**High Level Taskforce (HLTF)**

**DOH Background Note on Mental Health**

**for meeting on 12 May 2021.**

**1. Overview**

* The outcomes arising from the Taskforce should be viewed in the context of evolving demands and resources overall for DOH and the HSE. New service developments should also align with the objectives and resources of HSE Service Plans.
* As reflected in evolving legislation and policies, the promotion of a more human rights and less paternalistic approach to providing mental health care is a key objective. In addition, the concepts of Capacity and Consent for individuals are increasingly to the fore, both nationally and internationally.
* The principles of Equity and Access, based on professional assessment and prioritised need - applies equally to people who have or are in prison as to any other person.

**2. Mental Health Act**

* The Mental Health Act 2001 provides for the care of people with mental illness, including involuntary detention, an Inspector of Mental Health Services, patient safeguards and Mental Health Commission (MHC) tribunals. A 2015 Government decision called for draft heads to amend the Act, in line with the Expert Group Review (EGR) recommendations.
* EGR recommendations include revised detention criteria, new definitions of mental illness and voluntary and involuntary patients, the introduction of guiding principles, statutory individual care plans, a greater role for Authorised Officers in involuntary admissions, improved patient safeguards and shorter intervals for tribunals. EGR also recommended the presumption of capacity to consent to admission and treatment for all children over and the introduction of guiding principles for the care of children.
* The Mental Health (Amendment) Act 2018 amended the Mental Health Act, changing the definition of voluntary patient and the ‘best interests’ principle with a set of guiding principles that support individuals to make decisions and which reference capacity in relation to the Assisted Decision-Making (Capacity) Act 2015. It also introduced guiding principles for children. The 2018 Act cannot be commenced until further legislative changes are made and the Decision Support Service, established under the Assisted Decision-Making (Capacity) Act, is operational. The Department has taken the provisions of the 2018 Act into consideration in the review of the Mental Health Act.
* The Department provided a first copy of the draft heads to the MHC in July 2019 and received its comprehensive submission in March 2020. The Department then updated the heads in light of the Commission’s submission, and then sent a copy of the new draft heads to the HSE in August 2020. The HSE returned its last submission in late February 2021. The Department has further updated the draft heads and is reviewing final input from key stakeholders, including any final comments from the MHC, the HSE and from the College of Psychiatrists. The Department has received feedback from the Ombudsman for Children.
* A public consultation was launched on 1 March 2021 on the review of the Act, and final submissions were received on 9 April 2021. This consultation was launched to complement the original public consultation that took place in the context of the Expert Group. 100 submissions were received in the recent public consultation and the Department is currently reviewing these submissions. A legal review of the draft heads is also ongoing.
* The final version of the draft heads is now being drafted and takes into account the recommendations of the Expert Group, relevant legislation such as Mental Health (Amendment) Act 2018 and the Assisted Decision-Making (Capacity) Act 2015, Private Members’ Bills, the results of the public consultation, and the input of key stakeholders, including the MHC and the HSE.

The Department sent a version of the draft heads to the Department of Justice and the Department of Children, Equality, Disability, Integration and Youth in March 2021 and is awaiting feedback from these Departments. Following receipt of this feedback, as well as feedback awaited from other key stakeholders, the Department expects to seek Government approval of the draft heads before the Dáil summer recess.

**Definitions**

1. Mental disorder to be replaced with mental illness definition:  
   “a condition where the state of mind of a person affects the person's thinking, perceiving, emotion or judgement and impairs the mental function of the person.”
2. ‘Approved centres’ to be renamed ‘approved inpatient facilities.’
3. ‘Patient’ to be replaced with ‘person.’
4. ‘Intermediate person’ to be defined as:
5. ““intermediate person” means a person (other than a child) who lacks capacity (within the meaning of section 3 of the Act of 2015) and does not meet the criteria for involuntary detention in section 8, but requires treatment in an approved inpatient facility.”

**Involuntary person**

“”involuntary person” means, in the case of an adult, a person, including both those who do and do not have capacity (within the meaning of section 3 of the Act of 2015), who fulfils the criteria for detention in section 8 and has not provided his or her consent to admission to an approved inpatient facility, or in the case of a child, a person who fulfils the criteria for detention in section 88 and is subject to an order from the Court made under section 88(6);”

**Treatment**

““treatment” in relation to a person, includes the administration of physical, psychological and other remedies relating to the care and rehabilitation of the person under medical clinical supervision, intended for the purposes of ameliorating a mental illness and to include any relevant ancillary treatment and/or tests required for the purposes of safeguarding life or ameliorating a person’s condition;”

**Voluntary person**

“”voluntary person” means, in the case of an adult, a person who has capacity (within the meaning of *section 3* of the *Act of 2015*) and has been admitted to an approved inpatient facility and has given consent to his or her admission; or in the case of a child, for a child aged 16 years or older, a person who has been admitted to an approved inpatient facility and has given consent to his or her admission, or for a child under 16 years of age or a child aged 16 years or older who lacks capacity, consent to his or her admission has been given by the parents of the child, or either of them, or person or persons acting in loco parentis”

**Guiding principles for adults**

* Every person will be presumed to have capacity. If not, the principles of the Assisted Decision-Making (Capacity) Act 2015 will be followed.
* When a decision is being made in respect of a person, following guiding principles to apply:   
    
  “A decision made in respect of a person shall—

(a) be made in a manner that minimises the restriction of the person’s rights and freedoms,

1. respect the right of the person to dignity, bodily integrity, privacy and autonomy,
2. be proportionate to the significance and urgency of the matter the subject of the decision,

(d) be limited in duration, in so far as is practicable, after taking into account the particular circumstances of the matter the subject of the decision, and

(e) be made in a manner that promotes the highest attainable standard of mental health.”

**Criteria for detention**

A person has to meet the following criteria to be admitted as an involuntary person:  
“(a) the person is suffering from a mental illness of a nature or degree of severity which makes it necessary for him or her to be involuntarily detained in an approved inpatient facility to receive treatment which cannot be given other than in an approved inpatient facility, and   
(b) where such treatment is necessary to protect the life or health of the person from the threat of immediate and serious harm, or for the protection of other persons from the threat of immediate and serious harm, and  
(c) the reception, detention and treatment of the person concerned in an approved inpatient facility would be likely to ameliorate the condition of that person to a material extent.”

**Exclusion criteria for detention**

Exclusion criteria mean a person cannot be solely admitted for the following:

“(a) is suffering from a mental illness which does not meet the criteria for detention, or

(b) has an intellectual disability, or

(c) is suffering from a personality disorder, or

(d) is socially deviant, or

(e) is addicted to drugs or intoxicants, or

(f) behaves in such a manner, or holds views, that deviate from the prevailing culture, norms, values, or beliefs of society, or

(g) requires to reside in a safe environment.”

**Capacity**

* Principles of the 2015 Act to be applied in cases where a person lacks capacity.
* In terms of admission:  
  1. voluntary persons must have capacity to consent to admission,  
  2. involuntary persons can be admitted if they fulfil the criteria for detention, whether or not they possess necessary capacity,  
  3. intermediate persons are people who lack capacity to consent to admission, but do not meet the criteria for detention (these people are generally included as voluntary patients under the current Act)
* Capacity is understood as something that can fluctuate, and a person may lack capacity to make some decisions while possessing capacity to make others.
* Capacity assessments to be carried out when there are reasonable grounds to believe the person lacks capacity. Initial assessment carried out by RCP, and by a second CP not involved in the person’s care and treatment.

**Consent to treatment and AHDs**

* Part 4 of the Act has been completely revised.
* Voluntary persons must consent to any treatment and may withdraw their consent at any time.
* Where an RCP reasonably considers a person under their care to lack capacity to consent to treatment, capacity assessments will be carried out by the RCP and by a second CP not involved in the person’s care and treatment.
* If both capacity assessments find the person to lack capacity, treatment may be administered if the person has a decision-making support under the 2015 Act:  
  (a) an attorney, (b) a decision-making representative, or (c) a Designated Healthcare Representative under his or her AHD, empowered to make healthcare decisions,  
  or (d) an AHD which includes provisions on specific treatment proposed,  
  and the decision-making support consents to the treatment.
* Decision-making supports apply to both involuntary and intermediate persons.
* If a person lacks a decision-making support, then an application shall be made to the District Court pursuant to Part 5 of the 2015 Act outlining the proposed treatment.
* Certain circumstances where treatment can be given without consent:  
  1. While awaiting a decision from the District Court and it is “immediately necessary to for the protection of life of the person, for protection from a serious and imminent threat to the health of the person, or for the protection of other persons that he or she should receive such treatment and there is no safe and effective alternative available.”
* Section 60 has been amended to provide for the administration of medicine for 21 days following the making of an admission order.

**Information/Care Planning**

* There will be a statutory requirement for individual care plans, renamed ‘recovery plans’ in line with EGR recommendation.   
  “Recovery plan” is defined as a plan outlining a documented set of goals developed, regularly reviewed and updated by the person’s multi-disciplinary team, so far as practicable in consultation with each person, and which shall provide for related matters relevant to the care and treatment of each person. The recovery plan shall be recorded in the one composite set of documentation.
* We are including a statutory requirement to provide information to voluntary and intermediate persons, and for children (similar to existing section 16 for involuntary). These sections will include a provision that a person may engage an advocate.

**3. Sharing the Vision/National Implementation Monitoring Committee (NIMC).**

* *Sharing the Vision* aims to enhance provision of mental health services and supports across a broad continuum of services, from mental health promotion, prevention and early intervention to acute and specialist service delivery, during the period 2020-2030.
* A whole-of-government National Implementation Monitoring Committee (NIMC), with strong service user and voluntary and community sector representation, was established in December 2020 to oversee implementation and to monitor progress.
* The NIMC is made up of the NIMC Steering Committee, to be supported by a NIMC Reference Group of Service Users and Families and NIMC Specialist Groups. The Steering Committee will drive implementation of *Sharing the Vision* and ensure appropriate monitoring and oversight processes are put in place.
* The HSE has primary responsibility for implementing most of the *Sharing the Vision* recommendations. It is establishing an HSE Implementation Group, reporting to the NIMC Steering Committee. Establishing the Implementation Group is progressing as quickly as possible, given the pressures on services due to Covid-19. One of the first tasks of the Steering Committee, with the HSE Implementation Group, will be to ascertain ongoing Sharing the Vision aligned tasks and projects.
* The Steering Committee’s work is progressing. To date, it has held four monthly business meetings. The next monthly meeting is scheduled for 14 May 2021. Meeting minutes will be available on the DH website.
* An implementation monitoring approach to the 17 non-HSE Sharing the Vision recommendations is currently being progressed by the NIMC Secretariat on behalf of the Steering Committee, through interdepartmental and intradepartmental engagement. The Steering Committee is seeking to set Annual Milestones for all non-HSE recommendations for 2021.
* These 17 non-HSE cross departmental recommendations address the following themes:
* Mental Health Promotion
* Women's Mental Health
* Mental Health within Education
* Older People's Mental Health
* Housing Supports for Mental Health Service Users
* Employment Supports for Mental Health Service Users
* Diversion from Criminal Justice System (see below)
* Suicide Reporting
* Mental Health Act Reform
* Developing Mental Health Services Research Strategy
* Developing Sharing the Vision implementation structures.
* Mental Health Training Programme Review
* Sharing the Vision contains 4 medium term recommendations that specifically pertain to forensic mental health services (54, 55, 56 & 87).
* The policy recommends that every person with mental health difficulties coming into contact with the forensic system should have access to comprehensive stepped (or tiered) mental health support that is recovery-oriented and based on integrated co-produced recovery care plans supported by advocacy services as required. The policy additionally calls for the development of further Intensive Care Rehabilitation Units (ICRUs) should be prioritised following successful evaluation of operation of the new ICRU on the Portrane Campus. The HSE is the lead agency (along with the Prison Service) charged with implementing these recommendations.
* With regard to diversion, the policy recommends that there should be ongoing resourcing of and support for diversion schemes where individuals with mental health difficulties are diverted from the criminal justice system at the earliest possible stage and have their needs met within community and/or non-forensic mental health settings. The HSE and the Department of Justice are tasked with implementation.
* Additionally, the policy proposes that the Department of Justice and the National Implementation Monitoring Committee, in consultation with stakeholders, should determine whether legislation needs to be amended to allow for greater diversion of people with mental health difficulties from the criminal justice system. As this recommendation is allocated solely to the Department of Justice, NIMC is seeking to progress this recommendation through the work of this HLTF.

***4. Connecting for Life/Suicide/Self-harm***

* Connecting for Life (CfL) is Ireland’s national suicide prevention strategy. It aims to reduce suicide and self-harm rates, in general and in priority groups. In November 2020, Cabinet approved extending the Strategy from 2020 to 2024.
* A cross-departmental, cross-sectoral strategy, CfL is overseen by DH and implemented by the National Office for Suicide Prevention (NOSP). 54% of NOSP’s €13m budget funds partner NGOs (eg Pieta House, Samaritans) to deliver services where the HSE cannot do so.
* Suicide numbers in Ireland reduced from 578 in 2012 to 516 in 2016 (CSO official figures, including late registrations). The 2019 CSO provisional figure was 421 but this will change with late registrations.
* 2020 CSO suicide figures are not yet available. These are generally published in June the following year, but this may be delayed due to the impact of Covid on coroners’ inquests.
* Early international evidence indicates no increase in suicide in higher income countries, with a decrease in self-harm/suicide attempts, in the first months of the pandemic. These findings should be interpreted with caution as patterns may change over time.
* Two organisations keep statistics on presentations to emergency departments following self-harm - the National Suicide Research Foundation (NSRF) and the National Clinical Programme for Patients Presenting to Emergency Departments following Self-Harm (NCP-SH)

NSHRI and NCP-SH data indicate a decrease in self-harm presentations to EDs compared to 2019. ED presentations fell by about 40% during the earlier restrictions, in line with international data. While early information suggests no significant increase in self-harm and suicide, the Department will continue to monitor this area.

**5. Mental Health funding**

* Budget 2021 saw an additional €50m of Exchequer funding allocated to HSE Mental Health Services, bringing the total budget to €1.114b.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** |
| 711 | 737 | 766 | 792 | 827 | 853 | 911 | 987 | 1,026 | 1,114 |

* Of the additional €50m, €23m is for implementing the short-term measures in *Sharing the Vision* in 2021. These include provision of additional beds, enhancing mental health teams, expansion of the clinical and dialectical behavioural programmes, peer support workers and the IPS employment and training initiative.
* €15m will assist with Covid challenges, including increased step-down beds, private surge capacity, extra resources for community mental health teams and reconfiguration of residential facilities to meet Mental Health Commission recommendations.
* The remaining €12m will help to cover the rising cost of existing service provision, including placements for individuals whose needs cannot be met within the public system.
* In 2021, the mental health budget is 5.1% of the health budget, a reduction of 6.3% on 2019. This figure is misleading, because of the significant extra funding to acute services for infection control measures.
* In addition, this percentage represents only HSE funding for specialist mental health services. It does not capture funding for other parts of the health service that provide mental health services and supports, such as psychotropic medicines funded by the Primary Care Reimbursement Service, liaison mental health services in acute hospitals, some dual diagnosis (addiction and mental health) services and mental health and well-being promotion. It does not account for the Mental Health Commission budget (over €15m) as independent regulator of mental health services.
* Similarly, the percentage does not account for spending by other departments on services that incorporate psychological or mental health supports, such as the Prison and Probation Services, Defence Forces, Department of Foreign Affairs supporting the Irish diaspora or the Department of Education.
* Therefore, the percentage of mental health budget in comparison to the health budget represents an underestimate of the actual expenditure on mental health services and supports.

**6. Impact of Covid-19 on MH**

* We do not yet fully understand Covid-19’s impact on mental health, the extent of supports that may be required and how this will affect longer term service demand. The HSE has a range of proactive responses for any rise in service need. DH and the HSE continue to plan for any potential surge in demand as it arises and as services return to normal provision and capacity, subject to public health advice.
* According to the most recent Amarach poll, Irish people are more bored, frustrated and lonely than at any time during the pandemic. Happiness levels are at their lowest, with intolerance at its highest.
* The CSO Social Impact of Covid-19 Survey in November 2020 indicates that people’s life satisfaction was lower, and that people felt more downhearted or depressed, in November than in April (first survey).
* In early 2020, DOH asked the Mental Health Commission (MHC) to develop a risk framework, to monitor and report weekly to DOH on Covid’s impact on approved centres.
* DOH also introduced legislation to ensure continuation of MHC mental health tribunals.

**Impact on MH Services**

* The HSE indicate that mental health services and supports have continued at 80-90% of pre-Covid levels. This is shown in by the following extract from the December 2020 Performance profile.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HSE Performance 2020** | | | | | |
| **Referrals seen** | | | | | |
|  | **2020\*** | **2019** | **Change** | **% change** | **2020 as % of 2019** |
| CAMHS | 10,456 | 11,139 | 683 | -6.13% | 93.87% |
| Adult | 23,820 | 27,056 | 3,236 | -12.0% | 88.04% |
| POLL | 7,640 | 8,921 | 1,281 | -14.36% | 85.64% |

\*As per figures supplied in April 2021 by National Clinical Lead (see Section 10 )

* During the first Covid-19 wave, fewer MHS referrals were received, with a resurgence when restrictions eased.
* Generally, there was a decrease in activity levels in services during 2020, compared to 2019:
  + CAMHS new cases seen in 2020 were at 94% of 2019 levels, but Q4 saw referrals rising and the CAMHS waiting list for December increased to 2,726, compared to 2,327 for Q4 2019.
  + Adult Community Services new cases seen in 2020 were at 87% of 2019 levels.
  + Psychiatry of Later Life new cases seen in 2020 were at 85% of 2019 levels.
  + New admissions to adult acute inpatient units in 2020 are at 94% of 2019 levels.
* An increase in acuity of cases presenting has been noted.
* An increase in numbers presenting with first episode psychosis and eating disorders has been noted.

**7. Mental Health Beds**

* Acute MH beds operate under community services rather than acute hospitals. The Saolta Group provides services in CHOs 1 and 2. The HSE has 52 acute inpatient approved centres in all nine CHO areas. There are also eight private acute adult inpatient units, a specialised intellectual disabilities unit and the Central Hospital in Dundrum.
* Public beds include approved centre beds and community residences. Approved centres are registered for a particular number of beds with the Mental Health Commission (MHC). Occupancy rates vary, according to factors including clinical presentation acuity and availability of appropriate staffing, including nurse specialists.
* The table shows approved centres and community 24-hour residences bed numbers. There are also medium and low support community residences at CHO level, HSE-provided or through housing agencies.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Adult Approved Centres** | | **Community 24 Hour Residences** | | **Total** |
|  | **Units** | **Beds** | **Units** | **Beds** | **Beds** |
| **CHO 1** | 4 | 107 | 14 | 145 | 252 |
| **CHO 2** | 8 | 175 | 12 | 101 | 276 |
| **CHO 3** | 4 | 128 | 8 | 110 | 238 |
| **CHO 4** | 9 | 342 | 17 | 235 | 577 |
| **CHO 5** | 8 | 220 | 19 | 244 | 464 |
| **CHO 6** | 3 | 137 | 3 | 53 | 190 |
| **CHO 7** | 3 | 128 | 8 | 101 | 229 |
| **CHO 8** | 6 | 226 | 12 | 138 | 364 |
| **CHO 9** | 7 | 226 | 17 | 211 | 437 |
| **CMH** | 1 | 103 |  |  | 103 |
| **Intellectual Disability** | 1 | 96 |  |  | 96 |
| **Private Hospitals** | 8 | 608 |  |  | 608 |
| **Total** | **62** | **2,496** | **110** | **1,338** | **3,834** |

* Per MHC, involuntary admissions to approved centres increased from 1,825 in 2019 to 1,920 in 2020.
* Under STV, a review of inpatient bed capacity will be conducted.

**8. HSE National Forensic Mental Health Service - Portrane**

* The new 170-bed hospital complex in Portrane will replace CMH (c.95 beds) with a modernised National Forensic Mental Health Service. The new facility will include a 130-bed adult unit, a 10-bed forensic child and adolescent unit and a 30-bed intensive care rehabilitation unit.
* Formal hand-over took place in March 2021. The HSE requires approximately three months for equipping and commissioning. The estimated opening date is July 2021.
* The Central Mental Hospital is a health facility, not a prison. The CMH and NFMHS offer a range of therapeutic services in psychiatry, psychology, occupational therapy, nursing and social work within a secure setting. People in the CMH are treated for complex psychiatric conditions, and their detention is for care and treatment.

**9. MH Capital Plan/Minor Capital Upgrades**

**MH Capital Plan**

* Investment continues in modernising mental health services. The HSE is committed to improving its infrastructure, from new or improved community-based facilities to those for people with more severe and enduring mental illness. The HSE Capital Programme for Mental Health underpins delivery of *Sharing the Vision* and compliance with Mental Health Commission (MHC) requirements.
* The major project at present is the new 170-bed national forensic mental health complex at Portrane.
* Examples of new acute units opened in recent years include Cork, Galway and Drogheda.
* Community MH projects advanced in 2020 and will continue this year. As reiterated in *Slaintecare*, the Primary Care Centre Programme provides accommodation for other services, including community mental health services.
* Projects in design/planning or construction include:
* Acute mental health units at Naas General, Mater and St James’s Hospitals and upgrades at the Psychiatry Unit, Mercy Hospital, Cork
* Sligo: replacement of acute unit beds
* Three new CAMHS e-mental health hubs nationally
* Extension of the CAMHS unit, Merlin Park, Galway
* A new Jigsaw service in Tipperary
* Replacement respite house, Clonmel
* Tuam Health Campus (including Mental Health)
* Limerick: replacement of community-based facilities
* Drogheda: new Psychiatry of Later Life facility.

**Minor Capital Upgrades**

* The Budget 2021 allocation of €1.114b is an increase of €50m over 2020. Of this €50m, €7m will fund reconfiguration of mental health facilities, in line with MHC Covid risk assessment recommendations. This, plus the recurring €6m new development funding, means there is €13 million for minor works and refurbishments in 2021.
* The MHC inspects mental health approved centre at least once a year. When significant issues arise, registration conditions may be applied.
* At the start of the pandemic, the Department tasked the MHC with developing a risk control and monitoring framework for residential facilities, to address infection risks. In addition, the inspection process, as noted in the MHC Annual Report 2019, identified five key areas requiring HSE action, including premises and capacity.
* HSE MHS has completed analysis of work needed to meet MHC conditions. Significant infection control work has been done in premises reconfiguration and capacity, in particular multi-occupancy rooms.
* HSE MHS is in the process of identifying and agreeing, with the CHOs, €6m of works to be carried out in 2021, such as anti-ligature works.
* €7m will be spent on Covid-related works, in line with the MHC risk control framework. These include more single occupancy bedrooms and bathroom facilities and other infection control measures.
* A works programme, prioritising greatest need, will continue until all areas have been addressed. A national improvement project, to develop and roll out an HSE ligature risk reduction policy and audit, is also underway. This will meet *Connecting for Life* recommendations.

**10. Clinical Programmes/Models of Care (MoCs)**

* The HSE Mental Health National Clinical Programmes are service improvement programmes to address gaps in accessing specialist mental health care. There are five National Clinical Programmes.
  + Self Harm Presentations to Emergency Departments
  + Eating Disorders
  + Early Intervention in Psychosis
  + ADHD- Adults
  + Dual Diagnosis (Addiction and Mental Health Support Needs)
* The clinical programmes are developed with the College of Psychiatrists of Ireland and other relevant advocacy groups.
* In addition, there are three prioritised HSE mental health service improvement projects, with published and agreed models of care:
* Mental Health Intellectual Disability (Children and Adults)
* Perinatal Mental Health
* Talking Therapies
* All the service improvement projects and clinical programmes feature in *Sharing the Vision* for prioritised implementation. They are all at different stages of implementation.

**Dual Diagnosis – National Clinical Programme**

* The Dual Diagnosis Programme has a draft model of care, which takes account of service user views. It describes the clinical pathway for service users with substance misuse and moderate to severe mental health issues, with links to primary care substance misuse, community mental health and acute services. This is informed by international best practice and the experience of the National Working Group.
* A consultant psychiatrist has been appointed National Clinical Lead. A Programme Manager has also been appointed. They will establish a multidisciplinary steering group to finalise the MoC and select pilot sites to start the programme.
* *Sharing the Vision* recommends several actions for Dual Diagnosis, with the implementation process led by NIMC and the HSE.
* HSE Addiction and Mental Health Services and Mental Health Ireland have developed a resource for people affected by Dual Diagnosis, at drugs.ie. It provides advice for people on looking after their mental health during the crisis, including information about accessing mental health and addiction services. [http://www.drugs.ie/resources/Covid/](http://www.drugs.ie/resources/covid/)

**Mental Health Intellectual Disability**

* People with intellectual disability should access support from mental health services in the same way as the general population, within a framework which is multi-disciplinary and catchment area-based. Team members should have appropriate training and expertise, and teams should be suitably resourced.
* 3.8% of the population have intellectual disability (ID). Of this, 3% have mild ID and 0.8% moderate to severe ID. It is recognised that there is an increased prevalence of mental health problems within the ID population. Up to 25% of those with mild to moderate and up to 50% of those with severe to profound ID suffer from mental health problems.
* The MHID model of care was developed to provide a national vision and strategic direction for the implementation of specialist MHID teams providing person-centred services consistently across the country.
* The model recognises the strengths of existing services while acknowledging the challenges that must be faced.
* Teams will provide mental health services to people with moderate to severe ID, and will work together with colleagues in other mental health and disability services, to provide a nationally-agreed quality of care programme.
* The model also proposes that solutions for people with ID and mental health needs lie in establishing effective partnerships between healthcare providers, service users and their carers, in a community-wide context.

**11. Counselling In Primary Care (CIPC)**

* CIPC is a mental health service provided in a primary care setting. It is overseen by Mental Health Unit in DH.
* This service is available to **adult** **medical card holders** who are experiencing mild to moderate psychological and emotional difficulties, such as depression, anxiety, panic reactions, relationship problems, loss issues and stress. Many people currently attending have sought counselling to address the impact of the pandemic. CIPC receives an average of nearly 20,000 referrals a year. Referrals are from GPs for adults with medical cards only.
* CIPC costs €7.4m a year. Expansion of CIPC, for universal access to free counselling services on GP referral, needs to consider the direct and indirect costs of increased provision. See the table below.

|  |  |
| --- | --- |
| **Provision of Universal Access to Free Counselling** | **€** |
| Cost per counselling session | 78.15 |
| Cost per completed course of counselling (average 6 sessions for an additional 40,000 referrals per year) | 18,756,000 |
| 30 senior counsellor/therapists @ 88,000 | 2,640,000 |
| Accommodation [average cost of renting ten additional premises per CIPC service] | 3,000,000 |
| Trainee scheme | 1,000,000 |
| **Total Estimated Cost** | **25,396,000** |

* The HSE National Counselling Service (NCS), established in 2000, provides counselling and medium and long-term psychotherapy to adults who experienced childhood abuse. There are 2,500 referrals per year on average, with over 40,000 referrals received since it started.
* In 2013, the NCS remit widened with the establishment of CIPC. CIPC provides up to 8 counselling sessions per person referred. CIPC operates from over 240 locations, including primary care centres, NCS locations and community/voluntary sector centres.
* CIPC is overseen by NCS Directors of Counselling and coordinated by CIPC counselling coordinators. Counselling is delivered by employed counsellor/therapists and sessional contracts. Minimum criteria include a counselling or psychotherapy qualification recognised by a professional body (Irish Association for Counselling and Psychotherapy, Irish Council for Psychotherapy, Psychological Society of Ireland).
* In 2019, CIPC received1 9,700 referrals, with an average 2,040 clients attending at any one time. While referrals have been affected by Covid in 2020, up to the end of December 2020 over 64,000 counselling sessions were offered to more than 5,000 clients.
* At end 2020, the CIPC waiting list was 2,893, including 889 who rejected an online appointment, instead awaiting face-to-face counselling. This is down from 5,044 in January 2020, but numbers waiting more than six months have increased from 729 to 898.
* Recent research by BMC Psychiatry indicates that outcomes for clients in the CIPC service compared favourably with large scale counselling and psychotherapy services in jurisdictions in the U.K., the U.S.A., Norway and Sweden. This study expands the international primary care psychotherapy research base to include the entire Republic of Ireland jurisdiction. CIPC is currently undergoing a national evaluation study, the results of which will be published later this year.

**12. Homeless with Mental Health Difficulties**

* Currently, there are two specialist community mental health teams in Dublin for people who are homeless and experiencing severe or complex mental health issues.
* Mental health development funding will be available this year to enhance specialist mental health services for people who are homeless.
* This includes the appointment of a consultant in the North Dublin Homeless Mental Health Service, following approval of the post. The consultant will have access to 3 mental health inpatient units in the CHO area, to make admissions for care and treatment where required. This includes admission of individuals released from prison – the consultant will follow these individuals in terms of the provision of care.
* There are similar plans for the South Dublin Homeless Mental Health Service.
* People experiencing homelessness can also access general community mental health teams and mental health supports in primary care.
* A range of dedicated mental health supports for people who are homeless are also delivered through HSE-funded community and voluntary groups, including SafetyNet, Merchant’s Quay Ireland and Dublin Simon Community.

**13. Relevant main CTP Recommendations**

* Progress Mental Health legislation update.
* Progress implementation of Sharing the Vision
* Complete NFMHS project at Portrane to replace CMH.
* Develop the two planned 30 bed regional ICRU/PICUs at regional level under HSE Health Capital Programme.
* Undertake review of inpatient bed capacity.

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