



Mental Health Reform

Promoting Improved Mental Health Services

The HSE Mental Health Division Operational Plan 2015 follows the HSE National Service Plan. It provides further detail on the high-level commitments in the National Service Plan.

Many of the actions in the 2015 plan show the influence of Mental Health Reform and demonstrate that the HSE has been taking on board our concerns.

Accountability for mental health services is also improving. The 2015 plan shows a greater level of detail on actions to be undertaken than has been provided in previous years; this will help stakeholders to hold the HSE and Government to account for implementation of the plan.

Overall priorities in the plan

The Mental Health Division states its intention to improve the mental health of the population through five key priorities as follows:

- Ensure that the views of service users, families and carers are central to the design and delivery of mental health services
- Design integrated, evidence based, recovery focused mental health services
- Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements
- Promote the mental health of the population, in collaboration with other services and agencies, including reducing loss of life by suicide
- Enable the provision of mental health services by highly trained and engaged staff as well as fit for purpose infrastructure

The prioritisation of recovery-oriented mental health services and increased service user and family member/carer involvement are both in line with Mental Health Reform's *Manifesto for A Vision for Change*. Mental Health Reform has also advocated for an increase in mental health promotion and contributed to the new Suicide Prevention Framework.

Specific developments, at a national level, include:

- Ensuring service user, family and carer representatives are in place on adult mental health management teams in every area of the country
- The introduction of peer support workers in mental health services
- The extension of weekend cover to identified patients within the mental health service from 11am to 7pm, Saturday and Sunday across the country

- Building capacity within emergency departments for 24/7 contact and response
- Developing a model of care for mental health and intellectual disability
- The introduction of new Primary Care Networks and Community Healthcare Organisations which will promote increased access to and integration between the primary care sector, community based mental health services and specialist mental health services
- The maintenance of JIGSAW services nationally
- Reviewing and improving access to psychotherapy and psychotherapeutic interventions, including access to CIPC
- The further implementation, following evaluation, of the Advancing Recovery in Ireland project
- Establishing the three existing clinical programmes (self-harm, early intervention in psychosis and eating disorders), in addition to the establishment of two additional clinical programmes
- Addressing the options for an eating disorder inpatient service for CAMHS
- The elimination of admissions of under 16s and reduction in the numbers of under 17s to adult mental health inpatient units
- Ensuring all 16 and 17 year olds requiring mental health assessment and treatment will be seen by CAMHS
- Implementing an agreed on- call roster for under 18s
- Developing a seed CAMHS community based forensic mental health team
- Planning for a national paediatric hospital CAMHS inpatient unit
- Extending specialist services for homeless people with mental health difficulties in Dublin and other cities
- Developing initiatives across Health and Well-being, Primary Care and the Irish College of General Practitioners to address the physical health needs of those with severe and enduring mental health conditions
- Developing processes for integrated working between the mental health services and TUSLA
- The involvement in a Genio project to improve integration between mental health and employment services (in partnership with the Department of Social Protection and Mental Health Reform)
- Implementing the national policy on Safeguarding Vulnerable Persons at Risk of Abuse, including awareness raising and training initiatives
- Initiating a quality improvement programme for medication management and safety
- Within inpatient services, opening existing high observation areas together with seclusion facilities
- Developing integrated health promotion teams and programmes in collaboration with Health and Well-being and voluntary partners in the context of Healthy Ireland
- Enhancing the capacity of primary care networks and acute hospitals to promote and protect mental health
- Supporting the implementation of the national guidelines on mental health promotion and well-being in schools

- Progressing mental health actions in partnership with social exclusion arising from the All Ireland Traveller Health Study and the Substance Misuse Strategy
- The design and establishment of a new prison in-reach service between the Midlands and Castlereagh prisons
- The full implementation of the prison in-reach and after-care programme
- An additional 5 support beds for people in the forensic mental health services with an intellectual disability
- To agree and develop implementation structures for the new Strategic Framework for Suicide Prevention recommendations, including increasing capacity at primary care level and delivering targeted suicide prevention programmes within priority population groups
- Improving recruitment and retention of staff and ensuring the required capacity and capability of staff to meet service needs, including training and development of staff

There is also a commitment to continued work on a national mental health information system. Mental Health Reform has been recommending that a mental health information system that can track provision, quality and outcomes be developed.

Finance and workforce

- The total budget allocation for mental health in 2015 is €791.8 million, including the additional Programme for Government funding of €35 million, and represents an increase of €37.6 million or 5% compared to 2014
- In addition to the €35million, there is provision of €23 million in the total allocation to cover the full year costs of 2013 and 2014 priority posts
- If fully realised, this level of expenditure would equate to 6.5% of the overall net health budget of €12.1 billion
- The €35million provided for in Budget 2015 will be held by the Department of Health until allocation is approved. It will be directed towards the continued development of general adult mental health teams, including psychiatry of old age, child and adolescent community mental health services, in addition to complex mental health needs
- At approximately 9,000 Whole Time Equivalent (WTEs), mental health staffing levels are currently at about 75% of what is recommended by the national mental health policy *A Vision for Change* i.e. 12,240 WTEs
- The budget of the National Office for Suicide Prevention has been set at €8.76 million
- The budget for the National Counselling Service and the Counselling in Primary Care service has been set at €4.5 million

Performance targets for 2015 include:

- 75% or more accepted referrals/ re-referrals to general adult mental health teams to be offered a first appointment and seen within 12 weeks / three months. This target is the same as in 2014
- 95% or more accepted referrals / re-referrals to psychiatry of old age community mental health teams to be offered a first appointment and seen within 12 weeks / three months. This target is the same as in 2014
- 95% of all children admitted to inpatient psychiatric units to be admitted to child and adolescent acute inpatient units. This target is more challenging than the target set in 2014 at 75% or more
- 72% or more accepted referrals/ re-referrals to child and adolescent community mental health teams to be offered a first appointment and seen with 12 weeks/ three months. This target is less challenging than the target set in 2014 at 75% or more
- The Counselling in Primary Care Service intends to make available an average of 3,500 counselling sessions per month

Transitioning to Community Healthcare Organisations

During 2015 the HSE will be re-organising the health services into Community Healthcare Organisations (CHOs). There will be 9 CHOs to cover the whole of Ireland. Mental health services will be transitioning into the CHO structure during 2015.

The Division Operational Plan also provides detailed actions for each region of the mental health service by CHO area. Specific actions for each CHO area are described in pages 45-91 of the plan.

The full Mental Health Division Operational Plan is available on the HSE's website at <http://www.hse.ie/eng/services/publications/corporate/mhopplan15.pdf>