

# Schizophrenia Ireland LUCIA FOUNDATION



## Investing in Mental Health

## Budget 2008 Submission

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## Introduction

This document is the submission of Schizophrenia Ireland to the Minister for Finance, Mr. Brian Cowen TD, in anticipation of the budget for 2008. The aim of this document is to outline Schizophrenia Ireland's priority issues for finances and resource allocation, provide specific recommendations on finance policy and outline the case for increased funding for mental healthcare services.

Schizophrenia is a serious mental illness characterised by disturbances in a person's thoughts, perceptions, emotions and behaviour. It affects approximately one in every hundred people worldwide, and there are an estimated 45,000 people with schizophrenia in Ireland.

According to the World Health Organization's 2005 report, *The Economics of Mental Health in Europe*, "We cannot afford not to invest in mental health. The economic costs to society of mental health problems are enormous, with one cautious estimate from the International Labour Organization putting them at between 3% and 4% of gross national product in the Member States of the European Union." The economic costs of mental health problems are substantial, and most of the economic costs are incurred outside the healthcare system, in contrast to other health issues.<sup>1</sup> Experts have made repeated calls across the field for more investment into Ireland's mental health, including the Chairman of the Mental Health Commission and the Inspector of Mental Health Services. This pre-budget submission calls on the Government to greatly increase its investment in mental health.

It is necessary that Government adequately resources the mental health services to ensure that the recommendations from the Mental Health Expert Group as outlined in *A Vision For Change* can be implemented without delay in 2008. Against this background, it is ultimately political will that is required to change the socio-economic landscape that impacts the lives of people with mental health difficulties.

The following recommendations for Budget 2008 are common sense initiatives, in keeping with Government's existing *Health Strategy*, which should be implemented in the 2008 budget. Such action would go some distance to demonstrating the Government's commitment to improving the lives of people affected by mental illness.

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<sup>1</sup> WHO European Ministerial Conference on Mental Health, *The Economics of Mental Health in Europe*, 2005.

## **1. Revenue Funding:**

### **A. Community Care**

The Inspector of Mental Hospitals notes continuing shortages of staff in a range of disciplines, with “considerable gaps” in multi-disciplinary teams, and only “partially developed conservative community care models.”<sup>2</sup> Schizophrenia Ireland contends that the inordinately high rate of involuntary admission in Ireland is largely due to the lack of adequate community care services. It is not acceptable that citizens’ human rights should be denied through the failure of political will to provide adequate healthcare.

**Schizophrenia Ireland calls on this Government to ensure that revenue funding is sufficient to fill all vacant posts in 2008.**

### **B. Rescind the Hiring Freeze for Mental Health Services**

Even if funding were made available, it could not be utilised without permission from the DOHC to fill staff vacancies.

**Schizophrenia Ireland calls on the DOHC to rescind immediately the current hiring freeze in the mental health services and enable all outstanding vacancies to be filled.**

### **C. Equity**

Schizophrenia Ireland welcomes the Health Service Reform programme, which seeks to create an efficient, accountable and patient-centred health service. It continues to be the case that Ireland’s mental health services are inequitably distributed, with huge variations in per capita expenditure between regions, and lesser expenditure in areas of greater need.

**Schizophrenia Ireland recommends adjusting budgets to reflect an equitable level of expenditure per capita across all regions, with a positive loading in favour of regions, which are considered to be socio-economically deprived. A more equitable distribution of resources must be achieved without reduction in service provision in any region.**

<sup>2</sup> Schizophrenia Ireland and the Irish Psychiatric Association, *Towards Recovery: Principles of good practice in the treatment, care, rehabilitation and recovery of people with a diagnosis of schizophrenia and related mental disorders*, Dublin (2003), p.2.

## **2. Income Supports**

Given the high level of unemployment amongst people with enduring mental illness, the provision of adequate and appropriate income supports is particularly important. A diagnosis of mental illness should not be a prescription for poverty. Ireland's Back-to-Work Allowance scheme goes some way to addressing this issue. However, the loss of social welfare payments including secondary benefits after 3 years is a significant disincentive to return to work. In addition, most people with a mental illness, when returning to work, return at substantially reduced earnings. The loss of all income support after 3 years thus also creates a disincentive to return to work.

The Department of Social & Family Affairs' *Report of the Working Group on the Review of the Illness and Disability Payment Schemes*<sup>3</sup> identifies a significant gap in provision for people with a partial capacity to work. The report highlights the need for, recognition of the fact that some people's medical and other circumstances may mean that they have some capacity for work, but may never achieve full-time work, and recommends "introduction of a new payment for this contingency."<sup>4</sup>

**Schizophrenia Ireland calls on Government to develop proposals for a new partial incapacity benefit in consultation with people with mental illness.**

Other jurisdictions have recognised the need for innovative and flexible programmes to support people with a history of mental illness to return to the workplace. In the U.S., the Ticket to Work and Self-Sufficiency Program is an employment program for people with disabilities who are interested in going to work. The programme is part of the Ticket to Work and Work Incentives Improvement Act of 1999, which was designed to remove many of the barriers that previously influenced people's decisions about going to work due to concerns over losing healthcare coverage. The aim of the programme is to improve opportunities and choices for disability beneficiaries to obtain employment, vocational rehabilitation and other support services.<sup>5</sup> Such a programme recognises the positive cost/benefit ratio of investment to enable people with mental illness to work without losing benefits.

**Schizophrenia Ireland calls on Government to evaluate the "Back-to-Work" scheme in consultation with people with mental illness in order to improve incentives for people with mental illness to return to work.**

**Schizophrenia Ireland also calls on Government to put in place a policy of medical card eligibility for all people who require continuing mental healthcare.**

It is also important to recognise that some people with mental illness may not be able to return to work, and like other disabled people, deserve to be fully included in society regardless. For these people, Government fulfillment of Towards 2016 commitments to social welfare payments must be achieved.

<sup>3</sup>Dept. of Social & Family Affairs, *Report of the Working Group on the Review of the Illness and Disability Payment Schemes*, September 2003.

<sup>4</sup>*Ibid.*, p.86.

### **3. Housing**

Housing is a major cause of stress amongst people with self-experience of mental illness, and it has been well documented that a significant percentage of the homeless in Ireland have severe mental illness. Current reports suggest that up to 30% of the homeless population have some form of mental illness.<sup>5</sup>

Substantial evidence now exists that housing has a positive impact on mental health outcomes. A recent review of this research concluded that, “Once in housing with supports, the majority of individuals with serious mental illnesses stay in housing, are less likely to become homeless, and are less likely to be hospitalised, regardless of the specific type of housing condition.”<sup>6</sup>

The 70% re-admission rate in Ireland’s hospitals demonstrates the utter failure of adequate housing provision for people hospitalised for mental illness. Schizophrenia Ireland welcomes the Dublin Homeless Agency’s strategic plan with its focus on additional housing for single people and a comprehensive strategy to prevent homelessness. We also welcome the Department of the Environment, Heritage and Local Government’s new policy statement, *Delivering Homes, Sustaining Communities*: “For the most vulnerable groups (homeless persons, persons with addictions, persons with mental health issues), interventions in this area generally require an inter-agency response particularly where there is a care dimension to the supports required. The multi-annual action plans provide an opportunity at a strategic level to determine the overall requirements for different types of housing for the various special needs. It is proposed to develop protocols to cover the type of engagement required between housing providers and other agencies, e.g. Health Services Executive (HSE), Regional and Local Drugs Task Forces, etc., to ensure that at project level there is clarity around the needs, the appropriate response and the funding required for both capital and ongoing costs.”<sup>7</sup> All initiatives require adequate finance in order to ensure sufficient social housing for individuals with mental health difficulties.

**Schizophrenia Ireland calls on Government to prioritise funding housing provision for single homeless people with a history of mental illness.**

**Schizophrenia Ireland calls on Government to ensure that rent allowance supplement reflects rises in the costs of rent.**

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<sup>5</sup> Fernandez, J, “The Homeless Mentally Ill: Aspects of Violence”, *The Care of the Disturbed Mentally Ill*, Dublin 1996.

6Rog, D. 'The Evidence on Supported Housing', *Psychiatric Rehabilitation Journal*, 27:4:334-343.

7. Dept of the Environment, Heritage and Local Government, *Delivering Homes, Sustaining Communities*, February 2007, p. 58

## **Conclusion**

There are high costs associated with mental health problems, and costs increase if a person becomes socially excluded. In Ireland, as elsewhere, people with mental illness are one of the most excluded groups in society.<sup>8</sup> It is important that specific measures be put in place that will target people with a mental illness and their caring relatives. As the Mental Health Commission, the Department of Health and Children, the Health Service Executive and mental health voluntary organisations and other NGOs lead the way forward in helping to reshape the mental health landscape, the 2008 budget can and should build upon the shared conviction that increasing investment in mental health is good value for money and enables greater social well-being.

## About Schizophrenia Ireland

### Mission Statement

*Schizophrenia Ireland is the national organisation dedicated to upholding the rights and addressing the needs of all those affected by enduring mental illness including, but not exclusively, schizophrenia, schizo-affective disorder and bi-polar disorder, through the promotion and provision of high-quality services and working to ensure the continual enhancement of the quality of life of the people it serves.*

### Objectives

- 1.To promote the development of parallel self help groups for people with psychosis and enduring mental illness and their family members and carers.
- 2.To empower people with psychosis and enduring mental illness and their family members and carers through support, individual advocacy, information and education.
- 3.To promote the right of all those affected by psychosis and enduring mental illness to person centered and appropriate services, which will support the process and goal of recovery.
- 4.To engage in public awareness activities aimed at challenging discrimination and stigma, and advocating for the rights and needs of all those affected by psychosis and enduring mental illness.
- 5.To campaign on behalf of all those affected by enduring mental illness to influence policy changes in the provision of mental healthcare services.

### Organisational Ethos

SI believes that:

- People with severe enduring mental illness should at all times be accorded the rights, entitlements and opportunities available to any other member of society on an equal basis, and should be empowered to participate in the life of the community to the fullest possible extent;
- Families and carers, the majority of whom are the primary providers of mental healthcare in the community should be accorded full recognition and support by the institutions of the State, and be empowered to address their own needs;
- A history of mental illness should not be a cause of discrimination, stigmatisation or prejudice in any form, nor should it inhibit the individual's right of equal access to training, education and employment/opportunities; and
- We should foster a partnership and collaborative approach with all relevant agencies.

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