

29 November 2018

For the Attention of Dr Andrew Murrison MP, Chair of the NI Affairs Committee at Westminster

Dear Dr Murrison,

I write as Chair of the Royal College of Psychiatrists in N Ireland and Vice-President of the College to welcome your Committee's interest in the problems of the health service in Northern Ireland, to add my support to the submission of Action Mental Health and to voice my concern about the under-investment in mental health services in Northern Ireland. This is exacerbated by the lack of strategic direction for the development of mental health services in accordance with best evidence-based practice and we have nothing to compare with England's 5 year forward view or the recently published mental health strategy in Scotland.

I attach a document which detailed the Profession's priorities compiled last year on foot of the Conservative/DUP Confidence and Supply agreement and thank you for the opportunity to discuss the issues further with your Committee on 12 December.

There has been a long-standing underfunding of mental health services in Northern Ireland and we recognise that this shortfall will not be addressed by the additional funding. However, we believe firmly that an opportunity now exists to develop a meaningful mental health strategy and a five-year forward view.

During August 2017, I convened a meeting of the Chairs and Vice-chairs of the several Faculties of the College. At that meeting, a set of strategic priorities was agreed on how the funding might be allocated. Short-term and time-limited projects will not, in our opinion, be of benefit for mental health services. Within this context, we believe that tangible benefits will be realised should the projects identified be supported. Some of the projects outlined do have revenue consequences beyond a five-year period, but we are convinced they will achieve longer-term cost savings, given that they are transformational in nature.

The projects have been presented in three groups. Tier 1 are projects for which detailed proposals have been developed, consultation undertaken and are ready for implementation. Tier 2 projects would warrant support in the medium term, while those listed under Tier 3 are considered emerging projects within the context of a five-year support plan. It should be noted that we have tried to attach estimated costs to the proposals. However, in certain cases, this has not been possible.

As the voice of psychiatry and psychiatrists in Northern Ireland, these projects reflect the collective views and aspirations of the profession locally. We hope that the proposals outlined can form the basis for further and meaningful discussions between the Royal College and the Department of Health in Northern Ireland.

Many thanks.

Yours sincerely,



Dr Gerry Lynch, MB MD FRCPsych
Chair of RCPsych in NI & Vice President RCPsych

Sent on behalf of Dr Gerry Lynch by
Thomas Mc Keever

Royal College of Psychiatrists in Northern Ireland

Tier 1 Projects

Physical Healthcare Monitoring for those with Severe Mental Illness and Eating Disorders (Child and Adult)

The viability of this proposal has been strongly supported by the Public Health Agency and the Department of Health. It is recognised that the proposal will address premature deaths in patients with severe mental disorders, who die 15 to 20 years earlier than the rest of the population. It will reduce also morbidity and costs associated with diabetes and cardiovascular illness. Services for those with serious mental health disorders have been transferring successfully into the community for many years, but the infrastructure for the physical healthcare for these patients has not developed to meet their complex needs. This applies especially to those with Eating Disorders, whose management is more akin to acute medical care, as well as patients with severe mental illnesses, such as Schizophrenia, Psychosis and Bi-polar disorder.

Robust business cases, based on a regional needs assessment, have been developed within each of the five Trusts. The business cases have identified the resources required to carry out and interpret physical health assessments, to act on the results and incorporate them within a patient's care plan.

The estimated cost of this project in Northern Ireland is £1 million per annum.

Early Intervention (EI) in Psychosis Service

There is a limited Early Intervention service in Belfast, whilst none exists at present within the other Trusts. Such services are almost universally available in Great Britain. There is clinical evidence that services which provide Early Intervention reduce acute psychiatric admissions, as well as the morbidity associated with psychosis and lead to an overall improvement in outcome. Each Early Intervention team would manage 70-100 new cases of psychosis per year, which would free up capacity for other teams to meet demand and therefore reduce acute bed usage.

The estimated annual cost of extending this service throughout the five Trusts is £4 million per annum.

Alcohol Related Brain Damage (ARBD)

ARBD represents a serious public health challenge, yet it is evident that services in Northern Ireland are lacking compared to the rest of the UK. For many years, concerns have been raised by doctors and healthcare professionals in Northern Ireland regarding the lack of services for patients with ARBD. In many cases, these patients are deemed to require institutional care and have found themselves placed inappropriately within dementia care homes. This has been detrimental to recovery and there is an argument that such cases are best managed in a specialised setting with access to rehabilitation and a focus on recovery.

The College in Northern Ireland has endorsed a recent report entitled, '*Alcohol-Related Brain Damage in Northern Ireland - Treatment, Not Just Care*' which concludes that the needs of patients suffering from ARBD are currently being neglected. There are, however, important building blocks already in place and with

further investment and planning these could develop into an excellent ARBD service.

This report examined best practice in other parts of the United Kingdom. In Edinburgh, in 2011, it was found that ARBD patients cost the local Trust £2 million in hospital bed stays. Funding was approved in 2013 for a two-year pilot scheme, at a cost of approximately £650,000 per year, where patients were discharged early from acute hospitals to spend a planned 12 weeks in a designated step-down unit. Between August 2014 and December 2015, 59 patients were admitted to the unit. **This was found to release an average of 27 acute bed days per patient, saving the Edinburgh Trust £1 million per annum.**

Mental Health Liaison Service

There is a pressing need to establish multi-disciplinary integrated mental health liaison teams to service acute hospitals within each of the five Trusts. The costs in Belfast would of course be greater, given the concentration of regional tertiary services within that Trust. Investment in these services would prove to be economically viable, since there could be a reduction in costs associated with extended periods spent in hospital care by elderly patients. Such liaison teams would provide a comprehensive 24-hour self-harm service which would contribute to suicide prevention. It would also provide a comprehensive substance misuse liaison service which would contribute to the reduction of morbidity associated with substance misuse.

The estimated overall cost per annum would be £7.6 million and would be allocated as follows: Belfast (£3.2 million); Northern (£1.2 million) Southern (£1.2 million) South Eastern (£1.2 million) and Western (£800,000).

Tier 2 Projects

Psychiatry of Old Age – Dementia Home Support Teams

Dedicated Dementia Home Support Teams are required in Northern Ireland. Such a service would be based on best practice and appropriate behaviour models and provide a framework for understanding the causes of challenging behaviours within the context of a person's specific needs. The service would be of benefit also for those with similar problems related to Huntington's disease, MS dementia and brain injury. This would be an excellent example of secondary prevention since it enables the appropriate management of patients and will reduce costs associated with challenging behaviour, particularly within community residential facilities.

The cost to provide this service within the five Trusts would be approximately £1.5 million.

Perinatal Service for Northern Ireland

Northern Ireland remains one of the few regions in the United Kingdom without a dedicated Perinatal Service and the case for the provision of this service is compelling. In January, RQIA made 11 recommendations to support the improvement of perinatal mental health services in Northern Ireland. The Royal College has expressed concern that most women in Northern Ireland who develop perinatal mental health difficulties find that access to, and availability of, services is somewhat limited. Without appropriate support, these women will struggle and

many become isolated. Some will go on to develop more marked symptoms and may require more specialist support. This view is supported by clear research and evidence demonstrates the need for a range of specialist perinatal mental health services.

There would be two elements to this service, estimated annual costs for which are set out hereunder:

- **The establishment of dedicated Community Teams within each of the five Trusts: £1.7 million; and**
- **The establishment of a regional Mother and Baby Unit for Northern Ireland: £800,000.**

Tier 3 - Emerging Projects

Child and Adolescent Psychiatry (CAMHS)

It is felt that the following proposals are in keeping with the CAMHS Regional Strategy. These are based on the belief that prevention and early intervention will provide longer-term savings for mental health. The faculty within RCPsych in NI has recommended the following for consideration:

- The 'vouchsafing' of the proposed CAMHS Clinically-led Managed Network – a measure which is considered essential within the context of the dissolution of HSCB. It is estimated that staffing requirements would be 5-6 PA of Consultant Psychiatrist funding for Regional Operational Clinical Director; 1 WTE Clinical Operational Manager, Salary Band 8b, with supporting administrative support.
- The extension of CAMHS Primary Preventative Project into General Practices and Schools. This will require the appointment of CAMHS primary mental health workers to oversee educational & resilience building programmes in primary care settings and schools, which would bridge the current gap between primary care and secondary care services. Personnel, governance requirements and costings are currently under consideration. **The estimated annual cost to provide this service across Northern Ireland is £1,700,000.**
- The further development of Community CAMHS Crisis Management Services would enable high intensity home treatment to be provided and extended to so-called hard to reach young people.

Learning Disability – Enhanced Community Services

Whilst the resettlement of patients with Learning Disability from hospitals has been considered a success, there continues to be problems associated with the management of patients with mental illness linked to have learning disability. We believe that there is a robust need to enhance psychiatric services within a community setting to reduce acute bed stays for patients with challenging behaviours linked to learning disability.

The estimated annual cost to provide such a service across Northern Ireland would be £1.4 million.

Addictions Psychiatry – Substitute Prescribing Enhancement

The enhancement of this service is required throughout Northern Ireland. Specifically, funding should be increased to provide adequate staff numbers in addictions psychiatry teams to address the needs of people with complex needs related to pregnancy and particularly young people and prisoners with substance misuse issues.

The estimated annual cost to enhance this service in Northern Ireland is £750,000.