

Thursday 24th January 2006.

Statement from Irish College of Psychiatrists

Response to *A Vision for Change*: Report of Expert Group on Mental Health Policy

The Irish College of Psychiatrists welcomes the Expert Group Report on the Mental Health Services launched today, however, we would be concerned that the necessary funding to drive the recommendations will not be made available over the seven years. We do acknowledge that 25m euro has been made available for 2006. The acute lack of funding experienced by the Mental Health Services in the past, especially in relation to the Planning for the Future (1984), are well documented.

Dr Kate Ganter, Chairperson of the Irish College of Psychiatrists said this evening; **"This is an excellent report, which provides us with a very workable plan for the future. I note the Expert Group recommends that the report be implemented in full - and this of course is critical to its success. We welcome the recommendations to close the older mental hospitals, provided patient's needs are met – and the broad range of services that are required will be made available. The Mental Health Services will always require the support of an inpatient structure – irrespective of developments in treatment or care"**.

The Irish College is somewhat concerned that proportion of the Irish health spend dedicated to mental health will still be very low – rising from 6.8% to 8.24% over the next 7 years. In a major UK report it found that Mental Health required 12-14% of the health budget to be effective – and we support this view.

Over 80% of our mental health costs are non-capital, which enforces the fact that our service is people driven – and this concept must be supported. There is a recommendation for an additional 1800 staff in the report – and we welcome this – but advise that it may be an underestimate of our requirements into the future. In order to achieve the recommended staff increase the cap on recruitment to the health service must be lifted.

The 35 beds allotted for a catchment area of 250,000 – 400,000 is in our view an underestimate – unless other interventions are made available, such as acute units and residences.

We welcome the proposed investment in multidisciplinary teams, community based services and the independent monitoring group. The proposal for a National Health Directorate is also most welcome. It is disappointing, however, that specific funding for research has not been made available.

Ends

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