being served (MHC Quality Framework 7.1.7). The deficit of OT staff has serious consequences in terms of the sophistication of services in dealing with complex mental health problems; particularly where a person's daily functioning is compromised. There is adequate skill set in only eight teams in the country to meet these needs of its populations.

The economic consequences of this lack of the particular skill set offered by OTs can be over provision⁵ of services. This can happen when people are not facilitated to live independently. People with occupational performance needs are not given the skilled help and professional insights they need to safely transition to less dependent environments or continue living in their own homes⁶. This is costly in terms of care requirements and other resources. The same lack of skilled help and professional insights applies to people returning to work or education.

Development of OT Services

It is apparent that having an OT Manager dedicated to managing Mental Health Services and who can be part of the Local Management is essential to develop the OT services to the highest standard. This is apparent in the lack of development in Mental Health Services where the OT Service is managed by the Community Care OT Manager or indeed

⁴ The skill set of OTs in Mental Health is comprehensively set out 'OT, Enabling Positive Change' in ERHA working group 2004

⁴ This includes community teams, approved centres, residential services in all mental health specialities (34 different types of service).

⁴ Taking the recommendation of 2-3 OTs as 2.5

⁴ VFC calculated mental health service needs using 2002 Census figures, the 2006 census showed a population growth of 300,000 (29 extra teams, units and service areas and 38 extra OTs)

in the areas where there are no OT Managers at all. Leadership is required to develop services. Appropriate management structures and reporting relationships, sophisticated recruitment procedures tailored to service needs, adequate clinical governance, supervision and specialized training of all posts is required to ensure that the clinical impact of new services and professions is maximized and to maintain high standards of service provision.

Challenges for the HSE and for the OT Profession

In the current economic conditions, finding the resources to employ the increased numbers of OTs to meet VFC Requirements is a real challenge. The provisions of HSE Circular 10 2009 do provide for re-designation of staff, OT is one of the 'Specified Grades in the Health and Social Care Professionals' in which 'new and additional posts at basic level may be created'. There needs to be commitment to increasing and maintaining staffing levels in OT services to meet the VFC requirements.

Multidisciplinary Management Structures as Recommended by VFC

In relation to the role of OT Managers in the recommended VFC management structures it is apparent from the 2009 Mental Health Commission Report that in most mental health services the recommended local management structures do not have an active multidisciplinary input. There is also concern re lack of commitment to the local VFC Multidisciplinary Committees. There are OT Managers who represent our profession on the Regional VFC Committees, but again there is concern that there does not appear to be great commitment to the meetings of these committees. It is apparent that the lack of commitment by the HSE Management to the VFC Multidisciplinary management proposals and it is of our opinion that serious discussion is required with the HSE by the Mental Health Commission of Ireland to address these issues because as it stands it displays lack of leadership and ambiguity in relation to true inclusion of all representative stakeholders in mental health Services.

We have grave concerns in relation to the proposed/pending new super-catchment and Clinical Directorate structures that the HSE are adopting and implementing, and the lack of / or any engagement with representatives of our association in relation to how OT will be represented in these management structures and as to how this sits with the VFC recommendations.

Esther Crowe Mullins

Chairperson of AOTI Mental Health Advisory Group on behalf of AOTI

