

# Schizophrenia Ireland LUCIA FOUNDATION



## Time to Act! Pre-Budget 2006 Submission

Schizophrenia Ireland—Lucia Foundation  
38 Blessington Street  
Dublin 7  
Tel: 01 8601620  
Email: [info@sirl.ie](mailto:info@sirl.ie)  
[www.sirl.ie](http://www.sirl.ie)

## Table of Contents

<b>INTRODUCTION .....</b>	<b>3</b>
<b>REVENUE FUNDING – COMMUNITY CARE .....</b>	<b>4</b>
<b>RESCIND THE HIRING FREEZE FOR MENTAL HEALTH SERVICES.....</b>	<b>4</b>
<b>EQUITY .....</b>	<b>4</b>
<b>HOUSING .....</b>	<b>5</b>
<b>INCOME SUPPORTS .....</b>	<b>5</b>
<b>MENTAL HEALTH PROMOTION .....</b>	<b>6</b>
<b>CONCLUSION.....</b>	<b>7</b>
<b>ABOUT SCHIZOPHRENIA IRELAND.....</b>	<b>8</b>

## Introduction

This document is the submission of Schizophrenia Ireland to the Minister for Finance, Mr. Brian Cowen TD, in anticipation of the budget for 2006. 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 41,000 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 Hospitals. This pre-budget submission calls on the Government to greatly increase its investment in mental health.

Schizophrenia Ireland acknowledges the valuable work of the Mental Health Expert Group and the opportunity to be a part of this significant policy development initiative. However, it is necessary that Government adequately resources the mental health services to ensure that the recommendations from the Mental Health Expert Group can be implemented without delay in 2006.

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 2006 are common sense initiatives, in keeping with Government's existing *Health Strategy*, which should be implemented in the 2006 budget. Such action would go some distance to demonstrating the Government's commitment to improving the lives of people affected by mental illness.

## Employment

Only 22% of people with mental health problems are employed in Ireland.<sup>2</sup> This number represents the lowest employment rate when comparing all disabilities.<sup>3</sup> However, many studies have shown that 90% of individuals with mental health problems want to work.

According to the National Disability Authority's (NDA) 2005 report, *Disability and Work*:

"Work is an important part of belonging and participating in society. Having a job is good for mental health. Apart from bringing in an income, work is a valuable social outlet, taking people out of the house to become part of a wider community. Work is a place where people meet others and make friends. Absence from the workforce, on the other hand, can contribute to social isolation, and joblessness is associated with a higher incidence of mental health problems. Participating in the workforce also offers people with disabilities the chance to make a positive contribution. In a job, the focus

---

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

<sup>2</sup> Central Statistical Office, 2002.

<sup>3</sup> National Disability Authority's (NDA) 2005 report, *Disability and Work*

is on ability, not disability. It is on what people are adding to society, not on dependence.”<sup>4</sup>

The occupational needs of people with mental health problems vary greatly from individual to individual and will change for any one individual through the duration of his/her recovery. There is need for a range of meaningful occupational options both work based<sup>5</sup> and non-work based.

Schizophrenia Ireland suggests the following:

- **Provide funding for interventions to improve access to employment.**
- **Rectify social welfare system to ensure that disability benefits do not create barriers to return to future employment.**
- **Improved and increased range of meaningful occupational options both work based<sup>6</sup> and non-work based.**
- **Provide funding for flexible and long-term work experience programmes for people with a mental illness, with sufficient places for all eligible applicants.**

### **Revenue Funding – 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>7</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 2006.**

### **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.**

### **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>4</sup> National Disability Authority’s (NDA) 2005 report, *Disability and Work*.

<sup>5</sup> In general, SI supports the recommendations of the NCATE report (1997).

<sup>6</sup> *Ibid.*

<sup>7</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.

## 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>8</sup> In the Inspector of Mental Hospitals 2002 report, Dr. Walsh noted, "one of the most central difficulties facing the mentally ill, and those tasked with providing for them, is the fact that many are or become homeless."

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>9</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 scheme: "New long-term accommodation initiative for rent supplement tenants." However, both 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.**

## 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 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>10</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>11</sup>

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

<sup>8</sup> Fernandez, J, "The Homeless Mentally Ill: Aspects of Violence", The Care of the Disturbed Mentally Ill, Dublin 1996.

<sup>9</sup> Rog, D. 'The Evidence on Supported Housing', *Psychiatric Rehabilitation Journal*, 27:4:334-343.

<sup>10</sup> Dept. of Social & Family Affairs, *Report of the Working Group on the Review of the Illness and Disability Payment Schemes*, September 2003.

<sup>11</sup> *Ibid.*, p.86.

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>12</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.**

Schizophrenia Ireland acknowledges recent Government comments on the Community Employment Scheme. This Scheme plays a significant role in enabling people with mental illness to both integrate into society and return to work.

**Schizophrenia Ireland calls on Government to develop a specific, flexible and long-term work experience programme for people with mental illness, with sufficient places for all eligible applicants.**

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 fulfilment of Sustaining Progress commitments to social welfare payments must be achieved.

### **Mental Health Promotion**

Tim O'Malley, Minister of State at the Department of Health & Children with responsibility for Mental Health and Disability, has publicly acknowledged the need to implement measures aimed at combating the stigma which exists regarding mental illness. At Schizophrenia Ireland's July 2005 national schizophrenia awareness week, Minister O'Malley stated:

“Mental health promotion is a very broad concept as it emphasises the promotion of the psychological health and well being of individuals, families and communities. I see it as a key task of the health services not just to treat mental illness but more importantly, using the principles of health promotion, to try and improve the mental health of the population at large...The promotion of positive mental health will contribute significantly to combating the ignorance and stigma, which often surrounds mental illness. Better understanding of mental illness encourages people to access professional help sooner rather than later and this facilitates early recovery.”<sup>13</sup>

The National Health Promotion Strategy 2000-2005 considers mental health to be equally as important as physical health, however no nationwide measures have been implemented as of yet to address mental health stigma. With an estimated 1 in 4 people affected by mental illness at some point in their lives, this represents a major health issue for the nation. Community and voluntary sector organisations such

---

<sup>12</sup> The Ticket to Work Program, <http://www.yourtickettowork.com/>.

<sup>13</sup> Address by Mr. Tim O'Malley T.D., Minister of State at the Department of Health and Children at the Schizophrenia Ireland National Lucia Week event in the Bank of Ireland Arts Centre, 26 July 2005.

as Schizophrenia Ireland have a wide network of ongoing, substantive contacts with members of the community and are therefore best placed for engaging in the work of mental health promotion.

**Schizophrenia Ireland calls on Government to fund a nationwide mental health promotion programme, including both designated health service staffing and specific voluntary agency project funding.**

### **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>14</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 Expert Group, 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 2006 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.

---

<sup>14</sup> Office of the Deputy Prime Minister, *Mental Health and Social Exclusion: Social Exclusion Unit Report*, June 2004, p.3.

## 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.

## **Contact Details**

### **DUBLIN HEAD OFFICE**

38 Blessington Street, Dublin 7, IRELAND

T: 01 8601620

F: 01 8601602

E: [info@sirl.ie](mailto:info@sirl.ie)

### **CORK**

42 Penrose Wharf, Cork, IRELAND

T: 021 4552044

F: 021 4553633

### **GALWAY**

Unit 6, Town Park Centre,

Tuam Road, Galway, IRELAND

T: 091 761746

F: 091 767389

### **KILKENNY**

5 Priory Court,

Dean Street, Kilkenny, IRELAND

T: 056 7756210

F: 056 7756209

### **LONGFORD**

55 Dublin Street, Longford, IRELAND

T: 043 42366

F: 043 42367

### **ENNIS**

Unit 14 A&B,

Clonroad Business Park,

Ennis, Co. Clare, IRELAND

T: 065 6844874

F: 065 6844964

### **DUNDALK**

507 Donovan House,

Adelphi Court, The Long Walk,

Dundalk, Co. Louth, IRELAND

T: 042 9324541

F: 042 9324541

### **BASIN CLUB & JOB CLUB**

39 Blessington Street, Dublin 7, IRELAND

T: 01 8601610

F: 01 8601548