



## Submission to the Department of Health as part of the Public Consultation relating to the Health Service Capacity Review 2017

### 1. Introduction

- 1.1 St Patrick's Mental Health Services (SPMHS) is Ireland's largest, independent, not-for-profit mental health service provider. It is committed to the provision of the highest quality mental health care, the promotion of mental health, advocacy and the protection of the rights and integrity of those experiencing mental health difficulties. St Patrick's Mental Health Services welcomes the opportunity to provide a submission as part of the public consultation on the Capacity Review being undertaken by the Department of Health.
- 1.2 The provision of mental health services by independent providers has been long established in Ireland. SPMHS provides three approved centres with a total in-patient capacity of 278 adult and 14 adolescent (12-18 years) in-patient beds as well as a range of evidence based, outpatient and community based interventions. Services are specialised, evidence based and staffed by multidisciplinary teams delivering care and treatment. In 2016 SPMHS had 3017 admissions to the in-patient services and in excess of 14,200 day-care attendances.<sup>1</sup> This represents 17.44% of all in-patient admissions, given that HRB statistics indicate that there were 17,290 admissions in 2016.<sup>2</sup>
- 1.3 The prevalence of mental health problems in Ireland is well documented, with one in seven adults experiencing a mental health difficulty in the past year.<sup>3</sup> Recent studies suggest that young people in Ireland may have a higher rate of mental health problems than similarly aged young people in other countries.<sup>4</sup>

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<sup>1</sup> St Patrick's Mental Health Services Annual Report and Financial Statements 2016, <http://www.stpatricks.ie/sites/default/files/SPMHS-Annual-Report-2016.pdf.pdf> [accessed 06th September 2017]

<sup>2</sup> Activities of Irish Psychiatric Units and Hospitals 2016, <http://www.hrb.ie/publications/hrb-publication/publications//742/> [accessed 14<sup>th</sup> September 2017]

<sup>3</sup> Mental Health Reform *Submission for Budget 2016*, (MHR 2015) p.19. [https://www.mentalhealthreform.ie/wp-content/uploads/2015/07/MHR-pre-budget-submission-2016\\_Final.pdf](https://www.mentalhealthreform.ie/wp-content/uploads/2015/07/MHR-pre-budget-submission-2016_Final.pdf)

<sup>4</sup> Mary Cannon and others, *The Mental Health of Young People in Ireland: A report of the Psychiatric Epidemiology Research across the Lifespan (PERL) Group* (RCSI 2013) p.7. Statistics indicate that 15.4% of children aged 11- 13 years and 19.5% of young adults aged 19-24 years having a mental health disorder.



The HRB 2016 Activities of Irish Psychiatric Units and Hospitals report states that the mean age of admission was 45 years. The highest rate of first admissions was in the 20-24 years group followed by the 55-64 year group and the 25-34-year age group had the lowest rate of admission. The highest rate of first admissions was for 18-19 years age group followed by 20-24 years age group and the over 75s.<sup>5</sup> The Central Statistics Office (CSO) population and labour force projections 2016-2040 all show significant increases in these age ranges hence any capacity review must take cognizance of the mental health needs of these population groups.<sup>6</sup>

- 1.4 SPMHS welcomes the recognition of the interdependent nature of capacity across the Irish healthcare landscape. This submission will focus primarily on how mental healthcare should be integrated into the capacity review as part of the overall holistic integrated approach that is required to deliver healthcare in an environment where practice and demographics are evolving.

## **2. Current Issues in Mental Health Services**

- 2.1 A Vision for Change published in 2006 provided a comprehensive blueprint for the development of mental health services in Ireland. However, much of A Vision for Change has not been implemented and mental health capacity continues to be geographically dependent, lacking full resourcing and negatively impacting on the overall health of the nation.<sup>7</sup> The lack of a comprehensive up to date mental health policy which is integrated with physical health is a significant concern given the drive towards primary and community based services.
- 2.2 Stigma remains a significant barrier to disclosure, early intervention and access to appropriate mental health services. The SPMHS Attitudes Survey 2017<sup>8</sup>, which questioned a nationally representative sample of 500 adults, revealed that many Irish people still struggle to discuss

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<sup>5</sup> Activities of Irish Psychiatric Units and Hospitals 2016, Page 9 <http://www.hrb.ie/publications/hrb-publication/publications//742/> [accessed 14<sup>th</sup> September 2017]

<sup>6</sup> Population and Labour Force Projections 2016-2046 – CSO [http://www.cso.ie/en/media/csoie/releasespublications/documents/population/2013/poplabfor2016\\_2046.pdf](http://www.cso.ie/en/media/csoie/releasespublications/documents/population/2013/poplabfor2016_2046.pdf) Page 33 [accessed 13<sup>th</sup> September 2017]

<sup>7</sup> A Vision for Change – Nine Years On: A coalition analysis of progress <https://www.mentalhealthreform.ie/a-vision-for-change-9-years-on/> [accessed 12<sup>th</sup> September 2017]

<sup>8</sup> St Patrick's Mental Health Services Mental Health Survey 2017 <http://www.stpatricks.ie/mental-health-survey-reveals-stigma> [accessed 13<sup>th</sup> September 2017]



mental health difficulties. 60% of those surveyed were afraid that they would experience a mental health difficulty in the future and 73% of respondents believing that society views those who receive in-patient care for mental health difficulties differently. Consequently, the true figures for those experiencing mental health difficulties may be significantly under-reported and any capacity review needs to consider this.

- 2.3 Demand for mental health services continues to exceed availability as evidenced through waiting lists for different services. The Child and Adolescent Mental Health Services (CAMHS) waiting list is of particular concern as latest figures indicate that in March 2017 there were 279 young people awaiting treatment for more than 12 months. The figures to the end of March 2017 also state that at this time there were 2,599 young people awaiting CAMHS treatment.<sup>9</sup> There are insufficient in-patient beds for those who require in-patient treatment and under-resourced services are resulting in long waiting lists and demand for specialist services outweighs current capacity. The HSE Quarterly Performance report to March 2017 also states: “These increases relate significantly to availability of appropriately trained staff including primary care based psychological supports, recruitment difficulties in appointing clinical staff and lack of suitable accommodation for maximum operational effectiveness.”<sup>10</sup>
- 2.4 The HSE’s Mental Health Division operational plan 2017<sup>11</sup> indicated that at the end of December 2016 there were 9,594 WTE positions in place delivering mental health services. Mental Health Reform’s snapshot<sup>12</sup> of the Operational Plan for 2017 plan states that this is just under 79% of recommended staffing levels as outlined in A Vision for Change. The Mental Health Operational Plan acknowledges that an area of risk to the delivery of the operational plan is “the capacity to recruit and retain a highly-skilled and qualified medical and clinical workforce, particularly in areas of high demand and specialities”.

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<sup>9</sup> HSE Performance Report Jan-March 2017:  
<http://www.hse.ie/eng/services/publications/performance-reports/January-March-2017-Quarterly-Report.pdf> pg22. [accessed: 07th September 2017]

<sup>10</sup> HSE Performance Report Jan-March 2017:  
<http://www.hse.ie/eng/services/publications/performance-reports/January-March-2017-Quarterly-Report.pdf> Pg22. [accessed: 07th September 2017]

<sup>11</sup> Mental Health Division Operational Plan 2017:  
<http://www.hse.ie/eng/services/publications/service-plans/Service-Plan-2017/Operational-Plans-2017/Mental-Health-Operation-Plans-2017.pdf> [accessed 11th September 2017]

<sup>12</sup> Snapshot analysis of the HSE Mental Health Division Operational Plan 2017  
<https://www.mentalhealthreform.ie/wp-content/uploads/2017/03/Snapshot-analysis-of-the-HSE-Mental-Health-Division-Operational-Plan-2017-1.docx> [accessed 11th September 2017]



### 3. Recommendations

- 3.1 One of the key components of planning for capacity is the ability to recruit and maintain motivated, qualified staff to deliver high quality evidence based services. Capacity planning must consider medium and long-term issues in recruitment and retention of staff. A comprehensive, robust Human Resource Strategy should explore training, development, expansion and cross functionality of current roles as well as the skills and capacity mix of mental health professionals. The current legislation, particularly the Mental Health Act 2001 needs to consider devolving and broadening responsibilities with appropriate safeguards to reduce reliance on one mental health professional to ensure that services can be met and delivered.
- 3.2 St Patrick's Mental Health Services recommends the development of a fully integrated healthcare system to ensure delivery of the highest quality healthcare across all sectors. The burden of chronic disease and an ageing population are of utmost importance but an integrated healthcare system must focus not just on physical wellbeing but also on mental wellbeing to meet the requirements for a healthy population into the future. There is no definitive model of an integrated healthcare system to ensure that patients will have access to a high-quality and efficient system, however, research indicates that there are a number of principles associated with successful integration processes and models.<sup>13</sup> These include: “(i) Comprehensive services across the care continuum (ii) Patient focus (iii) Geographic coverage and rostering (iv) Standardised care delivery through inter-professional teams (v) Performance management (vi) Information systems (vii) Organisational culture and leadership (viii) Physician integration (ix) Governance structure (x) Financial management<sup>14</sup>”
- 3.3 A robust public / private collaboration could provide increased capacity, expertise and specialist services for those experiencing mental health difficulties in Ireland. Cooperation between public and private sectors in healthcare facilitates the optimal use of public and private sector resources to create added value for society. Some of the benefits include: (i)

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<sup>13</sup> Esther Suter, Nelly D. Oelke, Carol E. Adair and Gail D. Armitage, *Ten Key Principles for Successful Health Systems Integration Health Q.* 2009 Oct; 13(Spec No): 16–23.

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Improved outcomes for service users, (ii) Concentrated capacity to meet service user needs and immediate access to specialist services, (iii) Reduced public sector investment, (iv) High levels of efficiency with strong healthcare management and governance (v) Human resource capital and (vi) Consistently high standards.

SPMHS welcomes this current capacity review and hopes that there will be further engagement and inclusion of the independent mental health sector in this.

**Submission Ends**

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