

St Patrick's
Mental Health Services



St Patrick's Mental Health Services

Submission to Oireachtas Committee on the Future of Healthcare

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Executive Summary

St Patrick's Mental Health Services (SPMHS) is Ireland's largest, independent, not-for-profit mental health service provider.¹ It is committed to the provision of the highest quality mental health care, the promotion of mental health, advocacy and the protection of the rights and integrity of those experiencing mental health difficulties.²

The prevalence of mental health problems in Ireland is well documented, with one in seven adults experiencing a mental health difficulty in the past year.³ Recent studies suggest that young people in Ireland may have a higher rate of mental health problems than similarly aged young people in other countries.⁴

This submission outlines key guiding principles for the healthcare system, particularly relevant to the mental health sector. It examines the need for a rights-based strategy which adequately reflects the needs and views of all stakeholders including service users and the independent sector. SPMHS also addresses some of the key challenges in mental healthcare provision and provides concrete recommendations on the integration of care, funding models and identifies potential solutions in the form of evidence-based examples of best practice.

Recommendations

- A rights based approach to healthcare should be adopted into the 10 year plan for the health strategy encompassing the four essential elements of availability, accessibility, acceptability and quality.
- The right to good health, healthcare and mental health should be enshrined in law. Everyone should have access to basic healthcare services as a right. The exact services to which people should be entitled to access should be set out in law so that it is clear to both service providers and service users that legal obligations exist and that a right of remedy exists where these are not provided.
- Implement the *Vision for Change* recommendation that the mental health budget represent 8.24% of the overall health budget.
- Ensure access to services for disadvantaged groups
- The strategy must be rights-based with a focus on recovery.
- It must be informed by and inclusive of all stakeholders and be conducted in a way to ensure buy-in from service users and their families.
- Formal supports for family members should be introduced for families caring for a person with mental health difficulties.
- Ensure that all children under 18 have access to age-appropriate services in a timely manner.
- Continue to educate young people on mental health issues to raise awareness of available services and to reduce stigma.
- Research evidence-based treatments using new technologies that are efficient and cost-effective that could be used in the Irish context.
- Establish a national specialist independent, advocacy service for all children under 18 years who are engaging with mental health services.
- Begin research into the types of services that may be required to address the mental health needs of an increased older population.
- Identify the challenges in recruiting and retaining staff in mental health services and take steps to address this shortfall.
- Consult with Health Service staff in relation to any proposed changes and ensure that they are sufficiently supported to carry out their roles.
- Ensure that any proposals to integrate primary, secondary and community healthcare services are informed by the key principles identified.
- Consult with SPMHS to discuss the potential for using the Dean Clinics as a best practice model for integration of primary and community services.
- The Department of Health should allocate funding to develop and deliver a comprehensive stigma reduction programme.
- Consult and engage with the independent sector to ensure service delivery in a cohesive way that responds to emerging demands and service users' needs.
- Introduce a value based system of healthcare focusing on health outcomes per euro spent. This system should be achieved by the introduction of a bundled payment model.

Key Guiding Principles for the Healthcare System

Take a Rights-Based Approach to the Healthcare System

The right to health, healthcare or mental health treatment is not clearly defined in Irish law.⁵ The Convention on the Constitution made a recommendation to enumerate a number of economic, social and cultural rights, including the right to essential healthcare, in the Constitution of Ireland.⁶ However, the 2016 *Programme for a Partnership Government* commits only to refer the recommendation to the Housing Committee but does not address the recommendation in the context of the right to health, healthcare or mental health treatment.⁷

The right of everyone to the enjoyment of the highest attainable standard of physical and mental health has been recognised in a number of international human rights treaties.⁸ The goal of a human rights-based approach is that all health policies, strategies and programmes are designed with the objective of improving the enjoyment of all people to the right to health.

There are four key elements for the introduction of a rights based healthcare system; availability,⁹ accessibility,¹⁰ acceptability¹¹ and quality.¹²

Recommendations:

- A rights based approach to healthcare should be adopted into the 10 year plan for the health strategy encompassing the four essential elements of availability, accessibility, acceptability and quality.
- The right to good health, healthcare and mental health should be enshrined in law. Everyone should have access to basic healthcare services as a right. The exact services to which people should be entitled to access should be set out in law so that it is clear to both service providers and service users that legal obligations exist and that a right of remedy exists where these are not provided.

Strategy

1. Key priorities for inclusion in a 10 year plan for the health service

Provide adequate resourcing and develop mental health services

In 2015 mental health funding fell significantly below the recommended level contained in *A Vision for Change*.¹³ Despite an allocation of €160 million between 2012 and 2016 to the development of community based mental health services and supports, progress on recruitment is slow with less than a 7% increase in staff between 2012 and the beginning of 2016.¹⁴

In 2015, the UN Committee on Economic, Social and Cultural Rights (CESCR) noted its concern in the Irish context at the “overall deterioration in health-care services due to significant budget cuts in public health in recent years”¹⁵ and notably the negative impact on access to health services by disadvantaged groups.¹⁶ *A Vision for Change* also recognises the need for extra funding in certain geographical areas of social and economic disadvantage which have an associated high prevalence of mental ill health.¹⁷

Recommendation:

- Implement the existing recommendation that the mental health budget should represent 8.24% of the overall health budget.
- Ensure access to services for disadvantaged groups.

Publish and implement a comprehensive new rights-based national strategy in consultation with key stakeholders outlining clear lines of accountability

Any new strategy should be rights-based and grounded in a recovery ethos. The Donabedian model of healthcare aligns with the recent approach adopted by the Office of the High Commissioner for Human Rights (OHCHR) in developing human rights indicators to measure progress on a particular rights issue.¹⁸ Both models use structural, process and outcome indicators.

SPMHS supports the Mental Health Commission’s vision of a “quality mental health service that is founded on the provision of recovery-based care, dignity and autonomy for service users”.¹⁹ To achieve this type of service and to ensure adequate accountability, stakeholders including staff, service users and representatives from the independent and voluntary sector need to be consulted in developing the strategy.

Recommendations:

- Ensure the strategy is rights-based with a focus on recovery.
- Ensure it is informed by, and inclusive of, all stakeholders and be conducted in a way to ensure buy-in from service users and their families.²⁰

Provide better family education and supports

A Vision for Change recognises the importance of supporting carers and children of service users²¹ but does not make a specific recommendation on assessing and meeting their mental health support needs. Currently supports for families caring for a person with mental health difficulties are provided

on an ad hoc basis around the country by different voluntary groups such as Shine which has developed useful guidelines underpinned by the principle of providing family support to help minimise the significant adverse effect of caring for a person with mental health difficulties.²²

Recommendation:

- Introduce formal supports for family members caring for a person with mental health difficulties.

Develop and progress the full range of Child and Adolescent mental health services

SPMHS notes that in its 2016 Concluding Observations, the UN Committee on the Rights of the Child highlighted that the full range of Child and Adolescent Mental Health Services (CAMHS) needs to be further developed to ensure that children and young people receive age-appropriate supports and are not continually placed in adult facilities.²³ In April 2016, of the child and adolescent patients admitted to hospital, only 69.2% were admitted to dedicated child and adolescent inpatient units, despite this being considered a priority issue.²⁴

The 2013 *Guidelines for Mental Health Promotion and Suicide Prevention* for post-primary schools is a welcome step in addressing the need for education and awareness-raising of mental health issues amongst young people. However, it is also important to reduce the associated stigma around mental health services by taking practical steps to ensure that young people engage in the issue. For example, in this context SPMHS has developed a Transition Year programme which gives second-level students educational placements in its services.²⁵

Recommendations:

- Ensure that all children under 18 have access to age-appropriate services in a timely manner.
- Continue to educate young people on mental health issues to raise awareness of available services and to reduce stigma.

Harness new technology

In a 2014 report the OECD concluded that the “increased use of innovative evidence-based treatments, such as psychological treatments and eMental Health will help address the treatment gap for mild-to-moderate disorders”.²⁶

‘Beating the Blues’, a computerised Cognitive Behavioural Therapy (CBT) treatment used by the British National Health Service (NHS) to treat depression and anxiety, is a prime example of an evidence-based and effective technological intervention in mental healthcare with proven results in overcoming depression. Research demonstrates that patients report ‘significantly higher treatment satisfaction’ while the programme itself is also cost-effective.²⁷ It can be carried out through primary care services²⁸ while it also addresses ‘the enormous need for evidence-based psychological treatment of common mental health problems in the context of a severe shortage of trained therapists to meet that need’.²⁹

Recommendation:

- Research evidence-based treatments using new technologies that are efficient and cost-effective that could be used in the Irish context.

Develop advocacy and information services for children

An independent advocacy and information service exists for adults with mental health difficulties,³⁰ but there is no equivalent national, independent service for those under 18 years, particularly those using in-patient services as recommended by the UN Committee on the Rights of the Child in its examination of Ireland in January 2016.³¹ This is a violation of the child's right to access information,³² to be heard in decision-making,³³ and to participate fully as service users in mental health service provision.³⁴

Recommendation:

- Establish a national specialist independent, advocacy service for all children under 18 years who are engaging with mental health services.

2. Key challenges to achieving a universal single tier health service

Service demand

Demand continues to exceed availability as evidenced through waiting lists for different services including mental health services. The Child and Adolescent Mental Health Services (CAMHS) waiting list is of particular concern as latest figures indicate that 9% of those awaiting treatment have been waiting for more than 12 months.³⁵

It is clear that the lack of coordinated services is also impacting on service demand as in the case of one CAMHS service which has "identified that the majority of their cases require Primary Care Service such as Psychology and Occupational Therapy".³⁶

Recommendation:

- Provide the necessary resources to address waiting lists and increase efficiencies so that demand does not exceed the capacity of services available.

3. Actions needed to plan for future demographics

Ageing Population

As the number of over-65s is set to almost treble by 2046,³⁷ the State will need to address the increasing health needs (including mental health needs) of older people and ensure that people can achieve healthy and successful ageing,³⁸ a concept reflected in the *National Positive Ageing Strategy*.³⁹

Recommendation:

- Commission research into the types of services that may be required to address the mental health needs of an increased older population.

Integrated Primary and Community Care

1. Roadblocks in the mental health service

Lack of cohesive approach between statutory, voluntary and independent services

A *Vision for Change* does not recognise the important role that the independent sector plays in delivering mental health services despite accounting for almost a quarter of all mental health admissions in 2015.⁴⁰ Any new strategy must involve the independent sector.

Recommendation:

- Consult and engage with the independent sector to ensure service delivery in a cohesive way that responds to emerging demands and service users' needs.

Lack of adequate resources and staffing

In 2015 mental health funding represented 6.4% of the overall health budget. This falls significantly below the recommended 8.24% contained in *A Vision for Change*.⁴¹

Overall, the HSE recognises that “recruiting and retaining motivated and skilled staff remains vital for the delivery of increasingly demanding and challenging mental health services to an expanding and varying demographic population”.⁴² However, a shortfall in staff remains a particular challenge to the delivery of mental health services especially in relation to “nursing and medical staff”.⁴³

Recommendation:

- Identify the challenges in recruiting and retaining staff in mental health services and take steps to address this shortfall.

2. Steps needed to move to a model based on integrated primary, secondary and community healthcare

There is no definitive model of an integrated healthcare system to ensure that patients will have access to a high-quality and efficient system,⁴⁴ however, research indicates that there are a number of principles associated with successful integration processes and models.⁴⁵ These include: “(i) Comprehensive services across the care continuum (ii) Patient focus (iii) Geographic coverage and rostering (iv) Standardized care delivery through inter-professional teams (v) Performance management (vi) Information systems (vii) Organizational culture and leadership (viii) Physician integration (ix) Governance structure (x) Financial management”.⁴⁶

Recommendation:

- Ensure that any proposals to integrate primary, secondary and community healthcare services are informed by the key principles above.

Best Practice Model: Dean Clinics

SPMHS current strategy *Mental Health Matters: Empowering Recovery (2013-2018)* reinforces the organisation's commitment to the development of community based mental health clinics. Since 2008, SPMHS has established a nationwide network of seven multi-disciplinary community mental health services known as Dean Clinics. These are based on an Integrated Care model – aimed at providing a seamless pathway to integrate all services involved in SPMHS. The model is based on

international evidence and recommendations regarding reducing barriers to early intervention and providing integrated services to ensure continuity of care.

The network provides free of charge multi-disciplinary mental health assessments to improve access to service users.⁴⁷ In 2013, the expansion of the community network continued with the establishment of a number of Associate Dean Clinics, where new assessments are carried out on behalf of SPMHS.

In implementing this development and the location of the clinics SPMHS recognised the need for “congregate care settings” to provide the full continuum of mental health care. The extent to which SPMHS relies on annual data and clinical outcomes data in maintaining and developing services is an exemplar of how the future of mental health care in Ireland needs to progress.

Recommendation:

- Consult with SPMHS to discuss the potential for using the Dean Clinics as a best practice model for integration of primary and community services.

3. Key barriers to moving to a model of integrated primary, secondary and community healthcare

Recognise stigma as a key barrier

Stigma continues to be a key barrier to the integration of services. Negative societal attitudes towards mental health issues persist with the SPMHS 2015 attitudes survey finding that 67% of respondents consider “that Irish people view being treated for a mental health difficulty as a sign of personal failure”.⁴⁸ SPMHS welcomes the recognition in the *Programme for a Partnership Government* that tackling mental health stigma “will require a wider and more concerted effort across all aspects of society, not just focussed upon our health services”.⁴⁹ However, a societal failure to understand the true nature of mental health difficulties clearly persists.

See Change, the national stigma reduction partnership works to address and reduce stigma, funded by a number of organisations including SPMHS. However, the initiative should be developed to become a fully funded comprehensive programme. For example, the Scottish Government prioritised action to tackle stigma and the associated discrimination faced by people who suffer from mental ill health. In 2013 it allocated multi-annual funding of £4.5 million, in conjunction with Comic Relief, over three years to the See Me stigma reduction programme and reframed it to focus on impact and outcomes rather than outputs.⁵⁰

In the experience of SPMHS, service users do not always want to receive treatment for mental health issues in the same place as they attend for treatment for physical complaints. However, the World Health Organisation has long recommended the integration of services as:

... primary health care services are not associated with any specific health conditions, stigma is reduced when seeking mental health care from a primary health care provider... making this level of care far more acceptable - and therefore accessible - for most users and families.⁵¹

Despite recommendations to improve access to mental health services through primary care, GPs continue to find it difficult to communicate with specialist mental health services.⁵² However, it is

clear that GPs and other primary care providers operate differently to community services so this must be taken into consideration when planning for further integration.

Recommendation:

- The HSE should allocate funding to develop and deliver a comprehensive stigma reduction programme.

Ensure buy-in from healthcare professionals

In putting in place any plan to further integrate services, staff buy-in will be essential. According to the 2014 Health Services Employee Survey, while many employees across the Health Service indicated that they were fairly satisfied in their role, 40% of those working in the HSE did not feel their work performance was recognised, while a further 60% were dissatisfied with the extent to which the Health Services value their work.⁵³ There were also concerns about strategy and change management⁵⁴ which will need to be addressed and managed in order to ensure staff confidence at all levels. Exposure to risk is an area of concern for staff and they must feel supported in their roles to ensure that they have full confidence in their ability to carry out their job.

Recommendation:

- Consult with Health Service staff in relation to any proposed changes and ensure that they are sufficiently supported to carry out their roles.

Funding Model

A value based system of healthcare

A value based system of healthcare focuses on increasing value for service users which involves moving away from volume and profitability of services provided⁵⁵ and shifting to measuring patient outcomes achieved per euro spent.⁵⁶ A value based system is an effective way to contain costs as the focus is on improving outcomes. In a value based model achieving and maintaining good health is less costly than dealing with poor health.⁵⁷ Outcomes are the ultimate measure of quality of healthcare, and measurement of value should focus on how well the care delivered meets the individual patients' needs. This requires following the patient through the entire process of care, looking at medical conditions and patients holistically, and recording all outcomes of treatment.⁵⁸

The key components of a value based healthcare system are the creation of integrated practice units,⁵⁹ measuring outcomes⁶⁰ and costs⁶¹ and moving towards a bundled payments system.⁶²

Bundled Payment System

One of the fundamental drivers of escalating health care costs relates to having no system for measuring service user's value of care.⁶³ Providers do not know how much it costs to deliver service user care, or how those costs relate to service user outcomes. Many participants in the health care system don't even agree on what they mean by 'costs.' By standardising the measurement of health care costs, a determination of the value of a service user's care can be made.⁶⁴

Bundled payments cover the entire cycle of care⁶⁵ for a service user with costs being aggregated over the full cycle of care for the patient's medical condition, not for departments, services, or line items.⁶⁶ By covering the entire cycle of care it will ensure that there is continuity of care for the patients.

For a bundled payment to maximise value it must; cover the overall care required to treat a condition, be contingent on delivering good outcomes, be adjusted for risk, provide a fair profit for effective and efficient care and should limit provider responsibility for unrelated care or catastrophic cases.⁶⁷ Implementing a bundled payment system will reward providers for delivering better value, lead to greater integration of care, hold providers accountable for achieving outcomes and result in cost reduction⁶⁸ that occurs not at the expense of quality.⁶⁹

Examples of the bundled payment systems for consideration by the Committee are:

- The OrthoChoice programme introduced in Stockholm, Sweden.⁷⁰
- The Maternity Pathway Bundled Payment in the UK.⁷¹

Recommendation:

- Introduce a value based system of healthcare focusing on health outcomes per euro spent. This system should be achieved by the introduction of a bundled payment model.

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<https://www.mentalhealthreform.ie/wp-content/uploads/2015/07/MHR-pre-budget-submission-2016_Final.pdf> [accessed 25 August 2016].
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- 7 Government of Ireland, *A Programme for Partnership Government*, (Government of Ireland 2016).
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