



Mental Health Reform

Promoting Improved Mental Health Services

Mental Health Reform Feedback on the HSE Mental Health Division's Operational Plan 2014

Mental Health Reform values this opportunity to provide feedback on the HSE Mental Health Division's Operational Plan 2014. This feedback consolidates the views of MHR's member organisations. We hope that this feedback will prove constructive to the Division in implementing the plan during 2014 and look forward to engaging with the National Director for Mental Health and the Senior Management Team during the year on the specific issues raised.

Positives:

- **The ethos of the plan fits well with Mental Health Reform's guidance on implementing *A Vision for Change (AVFC)*.** There is a sense in the Plan that the HSE has taken account of MHR's feedback on key issues such as the recovery ethos, the interface between primary care and mental health services, the importance of service user and family/carer involvement, the need to ensure that high quality services are available everywhere and the need for clear financial and performance accountability. The commitment to "listening" and "acting on what we hear" reflects Mental Health Reform's vision of a recovery-orientated mental health service.
- **The recognition that the Mental Health Division's role is to improve the mental health and well-being of the whole population** is welcome; this was one of the core messages of *A Vision for Change*. This ethos needs to be reflected in the operational plan and the implementation plan for AVFC.
- **The commitment to ensuring appropriate integration with other health and social services** is welcome as this provides the potential for holistic support for individuals whose needs cross between the HSE's Mental Health Division and other divisions within the HSE as well as agencies beyond the HSE including local authorities and An Garda Síochána.
- **The commitment to accountability and transparency, evidenced by detailed information on staffing, objectives, actions and budget within this plan,** is welcome. This plan presents the most detailed public information on the current state of mental health services since the HSE's implementation plan for 2009-2013, and represents a positive step forward in providing transparency for stakeholders in a way that can enable holding the HSE and Government to account for delivery. The specific list of actions with timeframes (pages 27-29) is particularly welcome, as is detailed information on staffing and funding.
- **The progress already achieved towards increasing the multidisciplinary input into CMHTs,** with an almost doubling of the proportion of health and social care professionals to overall clinical staff between 2008 and 2013, is also welcome. This shift in the balance of input into teams reflects the principles of AVFC as well as the structure envisaged. The specific target of ensuring multidisciplinary representation on Area Management Teams by Quarter 2 is also welcome.

- The focus on **improving compliance with individual care planning** is welcome along with the recognition that good quality individual care planning is an indicator of overall service quality.
- The commitment to **assess access to psychological therapies and develop service guidance** and data collection on this aspect of service delivery is welcome as a first step towards increasing access to talking therapies. This is a component of service choice that users of services have long sought and MHR would expect specific plans to implement universal access in the implementation plan for the remaining three years.
- The **appointment of a Head of Service User Engagement** is a powerful, symbolic statement on the value of the service user and family member voice within HSE mental health services management.
- The **appointment of a full Senior Management Team** for the Mental Health Division is welcome; MHR has long advocated for adequate resourcing of the role of the National Director for Mental Health and the establishment of such a team provides the potential for focussed leadership on the full implementation of AVFC.
- The commitment to **appoint a service user member of each Area Management Team and assign Team Coordinator responsibility for every CMHT by Quarter 2 is welcome**. These represent real, positive steps towards embedding AVFC across the services. There is concern, however, that the term 'service user' may exclude family members. It will be important to ensure that this role encompasses input from both people receiving mental health services and family members/carers who also have a role to play as partners in care.
- The **continued focus on improving Child & Adolescent Mental Health Services** is welcome, including completing the provision of age-appropriate acute beds as well as improving access to age-appropriate services for 16-17 year olds. It is important that the HSE fully complies with the Mental Health Commission's regulations on access to age-appropriate mental health services.
- The recognition of the **importance of 'culture change'** as well as structural change is welcome, including the **commitment to make the Advancing Recovery in Ireland project sustainable across the mental health services and consideration of strategies on peer support and voluntarism**. Culture change is something that MHR has long advised is necessary in order to truly fulfil AVFC. MHR would like to see more specifics on how that culture change will be developed and sustained across the services.

Points for improvement:

- MHR **continues to be concerned that cuts in mental health service expenditure are being used to shore up the wider health service budget**. We note that the real maximum spend in 2014 is €756M, while the remaining €9M of the notional €765M budget will go to shore up the wider health service. In the context of a service which the HSE acknowledges is under-funded by international standards, at just 6.2% of total health service expenditure (see page 5), this seems unjustified.
- The Plan's statements sometimes appear more aspirational than operational. The Plan **lacks specific, measurable objectives for some of the key areas of delivery, including service user involvement, implementation of clinical care programmes, and mental health promotion**. While this is understandable given the timing of the plan relative to appointment of key senior staff, it will be important at the earliest opportunity to provide transparent, SMART objectives on these areas.

- Some of the set **targets appear conservative**. For example, the commitment to achieve full compliance with the Mental Health Commission's regulation on individual care planning represents a low bar on quality, achieving the minimal compliance required by law and for approved centres only. Mental Health Reform would want to see more ambitious targets that reflect a striving for better quality in all services, including community-based, in future plans and in the Implementation Plan for AVFC. Similarly, **the readmission rate target of 67% of all admissions appears unambitious in the context of what has been shown to be achievable in Ireland**. For example, the North Kildare community-based service achieved a re-admission rate of 58% as reported in its value-for-money study. This suggests that a focus on lowering the readmission rate through introducing alternatives to admission such as home-based treatment, 7-day-a-week day hospital and other crisis supports may be effective. The target of 21.2 acute beds per 100K thus appears to be somewhat arbitrary and unrealistic without a corresponding target on building up alternatives to inpatient admission.
- MHR is concerned that **the description of the AVFC implementation plan seems to be focussed narrowly on a 'standard model of care'** that concerns quality issues, reducing variation, flow through service, integration with primary care, Team Coordinator role, involving service users/families, recovery focus and measurement. The Expert Group stated that the policy needed to be implemented in full:
 - "Recommendation 20.1: ... The key recommendations of the policy must be seen as inter-related and interdependent and should be implemented as a complete plan."

There are many recommendations of AVFC for which there has yet to be planning or implementation, including but not limited to those around mental health promotion (Chapter 5), the provision of culturally sensitive services (Recommendation 4.8), services for people who are homeless, for people with an intellectual disability, for people with co-occurring mental health difficulties and problematic substance/alcohol abuse, for people with co-occurring physical and mental health difficulties, and others. **If the HSE is to fulfil its responsibilities under AVFC, it will be important that the implementation plan for the remaining three years encompass the entirety of those areas of the policy for which the HSE has lead responsibility.**

It is also important that the HSE engages in consultation with the community and voluntary sector on the implementation plan and provides an opportunity to draw from the expertise and experience within the community and voluntary sector.

- While the appointment of a Head of Service User Engagement is welcome, **the plan does not make specific commitments on the roll-out of service user involvement structures other than ensuring service user involvement on Area Management Teams and the Head of Service User Engagement**. MHR looks forward to engaging in the consultative processes and supporting the development of effective service user and family member/carer involvement mechanisms across the mental health services.

There is also no mention of service user and family member involvement in child and adolescent mental health services. The United Nations Convention on the Rights of the Child states that every child has a right to have a say in matters that affect them. The HSE's CAMHS may not be fully reflecting this aspiration. Because enlisting the input of children and adolescents is more complex than enlisting the involvement of adult service users, there is

concern that not enough is being done to actively, sincerely and realistically seek the input of both children and their families in the design of CAMHS services in Ireland.

- **More detail on the commitment to improving the quality of Individual Care Plans (ICPs)** should be reflected in the plan, including a commitment to ensuring real involvement of service users and family members/carers, and genuine multidisciplinary planning. In recent reports of the Inspector for Mental Health Services, the Inspector reported that though most approved centres had improved in terms of patient ICPs, in many cases these plans varied considerably in terms of quality and often they were being filled in by nurses with little evidence of multidisciplinary input. High quality ICPs are crucial to ensuring the recovery ethos is followed and should be at the heart of good quality mental health services. They can be a powerful catalyst for operational improvement. There is a need to develop a national standard on individual care planning and to commit to meeting that standard.
- While the acknowledgement of the need for greater cross-HSE and cross-agency coordination is welcome, there is not enough focus on developing effective communication pathways between community mental health teams and local authorities, in particular on housing need. The statement that there will be a greater focus on non-acute bed provision (page 16) is unclear but seems to imply a reduction of places. If so, **it is important that the Mental Health Division engages at senior level with the Housing Agency and Local Authorities (in the context of the Housing Strategy for People with Disabilities) to ensure that adequate mental health and tenancy sustainment support is provided to individuals transitioning from HSE accommodation to mainstream community living situations.**
- While the commitment to multidisciplinary make up of teams is welcome, MHR is concerned that despite the large number of new recruits in 2013, there was a net increase to end November in overall Whole Time Equivalents of just 13 posts. **It is difficult to see how the vision set out in mental health policy can be achieved with such shortages in human resources.** The Child and Adolescent Community Mental Health Teams are a case in point with still only 44.6% of the recommended staffing in place.
- While the commitment to a 'new strategic framework for suicide prevention' is welcome, it is important to recognise that suicide prevention and mental health promotion are not equivalent. There is **still a need to implement the mental health promotion recommendations in AVFC** alongside the development of a suicide prevention programme. This could be reflected in the Division's implementation plan for the Healthy Ireland framework.
- **There is a general lack of attention to high-risk, disadvantaged groups that are in need of mental health services.** MHR is concerned that the plan has a disproportionate focus on the forensic mental health services, the general adult population and children and adolescents. There is relatively little attention to the needs of the elderly and those with an intellectual disability, while other disadvantaged or high-risk groups are wholly absent from the plan, including people with dual diagnosis of mental health and substance/alcohol abuse, people who are homeless, and members of ethnic minority groups (other than the Traveller Community who are mentioned in the list of actions). These disadvantaged groups are generally at higher risk of developing a mental health difficulty and so, if anything, should be prioritised in service delivery. Their needs should be acknowledged and prioritised and a specific plan set out for how the HSE will ensure that they can get access to good quality, appropriate mental health services.
- **Lack of ongoing support for those being transferred from long-term care.** In the context of the commitment to closing psychiatric hospitals and reducing inpatient bed provision, greater attention is needed to ensure the protection of those being transferred from long

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term care who need ongoing support. While the transfer of staff from psychiatric hospitals to community centres is important, it is important not to lose sight of the fact that people with long term care needs may be vulnerable to being left in acute psychiatric units or otherwise inappropriately referred. There is a specific need to ensure that patients who are in their sixties or over have appropriate provision and are not inappropriately referred to nursing homes via the Fair Deal scheme..