IHCA Mental Health Pre-Budget Submission 2022

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Submission by:

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Foreword

The Irish Hospital Consultants Association (IHCA) represents over 95% of Hospital Consultants working in Ireland's acute hospital and mental health services.

In this submission, the Association has set out in detail the capacity deficits that exist in our mental health services, together with objective evidence of how these deficits are impacting on patient care. Detailed recommendations are also included for the purpose of resolving these issues in the 2022 Mental Health Budget which is under consideration. Decisions concerning the 2022 Budget present an opportunity, if the recommendations are implemented, to ensure that the mental health services are able to provide for ongoing increasing demand.

Providing psychiatric care to patients while living alongside Covid has and will continue to present significant challenges because of the overwhelming capacity deficits that have existed for more than a decade. The only way to resolve these problems is to create additional capacity in the system. This will require the reallocation and refocussing of current and capital expenditure in the 2022 Mental Health Budget and an immediate decision by Government to address the ongoing and deteriorating Consultant Psychiatrist recruitment and retention crisis. Specifically, the Government needs to end the Consultant salary inequity imposed unilaterally in 2012 as it is the root cause of Ireland's Consultant recruitment and retention crisis. The Government must restore pay parity immediately to fill the more than 1 in 5 permanent Consultant Psychiatry posts that are now vacant or filled on a temporary basis.

This submission includes a detailed analysis of how the ongoing deterioration can be arrested and how together we can put in place mental health services that deliver timely care to patients in the new Covid environment and adequately address the demographic, technology, unmet need and other pressures on the system.

Executive Summary & Recommendations

The Association strongly recommends the Government takes the following priority actions in the 2022 Mental Health Budget to address the many deficits in our mental health services:

1. Current funding for Mental Health Services is grossly inadequate and needs to be set at a realistic level given the historic deficits in the service and the impact Covid-19 is having on the population's mental health. At **5.4% of the Health Budget**, it is low by international standards, at approximately half that of most Northern European Countries. The Mental Health budget should increase to allow for the demands of population growth and the aging of the Irish population. The services available to patients and the **per capita budgets for Mental Health Services across the different CHOs should be streamlined so they are broadly similar in all areas of the country**.
2. Ireland has the **third lowest number of inpatient psychiatric care beds in the EU**, at just 32.69 per 100,000 inhabitants, which is **half the EU27 average** (73.12). At a minimum, an **immediate increase of 300 acute adult psychiatric inpatient beds is required** in addition to increases in child and adolescent beds. These 300 additional beds should include adequate specialist provision for the following sub-groups of patients:

- Dedicated acute beds for those aged over 65;
- Rehabilitation beds for those with severe and enduring mental illness;
- Inpatient beds for those who have a higher level of need and who would in the UK require Low Secure Units. There are no Low Secure Beds available in Ireland.

3. An immediate **50% increase in operational beds for the CAMHS service is required** to meet previous *Vision for Change* recommendations. **CAMHS Inpatient Units need to be expanded significantly as the current number in just three counties is inadequate and forces many children to travel long distances for treatment. A zero tolerance** is required on the continued **inappropriate admission of children and adolescents to adult mental health units.**
4. The Irish health service is uncompetitive in recruiting and retaining the number of high calibre consultant psychiatrists it requires. This is evident from the fact that **more than 1 in 5 approved Consultant Psychiatry posts are vacant or filled on a temporary basis**. The **Consultant salary inequity applying since 2012 is the root cause of Ireland's Consultant Psychiatrist recruitment and retention crisis and needs to be ended.** The **'unambiguous commitment'** made by Minister for Health Stephen Donnelly in October 2020 to remedy the salary inequity in full for all Consultants must be upheld.
5. **16 specialist services for Eating Disorders - eight for children and adolescents and eight for adults - were recommended in 2018 and need to be established. There are only three currently in place and these are significantly understaffed**. In addition, **at least 23 dedicated inpatient adult psychiatric eating disorder beds are urgently required, rather than the current 3 beds.**

Other equally significant and important issues that should be addressed in Budget 2022 and subsequent funding rounds include:

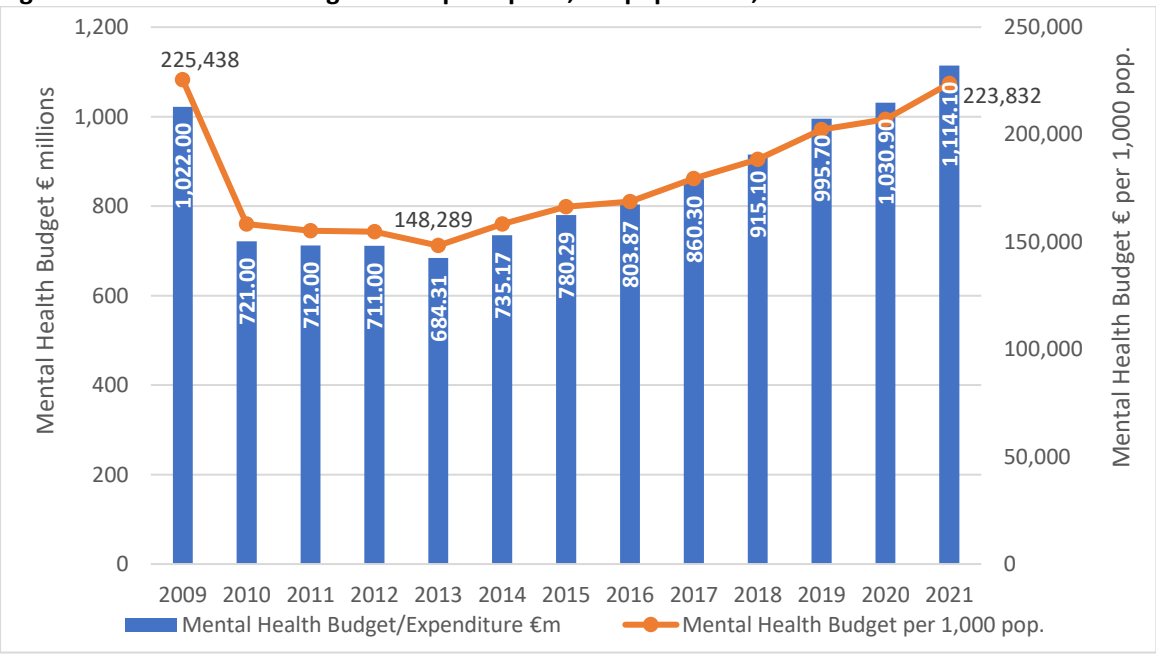
6. The limited number of single, en-suite bedrooms in mental health inpatient facilities is a particular concern and needs to be addressed. Most inpatient psychiatry units have dormitory style accommodation and these need to be replaced with single rooms for both mental health and infection control reasons.
7. **The number of Paediatric Liaison Psychiatry Teams needs to increase 4-fold in order to respond to the acute mental health needs of children and adolescents.**
8. The Consultant recruitment crisis has manifested itself in the **appointment of 21 non-specialists to Consultant Psychiatry posts** across all psychiatry specialist areas and CHOs. This undermines the safety and quality of patient care, is in breach of the HSE's recruitment rules and the Medical Practitioners Act.
9. **Consultant vacancies are contributing to persistent and damaging waiting lists** for treatment. The number of patients waiting to be seen by a **Consultant Child & Adolescent Psychiatrist** has **increased by 18% in one year**. The appointment of additional hospital Consultants, on terms to be agreed with the representative organisations, is the key enabler that is required to tackle the unacceptable waiting times and the backlog of care.
10. The loss of our highly trained specialists has resulted in the **employment of agency staff at often twice the cost to replace them**. This false economy highlights the importance of restoring pay parity for Consultants**.**
11. The HSE has indicated that an increase of 245 (34%) in the number of Consultant Psychiatrists working across the public and private sectors to 825 is required by 2030. However, **Ireland is not self-sufficient in the provision of specialist trainees and the future recruitment needs of the specialty**.
12. **The pandemic has exacerbated the pre-existing strain related to low baseline staffing and a high number of vacant posts.** 65% of Consultant Psychiatrists report having suffered decreased wellbeing as a result of the pandemic. In order to decrease the dependency on overtime work and **to reduce the risk of burnout, the Government must immediately fill the more than 1 in 5 Psychiatry posts vacant or filled on a temporary basis.**

13. **Shortfalls in Community Team staffing levels are restricting the services' capacity to deliver care to users and patients.** Budget 2021 provides for a 10% increase in community mental health team staffing in CAMHS. Even if this is achieved, this will only result in staffing being 33% rather than 43% below the recommended levels. Additional Team supports are urgently needed for Consultants. Consultants who leave the public service often cite the stress of trying to maintain a service in an inadequately staffed mental health team as a major factor in their decision to leave.
14. **Designated, ring-fenced budgets are also required for the development and implementation of all national clinical programmes in mental health.**
15. Additional resources are needed to adequately meet the **increased demand for mental health services among the homeless population**.
16. Additional Consultant staffing is also urgently required to ensure that **every person with a serious mental illness coming into contact with the prison service is accorded equal rights to specialist psychiatric assessment and treatment** where required.
17. **Capital expenditure for our mental health services must be increased and its allocation expedited to address the physical infrastructure deficits that have resulted from more than a decade of capital cuts and underinvestment.**

1. Mental Health Budget

The 2021 Mental Health Budget of €1,114.1m is 9% above the equivalent 2009 expenditure level.[1] However, given the population has grown by 444,000 (9.8%) since 2009, the **current mental health budget of €223,832 per 1,000 population is still below the €225,832 spend in 2009**, which was too low to start with (see **Figure 1**).[2] Current mental health spending on a population basis has therefore **failed to reach the previous inadequate level set 13 years ago.**

Figure 1: Mental Health Budgets and spend per 1,000 population, 2009-2021



Sources: HSE Service Plans and Performance Reports; CSO Census data in 2011 and 2016 and CSO Estimated Populations, PxStat. The estimated population for April 2021 is not yet available and therefore the 2020 figure is used for this year.

[1] HSE Service Plans and Performance Reports.
[2] The population has increased from 4,533,400 in 2009 to an estimated 4,977,400 in 2020. This is an increase of 444,000 (9.8%).

At **5.4% of the Health Budget**,[3] the mental health budget in 2021 is at the lowest level of spending as a portion of the overall HSE budget since 2012.[4] The percentage is low by international standards and approximately **half that of most Northern European Countries**.[5] In the UK, spending on mental health in NHS England was 10.8% in 2017/18, with calls for this to increase to over 13% by 2028/29.[6] Ireland previously spent 13% of total health expenditure on mental health in 1984.[7] Psychiatric services in Ireland continue to operate under severe pressure as a result of the funding shortfalls.

Significant disparities in the allocation of funding and resources persists, with CHOs of similar population size allocated different budget allocations and staffing. For example, CHO 7 (Kildare, West Wicklow, Dublin South), with a population 697,644, was allocated a mental health budget of €94.56m in 2019 and had a WTE complement of 835 in mental health in Dec 2018.[8] With just 1% less of a population (690,575), CHO 4 (Cork/Kerry) was allocated €116.68m (+23%) for mental health services in 2019 and employed 1,483 WTEs – a **78% difference in staffing**.[9] There is a **25% difference in funding mental health services in CHO 7 compared with CHO 4 on a population basis**.[10] The services available to patients and the **per capita budgets for Mental Health Services across the different CHOs should be streamlined so they are broadly similar in all areas of the country**.

According to the HSE National Service Plan (NSP) 2021, just €23m in additional funding was earmark for new measures in mental health, which was just 2% of the €1.112bn for new measures throughout the health service and 2% of the overall mental health budget of €1.114bn.[11]

It is also noted that the €15m in the NSP for additional Covid programmes in mental health was less than 1% of the €1.676bn earmarked to address the pandemic. **This funding is grossly inadequate and needs to be set at a realistic level given the historic deficits in the service and the impact Covid-19 is having on the population's mental health.**

2. Psychiatric Bed Capacity Deficits

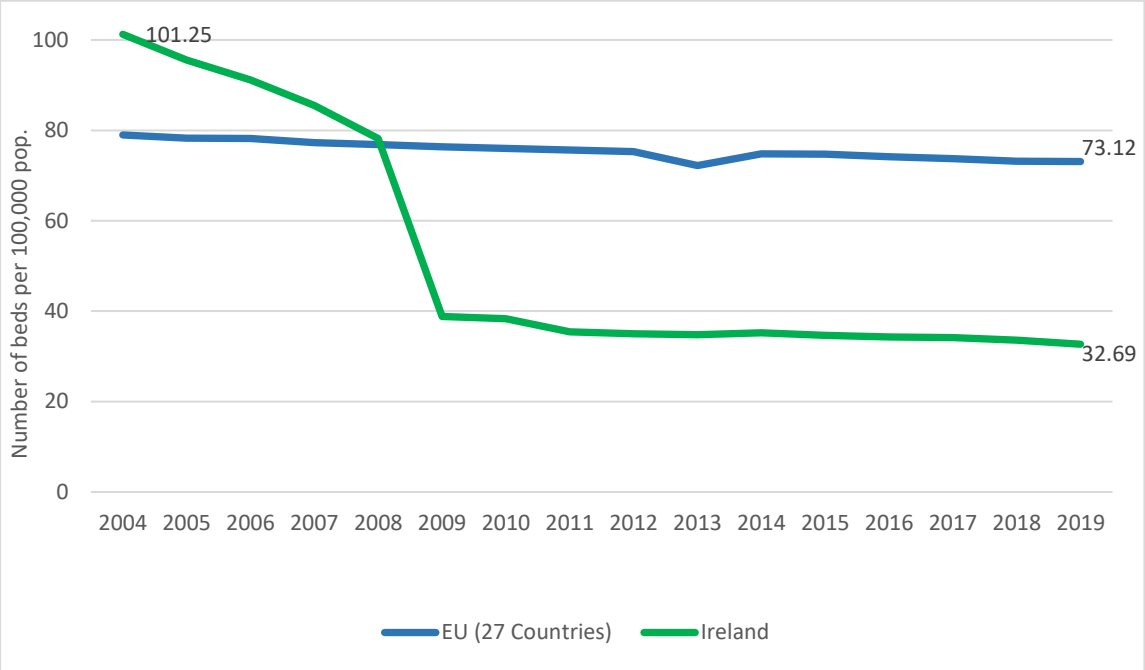
2.1 Population Led Demand

Ireland has the **third lowest number of inpatient psychiatric care beds in the EU**, at just 32.69 per 100,000 inhabitants; there were 1,613 beds in 2019, which **includes beds in public and private hospitals** (see **Figure 2** below).[12] This is **half the EU27 average** of 73.12 beds per 100,000, and one third to a quarter the number in many EU countries.

[3] Total Health Budget for 2021 is €20,623m.
[4] In 2012 mental health funding accounted for 5.6% of overall HSE budget; HSE PQ response 38977/20 to Deputy Denis Naughten, 11 December 2020.
[5] Germany, the Netherlands and Sweden all spend approx. 11% of government health spending on mental health, with France allocating 13% of total government expenditure on health to mental health; WHO Global Health Observatory.
[6] 'Next steps for funding mental healthcare in England, Royal College of Psychiatrists, September 2020.
[7] Non-capital mental health expenditure totalled €184m in 1984, which was 13% of the total health budget of €1.413bn; *A Vision for Change*, p178.
[8] HSE Dublin South, Kildare & West Wicklow CHO 7 Delivery Plan 2019, 25 March 2019.
[9] HSE Cork Kerry Community Healthcare Operational (CHO 4) Plan 2019.
[10] CHO7 had a mental health budget of €135,542 per 1,000 population in 2019 compared with €168,961 per 1,000 population in CHO4.
[11] HSE National Service Plan 2021.
[12] Eurostat.

The dramatic decline in psychiatric beds in Ireland from 101.25 per 100,000 population to 32.69 (a decrease of 68%) has occurred at a time when Ireland's population increased by almost 1 million during the past 16 years, and when those aged 65 years and over increased by 60%.[13]

Figure 2: Psychiatric care beds in hospitals per 100,000 inhabitants in EU



Source: Eurostat

In addition, the ESRI projects the population will further grow by 7.5%, or 370,000 additional people, by 2030 with the number of those aged over 65 projected to increase to almost 1 million.[14]

Despite this increasing elderly population, we are currently not providing a nation-wide, comprehensive mental health service for our adult or older population.

We have highly trained and committed Consultants across all psychiatric specialties, yet overall staffing levels are restricting the delivery of care to patients. For example, there are just 43 mental health specialist teams for older people - 66% of the recommended number - and these 43 teams are only staffed at an overall level of 54% of what they should be.[15]

More than 1 in 8 inpatients spend six months or longer in an acute mental health bed.[16] This highlights the lack of a suitable alternative placement for those with severe and enduring mental illness who often have inappropriately long acute inpatient stays due to the lack of suitable step-down facilities. Many of these patients could be maintained out of hospital with rehabilitation teams with assertive outreach and a range of accommodation and support tailored to the patients' needs. **Appropriate services are needed for patients requiring rehabilitative psychiatric services in a 'low secure' setting**, that is a greater level of

[13] The overall population increased by 932,200 between 2004 and 2020 to 4,977,400; CSO Population Estimates April 2020, 20 August 2020. The number of those aged over 65 increased from 449,700 in 2004 to an estimated 720,100 in 2020; CSO PxStat.

[14] The ESRI projects the over-65 population to number between 961,500 and 989,400 by 2030 under different scenarios; Projections of Demand for Healthcare in Ireland, 2015-2030, ESRI, October 2017.

[15] There are 43 MHSOP teams in Ireland, which is 66% of the number recommended in *A Vision for Change*; Mental Health Services for Older People, Mental Health Commission November 2020, 4 December 2020.

[16] 'Access to Acute Mental Health Beds in Ireland', Mental Health Commission, February 2020.

security than can be provided in an acute inpatient adult unit. Unlike in the UK, there is no provision for this severely disadvantaged group in the Irish psychiatric system.

2.2 Acute Adult Hospital Beds

A Vision for Change planned for a marked reduction in acute psychiatric hospital beds as older psychiatric institutions were closed. However, the reduction in overall acute beds was to be supported by a range of other types of community and other care services, which has not been provided. It is extremely disappointing that the new mental health policy *Sharing the Vision* published last year does not even attempt to quantify current bed capacity needs, with a suggestion of a further review of acute inpatient capacity.[17]

The number of adult psychiatry beds available for acute admissions has been reduced to the point where there are frequently no beds available at night in many of our Community Healthcare Organisations (CHOs), and no coordinated national system to manage that availability. **This is an ongoing patient safety issue.**

A total of 1,050 acute adult public mental health beds were registered as of November 2018, which equates to **22.05 beds per 100,000 general population**.[18] This means that for every four patients that Consultant Psychiatrists would have admitted to hospital in 2004, they now only admit one today.

The number of baseline adult psychiatric beds in the public system at the end of Q2 2020 was just 995 and the closing bed numbers for the end of 2020 was expected to be similarly below 1,000, given the ongoing Covid-19 pandemic and the health and safety demands associated with this.[19] This means that Inpatient care is now only reserved for the most seriously ill patients.

At CHO level, the adult acute bed provision varies from a low of **18.3 beds per 100,000 population in CHO 5** (Carlow/Kilkenny/South Tipperary, Waterford/Wexford) to **28.3 beds per 100,000 population in CHO 9** (Dublin North, Dublin North Central, Dublin North West).[20] This highlights the significant regional deficits in terms of bed availability.

While the provision of an additional 28 acute psychiatric beds as outlined in the NSP is welcome, this will not address the enormous shortfall in our psychiatric bed capacity. There were 58 instances of overcapacity reported in 2020 by approved centres.[21] This is likely to be an underestimation given that only a third of acute units were found pre-Covid to operate at the recognised level of less than 85% occupancy with a quarter having an occupancy rate of over 100%.[22] Bed capacity was reduced in many services to enable implementation of Covid-19 infection prevention and control guidance, with only one to two unoccupied beds on most days in the Dublin (CHO6, 7 and 9) and Midlands (CHO8) regions.

At a minimum, an immediate increase of 300 acute adult psychiatric inpatient beds is required in addition to increases in Child & Adolescent Mental Health Services (CAMHS) beds. These 300 additional beds should include adequate specialist provision for the following sub-groups of patients**:**

- Dedicated acute beds for those aged over 65;
- Rehabilitation beds for those with severe and enduring mental illness;
- Inpatient beds for those who have a higher level of need and who would in the UK require Low Secure Units. There are no Low Secure Beds available in Ireland.

[17] 'Sharing the Vision – a Mental Health Policy for Everyone', Department of Health, 17 June 2020.

[18] 'Access to Acute Mental Health Beds in Ireland', Mental Health Commission, February 2020.

[19] HSE PQ response 31403/20 to Deputy David Cullinane, 20 October 2020.

[20] 'Access to Acute Mental Health Beds in Ireland', Mental Health Commission, February 2020.

[21] An approved centre is at overcapacity if the number of residents accommodated in the unit at 12am on that day exceeds the number of beds the approved centre is registered for; Mental Health Commission Annual Report 2020, 1 July 2021.

[22] 'Access to Acute Mental Health Beds in Ireland', Mental Health Commission, February 2020.

2.3 Physical Distancing and Single Rooms

Continued physical distancing requirements will result in major challenges unless increased space is provided in our mental health services. The limited supply of single, en-suite bedrooms in mental health inpatient facilities is a particular concern, with only three acute mental health units having all single, en-suite bedrooms.[23]

This is not only important in preventing and controlling healthcare associated infections and the coronavirus, but single rooms can facilitate family involvement in patient care and increase the opportunities for treatment at the bedside. It is also recognised they enable better bed management, abolish gender bed blocking, and lead to fewer patient transfers.[24]

Continued physical distancing requirements will result in major challenges unless increased space is provided in our mental health services. With the majority of services still using dormitory style accommodations, **the limited number of single, en-suite bedrooms in mental health inpatient facilities is a particular concern and needs to be addressed**.[25]

2.4 Bed Capacity for Older Adults

There are just 1.2 dedicated acute mental health beds for older people per 100,000, compared with 6 per 100,000 in England and 9.7 in Northern Ireland. Again, there are significant regional variations, with CHO 1 and CHO 5 having no dedicated acute beds for people over 65 years.[26] The delivery of inpatient mental health care to older people in general adult mental health units, rather than in dedicated units, has been described by the Mental Health Commission as constituting a risk to their safety and does not meet their therapeutic needs. **Additional dedicated acute beds for people aged over 65 years are urgently needed.**

3. Child & Adolescent Mental Health Services

CAMHS Teams are under resourced, staffing levels are low and recruitment and retention are challenging the services' ability to meet the needs of children and families. This has been compounded by Covid-19.

3.1 CAMHS Understaffing and Recruitment and Retention Crisis

With more than 1 in 5 Child and Adolescent Psychiatry posts not filled as needed, consultant vacancies are contributing to persistent and damaging waiting lists for treatment which are likely to worsen over the coming months with the impact of the pandemic yet to fully develop.

Waiting lists are long and CAMHS and other community services simply cannot meet the volume of need in the community. As a result, often in crisis people feel there is nowhere to turn except the Emergency Department, especially outside of normal working hours. This isn't what a developed nation's emergency mental health system should look like.

An expansion is required across the board of on-site mental health teams supporting critically unwell and distressed young people and families in paediatric hospitals. **Our children deserve safely staffed CAMHS**

[23] Mental Health Commission Annual Report 2020, 1 July 2021.
[24] Mental Health Commission Annual Report 2020, 1 July 2021.
[25] Only three acute mental health units have all single, en-suite bedrooms, with just 32% of inpatient mental health facilities providing long term accommodation doing so with exclusively single bedroom accommodation; Mental Health Commission Annual Report 2020, 1 July 2021.
[26] Mental Health Services for Older People, Mental Health Commission November 2020, 4 December 2020.

community teams and specialist services in line with the self-harm and eating disorder programmes in the community. CAMHS Teams are approximately **43% below the recommended levels** (see Section 5).[27]

Some young people need the support of hospitalisation and this **care should be in the right place, at the right time,** therefore rapid access to inpatient beds must be provided. All of this is underpinned by specialist staffing, including **filling the consultant posts as needed as a priority step**.

3.2 Paediatric EDs

There is now a tsunami of distressed young people presenting in crisis to paediatric hospitals and to paediatric Emergency Departments in particular.

The three Dublin paediatric hospitals saw overall attendance of young people decrease by 34% during in the pandemic, but in sharp contrast **ED presentations for mental health reasons increased by 9%**.[28] At times during the 12 months prior to February 2021, these numbers were double those of the previous year. With evidence suggesting this has been replicated in hospitals across the country, the significant increase in paediatric mental health problems warrants increased funding as part of the response to Covid-19.

This builds on previous pre-Covid trends seen at children's hospitals. Temple Street, known to be one of the busiest Emergency Departments in Europe, has seen an **8-fold increase in presentations since 2006**.[29] In 2020, more than 520 young people presented with mental health crisis to Temple Street ED.

At present there are mental health teams on site in only 4 of 19 Paediatric Units - an increase of just one since *A Vision for Change* recognised this need.

A significant number of children are not attending their GPs or CAMHS because of the long waiting lists and are becoming much more serious in their conditions, presenting to EDs with eating disorders, major depression or suicidal ideation. Children with autism are also more frequently presenting to emergency departments with a deterioration in their condition.

***A Vision for Change* envisaged on a population basis approximately 16 Paediatric Liaison Psychiatry teams nationally.[30] These are massively underdeveloped presently, with just 4 teams in place. Across Ireland, this continues to severely hamper the ability to respond to the acute needs of paediatric patients and needs to be urgently addressed by a 4-fold increase in the number of these teams.**

3.3 CAMHS Bed Capacity

At present it is not possible to provide appropriate urgent inpatient care to children and adolescents due to a severe lack of CAMHS beds and the fact that only three quarters of the available beds are open at any one time. In October 2020, there were 72 operational beds for the CAMHS service, out of a total of 98 CAMHS beds.[31] **This falls far short of the 127 CAMHS beds recommended in *A Vision for Change***.[32] There is also no commitment within the National Service Plan 2021 to increase badly needed inpatient beds for children and adolescents.

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[27] HSE Mental Health Service Delivering Specialist Mental Health Services 2019.
[28] Increased Mental Health Presentations by Children Aged 5-15 at Emergency Departments during the first 12 months of COVID-19, *Ir Med J*; Vol 114; No. 5; P356.
[29] Trends in Mental Health Presentations to a Paediatric Emergency Department, *Ir Med J*; Vol 113; No. 2; P20.
[30] *AVFC* recommended one paediatric liaison mental health service per 300,000 population. Based on an estimated population in April 2020 of 4,977,400 this equates to 16.7 teams.
[31] HSE PQ Response 25722/20 to Deputy Richard Boyd Barrett, 8 October 2020; Mental Health Commission Annual Report 202, 1 July 2021.
[32] *A Vision for Change (*2006) recommended 100 CAMHS inpatient beds for a population of 3,917,200 in 2002, which is the equivalent of 127 CAMHS beds based on a population in April 2020 of 4,977,400.

There are CAMHS inpatient units in only three counties nationally, and these generally do not take out-of-hours admissions. Waits of up to 6 weeks for admission can occur.

This lack of a coordinated national system to resolve crisis situations when they arise presents a significant patient care and safety issue. Children and young people in crisis are left with the unacceptable 'choice' between an emergency department, general hospital, children's hospital, or an adult inpatient unit.

An immediate 50% increase in operational beds for the CAMHS service is required to meet previous *Vision for Change* recommendations.

Given that there are only four CAMHS inpatient services nationwide, located in Dublin, Galway and Cork, children often have to travel long distances from their homes in order to access treatment, thereby experiencing significant separation from their family, friends and school. The State is treating children with psychiatric illnesses as second-class citizens, as it would not expect those with other medical condition to ensure similar difficulties.

CAMHS Inpatient Units need to be expanded significantly as the current number in just three counties is inadequate and forces many children to travel long distances for treatment.

3.4 Child Admissions to Adult Units

The above deficits have resulted in the continued **inappropriate admission of 27 children and adolescents to adult mental health units in 2020**.[33] While this is an improvement on the 54 admission to adult units in 2019, it still constitutes a breach of Ireland's obligations under the UN Convention on the Rights of the Child. The improvement may also be a temporary result of changed admission and isolation practices in response to the Covid-19 pandemic.[34]

A number of Child & Adolescent Consultant Psychiatrists have already resigned citing 'unsafe and untenable' positions and without adequate planning and resourcing, more are likely to follow. **A zero tolerance is required on the continued inappropriate admission of children and adolescents to adult mental health units.**

4. Consultant Vacancies and Recruitment & Retention Crisis

4.1 Consultant Numbers and Vacancies

Ireland has the **lowest number of medical specialists per 100,000 population in Europe at 149, 41% below the EU average of 253**.[35] In Psychiatry, Ireland has a low level of consultants per head of population (9.8 per 100,000) when reviewed alongside Scotland (10.9), New Zealand (12) and Australia (12.3).[36]

In addition, around 1 in 5 permanent Consultant posts in Ireland are either vacant or filled on a temporary or agency basis. In Psychiatry, the number is more than 1 in 5.

The Irish health service is uncompetitive in recruiting and retaining the number of high calibre consultant psychiatrists it requires. This sharp decline in competitiveness is evident from the fact that there were 34 Consultant Psychiatry posts vacant and a further two posts of unknown status and probably vacant as at 4 January 2021.[37] A further 100 Consultant Psychiatry posts were filled on a temporary basis. The number of

[33] Mental Health Commission Annual Report 2020, 1 July 2021.
[34] Mental Health Commission Annual Report 2020, 1 July 2021.
[35] OECD.Stat.
[36] HSE NDTP Medical Workforce Planning for the Specialty of Psychiatry 2020-2030, March 2021.
[37] HSE NDTP Doctors Integrated Management E-system (DIME) Data Report 4 January 2021.

vacant and unfilled posts is likely to have increased further in recent months, given that the number of Consultant Psychiatrist vacancies has increased by 33 (+12%) in the first three months of 2021.[38]

Worryingly, of the 27 Consultant Posts in Psychiatry confirmed to the IHCA as being vacant in November 2020, 4 (15%) had been vacant for between 2-3 years with a further 6 (22%) vacant for 3 years or longer.[39]

A breakdown by specialty of the 26 approved Psychiatry posts vacant in December showed that while more than half (25 or 58%) were in General Psychiatry, almost a quarter (6, 23%) were in Child & Adolescent Psychiatry, 4 in Psychiatry of Learning Disability and 1 in Psychiatry of Old Age.[40] More than a quarter of the total number of vacant Psychiatry posts were in CHO 9 (Dublin North/ North Central/ North West).[41]

This is a key workforce capacity deficit in the Mental Health Services that is resulting in longer delays for patients waiting for treatment and needs to be addressed. The Consultant salary inequity applying since 2012 is the root cause of Ireland's Consultant Psychiatrist recruitment and retention crisis. Unfortunately, the **new mental health policy 'Sharing the Vision' fails to set out the urgent workforce requirements needed to staff a modern psychiatric service.**

4.2 Consultant Recruitment Crisis

This recruitment crisis is evident from the fact that not a single doctor replied to 7% (11) of the 149 hospital consultant posts that were advertised by the Public Appointments Service over a 20-month period in 2019/20.[42] In another 1 in 6 competitions, just one single applicant applied.

In one **advertisement for three Consultant Child & Adolescent Psychiatry posts in the Laois/Offaly and Longford/Westmeath MHS, not a single doctor applied for the posts**.[43] A similar competition for **two CAMHS Consultant posts in the Sligo/Leitrim MHS also saw no one apply**.

This recruitment crisis has also manifested itself in the **appointment of 21 non-specialists to Consultant Psychiatry posts** across all psychiatry specialist areas and CHOs.[44] This undermines the safety and quality of patient care, as outlined by the former President of the High Court, Justice Peter Kelly, to Minister Simon Harris and the health service management in May 2018.[45] It is also in breach of the HSE's recruitment rules and the Medical Practitioners Act, 2007.

Meanwhile staff trained or employed for years have left the mental health services to work abroad or in the private sector. These **highly trained specialists will remain in Australia, New Zealand, Canada, and the United States unless we make Ireland a more attractive place to work**.

4.3 Consultant Vacancies and Waiting Lists

The Mental Health Services must recruit the number of Consultant Psychiatrists required to provide timely care and treatment to patients who need it. **Consultant vacancies are contributing to persistent and damaging waiting lists for treatment** which are likely to worsen over the coming months.

[38] The number of vacant consultant posts (including those with unknown status, which are likely to be vacant), increased from 281 as at 4 January 2021 to 314 as at 31 March 2021; HSE NDTP DIME Data Report 4 January 2021; HSE Consultant Post Matching Reports as at 31 March 2021.

[39] HSE NDTP response to IHCA as at 4 November 2020.

[40] HSE PQ response 42405/20 to Deputy John Lahart, 16 December 2020.

[41] There were 7 approved consultant psychiatry posts vacant in CHO 9 as at 9 December 2020, which is 27% of the 26 posts vacant; HSE PQ response 42405/20 to Deputy John Lahart, 16 December 2020.

[42] New figures reveal HSE struggles to recruit consultants, *Irish Examiner*, 12 October 2020.

[43] FOI response to Ken Foxe, *Irish Examiner*, 12 October 2020.

[44] HSE PQ response 42405/20 to Deputy John Lahart, 16 December 2020.

[45] Medical Council of Ireland -v- Bhatia, IEHC 246, 8 May 2018.

HSE data confirms that the number of patients waiting to be seen by a Consultant Child & Adolescent Psychiatrist nationally was 2,739 at the end of December 2020, which is an increase of 412 (18%) in one year.[46] In December 2020, 770 (28%) were waiting longer than 6 months and 266 (10%) were waiting longer than 1 year.[47] These waiting lists continue to present significant challenges while current vacancies in CAMHS Consultant posts remain unfilled.

The HSE does not collect waiting list figures for Adult Mental Health Services. However, most recent data confirms that the HSE is not meeting its target to see 75% of accepted referrals/re-referrals within 3 months, with CHO 9 (Dublin North/ North Central/ North West - 57.9%) and CHO 4 (Cork/Kerry - 70.2%) particular outliers.[48]

4.4 Crisis Psychiatric Assessments in EDs

These waiting list are resulting in increased presentations of patients in crisis at Emergency Departments, which are often chaotic environments and not an appropriate setting for treating those who are acutely mentally unwell for a prolonged period of time. This in turn is also impacting on the service provided in our EDs to other patients.

A recent study on the removal of a direct community access point for patients in acute mental health need on ED presentations in Dublin found that in the year directly after the service change, referrals to psychiatry from ED increased by 200%, remaining at this level for the subsequent three years.[49] Of these, 32.5% were referred by a GP - more than a threefold increase on the previous year. A fourfold increase in the number of cases with no physical issue identified at triage were also recorded in the year after the change.

This policy change is putting considerable pressure on ED staff and capacity and contributes to burnout and stress among consultants and trainees who are dealing with increasing numbers of crisis presentations in a difficult environment with fewer inpatient beds to allow periods of assessment and crisis admissions. None of the liaison psychiatry teams who provide these assessments in the ED are staffed at the minimum levels recommended in *A Vision for Change*, and some busy teams have 30% of the recommended staffing.[50]

With almost 1 million people now on some form of waiting list for diagnosis and treatment in other areas of medicine, this will also have knock-on effects for psychiatric care as patients develop secondary mental health symptoms. For example, a significant majority of people with chronic pain will develop problems with anxiety and depression.[51]

The Government's failure to address the recruitment crisis and restore pay parity only serves to exacerbate the extremely challenging task in dealing post-Covid with the massive backlogs and waiting lists across all specialties, including Psychiatry, that are accumulating. **The appointment of additional hospital Consultants, on terms to be agreed with the representative organisations, is the key enabler that is required to tackle the unacceptable waiting times and the backlog of care.**

[46] HSE PQ response 3297/21 to Deputy Peadar Tóibín, 4 February 2021.
[47] HSE PQ response 3297/21 to Deputy Peadar Tóibín, 4 February 2021.
[48] HSE Performance Profile July-September 2020.
[49] Impact of changes in community psychiatric service provision on mental health presentations to the emergency department, *Ir J Med Sci* (2020). https://doi.org/10.1007/s11845-020-02442-w.
[50] Consultation-Liaison Psychiatry services in Ireland: a national survey. J Psych Res (in press) 2021. DOI: 10.13140/RG.2.2.15382.47682.
[51] Up to 85% of patients with chronic pain can be affected by severe depression; *Neural Plast.* 2017; 2017: 9724371, doi: 10.1155/2017/9724371.

4.5 Consultant Agency Costs

The loss of our highly trained specialists has resulted in the employment of agency staff at often twice the cost to replace them. Overall **Medical/Dental Agency spend has increased from €37m in 2012 to €94m in 2020.**[52] **This is an increase of €59m per annum, to more than two-and-a-half times the 2012 costs, and does not include additional agency spend in the voluntary services.**

This false economy highlights the importance of restoring pay parity for Consultants hired after October 2012, so that mental health services are repositioned to be more competitive and better equipped to fill the increasing number of vacant permanent posts with doctors who are on the Medical Council Specialist Register.

The **'unambiguous commitment' made by Minister for Health Stephen Donnelly in October 2020 to remedy the salary inequity in full for all Consultants must be upheld** in order to restore trust between the consultant body and the health service management and tackle the worsening recruitment crisis.

4.6 Current and Future Demand for Consultant Psychiatrists

The HSE has indicated that an **increase of 245 (34%) in the number of Consultant Psychiatrists** working across the public and private sectors to 825 is required by 2030 to address current shortfalls and meet increased patient demand.[53] When those who leave the service for retirement and other reasons are accounted for, **628 additional consultants will be required over the coming 10 years**.

The Hanly Report (2003)[54] recommended a ratio of 1:6,600 Consultant Psychiatrists per head of population by 2013 in order to achieve a consultant-provided service. Applying that ratio to our current population of 4.977 million, **754 public Consultants are currently required**. Separately, the College of Psychiatrists of Ireland in 2013 recommended the appointment of **858 Consultant Psychiatrists by 2020.**[55] **This is almost double the current number of approved Consultant Psychiatry posts.**[56]

With 263 trainee psychiatrists at Basic Specialist Training level and a further 142 in Higher Specialist Training, Ireland is clearly not self-sufficient in the provision of specialist trainees and the future recruitment needs of the specialty.[57]

4.7 Consultant Vacancies and Burnout

Even before COVID there were not enough Consultants Psychiatrists to provide timely care to patients, which led to a system that is overstressed, understaffed and has ever worsening morale. The pandemic, followed by the added stress of the cyber attack on the HSE, has placed even more extreme work demands on doctors. Naturally when they have used up their reserves and yet are required to do more, they can break. **Almost four in five Hospital Consultants (77%) are experiencing burnout as a result of Covid-19.**[58] **In Psychiatry, 65% of Consultants report they have suffered decreased wellbeing** as a result of the pandemic, with 79% expecting their workload to increase in the coming months.[59]

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[52] HSE PQ response 2457 19 to Deputy Louise O'Reilly, 5 February 2019; HSE Annual Report and Financial Statements 2020, 6 July 2021.

[53] HSE NDTP Medical Workforce Planning for the Specialty of Psychiatry 2020-2030, March 2021.

[52] Report of the National Task Force on Medical Staffing, Department of Health, June 2003, p87.

[55] The College of Psychiatrists of Ireland Workforce Planning Report 2013-2023, December 2013.

[56] Of the 483 approved Consultant Psychiatry posts as at 4 January 2021, 447 were filled; HSE NDTP DIME Data report, 4 January 2021.

[57] HSE NDTP Medical Workforce Planning for the Specialty of Psychiatry 2020-2030, March 2021.

[58] A pilot study of burnout and long covid in senior specialist doctors, *Ir J Med Sci*. 2021 Mar 13;1-5. doi: 10.1007/s11845-021-02594-3.

[59] College of Psychiatrists Survey on Impact of Covid-19 on Mental Health, 29 June 2021.

The pandemic has exacerbated the pre-existing strain related to low baseline staffing and a high number of vacant posts throughout our acute hospitals and mental health services. On the frontline, our younger consultants, who are being discriminated against, have carried an extremely heavy burden of work during the past 18 months and will continue to do so.

In order to decrease the dependency on overtime work from consultants in psychiatry and other specialties and **to reduce the risk of burnout, the Government must immediately fill the 1 in 5 vacant consultant posts, and the more than 1 in 5 Psychiatry posts vacant or filled on a temporary basis,** by addressing the consultant recruitment and retention crisis.

5. Mental Health Staffing Levels

A Vision for Change, based on the 2002 population of 3.9m, recommended mental health staffing of 10,647, equivalent to 13,500 based on the current estimated population of 4.977m. **The April 2021 staff total of 10,486 WTEs in mental health was 22% (3,014) below the recommended level.**[60]

Shortfalls in Community Team staffing levels are restricting the services' capacity to deliver care to users and patients. The staffing deficits in December 2019 compared with levels recommended in *A Vision for Change* are up to 23% in General Adult Teams, 39% in Psychiatry of Later Life and 43% in Child & Adolescent Mental Health Services.[61] Budget 2021 provides for a 10% increase in community mental health team staffing in CAMHS. Even if this is achieved, this will only result in staffing being **33% rather than 43% below the recommended levels**.[62]

5.1 Mental Health Intellectual Disability

Mental health services for people with intellectual disability should be provided by a specialist mental health of intellectual disability (MHID) team that is catchment area-based, with 2 per 300,000 population for adults with intellectual disability.[63]

However, these teams are currently at just **a third of the required service levels**, with only 12 partial adult MHID teams nationally (September 2020) compared with the 29 adult MHID teams recommended in *AVFC*.[64] Some areas (HSE Mid-West) still do not have a MHID Team in place.

Ireland is also **short the required number of dedicated beds** for adults with psychiatric illness and an intellectual disability.[65] In addition, Covid-19 has had a massive impact on the ability of patients to access care, with the closure of day services and the redeployment of other members of the frontline Team.

Additional Team supports are urgently needed for MHID Consultants, and for those in all psychiatric specialities, to improve the delivery of care to patients. Consultant Psychiatrists who are appointed to services without appropriate staffing and facilities are reporting very low morale and are more likely to leave these posts within a few years.

[60] HSE Employment Report April 2021.
[61] HSE Mental Health Service Delivering Specialist Mental Health Services 2019.
[62] HSE National Service Plan 2021.
[63] *AVFC*, 2006.
[64] HSE Mental Health Services for Adults with Intellectual Disabilities National Model of Service, January 2021.
[65] AVFC recommended 5 beds dedicated to mental health services for individuals with intellectual disability, which equates to 83 beds at current population (4,977,400 in April 2020).

6. Clinical Programmes

Designated, ring-fenced budgets are also required for the development and implementation of all national clinical programmes (NCPs) in mental health, both existing and planned, together with timelines on staff provision and education to ensure delivery of the programmes. These include the NCPs in Early Intervention in Psychosis, Self-Harm Presentation to ED, ADHD in Adults, and Eating Disorders Service. With the exception of the Deliberate Self-Harm programme, arguably the most successful of these programmes, these NCPs are not national in their reach, being for the most part confined to a limited number of 'pilot sites'.

The pandemic has seen an increase in new onset psychotic disorders.[66] Pre-pandemic there were considerable delays in people accessing care for psychosis, but this has worsened over the past 18 months, resulting in people presenting sicker and being more likely to require admission.

6.1 Eating Disorders

In 2020, many more medically unwell young people also presented to emergency departments with eating disorders and there were many more admissions of medically unwell patients to paediatric hospital settings. Of the 486 children admitted to the specialist CAMHS Units nationally in 2020, 87 (18%) had a diagnosis of eating disorders, up from 54 (11%) in 2019 - a **61% increase year on year**.[67] One hospital has reported a **66% increase in medically unwell young people with eating disorders needing admission**.[68]

Under the 2018 HSE Eating Disorder Services Model of Care, 16 specialist services — eight for children and adolescents and eight for adults — were recommended. There are only three services currently in place and these are significantly understaffed.[69]

Where inpatient care is required for children and adolescents, this is currently to be provided in the four regional CAMHS Units. However, the shortage of CAMHS inpatient beds means many of these younger patients are being treated in general paediatric beds in 19 units across the country and **are not being captured in the mental health data.**

It is also unacceptable that **there are currently just three eating disorder public beds for adults in the entire country**, at St Vincent's University Hospital, and that these are only available to those living in CHO 6 (Wicklow, Dun Laoghaire, Dublin South East).[70] Adults patients with eating disorders are therefore being treated in general medical beds or are forced to travel to the UK for specialist treatment. This in turn is impacting on the availability of scarce hospital beds in our public acute hospitals, given that patients with eating disorders have an average length of stay of 42.3 days.[71] **At least 23 dedicated inpatient adult psychiatric eating disorder beds are urgently required across the country.[72]**

[66] Covid-19 Impact on Secondary Mental Healthcare Services in Ireland, College of Psychiatrists of Ireland, January 2021, https://www.irishpsychiatry.ie/wp-content/uploads/2021/06/Summary-of-Results-Impact-of-Covid-19-on-MHS-CPsychI-2nd-Survey-05.20-to-01.21.pdf.

[67] Annual Report on the Activities of Irish Psychiatric Units and Hospitals 2020, HRB, 6 July 2021.

[68] Eating Disorders During the Covid-19 Pandemic, *Ir Med J*; Vol 114; No. 1; P233.

[69] Minister of State Mary Butler PQ response to Deputy Verona Murphy, 13 July 2021, https://www.oireachtas.ie/en/debates/question/2021-07-13/153/?highlight%5B0%5D=eating&highlight%5B1%5D=disorder.

[70] Govt accused of 'exporting problem' over eating disorder plan, RTÉ News, 27 June 2021.

[71] Annual Report on the Activities of Irish Psychiatric Units and Hospitals 2020, HRB, 6 July 2021.

[72] HSE Eating Disorder Services Model of Care.

7. Telepsychiatry

The potential benefits of 'telepsychiatry' need to be evaluated carefully and may have limited applications in emergency presentations where physical examinations are required. Focusing on the delivery of eMental health digital responses is not a solution to the current Consultant staffing crisis or capacity deficits, as it could significantly increase the demand for assessments and inpatient beds. Developments in eMental Health are also usually directed to services designed to help individuals with their mental health, rather than those with a mental illness.

The inability to undertake physical examination may also result in missing such conditions as jaundice, oedema or profound weight loss and raises other concerns around consent, indemnity and patient safety. Web therapy is also heavily reliant on having properly resourced IT, hardware, software, and ongoing technical and maintenance supports, all of which is in short supply in the HSE.

While government has committed record funding levels for health in 2021 and may do so again in 2022, this **money needs to be channelled effectively and speedily to where it will make the most difference for patients** – through the recruitment of additional Consultants Psychiatrists with supporting teams and infrastructure.

8. Homeless Admissions & Prison Population

The homeless crisis facing society is also impacting on the psychiatric services, as individuals with no fixed abode have a greater need for specialised treatment. In one Irish study, 58% of those experiencing homeless said they had been diagnosed by a doctor with at least one mental health condition.[73] Admissions of people with no fixed abode to psychiatric units and hospitals across the country increased by almost three-quarters between 2006 and 2020, from 179 to 312.[74] Thirty-nine per cent of all admissions with no fixed abode last year had a primary admission diagnosis of schizophrenia.[75]

Additional resources are needed to adequately meet the increased demand for mental health services among the homeless population, and to make it easier for people to access specialist services when required.

Additional Consultant staffing is also urgently required to ensure that every person with a serious mental illness coming into contact with the prison service is accorded equal access to specialist psychiatric assessment and treatment where required.

9. Capital Budget for Mental Health

The Covid-19 pandemic has demonstrated that many mental health buildings are not fit for purpose, both across the community and inpatient settings. Many are converted from other healthcare buildings and are unsuitable as mental health facilities, with long corridors, poor lines of sight, cramped living and sleeping space, multi-occupancy bedrooms and small sitting rooms. Many acute facilities have no dedicated beds for older people.

[73] Homelessness: An Unhealthy State. Health status, risk behaviours and service utilisation among homeless people in two Irish cities (2015), O'Reilly F et al, The Partnership for Health Equity.

[74] Activities of Irish Psychiatric Units and Hospitals 2013 and 2020, Health Research Board.

[75] Annual Report on the Activities of Irish Psychiatric Units and Hospitals 2020, HRB, 6 July 2021.

Just €5.79m in capital costs has been allocated to mental health in 2021, the majority of which (€4m) is going towards the new €195m National Forensic Mental Health Service in Portrane.[76] It is understood even this major development will only be able to open approximately 110 of its planned 130 beds in 2021 due to staffing deficits.

Capital expenditure for our mental health services must be increased and its allocation expedited to address the physical infrastructure deficits that have resulted from more than a decade of capital cuts and underinvestment.

10. Conclusion

Our ability to respond to the backlog of care that has built up due to Covid involves many factors, principally beds and recruitment. Without addressing these twin deficits, the structural mismatch between capacity and demand in our mental health services will continue to increase rather than decrease waiting times.

The solution is obvious: we simply must appoint additional Consultant Psychiatrists, and quickly. Government action now will prevent the current pandemic healthcare crisis drawing out for the rest of the decade and impacting on the nation's mental health for years to come.

[76] HSE National Service Plan 2021.