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Amnesty International Ireland (AI) calls on Government to protect mental health resources and ensure the HSE develops mental health services in accordance with Government policy.

Protection of Mental Health Services

The Government's mental health policy *A Vision for Change* provides a blueprint for reform of Ireland's mental health services. Successive reports by the Independent Monitoring Group for *A Vision for Change* (IMG), the Mental Health Commission and the Irish Mental Health Coalition (IMHC) have highlighted unacceptably slow implementation of this policy. Furthermore, a report by Indecon International Economic Consultants (Indecon) published by AI in 2010 also highlighted slow progress and poor accountability between the HSE and the legislative and executive branches of Government. Indecon found that there were weaknesses in financial management systems for mental health expenditure and a need for full transparency in relation to budgeted and actual levels of expenditure taking place within the mental health service.¹

Furthermore, key findings of the the Considine Working Group report published in 2008 point to the need for a strong accountability framework between Government and the HSE. The Considine Working Group clarified that the CEO of the HSE is not entitled to apply health resources in a way other than that voted by the Dail.² The Considine Working Group also emphasised that:

“It is essential that a clear framework exists (whether administratively or legislatively or both) within which proper control and accountability mechanisms are working to ensure that public money is used effectively and in accordance with the terms and conditions with which it was granted, that it is accounted for properly and that reporting to the responsible Ministers and to the Oireachtas is timely, accurate, relevant and comprehensive.”³

¹ Indecon International Economic Consultants (2010) *Accountability in the Delivery of A Vision for Change – A Performance Assessment Framework for Mental Health Services*, published by Amnesty International Ireland and available at <http://amnesty.ie/reports/mental-health>, pp.18 and 139. This report was preceded by a report by Indecon assessing implementation of the Government's mental health policy *A Vision for Change* entitled *Review of Government Spending on Mental Health and Assessment of Progress on Implementation of A Vision for Change* published in September 2009 and also available at <http://amnesty.ie/reports/mental-health>.

² Department of Health and Children (2008) *Study of certain accounting issues related to the Health Service Executive*, p.10 states that “The fact that an Accounting Officer is also a CEO or a Secretary General does not create any independent right to apply resources, given that in relation to policy matters the Secretary General is responsible to his or her Minister and that the CEO's line of responsibility is to the board of the relevant organisation. Above all, there is no case for arguing that any Accounting Officer, in his or her own right, has the power to apply resources voted by the Dáil in a manner other than in accordance with the basis approved by his or her Minister. This is the position for all Accounting Officers including the Accounting Officer for the HSE Vote.”

³ *Ibid.*, p.11.

The Considine Working Group recognised the need to provide reliable financial information by care group,⁴ and recommended that the estimated statement of income and expenditure provided by the HSE along with its National Service Plan should include current expenditure broken down by care programme.⁵

However, currently both legislative and administrative frameworks are inadequate. Due to the lack of both legislation requiring care group accountability and a national accounting system within the HSE, at present there is no way of guaranteeing that the appropriation for mental health services set out in the Revised Estimates will be spent on mental health services; and the HSE still does not account for its expenditure on a care group basis.⁶ Even within the mental health care group, there is no published information on the breakdown of recurrent mental health expenditure by catchment areas or specialist services.

This lack of accountability is made more urgent by the current pressure on health service spending. Of grave concern is the finding in the recently published report on health resource allocation that mental health service spending has reduced in real terms from 2006-9 by 9.2 per cent, while spending for older people and people with disabilities has risen in real terms by 32 and 26.4 per cent, respectively.⁷ Similarly, while overall health service staffing reduced by 1,300 Whole Time Equivalents in 2009⁸, the mental health services lost 700 staff, which would appear to be a high proportion of the overall reduction. **Mental health services are being cut disproportionately, and this cannot be allowed to continue.**

There is, therefore an urgent need to strengthen the accountability framework for the HSE in order to ensure that designated mental health funding is spent as intended and that mental health services do not continue to suffer disproportionately in the current economic crisis.

AI recommends that:

- **The Minister for Health and Children utilises her powers under Sections 31 to 33 of the Health Act 2004 to ensure that the HSE's 2011 National Service Plan details and quantifies the planned ongoing mental health service provision and development of mental health services under *A Vision for Change* during next year.** This specification should include the number of fully-staffed Community Mental Health Teams to be in place (as per the recommended levels in *A Vision for Change*), the specific new community-based facilities that will be developed and those that will be maintained; old psychiatric hospitals that it plans to close; planned provision of mental health services for people with intellectual disability, community-based, regional forensic services and developments for the other specialist services set out in *A Vision for Change*; and information on new development and capital funding and expenditure. The

⁴ Ibid., pp.14-15.

⁵ Ibid., p.17.

⁶ A reply dated 19 April 2010 from Maureen Cronin, Assistant National Director, Finance at the HSE to an FOI request by AI states that "In the first instance it is important to state that the HSE's accountability structure is not based on care groups, rather on Local Health Offices and Hospitals with accountable managers. As a result, our focus is on data accuracy and consistency within accountable business units, not in the detail of care groups which are problematic for the reasons explained below... we have always regarded the care group headings as 'indicative' due to the complex nature of the 11 health board structures."

⁷ Department of Health and Children (2010) *Resource Allocation, Financing and Sustainability in Health Care: Evidence for the Expert Group on Resource Allocation and Financing in the Health Sector*, Volume 1, p.174.

⁸ See HSE HR Circular 001/2010 dated 29 April 2010.

HSE's 2011 National Service Plan must also detail how it will implement the recommendations of the value for money review of long-stay residential care for adults as was stated by the Department of Health and Children upon its publication; and

- **The Minister for Health and Children ensures that the national accounting system recommended by the Considine Working Group and that will enable the HSE to accurately account for expenditure by care group is implemented in 2011.**

In addition to the annual HSE Service Plan, a multi-annual plan for the reform of the mental health services in line with *A Vision for Change* is urgently needed. As has been highlighted by a number of reports by the Mental Health Commission, the IMG, the IMHC and Indecon International Economic Consultants, the existing HSE implementation plan for *A Vision for Change* is inadequate. **Government should amend existing health and mental health legislation in order to underpin the provision of comprehensive and community-based mental health services, and ensure transparent planning and reporting on the funding and delivery of mental health services by the HSE.** Such legislation should place a statutory obligation on the HSE:

- to prepare and publish a detailed, time-bound plan for the closure of unsuitable facilities *and* the development and ongoing provision of comprehensive and community-based mental health services in line with *A Vision for Change*. This statutory obligation (or accompanying regulations) should stipulate the level of detail to be included in such a plan including measurable targets, milestones, outcomes and indicators as well as clear timeframes and details of funding, human resources and infrastructure needed for implementation. The plan should also include details of management structures and responsibilities and it should be subject to the approval of the Minister for Health and Children and possibly also any independent monitoring group established by the Minister from time to time (i.e. the IMG in the current context);
- to provide comprehensive and community-based mental health services including the specialist services identified in *A Vision for Change* in line with the detailed plan and to the maximum of available resources; and
- to report annually by catchment area and service area to the Oireachtas and any independent monitoring group established by the Minister from time to time (i.e. the IMG in the current context) on progress towards the implementation of its plan and expenditure of allocated funding and to publish this report.

Such legislation should also enshrine principles in law to guide the planning and delivery of mental health services.

In addition, the Mental Health Act 2001 should be amended to:

- extend the scope of Part 5 of that Act so that the system of registration and approval of mental health services by the Mental Health Commission also applies to community-based services; and
- place equal emphasis on the periodic inspection of inpatient and community-based mental health services by amending section 51 of that Act (functions of the Inspector).

Such legislation would provide the statutory leverage for ensuring that mental health funding is spent in a way that is focused on delivering Government's mental health policy.

The current crisis in the mental health services

AI welcomes the Government's commitment to capital funding and delivery of new infrastructure in 2010 that will provide facilities for mental health services. However, reform of Ireland's mental health services is at a critical juncture. The most recent Inspector of Mental Health Services' report has found that there were "no major improvements in the quality of care and treatment ... discerned on a systemic basis" in 2009, although "there were individual examples of improvements". The Inspector reported that an estimated 10 per cent of psychiatric nursing staff left the mental health services in 2009 and that "this precipitous decline in numbers ... adversely impacts on the delivery of high quality care and treatment. Unfortunately and ironically, when cuts are made, it is the progressive community services which are culled, thus causing reversion to a more custodial form of mental health service."⁹ Similarly, the IMG expressed concern that "the 2009 expenditure on mental health at 5.3% of total healthcare expenditure reflects a continuing decrease over the last number of years."¹⁰ It also expressed concern "that expenditure and staffing within the mental health services is reducing at a rate disproportionate to overall expenditure and numbers employed",¹¹ which it accurately described as "unsustainable and greatly compromis[ing] existing services and strategic objectives".¹² The decline in mental health expenditure in real terms over the years 2006-9, remarked upon above, is also detrimental to implementation of Government's mental health policy, as further evidenced by the IMG's comment that the HSE 'embargo' had the effect of preventing the development of fully-staffed community mental health teams in 2009.¹³ & ¹⁴ This savaging of community mental health services cannot be allowed to continue.

Lack of transparency and accountability for mental health service spending

Commenting on resource allocation, the Inspector of Mental Health Services said in his most recent annual national review of mental health services that "the whole funding issue for mental health services ... is Byzantine, opaque and almost incomprehensible."¹⁵ Such a view is supported by findings in a preliminary report carried out by Indecon Independent Consultants and published by AI in 2009 that found:

- a lack of available detailed data/information needed to monitor ongoing funding, expenditure and human resource allocation across the mental health services;
- significant skill and staffing shortages within community-based mental health services; and
- an over-reliance on traditional acute and long-stay inpatient beds unlikely to achieve the best value for money.¹⁶

⁹ Mental Health Commission *Annual Report and Report of the Inspector of Mental Health Services 2009*, p.77.

¹⁰ Independent Monitoring Group *A Vision for Change – the Report of the Expert Group on Mental Health Policy: Fourth Annual Report on Implementation 2009*, Executive Summary.

¹¹ *Ibid.*, p.41.

¹² *Ibid.*, p.42.

¹³ *Ibid.*, p.45.

¹⁴ AI understands the 'embargo' referred to in the IMG's report as the Government moratorium on recruitment, for which there are a number of exemptions in the frontline mental health services. It is unclear whether the lack of community mental health team development in 2009 was the result of the moratorium, budgetary constraints or a combination of both.

¹⁵ Mental Health Commission *Annual Report and Report of the Inspector of Mental Health Services 2009*, p.84.

¹⁶ Indecon International Economic Consultants (2009) *Review of Government Spending on Mental Health and Assessment of Progress on Implementation of A Vision for Change*, Amnesty International Ireland, available at <http://amnesty.ie/reports/mental-health>

Indecon's May 2010 report found further problems with accountability for mental health service spending. The authors found that in comparing the HSE's Service Plans for 2010 and 2009, there was "substantial variation in the budget figures for 2009,"¹⁷ while 2008 outturn figures reported in the Department's Annual Output Statement for 2009 do not agree with the HSE's year-end 2008 Performance Monitoring Report.¹⁸ Such discrepancies are not in line with HSE's duty to provide transparent financial reporting as specified in the Considine Working Group report.

Indecon's recommendations to ensure full transparency and accountability include:¹⁹

1. A range of new Key Performance Indicators should be implemented and published to facilitate the ongoing monitoring of funding, progress on implementation of *A Vision for Change* and outcomes of mental health service delivery. [Specific financial and performance indicators are recommended in the body of the Indecon report.]
2. Government should consider the feasibility of introducing an appropriately designed legal framework to underpin the provision of comprehensive and community-based mental health services, and to ensure transparent planning and reporting on the funding and delivery of mental health services by the HSE.
3. The Assistant National Director for mental health should hold overall responsibility for the HSE's mental health budget to enable financial accountability at national level.
4. The HSE's Service Plan needs improved transparency in relation to the level of detail provided on actual and planned mental health service expenditures.
5. There is a need to ensure consistency between the figures presented in the annual Revised Estimates published by the Department of Finance and the HSE's annual Service Plan.
6. The implications of any recruitment moratorium should be shown in the HSE's annual Service Plans.

AI calls on the Department of Health and Children to implement these recommendations in 2011.

Support to transition from inpatient care to community living

The Government is committed to closing old psychiatric hospitals and supporting residents therein to live in the community. The Department of Health and Children is also overseeing implementation of the value-for-money review of long-stay residential care for adults within the mental health services.²⁰ However, since publication of the value-for-money review no further progress reports have issued on implementation of its recommendations, despite the fact that it was stated that there would be six-monthly progress reports. The Department of Health and Children also stated, upon the report's publication, that a report would go to the Cabinet Committee on Social Inclusion regarding transition arrangements for those individuals inappropriately placed in long-stay residential care and it is unclear whether this has occurred.

¹⁷ Indecon (2010) *Accountability in the Delivery of A Vision for Change – A Performance Assessment Framework for Mental Health Services*, Amnesty International Ireland, available at <http://amnesty.ie/reports/mental-health>, p.58.

¹⁸ *Ibid.*, p.55.

¹⁹ *Ibid.*, p.136.

²⁰ Health Service Executive (2008) *The Efficiency and Effectiveness of Long-Stay Residential Care for Adults within the Mental Health Services: Evaluation report prepared under the Value for Money and Policy Review Initiative*.

In order to transfer individuals appropriately from residential care into the community, Government must fund both the appropriate housing and relevant community supports, including both health and social supports. There is a need for designated funding in the 2011 budget to enable local authorities to house people with mental health problems transferring from long-term residential care. A designated funding stream and exemption from the civil service moratorium must also be established to provide the social and tenancy support services for such local authority clients. While the HSE is responsible for providing health supports, housing supports are the responsibility of local authorities. It would appear that there are a small number of individuals across the country in long-stay residential care who would be more appropriately placed in community housing with various levels of support. For example, the HSE estimated in 2006 that approximately 4 patients who were long-stay in acute inpatient units could be housed more appropriately in independent living accommodation in the community, while 343 individuals in other inpatient units would more appropriately reside in other types of accommodation, including for some, low support or independent living.²¹ Given these relatively small numbers, it should not be onerous to provide the funding for their transfer to more appropriate accommodation, particularly since overall, the cost of providing independent living and low support accommodation is likely to be lower than the cost of their current, higher-support care.

AI recommends that the Government provide designated funding in the 2011 budget to enable local authorities to house people with mental health problems transferring from long-term residential care. A designated funding stream and exemption from the civil service moratorium must also be established to provide the social and tenancy support services to enable individuals to transition from long-stay care to more independent living.

Mental health promotion in schools

For children, the education system is essential in delivering mental health promotion, and in providing early identification and referral that works. Progress reports from the Department of Education and Science published by the IMG do not specify how these activities relate to childhood mental health, or how they measure success, e.g. the Social Personal Health Education (SPHE) curriculum, and youth programme support. It is particularly vital that the Department of Education and Science provides and adequately funds supports for teachers and dedicated, mainstreamed mental health promotion for students.

AI recommends that the Government adequately fund the SPHE Support Service to provide supports on mental health issues to teachers and fund the cost of extending SPHE to Senior Cycle with a dedicated strand on mental health delivered to all students.

Conclusion

There is an urgent need to prevent further deterioration of the mental health services and to restore disproportionately cut resources so that the HSE can provide adequate, accessible, appropriate, quality mental health care and make progress on implementing the reforms recommended in *A Vision for Change*. This can only happen if accountability for mental health spending is improved. The consequences of not acting now will be a further deterioration in the quality of frontline mental health services and greater and unnecessary institutionalisation of people with mental health problems. Therefore, AI calls on Government to adopt these recommendations for Budget 2011.

²¹ Ibid.

Amnesty International Ireland

AI has a long-term goal of making real in Ireland Article 12 of the International Covenant on Economic, Social and Cultural Rights which states that “*every person has the right to the highest attainable standard of ... mental health*”. AI is a membership-based campaigning organisation whose mission is to uphold and defend human rights and has been campaigning in the area of mental health in Ireland since 2003.

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