

The College of Psychiatry of Ireland submission to the 2nd A Vision for Change Monitoring Group.

The College of Psychiatry in Ireland welcomes the opportunity to submit its view on the progress of implementing A Vision for Change, almost four years after its launch in January 2006. In February 2009, some of our members received a draft copy of a HSE A Vision for Change Implementation Plan, 2009-2013 (V4CIP) which contained detailed annualised implementation “deliverables”. The precise current status of this document is not clear, and to our knowledge a final draft of this plan has not been published.

Members of the distinct Faculties that comprise our College were consulted and to assist the assessment of progress in implementing A Vision for Change, questions were posed to each Faculty based on deliverables for which the V4CIP gave a completion date of 2009.

Child & Adolescent Psychiatry (CAP) acknowledged activity on the commissioning of interim in-patient beds in St. Stephen’s Hospital in Cork¹ and noted that a 20-bedded Unit in Bessboro (Cork) is being constructed. The inpatient unit in St. Vincent’s Hospital Fairview (Dublin) has opened. There are however ongoing concerns about bed availability in Warrenstown House (Dublin) where due to specific staff shortages there is a risk of a decrease in bed capacity.² Many of the new CAP Consultant posts come without multidisciplinary teams and there are a number of successful candidates who are being paid Consultant

¹This unit is still not open for admissions despite Minister Moloney having been reported to have opened it in early April 2009. www.hse.ie/.../HSE_South_Developments_in_Child_and_Adolescent_Psychiatry.html

² This situation described in Warrenstown House was correct at the time of submission, November 2009, but may change.

salaries for effectively doing locum work *i.e.* dealing with referrals but without the opportunity to build a clinical team or plan services into the future. Of the clinical staff required as set out in *A Vision for Change*, CAP has approximately 1/3 the numbers of staff necessary.

Since *A Vision for Change*, there has been little or no development in **Liaison Mental Health (LMH) Services**. None of the LMH Teams already in place in 2006 have the staffing resources recommended in *A Vision for Change*, and many have less staff in 2009 than in 2006. Teams were promised but not delivered in Galway (University Hospital), Waterford (Regional Hospital) and Cork (Mercy University & South Infirmary Hospitals). In some locations, specialist nursing posts were put in places that are not part of a dedicated, multidisciplinary, consultant-led LMH team. There has been no development in relevant specialties such as Neuropsychiatry and Perinatal Psychiatry. Acute general hospital services are in the throes of unprecedented reconfiguration and the need for LMH teams has never been greater; it is an almost entirely unmet need.

The V4CIP sets out 2009 deliverables in relation to **Rehabilitation Psychiatry**. Among these are to (i) Rebalance the distribution of professional disciplines on individual rehabilitation and recovery teams and (ii) Redistribute surplus rehabilitation and recovery team members equitably across other rehabilitation teams within each catchment. Although the number of consultant-led rehabilitation mental health teams has risen from five to sixteen, this is just 40% of the number (39) recommended in *A Vision for Change*. Ten of these services are serving area populations greater than the recommended 100,000. Only one rehabilitation mental health service has an assertive outreach team, and most teams are not fully multidisciplinary³. Therefore, it is not a question of “rebalance” as there is a scarcity not a surplus, and resources are not there to redistribute.

³ Ijaz A; Killaspy H; Holloway F *et al.* Mental Health Rehabilitation Services in Ireland: Vision and Reality (Irish Journal of Psychological Medicine (2009) *submitted*)

The Faculty of Old Age Psychiatry reported that there were serious difficulties with *A Vision for Change* as published in 2006. Many items in the policy do not represent the views of this Faculty, and Psychiatry of Old Age (POA) was not represented on the Expert Group (nor on an advisory subgroup) that produced *A Vision for Change*. The Faculty noted that two differing resource norms were suggested for POA in the V4CIP. The Faculty stresses that team provision should be per 10,000 older people, not per 100,000 general population. The Faculty recommends wider availability of acute beds, long stay beds and Day Hospital places than suggested in the plan. Resources for psychological interventions and consultation-liaison services are needed. As regards the redistribution of resources across POA teams as V4CIP advises, there is extremely limited scope for this given the current under-resourcing of existing teams.

There has been virtually no change nationally in relation to establishment of Specialist Mental Health Teams in Learning Disability (LD), in that they do not exist! An exception is the replacement HSE post at St Josephs Service, Portrane, where some attempt has been made to establish a team. There continue to be areas of the country where there are no Specialist Adult Consultant posts in LD or multidisciplinary teams as set out in *A Vision for Change*. There is equally a dearth of Child and Adolescent posts in LD nationwide, with no discernible developments since *A Vision for Change* was launched. There continues to be inequity for the LD population in accessing appropriate inpatient care. Irish people with LD requiring secure accommodation continue to languish in UK institutions, funded by the Irish taxpayer. These citizens of ours have little hope of returning home as there is little prospect of appropriate services and local expertise being developed here.

The Faculty of Forensic Psychiatry commented on the commitment in the V4CIP to "Continue the planning of... the four regional Intensive Care Rehabilitation Units." The Faculty was of the view that four ICRUs are inadequate and the ideal would be one in every regional catchment area, i.e., 13 nationally. No progress can be reported on this matter.

In 2006, the Faculty of Addiction Psychiatry's view was that *A Vision for Change* is fundamentally flawed in that addiction services are removed from mental health services. This opinion is unchanged as 39% of those attending a community mental health team have an addiction need. The 119-page V4CIP devotes less than one page to the treatment of addictions.

A Vision for Change states that those who suffer from mental illness with a secondary addiction need should have this need met through the up-skilling of CMHTs or in collaborative arrangements with primary care, the general hospital system or the PCCC addiction services. This has not happened nor is it discussed at any point in the plan. No work has begun to implement the 15 multidisciplinary teams recommended in *A Vision for Change* for the treatment of comorbid mental illness and addiction. No mention is given in either document to the mental illness and addiction needs of those in prison.

In 2006 the Faculty of Addiction Psychiatry stated that the opinion given in *A Vision for Change* was personal, idiosyncratic and removed from the view expressed by the specialist advisory group on addictions that informed the policy⁴. In late 2009, not only does this opinion still hold, but the evidence for it has strengthened, as recommendations made for addiction treatment even in a mental illness setting in early 2006 are now ignored.

Finally, there was considerable comment from the Faculties on the nuisance that the opaque and ever changing HSE management structure engenders; the restrictions brought about by the public service staff embargo; and the lack of decision-making at local level.

In Conclusion, we can report very little meaningful evidence to suggest progress in the implementation of *A Vision for Change* as 2009 draws to a close.

⁴ Excluding Addiction from Mental Health Services. Barry *et al*, Letter to the Editor, *The Irish Times*, 12 December 2006.