



Irish College of Psychiatrists

Coláiste Síciatraithe na hÉireann

121 St Stephen's Green, Dublin 2

Tel: +353 1 402 2346 / 2382

Fax: +353 1 402 2344

email: icpsych@eircom.net

web: www.irishpsychiatry.com

**Submission from the Irish College of Psychiatrists
to the European Commission on the Green Paper
*“Improving the mental health of the population:
Towards a mental health strategy for the European Union”***

Introduction

- The European Union is creating a wonderful opportunity to influence Governments to develop mental health services and to influence the people of Europe in changing attitudes so reducing and eventually abolishing the stigma associated with mental illness.
- We are concerned that policy alone will not bring about change unless there is political understanding and will and positive discrimination very little will happen. There are many examples where policy has existed but only partially been implemented. In Ireland we have had written mental health policy since 1984, “Planning for the future”. While there has been a fundamental shift in developing community services, economic forces have contrived to prevent full implementation of community teams so the services have remained in transition due to the lack of the necessary personnel and skills.
- Educational investment has not taken place in an organised fashion so that when funding is obtained there are an insufficient number of qualified personnel such as clinical psychologists, occupational therapists, clinical nurse specialists and psychiatrists.

Policy relevance

- Mental Health is never seen as a priority within the health domain. It is often only tolerated and given insufficient funds. We have an example of an inpatient unit for children being planned for almost 18 years which remains at the planning stage, the same applies to



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units for adults in general hospitals. It is imperative that policy in future should carry an imperative to translate into action and structure.

- In Ireland, the Irish College of Psychiatrists has campaigned for an increase in the funding of mental health services as only approximately 7% of the total health budget has been allocated in recent years. This is reduced from 11% a number of years ago. While the overall health budget has increased, mental health priorities have never been funded and do badly when there are caps on staff increases and overall embargos on the development of health services.
- The rates of suicide in Ireland are decreasing since a strategy was developed and is being implemented, driven by European Union policy.
- Irelands new policy document "A Vision for Change" has once again highlighted the need for accessible services, community based, driven and influenced by the people using the service.
- There are a number of other policies pertaining to mental health for people with a learning disability, the elderly, the homeless and alcohol and substance misuse. We also need European Union support in developing policy for the mental health needs of mentally disordered offenders. All of these groups and others are vulnerable and socially isolated. The rates of psychiatric disorder for most of these groups are far higher then for the total population.

Interventions

- Investment in children and family welfare is also investment in the mental health of a population. Early interventions have proved successful in vulnerable populations such as specialist pre schools, nurseries and parenting programmes.



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- Policies need to be further developed relating to:
 - Alcohol and substance misuse;
 - Primary care involvement in the development and delivery of mental health services, including general practitioner, nursing, clinical psychology, speech and language therapy and occupation theory;
 - Standards of care, diagnosis and treatment within secondary care;
 - Development of psychotherapy, psychological treatments and other treatments;
 - Standards relating to the working environment of the population which supports positive mental health;
 - Standards relating to education and mental health development;
 - Standards for the proper funding of mental health services across the European Union, with relevance to the overall health budget of each country;
 - Standards relating to the development of interdepartmental working in matters relating to mental health;
 - Support for the development of professional skills and training through organisations such as the Union of European Medical Specialties (Child and Adolescent Psychiatry Section, Adult Psychiatry Section), the Association of European Psychiatry and the European Society for Child and Adolescent Psychiatry;



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- Standards relating to research and proper continuing investment to support this. Support more inter-country research, including topics such as the economics and delivery of mental health services;
- Standards relating to mental health legislation. Also there should be coherence between the criminal justice and mental health systems;
- Standards relating to the care and treatment of vulnerable adults and children e.g. homeless, mentally disordered offenders, learning disabled and those with enduring mental illness;
- Positive affirmation of mental health issues, by mandating that an impact analysis is executed on every policy developed by the European Union e.g. economic, health, social and employment.

Conclusion

This is an opportunity to address the stigmatisation of people with a mental illness and to address standards of care and treatment of people with a mental health disorder. The origins of these disorders are complex and include genetics, socioculture, socioeconomics and the environment. The majority of policy across the EU impinges on some aspect of mental health. It is important to acknowledge this by evaluating all policies, and their impact on mental health. Inter-country research should be supported and harmonisation of the training of professionals should be developed.

Dr Kate Ganter
Chairman
Irish College of Psychiatrists
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