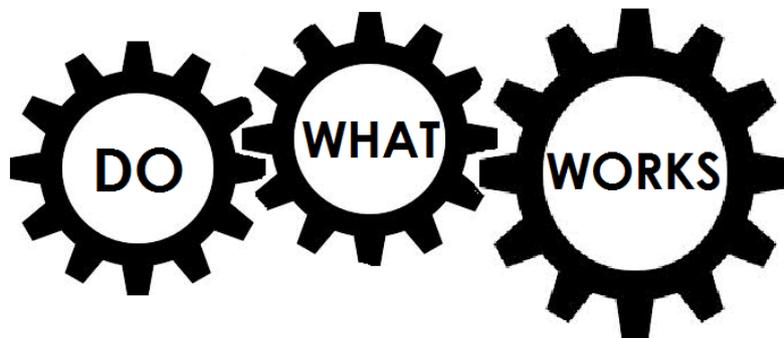




# Mental Health Reform

Promoting Improved Mental Health Services



**Submission for Budget 2014**

## Submission for Budget 2014

### INTRODUCTION

Many people in Ireland will experience mental health difficulties at some point in their lives. Even at the height of the economic boom, one in seven adults in Ireland reported having experienced a mental health problem in the previous year.<sup>1</sup> More recently almost one-third of young people have said they have experienced mental distress.<sup>2</sup> Ireland continues to be in a social and economic situation that is putting stress on its population. Unemployment remains high at 14% generally.<sup>3</sup> Among young people the unemployment rate is more than double this figure with approximately 30% of young people under age 25 unemployed.<sup>4</sup>

Mental health services in Ireland continue to be under pressure. Waiting times for child and adolescent mental health services have increased, supporting the view that there is inadequate provision. At the end of 2012, there were 338 children and adolescents who had been waiting for more than a year for their first appointment, while the HSE's target for 2012 had been to bring this waiting list down to zero.<sup>5</sup> The overall child and adolescent mental health service waiting list was 28% above the projected year-end target of 1,799 cases. The waiting list had also increased by 17% compared to the same period in 2011.<sup>6</sup> During 2012 there were 106 children and adolescents admitted to adult psychiatric units,<sup>7</sup> while in the first quarter of 2013, twenty-eight children and adolescents were admitted to such units.<sup>8</sup>

The Inspector of Mental Health Services found that mental health services were 'stagnant and perhaps have slipped backwards in 2012'. The Inspector also found that most people will be offered a more traditional, medicalised version of mental health treatment rather than the holistic service propounded in *A Vision for Change*. The Inspector's finding that services are uneven in quality across the country points again to the need for a national programme of reform driven by the Director Designate of Mental Health Services.

In this context, Mental Health Reform calls on the Government to continue to invest in comprehensive, community-based mental health services and to fund the related supports that prevent mental health problems arising and enable individuals recovering from mental health difficulties to live in the community.

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<sup>1</sup> Health Research Board (2008) *HRB National Psychological Wellbeing and Distress Survey: Baseline Results*, Dublin, HRB.

<sup>2</sup> See <http://www.headstrong.ie/content/my-world-survey-reveals-close-one-three-young-people-have-experienced-mental-health-distress>

<sup>3</sup> CSO Live Register report for April 2013.

<sup>4</sup> see <http://www.rte.ie/news/business/2013/0402/379391-european-unemployment-young/>

<sup>5</sup> HSE Performance Monitoring Report December 2012.

<sup>6</sup> HSE Performance Monitoring Report December 2012.

<sup>7</sup> *Mental Health Commission Annual Report 2012 including Report of the Inspector of Mental Health Services*, p.28.

<sup>8</sup> HSE Performance Monitoring Report March 2013.

Specifically, MHR recommends:

1. **Allocation of an additional €35 million for mental health services in 2014 for community mental health services as promised in the Programme for Government.**
2. **Spending in 2013 of the €35 million allocated for community mental health services in 2013 and incorporation into the on-going budget for mental health services in 2014.**
3. **Allocation of innovation funding to invest in implementing the recovery ethos across the mental health services.**
4. **Allocation of funding for service user and family member involvement in mental health services.**
5. **Implementation in 2014 of a national mental health information system.**
6. **Inclusion of people with a long-term mental health condition in the first phase of the roll-out of free GP care.**
7. **No further cuts to rent supplement or increases in the rental contribution required of tenants.**
8. **Provision in Budget 2014 to extend Supported Employment to all individuals who have a desire to work regardless of job readiness, and removal of the time limit on support.**
9. **Funding in Budget 2014 for an additional forty individuals to transition from HSE supported accommodation into mainstream housing in the community.**
10. **Provision of a dedicated funding stream for tenancy sustainment support to individuals with a mental health difficulty who require this support to access and maintain accommodation.**

## RECOMMENDATIONS FOR THE DEPARTMENT OF HEALTH

### CURRENT SHORTFALLS IN RESOURCES

Mental Health Reform welcomes the appointment to date of most of the mental health service staff funded by the 2012 budget allocation. However, in 2013 the HSE is seeking an overall reduction of 2,400 WTEs (Whole Time Equivalents) and mental health services will not be immune to these reductions. Despite the recruitment of 383 staff to date,<sup>9</sup> the net increase in mental health service staff from January-April 2013 was much less, at a total of 188.5 full-time posts. Total staffing at the end of April was still 1,020 full-time posts less than in March 2009, 10% below the March 2009 level.<sup>10</sup> This shortfall situation exists within a context in which the Government's mental health policy recommended that more than 1,000 additional staff were needed to implement the policy as of 2006.

Staffing shortfalls will exist within Child and Adolescent Mental Health Services even if all of the 150 staff promised in 2012 are appointed. These 150 staff, if all additional, would still leave the services 49% below the staffing levels recommended in *A Vision for Change*.<sup>11</sup>

**Recommendation: Government should allocate an additional €35 million for mental health services in 2014 for community mental health services as promised in the Programme for Government.**

MHR continues to be concerned about the risk that the €35 million allocated for 2013 will be delayed. As of May 2013 there is no sign of any of this funding being spent and this is a similar pattern to what occurred in 2012. Despite the commitment to an additional €35 million in 2012, real year-end expenditure was €4 million less than the previous year at €682 million.<sup>12</sup>

**Government must ensure that the €35 million allocated for community mental health services in 2013 is spent in 2013 and incorporated into the on-going budget for mental health services in 2014.**

### INVESTING IN THE RECOVERY ETHOS

Mental Health Reform welcomes the current HSE initiative to implement the recovery ethos in seven mental health services across the country (the 'Advancing Recovery in Ireland' project). This GENIO-funded project along with the EOLAS information and support project and other GENIO-funded initiatives have the potential to generate significant cultural change within the services involved. It will be important to sustain the momentum from these projects by continuing to invest in organisational change in 2014.

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<sup>9</sup> See reply by Tánaiste Eamon Gilmore, TD to Parliamentary Question on 23<sup>rd</sup> May, 2013.

<sup>10</sup> HSE Census of employment April 2013.

<sup>11</sup> Calculation done by taking the 462 C&A CMHT posts in place at November 2012, adding the 150 posts due, then dividing this by the 1,196 posts for 92 teams shown as being AVFC recommended levels. All from the CAMHS Annual Report 2011-12, p.12.

<sup>12</sup> HSE December Performance Monitoring Reports 2011 and 2012.

Implementation of the recovery ethos and its involvement of service users and family members in collaborative working also depends on building the capacity of service users and family members to be involved in planning and delivering mental health services. *A Vision for Change* recommends that service users be involved at every level of the mental health services; this has been in recent years through the establishment of the National Service User Executive and local consumer panels in many mental health services. Continued investment in service user and family member involvement is needed in order to sustain the capacity built thus far and extend such structures throughout the country.

**Recommendation: The Department of Health should continue to allocate innovation funding to invest in implementing the recovery ethos across the mental health services.**

**Recommendation: The Department of Health should continue to allocate funding for service user and family member involvement in mental health services.**

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#### LACK OF INFORMATION ON MENTAL HEALTH SERVICE DELIVERY AND OUTCOMES

Mental Health Reform continues to be concerned about the lack of a national information system for the mental health services. MHR welcomed the allocation of €0.5 million in the 2013 budget to develop such an information system. MHR also appreciates the HSE's introduction in 2013 of some new Key Performance Indicators for adult and old age mental health services, even without having a national, electronic information system. These KPIs provide a welcome starting point for monitoring community mental health service activity, including the number of cases referred, accepted and discharged. However, these indicators do not provide information on the quality and outcomes of community-based mental health services. Under the current system it is not possible to tell how many mental health service users are waiting for psychological therapies, how many have an individual care and recovery plan, or how many service users are satisfied with their community-based mental health service. Neither is there published information on any of the standard outcomes indicators used internationally to assess mental health service effectiveness, such as service users' employment status, housing status and educational level.

Therefore, there is a need for an information system that can report on the extent of service resources, provision, quality and outcomes of community mental health services. The development and roll-out of a national information system for mental health services is vital to enabling the HSE Director for Mental Health to plan service delivery. It is also important for empowering service users and family members to hold mental health services to account for good quality service delivery. Already, information on physical health services such as child development health screening is enabling service users to evaluate the quality of their local health service in a way that is as yet impossible for mental health services.

**Recommendation: The Department of Health should budget for the implementation in 2014 of a national mental health information system that will report on the extent of service resources, provision, quality and outcomes for community-based mental health service delivery according to Key Performance Indicators aligned to *A Vision for Change*.**

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## RECOMMENDATION ON PRIMARY CARE

There are more than 3,000 GPs in Ireland and 489 Primary Care Teams that provide 90% of mental health care. Without effective mental health care at primary level it is likely that inappropriate referrals to specialist mental health services will occur, resulting in inefficient use of resources. Investment in alternatives to medication is needed in order to address the continued over-reliance on pharmacological treatment in primary care. A major barrier to effective use of primary care is the direct cost of a GP visit payable by the individual. From an early intervention perspective, it is important to encourage individuals to seek help when they are feeling mentally or emotionally distressed. Easy access to support is also an important part of an effective suicide prevention strategy. The fee for seeing a GP plus the cost of prescribed medication is a deterrent to individuals in mental distress who may delay seeking support. Irish research has found that those with low incomes but without a medical card are less likely to visit a GP.<sup>13</sup> It is therefore important that the Government's commitment to universal primary care free at the point of access be fulfilled at the earliest opportunity, as part of Ireland's mental health strategy.

Access to free GP care is also an important issue for individuals being discharged from specialist mental health services. People who have been receiving mental health treatment free of charge from mental health services may hesitate to be discharged to their GP if they think their costs will increase. The Department's briefing paper on Universal Health Insurance states that the roll-out of free GP care will be extended in the first instance to people with illnesses or disabilities (to be set out in legislation). Mental Health Reform considers that it will be important to include people with long-term mental health conditions in the early roll-out of free GP care in order to facilitate people transferring from mental health services into their local communities, in line with deinstitutionalisation and the Government's mental health policy *A Vision for Change*.

**Recommendation: The Department of Health should include people with a long-term mental health condition in the first phase of the roll-out of free GP care.**

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## RECOMMENDATIONS FOR THE DEPARTMENT OF SOCIAL PROTECTION

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### RENT SUPPLEMENT

People with long-term mental health difficulties who are on disability or illness benefits are under severe economic strain due to social welfare and related cuts. In 2012 the Department of Social Protection increased the minimum rent contribution for individuals on Rent Supplement by €6 per week. The combination of official rent contribution increases and tight rent limits mean that individuals in competitive rental markets such as Dublin are having their social welfare income squeezed by top-up payments to landlords. Other cuts compound the strain, with increased

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<sup>13</sup> Nolan, A. & Nolan B. (2004) *Ireland's Healthcare System: Some issues and challenges*, Dublin: ESRI.

prescription charges alongside cuts to free dental care meaning that people with a mental health difficulty may find it financially impossible to take care of their physical and mental health.

“I have to cover my own dental treatment. I suffer from a gum disease and I have to attend oral health and pay them €35 and pay my own dentist as well €35 this happens all together. Gas allowance has been cut down and phone line rental has been cut down as well. We also have to pay bin charges as well, which is a new add on ... and today I was nearly crying with all the bills and wondering how I was going to manage for the week.” (Social welfare disability payment recipient)

People with mental health difficulties are at higher risk of becoming homeless. At the same time, secure housing is an important factor in maintaining good mental health. The Australian Human Rights and Equal Opportunities Commission has found that:

“One of the biggest obstacles in the lives of people with mental illness [sic] is the absence of adequate affordable and secure accommodation. Living with a mental illness [sic], or recovering from it, is difficult even in the best circumstances. Without a decent place to live it is virtually impossible.”<sup>14</sup>

Threshold has recently reported that as a result of recent changes to rent supplement, their national service is seeing:

- Tenants faced with an increased risk of homelessness
- Increase in prevalence of top-up payments to cover the difference between rent supplement limits and market rents
- Impact on supply of rented accommodation as landlords are no longer accepting rent supplement recipients<sup>15</sup>

Mental Health Reform has also had direct reports of tenants with mental health disabilities who are feeling financial pressure due to the increase in their rent contribution combined with the imposition of lower rent limits. It is vital therefore that Government provides adequate housing support, including support for private rented accommodation, for individuals with a mental health condition in a way that is consistent with the Government’s mental health policy *A Vision for Change*.

**Recommendation: The Department of Social Protection should not make any further cuts to rent supplement or increases in the rental contribution required of tenants.**

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<sup>14</sup> Human Rights and Equal Opportunities Commission (1993) *Human Rights and Mental Illness: Report of the National Inquiry into the Human Rights of People with Mental Illness*, Canberra: Australian Government, cited in Department of Environment, Community and Local Government (2011) *National Housing Strategy for People with a Disability 2011-2016*, Dublin: DECG, p.99.

<sup>15</sup> Threshold (2012) *Threshold submission on: Supplementary Welfare Allowance – Review of Maximum Limits: To Department of Social Protection*.

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## SUPPORTED EMPLOYMENT

- People with a mental health disability<sup>16</sup> in Ireland are nine times more likely to be out of the labour force than those of working age without a disability<sup>17</sup>, the highest rate for any disability group.
- Only 43.8% of the working age population of people with a mental health disability are in the labour force compared to 61.9% of the overall population.
- The unemployment rate for people with a mental health disability is 41.4%.<sup>18</sup>
- Half of adults with a mental health disability who are not at work say they would be interested in starting employment if the circumstances were right.<sup>19</sup>

These statistics are an indictment of the Government's failure to provide effective support for all individuals with a mental health disability to gain and maintain employment.

The Department of Social Protection has yet to implement the most well-evidenced, cost-effective model for supporting people with a mental health disability into work. In the UK, Government policy supports provision of the Individual Placement and Support (IPS) model of supported employment which has been proven to be more effective at getting people with mental health disabilities into work than traditional vocational training approaches.<sup>20</sup> It has been reported that:

“Sixteen randomised controlled trials have demonstrated that Individual Placement and Support achieves far superior outcomes across varying social, political, economic and welfare contexts. These show that 61% of people with serious mental health conditions can gain open competitive employment using Individual Placement and Support as compared with 23% for vocational rehabilitation.”<sup>21</sup>

IPS has also been shown to be both cost effective and less costly than traditional vocational approaches. Looking across six European sites, researchers have found that the IPS model “produced better outcomes than alternative vocational services at lower cost overall to the health and social care systems.” Furthermore the researchers found that IPS is probably cost-saving and “almost certainly more cost effective” than other vocational services at helping people with severe mental

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<sup>16</sup> Mental health disability is defined by the Irish Census as having both a long-lasting psychological or emotional condition and having a difficulty with an activity of daily living. See <http://www.census.ie/The-Census-Form/Each-question-in-detail.109.1.aspx> to read the census questions on disability.

<sup>17</sup> Watson, D., Kingston, G. and McGinnity, F. (2012) *Disability in the Irish Labour Market: Evidence from the QNHS Equality Module*, Dublin: Equality Authority/Economic and Social Research Institute, p.19.

<sup>18</sup> CSO *Census Profile 8 – Our Bill of Health – Health, Disability and Carers in Ireland*.

<sup>19</sup> CSO *National Disability Survey 2006 – Volume 2*, Dublin: The Stationery Office, p.86.

<sup>20</sup> For a description of the IPS model, see Appendix 1 to this submission.

<sup>21</sup> Perkins, R., Farmer, P. and Litchfield, P. (2009) *Realising ambitions: Better employment support for people with a mental health condition*, London: The Stationery Office Ltd, p.60.

health disabilities to get into open employment. The researchers conclude that “compared to standard vocational rehabilitation services, IPS is, therefore, probably cost-saving and almost certainly more cost-effective as a way to help people with severe mental health problems into competitive employment.”<sup>22</sup> In a report for the UK Department of Work and Pensions, the authors calculated that for every pound invested in the supported employment approach there was an expected saving of £1.51.<sup>23</sup>

Ireland’s current Supported Employment programme does not fulfil the IPS model in two key ways: Firstly, FÁS’s Supported Employment Programme requires that the individual is ‘job ready’ in order to participate in the programme. Experts say that it is not possible to tell in advance whether someone with a mental health disability will be able to obtain competitive employment.<sup>24</sup> Secondly, the support on the FÁS Supported Employment programme is limited to 18 months, except in exceptional cases. The IPS model incorporates indefinite support.

In 2007 there were approximately 2,000 people on FÁS’s Supported Employment Programme at any one time<sup>25</sup> with approximately one third of these participants having a mental health disability.<sup>26</sup> Given that there are approximately 20,000 people with a mental health disability on Disability Allowance, it can be seen that there is a large gap between the need for Supported Employment and current provision.

It is evident that the Government’s current Supported Employment programme for people with a mental health condition does not follow international evidence on effective supported employment programmes. This is likely to result in people who could work with support being kept out of the labour market.

**Recommendation: Government should make provision in Budget 2014 to extend Supported Employment to all individuals who have a desire to work regardless of job readiness and should remove the time limit on support.**

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<sup>22</sup> Knapp, et al. (2013) ‘Supported Employment: Cost-effectiveness across six European sites’, *World Psychiatry* vol. 12, pp.60-68.

<sup>23</sup> Perkins, et al., p.75.

<sup>24</sup> See Mueser, K. and Bond, G. (2012) ‘Supported Employment’ in Hunter L. McQuiston, Wesley E. Sowers, Jules L. Ranz and Jacqueline Maus Feldman, editors, *Handbook of Community Psychiatry*, New York: Springer.

<sup>25</sup> WRC Social and Economic Consultants (2008) *Research Report on the Operations and Effectiveness of the Supported Employment Programme, Final Report*, available at [www.fas.ie](http://www.fas.ie), p.26.

<sup>26</sup> WRC (2008), p.35.

## RECOMMENDATIONS FOR THE DEPARTMENT OF ENVIRONMENT, COMMUNITY AND LOCAL GOVERNMENT

The Government's commitment in Budget 2013 to fund forty places for individuals in mental health service housing to transfer into mainstream housing in the community, at a cost of €0.35 million, is welcome. Mental Health Reform understands that there are approximately 200 people identified by the HSE in these circumstances. It is important to recognise that mental health service users living in mainstream housing may need education or vocational training services in order to assist them to develop and participate as full citizens. Further funding will be required in 2014 to continue the transfer of individuals who are currently inappropriately placed in HSE supported accommodation and who could live in mainstream housing in the community.

**Recommendation: The Department of Environment, Community and Local Government should provide funding in Budget 2014 for an additional forty individuals to transition from HSE supported accommodation into mainstream housing in the community.**

An on-going difficulty in preventing homelessness and promoting deinstitutionalisation is the lack of a dedicated funding stream to provide medium and long-term tenancy sustainment support to individuals with long-term mental health difficulties. The Implementation Framework for the National Housing Strategy for People with Disabilities recognises that the HSE will be required to continue to provide health and personal social services for people transitioning from mental health service accommodation.<sup>27</sup> The interim protocol agreed as part of the Housing Strategy for People with Disabilities states with regard to people transitioning from institutional settings that:

“10.5. The appropriate supports from the HSE/Service Provider must be put in place for the individual and any services already being provided by the state should be assessed and continued if appropriate. A protocol will be put in place between the Housing Authority and the HSE/Service Provider to ensure that the appropriate supports are maintained for the individual.”<sup>28</sup>

However, there is currently no dedicated funding stream within either the HSE's or the Department of Environment, Community and Local Government's budgets for tenancy sustainment support. It is important that a dedicated funding stream for tenancy sustainment support is provided so that the Government's policy of deinstitutionalisation is not hindered by a gap in housing support in the community.

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<sup>27</sup> Department of Environment, Community and Local Government (2012) *National Housing Strategy for People with a Disability 2011-2016: National Implementation Framework*, p.11.

<sup>28</sup> Department of Environment, Community and Local Government (2013) *Protocol for the Provision of Housing Support to People with Disabilities* (draft).

**Recommendation: The Department of Environment, Community and Local Government and the Department of Health should agree a way to jointly provide a dedicated funding stream for tenancy sustainment support to individuals with a mental health difficulty who require this support to access and maintain accommodation.**

## CONCLUSION

Mental Health Reform recognises that the Government faces difficult choices in Budget 2014 in order to maintain control over the country's finances. Our recommendations are based on cost-effective solutions that can help Government services for people with a mental health condition to be more efficient and at the same time can fulfil the Government's policy commitments on mental health. We call on Government to incorporate these recommendations into Budget 2014.

## ABOUT MENTAL HEALTH REFORM

Mental Health Reform is the national coalition of 34 organisations working to promote improved mental health services and the implementation of *A Vision for Change*.

Mental Health Reform is available to discuss the above recommendations. Please contact Dr. Shari McDaid, Policy Officer at 01 612 1422 or via email at [smcdaid@mentalhealthreform.ie](mailto:smcdaid@mentalhealthreform.ie)

### **Appendix I: The Individual Placement and Support Model of Supported Employment**

Individual Placement and Support (IPS) is a form of supported employment in which the assessment of a person's vocational skills and work preferences occurs relatively quickly upon coming into contact with mental health services. Rapid job searching is a key feature with an 'employment first' approach. There is no eligibility criteria for the programme based on 'job readiness'; any person with a mental health condition who wants to work is eligible for IPS. The person may then enter the workforce in a setting that is suitable for them, thus allowing them to develop their skills within the work environment while receiving on-going support. IPS involves seven essential principles:

1. Competitive employment is the primary goal
2. Everyone is eligible – there is no 'eligibility' criterion
3. Job search is consistent with individual preferences
4. Job search is rapid, normally within one month
5. Employment specialists and clinical teams should be integrated and co-located
6. Support is time-unlimited and individualised to both the employer and the employee
7. Social welfare discussions support the person through the transition from benefits to work.<sup>29</sup>

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<sup>29</sup> Summarised from Perkins, R., Farmer, P. and Litchfield, P. (2009) *Realising ambitions: Better employment support for people with a mental health condition*, London: The Stationery Office Ltd., p.63.