

Amnesty International Ireland and Mental Health Reform
Summary and Commentary on the TCD Report:
Implementation of 'A Vision for Change' for Mental Health Services

by

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Introduction

This report presents an economic analysis of progress on implementing the community-based mental health services recommended in the Government’s mental health policy *A Vision for Change* (AVFC). The analysis is focussed on the resources required to implement the policy. It is contextualised within international developments on modernising mental health services, particularly in Europe. It has been prepared by Prof. Charles Normand and Giulia Faedo at the Centre of Health Policy and Management, Trinity College Dublin.

The report provides a general introduction to international developments in mental health policy and delivery of community-based mental health services. The authors then present an economic analysis of progress on implementing community-based mental health services in Ireland, drawing on information from Irish public bodies including the Health Research Board, the Mental Health Commission, the Health Service Executive and the Independent Monitoring Group for *A Vision for Change*.

The report’s findings are limited by gaps in the available information. It is difficult to provide an accurate economic assessment of mental health service resources in Ireland due to the lack of a mental health service information system in the HSE that covers community-based services. The HSE’s accounting system also lacks the facility to report reliably on the mental health care group, though steps are in train to improve care group accounting in 2013. For this reason, the report draws attention to where data limitations have hindered the review and suggests ways of making improvements to the information system. Since this report was completed, the HSE has received funding to begin development of a mental health information system as part of the National Service Plan for 2013.

Key findings

Funding

The researchers considered the overall budget allocated for on-going expenditure on mental health services in Ireland. *A Vision for Change* was published in 2006. According to the policy, if it was fully implemented the mental health budget would be expected to account for 8.24% of overall on-going health spending. In fact, spending on mental health services between 2006 and 2012 averaged 6.11% of overall health spending. Spending decreased from 7.2% in 2006 to 5.2% in 2012.¹ The researchers conclude that the rapid growth in overall health spending since 1984 has not been reflected in mental health services and that during the period of the implementation of AVFC, the proportion of spending on mental health services has remained largely static. However, it is important to acknowledge that health inflation can impact differently on different types of services. The proportion of health spending allocated to mental health cannot, on its own, indicate lower priority for mental health services.

The overall amount of funding for mental health services has also dropped from €937 million in 2006 to €731 million in 2012.² Some of this reduction can be accounted for by public service pay cuts in

¹ The 2012 figure is an estimate based on the HSE’s National Service Plan for 2012.

² The 2012 figure is an estimate based on the HSE’s National Service Plan for 2012.

2009 and 2010; however the researchers conclude that there is no further scope for savings from these pay cuts.

There continues to be wide variation in the amount of money spent per capita (per person) between different HSE regions. In 2011 the budget per capita ranged from €115.50 in the South Lee/West Cork/Kerry region to €248.69 in the Carlow/Kilkenny/South Tipperary region.

The picture in relation to funding for new facilities has been better than that for on-going costs. *A Vision for Change* estimated that €796 million would be needed in capital funding to provide for new mental health service facilities. Since 2006, the HSE has spent €190 million on new facilities and has contractual commitments for an additional €57 million.

Staffing

Other evidence supports the view that the resources necessary to implement *A Vision for Change* have not materialised (at least through the end of 2012). More than 80% of mental health service costs are accounted for by staffing³ and during the timeframe of implementation there has been a large reduction in staffing levels. Between 2009 and 2012 mental health services experienced a 10.9% reduction in staffing levels. The number of staff working in the mental health services dropped from 9,972 in 2009 to 8,885 in June, 2012. This is despite the fact that *A Vision for Change* estimated 1,800 new staff would be required to implement the policy. The researchers conclude that staffing as of June, 2012 was 23% below the level recommended in *A Vision for Change*. They state that understaffed community mental health teams are a major obstacle to the full implementation of reform.

Community-based services

In order to assess progress on implementing community-based services the report considers the change in resources assigned to services in the community compared to those in hospitals. The report shows that the balance of expenditure between long-stay and community-based services has remained unchanged between 2008 and 2012; 58.1% of mental health service expenditure was spent on long-stay services and 27.4% on community-based services in 2012.

There are also significant variations between the regions in terms of the proportion of funding spent on community-based services. The researchers found that the proportion of staff in the community ranged from 32.8% in the Dublin Mid-Leinster region to 6.7% in the Southern region of the HSE.

However, there is some evidence that the policy of treating individuals in the community rather than in hospital is being implemented. The overall number of people in inpatient facilities (both acute and long-stay) has reduced from 19,801 in 1963 to 2,812 in 2010. While most of this reduction occurred before 2006 the trend has continued since *A Vision for Change* was published. Between 2006 and 2010 the number of people in psychiatric inpatient facilities (both long-stay and acute) dropped a further 17%.

There has also been a small reduction in the number of people who are long-stay in psychiatric units and hospitals. If *A Vision for Change* were fully implemented, people would remain in inpatient units long-term only in very exceptional circumstances such as if they are held in the Central Mental Hospital or are in intensive rehabilitation units. In 2006 46% of patients in psychiatric units and hospitals were long-stay (meaning they had been in hospital more than one year) and 29% were 'old long-stay' (meaning they had been in hospital for more than five years). In 2010 42% of patients in hospital were long-stay and 25% were 'old long-stay'. However the researchers found that the number of 'old long-stay' patients in Ireland was significantly higher than in neighbouring countries

³ Department of Health (2006) *A Vision for Change*, p.180.

of the UK where 21% were 'old long-stay' in Scotland, 15% in Northern Ireland and 8% each in England and Wales.

There has also been a decrease in the number of people being admitted to psychiatric inpatient facilities. Between 2007 and 2011 the total number of admissions to psychiatric inpatient facilities decreased by 9.4%. The rate of admission per 100,000 of the population also dropped from 478.5 in 2006 to 413.9 in 2011, a decrease of 13.5% in the rate. This drop was the result of a lower rate of re-admissions; the number of re-admissions decreased by 16% between 2007 and 2011. One explanation for this drop in admissions could be that people are receiving better support in the community that is helping them to stay out of hospital. However another explanation is that it has become harder to get into hospital. The number of beds available in inpatient facilities has dropped from 1,300 in 2006 to approximately 1,000 in 2012.⁴ *A Vision for Change* recommended 650 beds based on a population of 4.2 million; the equivalent figure for today's population is 763 beds. There is now no extra inpatient capacity in the system, meaning that only those individuals who are very unwell are likely to be admitted to hospital.

Information system

The researchers note that their analysis has been hampered by a lack of available data. While data on Irish psychiatric units and hospitals are routinely collected, the corresponding information for community services is not available at the national level. The researchers noted that data on the number, range and geographical distribution of community mental health facilities is not routinely collected. The Mental Health Commission regularly publishes reports on individual mental health facilities but these do not allow conclusions on the overall allocation of resources to be drawn at a national level. Neither is data routinely collected on the numbers of people resident, admitted and discharged from HSE community residences nor the number of people using mental health day services such as day hospitals and day centres.

For the purposes of the report and given the lack of regular data collection systems, information provided by the Assistant National Director for Mental Health proved invaluable.

The researchers comment that "overall efficiency in the provision of health services could be evaluated and improved through the collection of high-quality and timely information and data about costs and outcomes. Moreover, reporting of more and more accurate data leads to greater transparency and accountability and also provides the opportunity to make comparisons and exchange best practices with other countries."

Conclusion

The analysis carried out by TCD provides useful information to evaluate progress in the delivery of resources to implement *A Vision for Change*. The policy is due to be reviewed in 2013. While the picture is changing rapidly with a total of 891 new staff due to be appointed between 2012 and 2013, this report provides a snapshot of mental health service resources as of 2012 that can inform the review of *A Vision for Change*.

Mental Health Reform has called upon the HSE to develop a transparent, reliable financial and performance monitoring system aligned to *A Vision for Change*. In 2011 the Department of Health advised the incoming Minister for Health that efficiencies could be generated in the public mental health services through the development of a national mental health information system as recommended in *A Vision for Change*. The lack of reliable national and regional information on adult community-based mental health service delivery and outcomes continues to hinder implementation as it is impossible to tell with confidence which services are actually delivering improved outcomes

⁴ Figure of 600 obtained from the HSE Assistant National Director for Mental Health.

for service users. In contrast with the adult services, child and adolescent mental health services have been publishing data on service performance regularly for the past five years and have demonstrated the feasibility and benefit of having good quality information against key performance indicators that is published regularly. The most recent report of the Independent Monitoring Group called for similar reports to be produced by other parts of the mental health service.

The HSE's allocation of €0.5 million in the 2013 National Service Plan to begin developing a mental health information system is a welcome first step towards being able to track progress on the model of mental health service set out in *A Vision for Change*. Another positive step by the HSE is that they have developed a set of performance indicators for child and adolescent, adult and old age mental health services and are due to begin reporting against these indicators in 2013. With the fulfilment of these initiatives stakeholders will be better-placed to assess progress on *A Vision for Change* in the future.