



Mental Health Reform

Promoting Improved Mental Health Services

Snapshot of the HSE Mental Health Division Operational Plan 2016 9th March 2016

The HSE Mental Health Division Operational Plan 2016 expands on the HSE National Service Plan. It provides further detail on the high-level commitments in the Service Plan.

Many of the actions in the 2016 Operational Plan reflect previous recommendations made by Mental Health Reform, highlighting that the HSE has taken our concerns into consideration.

Overall priorities of the plan

The Mental Health Division states its intention to support the population to achieve their optimal mental health through five key goals. These goals were set out in the 2015 Operational Plan and are 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 policy positions. Mental Health Reform has also advocated for an increase in mental health promotion and contributed to the new Suicide Prevention Framework Connecting for Life.

Specific commitments within the plan (at national level)

The 2016 Operational Plan sets out a number of specific commitments which fall under the above priority areas, including:

- Enhancing service user, family member and carer engagement through
 - o the appointment of a Head of Service User Engagement to each Community Healthcare Organisation (CHO) mental health management team

- o progressing the National Carers Strategy in mental health services
 - o the appointment of peer support workers and
 - o the continued development of the HSE Office of Service User Engagement
- Developing two additional clinical programmes on:
 - o ADHD for children and adults and
 - o Dual Diagnosis for individuals with mental health and substance misuse difficulties
- Introducing measures to improve the health and wellbeing of staff, together with initiatives to support mental health service users in their recovery, through healthy eating, active living and mental health promotion
- Continued development of early intervention and prevention counselling services by mental health and primary care (specifically for young people under 18 years of age), as well as improved provision of psychotherapeutic interventions for adults and children with mental health difficulties
- Implementing Connecting for Life, including the development of a national research and evaluation plan to support the monitoring and evaluation of the strategy
- Developing perinatal mental health services

Some actions from the 2015 Operational Plan will be continued in 2016:

- Address the physical health needs of those with severe and enduring mental health difficulties through the delivery of a joint initiative with the Irish College of General Practitioners (ICGP)
- Develop a community response for those with eating disorders in child and adolescent mental health services, including the appointment of a community team specialising in this area
- Develop a seed CAMHs community based forensic mental health team
- Embed the 10 existing JIGSAW services nationally
- Embed existing and further implement, following evaluation, the Advancing Recovery in Ireland project
- Enhance MHID (Mental Health in Intellectual Disabilities) services for both adults and children by building the capacity of existing teams and establishing new teams around the country (funding allocated under Programme for Government 2015 provides for over 40 new posts in MHID)
- Improve mental health services for individuals who are homeless and experience mental health difficulties, including the development of outreach responses
- Develop child and adolescent, general adult, psychiatry of old age, low secure acute and rehabilitation, liaison and increased out of hours services with the appointment of new posts across new and existing teams
- Enhance mental health services to particular vulnerable groups such as the Traveller community
- Embed the current “green-ribbon campaign” reducing stigma for those with mental health difficulties
- Advance the infrastructure available to support an information system and the implementation of an e-rostering solution to maximise the effective use of staff resources

Finance and work force

- The total budget allocation for mental health in 2016 is €791.6 m, inclusive of 2015 Programme for Government funding (PfG). An additional €35 m will be allocated to mental health under Programme for Government funding 2016
- If fully realised, this level of expenditure would equate to 6.4% of the overall health budget. This proportion is similar to last year’s
- Spending in mental health has increased from €686.2 million in 2011 to €774.8 million in 2015. This is an increase of €88.6 million between 2011 and 2015
- Between 2012 and 2016 €160 million has been allocated to the development of community mental health services and supports through Programme for Government funding

- The Department of Health will hold the additional 2016 PfG funding, which will be made available to the HSE once developments for 2016 are agreed
- At the end of December 2015 there were 9,404 WTE positions in place delivering mental health services. This represents just 77% of the staffing levels recommended in *A Vision for Change*
- In 2008 there were 10,476⁸ staff in post representing a decrease of approximately 1,072 staff (11.4%) between 2008 and 2015 despite recommendations by the Expert Group for increases in mental health staff

Performance targets for 2016

- 95% of all children admitted to inpatient psychiatric units should be admitted to child and adolescent acute inpatient units. This target is the same as in 2015
- 75% of accepted referrals/ re-referrals to general adult mental health teams should be offered a first appointment and seen within 12 weeks / three months. This target is the same as in 2015
- 98% of accepted referrals / re-referrals to psychiatry of old age community mental health teams should be offered a first appointment and seen within 12 weeks / three months. This target is the same as in 2015
- 72% or more accepted referrals/ re-referrals to child and adolescent community mental health teams should be offered a first appointment and seen with 12 weeks/ three months. This target is the same as in 2015
- The HSE also includes a performance target that no child should be waiting for a first appointment with CAMHS for longer than 12 months

The full HSE Mental Health Division Operational Plan is available on the HSE's website at <http://www.hse.ie/eng/services/publications/corporate/serviceplans/serviceplan2016/Oppls16/MentalHealthOpPln.pdf>