

Schizophrenia Ireland
Lucia Foundation



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Investing in Recovery

Local & European Elections Manifesto

June 2004

Table of Contents

| | |
|---|---|
| Introduction..... | 3 |
| Investment in Recovery—Financial Resources..... | 3 |
| Planning..... | 3 |
| Equitable Distribution of Resources | 4 |
| Specific Policy Recommendations | 4 |
| 1. Adequate funding of Services..... | 4 |
| 2. Employment | 4 |
| 3. Homelessness..... | 5 |
| About Schizophrenia Ireland | 6 |

Introduction

The aim of this document is to outline Schizophrenia Ireland's priority issues for finances and resource allocation, provide specific recommendations and call on Government to increase funding for mental healthcare services.

It is estimated that 1 in 100 people worldwide has schizophrenia. This means that in Ireland alone, there are approximately 39,000 people with schizophrenia. As stated in Schizophrenia Ireland's 2003 document, *Towards Recovery*, there is a groundswell of determination around the country to once and for all abandon outdated and inadequate mental healthcare services.¹ This submission reflects such resolve, and offers Government ways in which it can develop a fiscal policy that recognises both the financial and social benefits of investing in recovery.

Investment in Recovery—Financial Resources

Ireland has inherited an institutional service, which in the last 20 years has undergone some transition. The general direction of development is towards the provision of community based mental healthcare services and a reduction in the number of people living in long stay hospital care. Since "Planning for the future" 1984, there has been an incremental move in that direction. The Department of Health and Children has acknowledged the need for increased funding in order to achieve its goal of 'quality' in its new Health Strategy.² This is even more necessary in the area of mental healthcare, where funding, as a proportion of the overall healthcare budget, has dropped from 10.6% in 1990 to 6.8% in 2003.³

SI calls on the government to increase funding allocated to mental healthcare in order to provide services of a high standard, which meet the actual needs of people using the services.

Planning

Ireland has had a history of incremental planning based on local political, economic and social needs, which has resulted in inconsistency in the level of service provided across regional Health Boards. Recent statistics show that the Eastern Regional Health Authority (ERHA) has 50% less beds per capita than the rest of the country. Additionally, there are 2.4 times as many hostel places in non-ERHA areas as there are in the ERHA. Research shows that services are not concentrated in areas of greatest need but, paradoxically, have been developed in areas of greatest affluence.⁴

Schizophrenia Ireland advocates for a rational approach to planning and development of mental health services based on actual needs of regions as opposed to perceived needs.

1. 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. 4.
2. Department of Health and Children, *Quality and Fairness: A Health System for You*, DOH, Dublin (2002).
3. Mental Health Commission Annual Report, (2002), p. 22.
4. I.P.A. Stark Facts document.

Equitable Distribution of Resources

One of the outcomes of the principal of incremental planning is that Regional Health Boards are receiving varying amounts of expenditure for mental health services. Variations in expenditure are from a low of €63 per head in the Eastern Regional Health Authority, to a high of €156 in the Western Health Board region. Such inconsistencies obviously lead to inequity in terms of service provision across the regions.

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.

Specific Policy Recommendations

1. Adequate funding of Services

As indicated above, the annual allocation of mental health services funding is now standing at 6.8% of all healthcare funding. Through its ratification of the International Covenant on Economic, Social and Cultural Rights, Ireland acknowledges that “all persons have the right to the best available mental healthcare.”⁵ The Inspector of Mental Hospitals, in his Report for 2002, notes that “the continuing shortage—in some cases, complete absence of—psychologists, social workers and occupational therapists in our services is an intolerable restriction on the nature of service delivered and makes multi-disciplinary working impossible.”⁶ There is clearly an urgent need to increase the number and availability of psychologists, social workers, psychotherapists, counsellors, community mental health nurses and occupational therapists in order to provide an adequate mental health service. Such professionals are an essential part of the multi-disciplinary team and are necessary to provide a holistic and effective approach towards treatment and recovery.

Schizophrenia Ireland advocates that sufficient funding be allocated to provide multi-disciplinary teams in every catchment area, and that funding be allocated to substantially increase the number of training places for psychologists, social workers and occupational therapists.

2. Employment

There is an ongoing need to ensure that people with severe mental illness have equal access to and opportunities in further education, training and employment. Access to employment, which allows for a reasonable financial income, is one of the cornerstones in the recovery process for many people with severe mental illness. We acknowledge that the FÁS-sponsored Community Employment and other social economy measures play a valuable role in providing support and assistance to people recovering from severe mental illness. It is important that the Department of Finance ensures that state agencies such as FÁS are financially and resourcefully equipped to provide the necessary employment access structures for people with poverty and mental illness. This also means ensuring that policies do not create a poverty trap for people with a mental disability.

5. ICESCR, Principle 1, MI Principles.

6. DOH, *Report of the Inspector of Mental Hospitals for the year ending 31st December 2002*, DOH (2002), p. 6.

Schizophrenia Ireland advocates that:

- **Sufficient Community Employment Scheme places be allocated for people with a mental disability;**
- **The earnings cap for rehabilitative employment be increased to €200 per week; and**
- **General Medical Service cards be extended to all people with a disability, regardless of income, in order to ensure that the costs of medical care do not create a poverty trap for people with a disability seeking employment.**

Additionally, the funding basis for rehabilitative programmes needs to be addressed to allow for the provision of appropriate rehabilitation and support services. Currently, the funding model used is not compatible with the model of services required. Funding in this area is based on “Whole-Time Equivalents” which do not allow for the on-going and sometimes intermittent support needs of our service users.

Rehabilitation and support programme services need to be project-funded so innovative approaches can be developed to help meet the needs of service users.

3. Homelessness

One of the issues of concern for Schizophrenia Ireland is the presence of severe and enduring mental illness among the homeless population of the cities and larger towns of Ireland. It has been well documented that a significant percentage of the homeless have severe mental illness.⁷ Current reports suggest that up to 33% of the homeless population have some form of severe mental illness. This is a matter which needs to be dealt with at national level and resources need to be allocated to those bodies engaged in providing homelessness services for people with mental illness so that they can identify and assist those with mental illness.

It is imperative that the mental health services have adequate resources to put in place a response plan for the homeless population.

The Inspector of Mental Hospitals notes that there is a “major frustration” with the “lack of provision by local housing authorities of housing for the mentally ill...”⁸ The lack of appropriate move-on accommodation for people with mental illness contributes to homelessness and interferes with recovery.

Schizophrenia Ireland advocates that specific funding be allocated to local authorities for provision of accommodation for people with mental illness.

7. Fernandez J, *The Homeless Mentally Ill: Aspects of Violence*, paper presented at the Symposium of ‘Aspects of Violence: The Care of the Disturbed Mentally Ill’, Dublin (1996).

8. *Ibid.*, p. 7.

About Schizophrenia Ireland

Mission Statement

Schizophrenia Ireland – Lucia Foundation is the national organisation dedicated to upholding the rights and addressing the needs of all those affected by schizophrenia and related illnesses, 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 mutual self-help groups for people with schizophrenia and carers.
2. To empower people with schizophrenia and their carers through support, individual advocacy, information and education.
3. To promote the right to appropriate health, accommodation, employment and other services.
4. To advocate for rights and needs and challenge discrimination of all those affected by schizophrenia.

Organisational Ethos

SI believes that:

- People with schizophrenia 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;
- Relatives and families, the majority of whom are the primary providers of psychiatric care 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 never 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; and
- We should foster a partnership and collaborative approach with all relevant agencies.