

**Review of Government Spending on
Mental Health and Assessment of
Progress on Implementation of A
*Vision for Change***

Submitted to

Amnesty International Ireland

By

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www.indecon.ie

1st September 2009

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Executive Summary

Introduction and Background

This report is submitted to Amnesty International Ireland ('AI') by Indecon International Consultants. The report concerns an audit and review of Government expenditure on mental health services in Ireland and an assessment of progress on implementation of the recommendations and achievement of the targets set out under the report completed by the Expert Group on Mental Health Policy – *A Vision for Change*.

AI's Mental Health Campaign runs from 2009 to 2011 and focuses on using the human rights framework to campaign for a social approach in response to mental health. This is focused on people's rights, in particular the right to live a full life in the community.

This report takes place within this context and, in particular, AI's objective of continuing to ensure successful implementation of the recommendations set out in *A Vision for Change*. The review also takes account of the current position of the Irish public finances and the need to ensure value for money. This review focuses on the following specific aspects/issues:

- A review of public expenditures on mental health services infrastructure and staffing since 2006 (including capital and current expenditures); and
- An analysis of progress achieved on the implementation of *A Vision for Change*, focusing on identifying the improvements that have been made in mental health services since 2006 in addition to what is required to meet the targets implied by the policy. This includes a detailed assessment of mental health service staffing resource additions by function and between catchment areas and regions.

The key findings from the review were as follows:

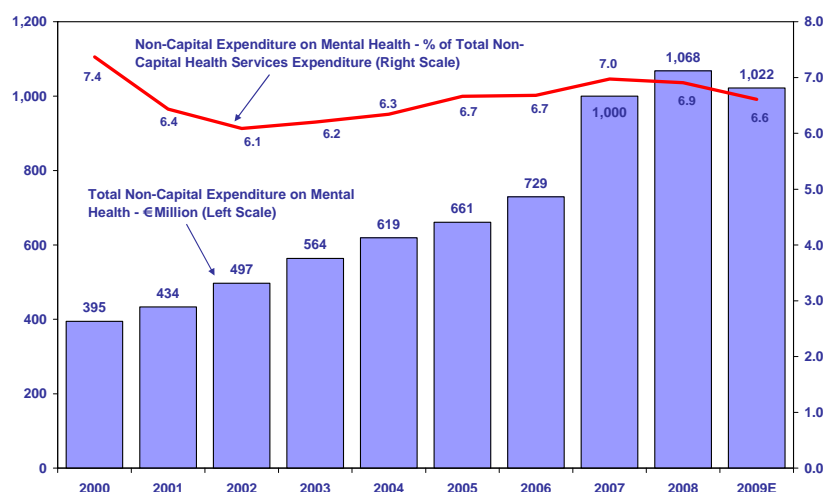
- The report found gaps in the availability of detailed data/information required to facilitate the ongoing monitoring of funding and expenditures, and human resource allocation, across the mental health services and the assessment of progress on the implementation of *A Vision for Change*;
- The report highlighted the presence of significant skill shortages in the development of community-based mental health services, with particular deficiencies compared to the targets in *A Vision for Change* evident in relation to the development and staffing of Community-based Mental Health Teams at regional and catchment area levels;
- The review highlighted the fact that there remains an over-reliance on traditional acute and long-stay inpatient beds within the Mental Health Services compared with the recommendations of *A Vision for Change* and this is unlikely to be consistent with achieving the best value for money;
- The report also noted that if the recent and current rate of progress on the main mental health service areas identified in *A Vision for Change* is maintained, the attainment of the recommended levels of resourcing of the Mental Health Services would not be achieved within the timeframe envisaged by the HSE's Implementation Plan.

Funding and Expenditure on Mental Health Services

Before examining in detail the recent developments and progress in relation to human resources and infrastructure in the mental health services, it is important to consider the levels of funding allocated to Mental Health Services in Ireland. While there are gaps in the availability of detailed data/information required to facilitate a detailed assessment of funding allocated and expenditures undertaken across the mental health services, based on the information available at the time of preparation of this report the key findings from the review were as follows:

- Annual current expenditure budgets for mental health services in Ireland have traditionally been set on an incremental basis, subject to certain adjustments in addition to new funding that may become available on an ad hoc basis to cover new service development money. Earmarked current expenditure funding lines are not protected within the overall health vote and there are no protected line items in place within the overall health budget for specialized mental health services. In relation to capital expenditure, a detailed multi-annual capital programme for mental health services infrastructure does not exist and projects are approved on an ad hoc basis depending on service requirements, specific policy decisions and the overall funding context.
- A *Vision for Change* indicated that additional non-capital investment of €151 million per annum at 2005 costs/prices (or an incremental additional level of expenditure of €21.6 million per annum over a 7-year period) would be required over and above existing levels of expenditure, while capital investment of €796.5 million at 2005 costs/prices would be required to fund the cost of providing and equipping new mental health service infrastructure.

Recent Trends in Expenditure on Mental Health Services in Ireland - 2000-2009



Source: Indecon analysis based on A Vision for Change, (2006), HSE, National Service Plans, and Department of Health and Children data

- Non-capital expenditure on mental health services has increased since the 1980s, reaching €1,068 million in 2008 (based on Department of Health and Children outturn figures) (see chart above). More recently, the figures indicate a more rapid increase in non-capital expenditures since 2006 and particularly during 2007, which most likely reflected a one-off impact arising from the implementation of the provisions in the Mental Health Act.
- Non-capital expenditure on mental health services has ranged between a recent low relative to overall health services expenditure of 6.1% in 2002 compared to a recent peak of 7.4% of total health expenditures in 2000. Since 2006, when *A Vision for Change* was published, non-capital expenditure on mental health services has averaged around 6.9% of total health expenditures (see chart above).
- In 2006, total additional development funding of €26.2 million was provided by the Government to support the development of mental health services in line with the recommendations of *A Vision for Change.*, while a further €25 million was allocated in 2007, bringing the total additional funding support to €51.2 million. This is equivalent to 59.3% of the recommended funding of €86.4 million over the four-year period 2006-2009. According to the HSE, €48.1 million or 94% of the overall additional development funding allocated in 2006 and 2007 will be in place by the end of 2009 - equivalent to 55.7% of the recommended level of additional funding for this four-year period.
- According to figures published by the HSE, €19 million or 37.1% of this total additional funding allocation was in place by the end of 2006, while a further €10.5 million was committed by 2007. It is estimated by the HSE that €48.1 million or 94% of the overall additional funding allocated in 2006 and 2007 will be in place by the end of 2009.
- The latest figures from the Department of Health and Children indicate an outturn for 2008 expenditure on mental health totaling €1,110 million in gross expenditure terms, of which €1,011 million represented mental health service programme current expenditure and €42 million in capital expenditure. These outturns compared with budgeted levels for current and capital expenditure in 2008 of €1,078 million and €52 million respectively.
- The latest budgeted levels of expenditure for 2009 indicate a projected reduction in overall gross expenditure on mental health services of 3.1% compared with the 2008 outturn. Within this total, capital spending is budgeted to decline to €12 million in 2009 - a decrease of over 71% compared to the level of investment undertaken in 2008.

Mental Health Services at National Level

We reviewed progress on the development of the Mental Health Services at national level, focusing in particular on the developments that have taken place in terms of both infrastructure and human resources since the publication of *A Vision for Change* in 2006. The key findings from our review at national level are as follows:

- ❑ According to Department of Health and Children figures, at end-2008 there were 9,039 Whole Time Equivalent persons (WTEs) engaged in supporting the delivery of mental health services programmes.
- ❑ In its latest Annual Output Statement for 2009 the Department has indicated a target for overall staff employed in the Mental Health Services of 9,074 WTEs in 2009. This, if achieved, would represent an increase of 0.3% on the 2008 outturn.
- ❑ There is variation between the figures published by the Department of Health and Children and the Health Service Executive in relation to human resource allocation to the Mental Health Services. In particular, according to the HSE figures, a total of 10,476 statutory Whole Time Equivalent (WTE) persons were employed in mental health related services across the health service at the end of 2008.
- ❑ While the DoHC figures are the most recently published staffing data, the Department note that the figures remain provisional. The variations in figures provided by the HSE and the DoHC are most evident in relation to the Medical/Dental and Nursing staff categories. This points to an issue concerning the availability of up to date and consistent data on human resource levels in mental health services.
- ❑ The review also undertook a detailed analysis of the composition of human resource data at national level and a comparison of staffing with the levels recommended by *A Vision for Change*. The analysis indicates that there is currently (based on December 2008 figures) a deficit in actual overall staffing resources across the Mental Health Services compared to the required levels to meet the targets set out in *A Vision for Change* of between 2,332 and 3,700 WTEs (depending on whether one bases the comparison on DOHC or HSE figures).
- ❑ Excluding General Support staff and comparing the structure of resources on a like-for-like basis the available figures indicate significant variations between the actual and required mix of staff: this is most evident in relation to the higher than targeted numbers of nursing staff and the deficit relative to recommended levels in health & social care staff. In addition, the analysis also reveals a lower than targeted allocation of resources to the other patient & client care areas. Moreover, these variations remain evident regardless of whether the comparison is based on DoHC or HSE data for actual (December 2008) staff numbers.

- ❑ One of the key recommendations contained in *A Vision for Change* was that the delivery of mental health services should take place primarily at community level. Specifically, the policy recommended that “specialist expertise should be provided by Community Mental Health Teams (CMHTs) – expanded multidisciplinary teams of clinicians who work together to serve the needs of service users across the lifespan”. One of the principal objectives of this recommendation is to reduce the traditional dependency on acute and long-stay inpatient beds and community residences.
- ❑ The key findings that emerge from the analysis of overall progress in relation to the development of Community Mental Health Teams are as follows:
 - The overall level of resources allocated to CMHTs remains very low in proportion to the overall level of human resource in the mental health services: CMHTs accounted for a reported total of 1,982 WTEs as at December 2008, equivalent to just 18.9% of overall mental health service staffing. There remains a reliance on traditional acute and long-stay inpatient beds and community residence sectors;
 - There is a deficiency in the number of teams currently initiated relative to the recommended coverage implied by *A Vision for Change*. In total there are 231 CMHTs initiated (based on the latest available figures for December 2008), against a minimum recommended requirement - taking into account the increase in population since the policy was formulated - of 276 teams across the five mental health service areas. This represents an overall deficit of 45 teams;
 - A substantial proportion of existing teams that have been initiated are poorly resourced and do not include the required overall complement of staff. In particular, 56% of the minimum recommended number of WTEs across the CMHTs remain to be filled, while the average size of teams is 8.6 WTEs per team nationally compared with a minimum recommended number of WTEs per team ranging between 10 (Intellectual Disability teams) and 22 (in the case of Rehabilitation teams). In addition, existing teams do not have the desired mix of filled senior and junior specialist posts.

The above findings raise issues surrounding both the overall level of human resources in mental health services and the configuration of these resources. This includes the evident shortage relative to targeted levels of resources in health and social care posts and in other patient and client care areas within the overall human resource base in mental health services. In addition, there remains an overreliance on the traditional acute and long-stay inpatient beds and community residences sectors, while Community Mental Health Teams are not resourced to the recommended levels.

Mental Health Services by Service Area

We also examined the pattern of resources at the level of each of the mental health services areas. We began by describing the latest figures on Child & Adolescent Mental Health Services. The key findings highlighted by the analysis of resource allocation by mental health service area are as follows:

- ❑ Based on the figures available for December 2008, at a national level shortfalls exist in actual staffing relative to recommended levels across all the key functions within the Child & Adolescent CMHTs;
- ❑ In terms of staff numbers, the shortfalls relative to targeted staffing in Child & Adolescent CMHTs are most visible in relation to nursing staff, psychologists, social workers, social care professionals, and occupational therapists. However, teams are also under-resourced relative to targeted levels in terms of consultant-level posts and in relation to speech & language therapists and administrative staff.
- ❑ In addition, it is noted that there are currently only 3 dedicated but partially complete Child & Adolescent liaison teams initiated and these teams are currently based in each of the Dublin Pediatric Hospitals. These teams are currently operating at around 36% of their recommended levels of capacity in terms the staffing recommended in *A Vision for Change*.
- ❑ There are currently 129 General Adult CMHTs initiated (i.e. teams which have at least one filled consultant-level post) employing a total of 1,188 WTEs. However, while the number of teams exceeds the recommended number based on the current population (i.e. 84 teams), this reflects the fact that the majority of teams have only one consultant level psychiatrist (instead of the recommended 2 consultants per team) and do not possess the overall recommended number of staff or the staff/skills mix. In terms of overall staffing, General Adult CMHTs currently which have been initiated employ a total of 1,188 WTEs, which equates to just over two-thirds (67.1%) of the required number of WTEs (approx, 1,770). In addition, the average size of teams currently initiated is 9.2 WTEs/team, which is substantially below the recommended minimum staff complement per team of 21 WTEs.
- ❑ The overall number of CMHTs initiated for Mental Health Services for Adults with Intellectual Disability currently stands at 13. This equates to half of the number required to meet the recommended ratio of 2 teams per 300,000 persons in the population, i.e. 26 teams. There are currently 34 WTEs in place across these teams compared to the 260 WTEs required nationally based on the recommended numbers in *A Vision for Change*. The average number of staff per team, at just 2.6 WTEs, is noticeably below the recommended minimum of 10 staff per team. A total of 226 WTEs remain to be filled to bring resources to the best practice levels recommended in the policy.

- The latest available figures for December 2008 indicate that there are currently 23 consultant-led teams initiated which provide Mental Health Services for Older People, compared with the recommended 42 teams to meet the current population. At the recommended team complement of 12 staff, this implies an overall resource requirement for Mental Health Services for Older People CMHTs of some 508 WTEs. However, there are currently 208 WTEs on the 23 teams now initiated, implying an average team size of 9 WTEs and a shortfall of almost 60% in actual staffing compared to recommended levels of cover in this area.
- There are currently 20 Mental Health Rehabilitation & Recovery teams initiated nationally employing a total of 156 WTEs – almost 750 WTEs short of the overall required resourcing consistent with the policy. At an average of just 7.8 WTEs per team, existing teams are generally substantially under-staffed compared to recommended levels. Nevertheless, the current position compares with only five specialist rehabilitation and recovery teams initiated when the policy was published, indicating that while this is short of the recommended 41 teams, significant progress has been made in this area.
- According to figures published by the Mental Health Commission, there were 15 specialist mental health services teams initiated as at end-2008. However, this compares with a required level of team-based resourcing of 44 teams nationally based on the recommended ratios set out in *A Vision for Change*, implying a deficit of 29 teams. At the level of individual specialist service, the gaps in team development are most evident in the case of substance misuse, eating disorder, intensive care rehabilitation and forensic services.

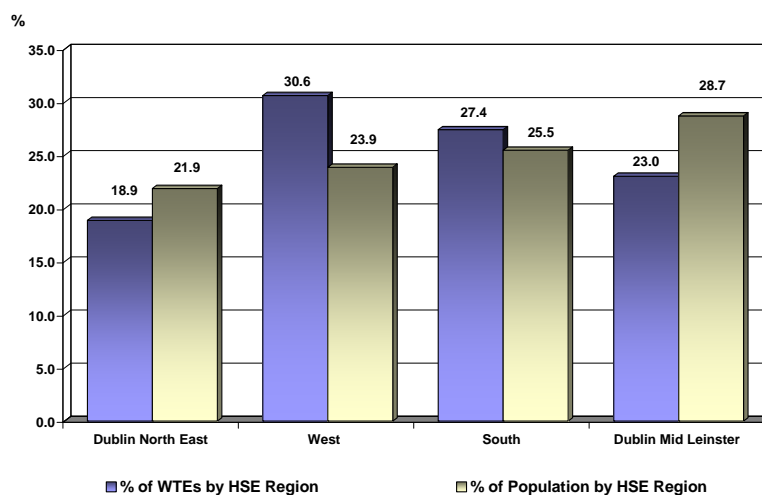
Mental Health Services at Regional and Local Level

We also examined the regional and local configuration of Mental Health Services. The overall regional distribution of human resources in Mental Health Services and the regional distribution of staffing on Community Mental Health Teams were first considered. This was followed by a detailed analysis of resources at regional level across the five Mental Health Services areas. The key findings highlighted by the analysis were as follows:

- According to HSE figures the overall number of staff at regional level in the Mental Health Services ranges between 1,979 WTEs (or 18.9% of the national total) in the Dublin North East region and 3,210 WTEs (30.6%) in the West region, while 2,873 WTEs (27.4%) are based in the HSE South region and 2,414 WTEs (23% of the national total) operate in the HSE Dublin Mid Leinster region;

- As the demand for services is likely to be related to the level of population, it is instructive to relative the distribution of WTEs with the level of population in each region. Our analysis indicates the presence of a mismatch between the current distribution of human resources in the Mental Health Service between the health service regions and the population of these regions (see chart below). While it is acknowledged that the human resource data is based at a specific time and is subject to fluctuation, the analysis highlights an issue in relation to the configuration of resources in the Mental Health Services.

Comparison of Regional Distribution of Mental Health Service Staffing with Regional Distribution of Population

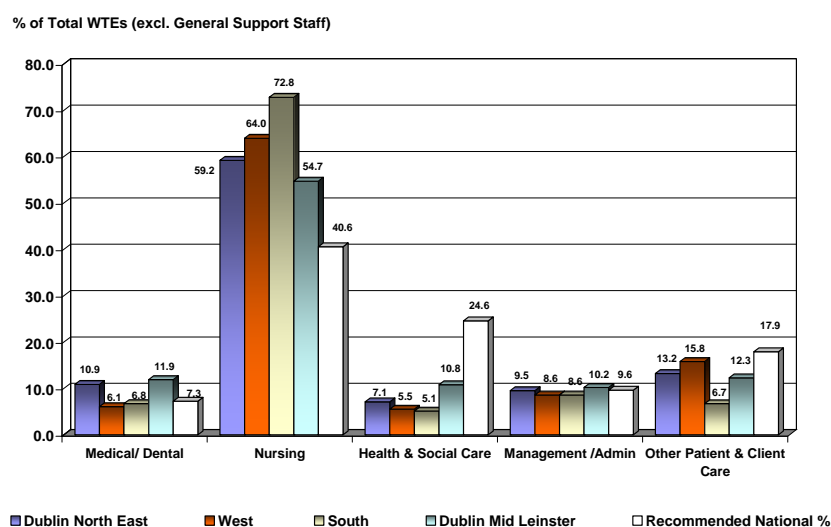


Source: Indecon analysis based on *A Vision for Change - Implementation Plan - 2009-2013*

- There is a significant variation across the regions in terms of the proportionate breakdown of staffing in Mental Health Services and this is most evident in relation to the medical, nursing, health & social care and other patient care categories. The proportion of medical/dental staff varies between 5.4% of total staff in the HSE West region and a high of 10.9% in the Dublin Mid Leinster region. In Health & Social Care, the proportion varies between 4.2% (in then case of the South region) and up to 9.9% in Dublin Mid Leinster. Staff numbers supporting other patient and client care services vary between 5.5% of total WTEs in HSE South and 14% in HSE West.
- Comparison of the proportionate distribution of staff by discipline in each region with the recommended staff mix at national level set out in *A Vision for Change* (see chart overleaf) indicates that:

- The level of resources devoted to mental health *nursing* functions exceeds across all four of the HSE regions the recommended levels as set out in *A Vision for Change*;
- Medical/dental staff are greater in number in two out of the four regions relative to the advised levels set out in the policy; and
- Across all the regions the proportions of staffing resources in both the *health & social care* and *other patient & client care* functions fall below the recommended levels.

Comparison of Actual with Recommended Mental Health Service Staffing Mix by HSE Region



Source: Indecon analysis based on *A Vision for Change* (2006) and *A Vision for Change - Implementation Plan - 2009-2013*, Table 1.6. Data for actual staff pertain to December 2008.

- In relation to the development of Community Mental Health Teams, the analysis of progress at regional level highlights the following particular features:
 - The actual number of community-based teams initiated remains below the required number of teams implied by *A Vision for Change* and the most recent Census of Population in three out of the four HSE regions. The deficit is particularly evident in Dublin Mid Leinster where the number of teams in place, at 54, compares with a total of 80 required teams;
 - The actual number of staff in place across community teams within all four of the HSE regions is less than half the overall required minimum recommended number of WTEs;

- The overall number of teams initiated masks an underlying issue in relation to the partial staffing of the majority of these teams, with the average number of WTEs per team ranging between only 7.5 WTEs and 10.5 WTEs across the four regions. Between 54% and 59% of required positions remain to be filled across the regions;
- At regional level CMHTs currently account for between 16% and 23% of the overall level of human resources in the Mental Health Services. However, while significant progress has been made, there remains an overreliance on the traditional acute and long-stay inpatient beds and community residences sectors, while Community Mental Health Teams remain relatively poorly resourced.

Conclusions and Recommendations

Overall conclusions

This review completed a detailed analysis and assessment of funding allocated to the Mental Health Services and the outputs achieved in terms of human resource and capital investment in infrastructure, focusing on the outcomes evident since the publication of *A Vision for Change*. Particular focus was given to comparing actual outputs and outcomes with the levels of resource and infrastructure recommended in the policy. A number of specific conclusions emerge from this analysis and assessment, which are set out below:

1. Non-capital public expenditure on Mental Health Services in Ireland during 2008 accounted for €1,068 million, while capital expenditure amounted to €42 million. Given the scale of expenditure involved, it is essential that resources are used effectively.
2. Significant progress has been made in commencing the work of implementing the *A Vision for Change* policy.
3. There are, however, significant shortages compared to the targets set out in *A Vision for Change* in relation to the number of community health teams established. There are currently 232 community-based mental health teams initiated compared with the 276 teams implicit in *A Vision for Change*, when account is taken of the increase in population since the policy was formulated.
4. Even more significant than the number of teams commenced is the fact that a significant proportion of existing teams do not include the recommended overall complements of staff, while there are also specific regional and local gaps as well as shortages relative to targeted levels for certain functional specialisms. These gaps adversely impact on the choice of treatments available.

5. There remains an over-reliance on traditional acute and long-stay inpatient beds compared with the policy outlined in *A Vision for Change* and this is unlikely to be consistent with achieving the best value for money. It is however clear that progress has been made in moving towards the directions recommended in *A Vision for Change*.
6. At the current rates of progress, it could take up to 10 years before full achievement of the staffing targets implicit in *A Vision for Change*. The achievement of the targets will also inevitably be influenced by the constraints on public expenditure.
7. There are gaps evident in relation to the availability of detailed data/information required to facilitate the ongoing monitoring of funding and expenditures, and human resource allocation, across the mental health services and the assessment of progress on the implementation of *A Vision for Change*.

Recommendations

On foot of the detailed analysis and assessment undertaken in this review, a number of specific recommendations pertaining to the future development of the Mental Health Services in Ireland are set out in the table overleaf.

Recommendations for Future Development of Mental Health Services

No.	Recommendation
1.	The targets for implementation of <i>A Vision for Change</i> should be reconfigured to realistic levels and a new set of annual targets formulated which take account of the current position and of the constraints in public expenditure. In determining realistic levels for any new targets, account should be taken of the progress achieved to date and the likely funding which will be made available to implement <i>A Vision for Change</i> . Further work will also be needed on what realistic targets should be, which should also take account of best practice internationally on performance indicators
2	New performance indicators along with supporting up-to-date data should be developed and published to enable accurate monitoring of the revised annual targets to implement <i>A Vision for Change</i> . Performance indicators and related targets should reflect best practice internationally in this area. Data should include more detailed and higher frequency data on funding and expenditures by service area and on a regional basis, in addition to more detailed data on human resources by skill mix at regional and catchment area level (including in particular for services for Older People, Rehabilitation services and Specialist services). This is essential in order to ensure accountability and to monitor whether progress is been achieved
3	In order to ensure the most effective use of scarce public expenditure and to improve value for money, an increased focus is required on reducing the overall dependency in Mental Health Services on acute and long-stay inpatient beds, and community residences, and to continue to increase the provision and usage of community-based services and teams
4	Furthermore, in order to further enhance value for money and effectiveness, progress is required in ensuring the appropriate staffing and specialist support services in the community-based mental health teams
5.	A reconfiguration of human resources in Mental Health Services is required to ensure that resources are allocated on a equitable and efficient basis, both in terms of the functional and geographical distribution of these resources
6.	Changes in resource allocations will be required to successfully support the required reconfiguration of existing resources in Mental Health Services and the attainment of the required overall level and composition of resources in line with <i>A Vision for Change</i>
7.	In addition to changes in current expenditures, it is essential that the planned capital investments are made to ensure that required levels of community-based infrastructure provision are addressed across the Mental Health Services
8.	An increased overall national allocation of human staffing resources is required in the Health & Social Care and Other Patient & Client Care personnel categories
9.	The geographical allocation of Mental Health Service resources should be closely aligned with regional and local catchment area-level population levels and should also take account of local deprivation patterns
10.	Particular focus should be given to addressing the human resource shortfalls compared to recommended levels that exist in relation to community-based mental health teams providing Child & Adolescent and Adult Intellectual Disability services, and Mental Health Services for Older People

Source: *Indecon*

1 Introduction and Background

This report is submitted to Amnesty International Ireland ('AI') by Indecon International Consultants. The report concerns an audit and review of Government expenditure on mental health services in Ireland and an assessment of progress on implementation of the recommendations and achievement of some of the targets set out under the report completed by the Expert Group on Mental Health Policy – *A Vision for Change*.

1.1 Background and Terms of Reference

The background to this review is the Government's policy for mental health services and the work of the Expert Group on Mental Health Policy, which was appointed in August 2003 by the Minister of State of the Department of Health and Children with responsibility for mental health. In January 2006 the Department of Health and Children published the outputs of the Expert Group as *A Vision for Change*. This major policy "details a comprehensive model of mental health service provision for Ireland [and] describes a framework for building and fostering positive mental health across the entire community and for providing accessible, community-based, specialist services for people with mental illness".¹

The policy was subsequently adopted by the Health Service Executive (HSE) in May 2006 "as the basis for developing Irish Mental Health Services for the next 7-10 years" and a formal implementation plan, spanning the 5-year period from 2009-2013, was issued in February 2009 which set out a strategic framework for operationalising those recommendations set out in *A Vision for Change* that fall within HSE's remit.^{2,3}

¹ *A Vision for Change* – Report of the Expert Group on Mental Health Policy (2006). Government Publications Office - http://www.hse.ie/eng/Publications/services/Mentalhealth/Mental_Health_-_A_Vision_for_Change.pdf, Page 8.

² Health Service Executive, Primary Community & Continuing Care Services - *A Vision for Change Implementation Plan*, Mental Health, January 2008, Page 4.

³ Health Service Executive, *Vision for Change Implementation Plan 2009-2013*, June 2009.

1.1.1 Amnesty International Ireland

AI's Mental Health Campaign, which runs from 2009 to 2011, will focus on using the human rights framework to demand action from Government. It will campaign for a social approach in response to mental health that is focused on people's rights, in particular the right to live a full life in the community.

This report takes place within this context and, in particular, AI's objective of continuing to push for government action to ensure successful implementation of the recommendations set out in *A Vision for Change*.

This review focuses on the following specific aspects/issues:

- ❑ A review of Government *expenditures* on mental health services infrastructure and staffing since 2006 (including capital; and current expenditures)
- ❑ An analysis of progress achieved on the implementation of *A Vision for Change*, focusing on identifying the improvements that have been made in mental health services since 2006. This includes an assessment of mental health service infrastructure improvements and staffing resource additions by function and between catchment areas and regions;
- ❑ The identification of scenarios indicating the likely length of time required, at current/recent rates of improvement, to attain the full complements of in each catchment area as recommended in *A Vision for Change* and taking into account the latest (2006) Census of Population.

1.2 Methodological Approach

In undertaking the above elements of analysis, we have in this report employed a range of data/information sources. These have included:

- ❑ *A Vision for Change* (2006) – report of the Expert Group on Mental Health Policy– including detailed recommendations and mental health service development requirements;
- ❑ Health Service Executive – Vision for Change Implementation Plan (2009-2013) – February 2009;
- ❑ Health Service Executive – Primary Community & Continuing Care Services - Vision for Change Implementation Plan – Mental Health January 2008;

- ❑ Health Service Executive – National Service Plans, 2006-2009 (including National Service Plan 2008 report on Deliverables);
- ❑ Department of Health and Children – Annual Output Statements (2008 and 2009);
- ❑ Mental Health Commission – Annual Report 2008 (including Report of the Inspector of Mental Health Services 2008);
- ❑ Mental Health Commission – Community Mental Health Staffing catchment area staffing reports 2008;

1.2.1 Assessment of funding and expenditure on Mental Health Services

To set the context for the assessment of outputs and outcomes in terms of the development of the Mental Health Services and, in particular, the extent of progress on the achievement of the recommendations set out in *A Vision for Change*, this review firstly identifies the recent developments in level of funding allocated to, and expenditures on the Mental Health Services. This is undertaken by reference to the available data/information primarily from the Department of Health and Children and the Health Service Executive. It is important, however, at the outset to highlight the presence of deficiencies in relation to the availability of up-to-date and detailed data/information. In particular, the absence of timely and detailed data/information currently prevents an assessment of progress in terms of both capital investment and current expenditures by service area and on a sub-national/regional or catchment area basis. This includes the absence of data on an intra-year basis which permits the monitoring of funding commitments and expenditures.

1.2.2 Assessment of human resources in Mental Health Services

This review focuses on undertaking a detailed review and assessment of the available evidence in relation to the development of human resources devoted to mental health services in Ireland. The analysis is undertaken at the following levels:

- ❑ A detailed review of overall staffing in mental health services at a national level;

- Review of human resources by mental health service area, including Child and Adolescent Mental Health Services, General Adult Mental Health Services; Rehabilitation, Mental Health Services for Older People and Mental Health Services for Adults with Intellectual Disability; and
- Review of human resources in mental health services at regional and local level, including by catchment area and local team.

Throughout each of the above analytical work streams, in each case the actual level of resources currently in place is compared with the best practice levels of provision as recommended in *A Vision for Change*. In particular, the recommended levels of provision set out in the policy are updated to reflect evolution of population since that policy was formulated, as set out in the HSE's *Vision for Change Implementation Plan (2009-2013)*, which is based on the Census 2006 population levels.

It should also be noted at this point that while the available data/information on human resources within the Mental Health Services is generally more detailed than is the case for funding and expenditures (and the analysis in this report makes particular reference to the detailed catchment area-level staffing data collated and published by the Mental Health Commission), there are gaps in existing data/information on outputs and outcomes. These relate in particular to gaps in relation to detailed data on human resources by skill mix at regional and catchment area level, including in particular in relation to Mental Health Services for Older People, Rehabilitation services and Specialist services. In addition, there are gaps in relation to the definition of population levels relevant to specific catchment areas.

1.3 Structure of Report

The remainder of this report is structured as follows: in Section 2 we set the context for the examination of outputs and outcomes by reviewing the level of funding allocated to and expenditure on the Mental Health Services in Ireland. Section 3 reviews progress on the development of the Mental Health Services at national level, focusing in particular on the developments that have taken place in terms of human resources since the publication of *A Vision for Change* in 2006. Section 4 considers the pattern of resources at the level of each of the mental health services areas, including General Adult, Child & Adolescent and Rehabilitation & Recovery services and mental health services for Older People and People with an Intellectual Disability. Section 5 considers the regional and local configuration of Mental Health Services. Finally, Section 6 brings together the analyses and assessment undertaken in the preceding phases to develop our overall conclusions, while also setting out a number of specific recommendations for the future development of the Mental Health Services in Ireland.

1.4 Acknowledgements and Disclaimer

We would like to acknowledge the assistance provided by a number of individuals and organisations towards the completion of this report. We would particularly like to thank Dr Shari McDaid and Fiona Crowley of Amnesty International Ireland for their extensive inputs. We would also like to thank the Department of Health and Children and the Health Service Executive, and the Irish Mental Health Commission for their assistance. The analyses and assessment presented in this report remain the sole responsibility of Indecon and the usual disclaimer applies.

2 Review of Funding and Expenditure on Mental Health Services

2.1 Introduction

This section sets the context for the examination of the recent development of infrastructure and human resources in Mental Health Services by reviewing the level of funding allocated to and expenditure on the Mental Health Services in Ireland.

2.2 Funding Requirements to support *A Vision for Change*

A Vision for Change modelled and set out estimated funding levels to support the delivery of infrastructure, and human and other resources, required to attain best practice levels of service delivery in the mental health services. In particular, the policy indicated the following funding requirements over and above existing funding levels:

- ❑ Non-Capital Funding: based on a detailed modelling of the required workforce and human resource requirements to support recommended service levels, and allowing for assimilation of all existing posts within a new mental health service, the policy estimated an additional non-capital investment requirement over and above existing levels of expenditure of €151 million per annum at 2005 costs/prices or an incremental additional level of expenditure of €21.6 million per annum over a 7-year period⁴;
- ❑ Capital Funding: the overall capital cost of providing and equipping new mental health service infrastructure was estimated at €796.5 million at 2005 costs/prices (excluding site acquisition costs).

⁴ The level of additional non-capital investment required was estimated in *A Vision for Change* based on pay rates current at the time of formulation of the strategy and assuming standard provision for non-pay costs.

The estimated additional capital and non-capital funding requirements set out in *A Vision for Change* represent challenging targets for funding that are required to facilitate the achievement of the recommended levels of service delivery set out in the policy. The attainment of these funding levels must be interpreted within the context of the constraints on public expenditures generally and particular the current very tight funding environment. However, it is important to assess the progress achieved to-date in relation to funding allocations and expenditure levels in the mental health services.

2.3 Developments in Funding of Mental Health Services

2.3.1 Approach to allocation of funding

Before considering the developments in relation to funding and expenditures, it is important to highlight the approach to allocation of funding for the Mental Health Services and this has implications for the way in which investment and current resources are targeted and therefore the overall effectiveness and efficiency of expenditures. In relation to the approach to allocation of funding, the following points are noteworthy:⁵

- ❑ The overall level of funding of for health services is dictated by the overall funding allocation to the HSE under the Government's Estimates process as specified in the annual health expenditure vote (HSE Vote No. 40);
- ❑ Under the terms of the Health Act, 2004, the HSE is required to prepare an *Annual Service Plan*. This Plan is adopted by the HSE Board and submitted to the Minister for Health and Children for approval. The Plan outlines the agreed level of health and personal social services to be provided by the HSE, and these services must be provided within the overall financial/funding allocation Voted by Dáil Éireann and within staffing limits consistent with the Government policy on employment within the health service. The Service Plan, once approved by the Minister for Health and Children, subsequently forms the basis of the HSE's business planning process for the following year;

⁵ A description of the overall process of funding allocation and the annual budget process of the HSE can be found in the report on the *Study of certain Accounting Issues related to the Health Service Executive*, (September 2008). See http://www.dohc.ie/publications/pdf/considine_report.pdf?direct=1

- ❑ Once the Annual Service Plan is approved by the Minister, the annual current expenditure budget allocations for each service area - including Mental Health Services - are then determined by the HSE. This essentially entails a rolling forward of the previous year's allocation, adjusted to reflect amounts specific to the previous year and known or planned new developments for the coming year. The resulting baseline allocations are then adjusted to reflect pay awards, increments, non-pay inflation and other projected variances;
- ❑ In relation to capital expenditure budgeting, an annual *Capital Plan* is formulated by the Estates Directorate in consultation with service personnel in the National Hospitals Office and the Primary, Community and Continuing Care directorate within the HSE. The Capital Plan is submitted for approval by the board of the HSE to the Ministers for Health and Children and Finance. Projects are prioritised in order to address existing service deficits and having regard to policy documents. Inclusion of a project on the Capital Plan does not imply approval and a formal letter of approval must be issued by the National Director of Estates before a capital project receives full approval.
- ❑ Overall, the description above indicates that annual current expenditure budgets for mental health services have traditionally been set on an incremental basis, subject to certain adjustments in addition to new funding that may become available on an ad hoc basis to cover new service development money. Earmarked current expenditure funding lines are not protected within the overall health vote. In relation to capital expenditure, a detailed multi-annual capital programme for mental health services infrastructure does not exist and projects are approved on an ad hoc basis depending on service requirements, specific policy decisions and the overall funding context;
- ❑ There are no protected line items in place within the overall health budget for specialized mental health services (such as, for example, child & adolescent services);
- ❑ A transparent system of performance indicators and financial reporting mechanisms are not in place to enable ongoing monitoring and assessment of funding, and effectiveness and efficiency of current and capital expenditures on mental health services; and

- A *Vision for Change* recommended a reconfiguration of capital and human resources in the mental health services to ensure a more equitable distribution of resources reflecting population and service needs. The HSE's Implementation Plan for 2009-2013 included reference to the development of a human resource and finance plan, which would include the development of "appropriate mechanisms for rebalancing historical funding anomalies across administrative areas". However, transparent mechanisms for funding allocation have still to be implemented.

2.3.2 Trends in expenditure on Mental Health Services

The table overleaf depicts the historical trend in non-capital expenditure on mental health services in Ireland since the early 1980s and up to and including budgeted expenditure for 2009.

Total non-capital expenditure on mental health services reached €1,068 million in 2008 (based on Department of Health and Children outturn figures), equivalent to 6.9% of total expenditure across the health services.

In terms of longer term trends, expenditure on mental health services has increased in absolute terms since the 1980s. However, in relative terms, expenditure on mental health services has been on a downward trend since the 1980s (in 1984, non-capital expenditure on mental health represented 13% of the total health budget; by 2002 this proportion had fallen to just over 6%).

More recently, the figures indicate a more rapid increase in non-capital expenditures since 2006 and particularly during 2007, which most likely reflected a one-off impact arising from the implementation of the provisions in the Mental Health Act.

The latest figures on spending indicate a budgeted non-capital spend on mental health services totalling €1,064 million for 2009.

Table 2.1: Trends in Non-Capital Expenditure on Mental Health Services

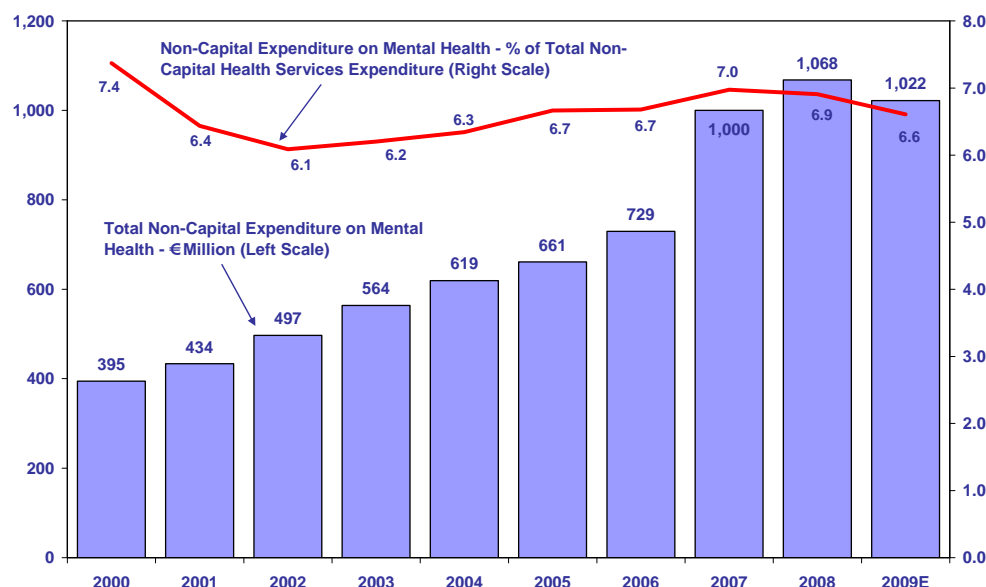
Year	Total Health Expenditure (€m)	Non-Capital Mental Health Expenditure (€m)	Mental Health Expenditure as % of total health expenditure
1984	1,413	184	13.0
1988	1,564	196	12.5
1989	1,318	158	12.0
1990	1,464	168	11.5
1991	1,631	183	11.2
1992	1,830	197	10.8
1993	2,016	209	10.4
1994	2,145	216	10.1
1995	2,299	228	9.9
1996	2,354	232	9.9
1997	3,443	326	9.5
1998	3,819	327	8.6
1999	4,573	347	7.6
2000	5,354	395	7.4
2001	6,739	434	6.4
2002	8,166	497	6.1
2003	9,087	564	6.2
2004	9,766	619	6.3
2005	9,923	661	6.7
2006	10,920	729	6.7
2007	14,337	1,000	7.0
2008	15,462	1,068	6.9
2009E	15,467	1,064	6.9

Source: Indecon analysis based on *A Vision for Change*, (2006), HSE, *National Service Plans*, and *Department of Health and Children*, *Annual Output Statement for 2009*, published June 2009

E = Based on budgeted expenditure as set out in *DoHC Annual Output Statement for 2009*

The figure overleaf describes the recent developments since 2000 in the level of non-capital expenditure on mental health services and sets this in the context of overall health services expenditure. Non-capital expenditure on mental health services has ranged between a recent low relative to overall health services expenditure of 6.1% in 2002 compared to a recent peak of 7.4% of total health expenditures in 2000. Since 2006, when *A Vision for Change* was published, non-capital expenditure on mental health services has averaged around 6.9% of total health expenditures.

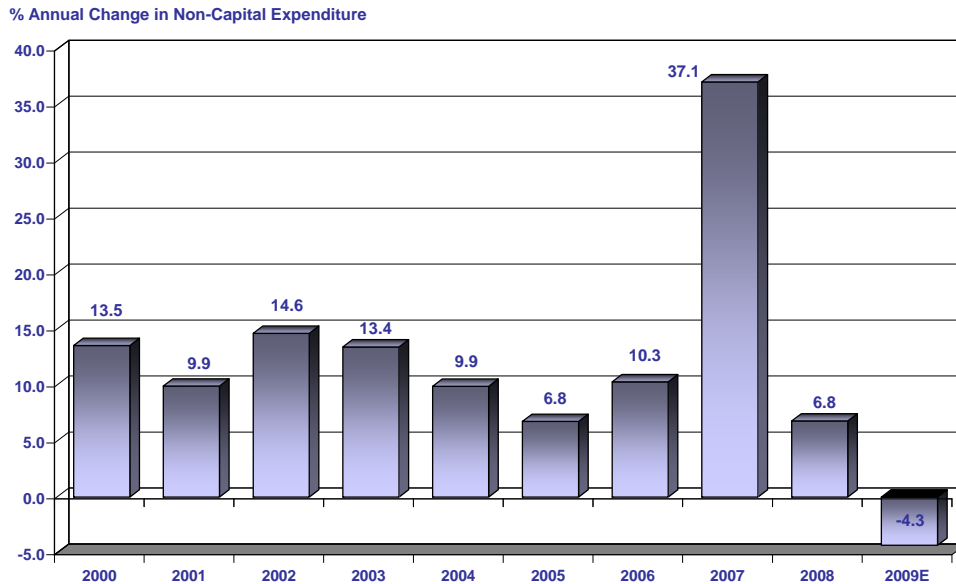
Figure 2-1: Recent Trends in Expenditure on Mental Health Services in Ireland - 2000-2009



Source: *Indecon analysis based on A Vision for Change, (2006), HSE, National Service Plans, and Department of Health and Children, Annual Output Statement for 2009, published June 2009*

The chart overleaf depicts the recent annual change in non-capital expenditure on mental health services. Expenditures have fluctuated noticeably on an annual basis. Based on the figures available, expenditures on mental health services increased at a compound average annual rate of 10.8% per annum between 2000 and 2006. This rate of growth in expenditure increased to almost 21% per annum on average between 2006 and 2008, although it must be emphasised that this period included an exceptional increase in 2007 (of over 37%), which most likely reflected the one-off impact arising from the implementation of the provisions in the Mental Health Act. In 2009, however, the tighter funding environment for health services generally has resulted in a projected decline of 0.4% compared with the outturn for expenditure in 2008.

Figure 2-2: Recent Trends in Expenditure on Mental Health Services in Ireland - 2000-2009 - % Annual Change



Source: *Indecon analysis based on A Vision for Change, (2006), HSE, National Service Plans, and Department of Health and Children, Annual Output Statement for 2009, published June 2009*

The above aggregate analysis indicates that (non-capital) expenditures on mental health services have continued to increase on an annual basis since the early 1990s. In addition, there is evidence that the rate of increase on spending has increased since 2006. This, however, must be set against the recommendations for developing the mental health services set out in *A Vision for Change*, which identified a range of areas requiring substantial additional resources in the form of both current expenditures and capital investment.

2.3.3 New development resources to support implementation of *A Vision for Change*

Following publication of *A Vision for Change*, the Government indicated that it would provide an additional funding stream over and above ongoing funding for the mental health services to support the development of mental health services in line with the recommendations of the policy.

The table below describes the progress on allocation of the additional development funding relative to the levels of additional funding recommended in *A Vision for Change*. The figures published by the HSE show that, in 2006, total additional development non-capital funding of €26.2 million was provided, while a further €25 million was allocated in 2007, bringing the total additional funding support allocated in 2006 and 2007 to €51.2 million. It is notable that the overall level of development funding allocated in 2006 and 2007 is equivalent to 59.3% of the recommended funding of €86.4 million over the four-year period 2006-2009.

The figures also indicate that €19 million or 37.1% of the total of €51.2 million funding allocated was in place by the end of 2006, while a further €10.5 million was committed by 2007. It is estimated by the HSE that €48.1 million or 94% of the overall additional funding allocated in 2006 and 2007 will be in place by the end of 2009. This is equivalent to 55.7% of the recommended level of additional funding for the four-year period 2006-2009.

Table 2.2: Progress on Allocation of Development Funding for Mental Health Services to Support Implementation of *A Vision for Change* - 2006-2009

Period	2006	2007	2008-2009 Total	Total Funding - 2006-2009
Total Annual Additional Funding Recommended (€m)*	21.6	21.6	43.2	86.4
Non-Capital Funding Provided (€m)	26.2	25.0		51.2
Annual Funding Committed/In Place (€m)	19.0	10.5	18.6	48.1
<i>Funding in Place as % of Total Funding Allocated (Cumulative)</i>	37.1%	57.6%		94.0%
<i>Funding in Place as % of Total Annual Additional Funding Recommended*</i>	88.0%	48.6%	43.1%	55.7%

Source: *A Vision for Change* - Implementation Plan - 2009-2013

* Based on overall additional development funding recommended in *A Vision for Change* of €151 million or €21.6 million per annum over a 7 year period

The table below indicates the latest figures in relation to expenditure and budgeted funding for the Mental Health Services as published by the Department of Health and Children in its latest annual Output Statement for 2009.

Table 2.3: Mental Health Service Funding - 2008 Outturn and 2009 Budgeted Funding Allocations

Programme Details	Budgeted 2008	Outturn 2008	Budgeted 2009	2009 - % Change on Outturn for 2008
Mental Health Service Programme Expenditure	1,130	1,053	1,020	-3.1
<i>Of which:</i>				
Current Expenditure	1,078	1,011	1,008	-0.3
Capital Expenditure	52	42	12	-71.4
Administration and Other Support	60	57	56	-1.8
Total Gross Expenditure	1,190	1,110	1,076	-3.1

Source: Department of Health and Children, Annual Output Statement for 2009, published June 2009.

The latest figures from the Department of Health and Children indicate an outturn for 2008 expenditure on mental health totaling €1,110 in gross expenditure terms, of which €1,011 million represented mental health service programme current expenditure and €42 million in capital expenditure. These outturns compared with budgeted levels for current and capital expenditure in 2008 of €1,078 million and €52 million respectively. Perhaps most noteworthy are the budgeted levels of expenditure for 2009, which indicate a projected reduction in overall gross expenditure on mental health services of 3.1% compared with the 2008 outturn. Within this total, capital spending is budgeted to decline to €12 million in 2009 – a decrease of over 71% compared to the level of investment undertaken in 2008.

Given the importance of additional capital expenditure in the context of funding of the infrastructural investments recommended in *A Vision for Change*, it is instructive to set the budgeted levels of capital expenditure on mental health services for 2009 in the context of capital spending on other health service programmes. A comparative analysis is presented in the table below and it is notable that the reduction in budgeted capital expenditure on mental health services in 2009 (71.4%) represents the largest proportionate decline in capital spending across the health service programmes.

Table 2.4: Comparative Capital Expenditure by Health Service Programme Area - 2008 and 2009

Programme	Outturn 2008 - € Million	Budgeted 2009 - € Million	2009 - % Change on Outturn for 2008
Policy & Corporate Support	13	13	0.0
Children, Young People and Families	94	65	-30.9
Primary Care	46	39	-15.2
Acute Hospitals (incl. Cancer Control)	287	213	-25.8
Disability	81	33	-59.3
Mental Health	42	12	-71.4
Older People	119	115	-3.4
Total	682	490	-28.2

Source: Department of Health and Children, *Annual Output Statement for 2009*, published June 2009.

While the figure above must be seen in the context of the constraints on public expenditure generally, the latest budgeted capital expenditure figures would raise some concern regarding the achievability of the recommended levels of mental health service infrastructure improvement recommended in *A Vision for Change*.

2.4 Summary of Findings

In this section we set the context for the examination of the recent development of infrastructure and human resources in Mental Health Services by reviewing the level of funding allocated to Mental Health Services in Ireland. The key findings from the review were as follows:

- ❑ Annual current expenditure budgets for mental health services in Ireland have traditionally been set on an incremental basis, subject to certain adjustments in addition to new funding that may become available on an ad hoc basis to cover new service development money. Earmarked current expenditure funding lines are not protected within the overall health vote and there are no protected line items in place within the overall health budget for specialized mental health services. In relation to capital expenditure, a detailed multi-annual capital programme for mental health services infrastructure does not exist and projects are approved on an ad hoc basis depending on service requirements, specific policy decisions and the overall funding context.
- ❑ *A Vision for Change* indicated that additional non-capital investment of €151 million per annum at 2005 costs/prices (or an incremental additional level of expenditure of €21.6 million per annum over a 7-year period) would be required over and above existing levels of expenditure, while capital investment of €796.5 million at 2005 costs/prices would be required to fund the cost of providing and equipping new mental health service infrastructure.
- ❑ Total non-capital expenditure on mental health services reached €1,068 million in 2008 (based on Department of Health and Children outturn figures), equivalent to 6.9% of total expenditure across the health services.
- ❑ Non-capital expenditure on mental health services has increased since the 1980s. More recently, the figures indicate a more rapid increase in non-capital expenditures since 2006, coinciding with the publication of *A Vision for Change*.
- ❑ Non-capital expenditure on mental health services has ranged between a recent low relative to overall health services expenditure of 6.1% in 2002 compared to a recent peak of 7.4% of total health expenditures in 2000. Since 2006, when *A Vision for Change* was published, non-capital expenditure on mental health services has averaged around 6.9% of total health expenditures.

- Following publication of *A Vision for Change*, the Government indicated that it would provide an additional funding stream over and above ongoing funding for the mental health services to support the development of mental health services in line with the recommendations of the policy. In 2006, total additional development funding of €26.2 million was provided, while a further €25 million was allocated in 2007, bringing the total additional funding support to €51.2 million. This is equivalent to 59.3% of the recommended funding of €86.4 million over the four-year period 2006-2009. According to the HSE, €48.1 million or 94% of the overall additional funding allocated in 2006 and 2007 will be in place by the end of 2009 - equivalent to 55.7% of the recommended level of additional funding for the four-year period 2006-2009.
- The latest figures from the Department of Health and Children indicate an outturn for 2008 expenditure on mental health totaling €1,110 million in gross expenditure terms, of which €1,011 million represented mental health service programme current expenditure and €42 million in capital expenditure. These outturns compared with budgeted levels for current and capital expenditure in 2008 of €1,078 million and €52 million respectively. Perhaps most noteworthy are the budgeted levels of expenditure for 2009, which indicate a projected reduction in overall gross expenditure on mental health services of 3.1% compared with the 2008 outturn. Within this total, capital spending is budgeted to decline to €12 million in 2009 - a decrease of over 71% compared to the level of investment undertaken in 2008.
- It is notable that the reduction in budgeted capital expenditure on mental health services planned for 2009 (71.4%) represents the largest proportionate decline in capital spending across the health service programmes.

3 Review of Mental Health Services at National Level

3.1 Introduction

In this section we review progress on the development of the Mental Health Services at national level, focusing in particular on the developments that have taken place in terms human resources since the publication of *A Vision for Change* in 2006.

3.2 Human Resources in Mental Health Services

The most recent data available pertaining to the overall level of human resources employed in mental health services nationally is published by the Department of Health and Children. It should be noted that staffing figures fluctuate over time and the available data on staffing pertain to a specific point in time. According to the Department's Annual Output Statement 2009, as at December 2008, there were 9,039 Whole Time Equivalent persons (WTEs) engaged in supporting the delivery of mental health services programmes (see table overleaf). The largest category of human resources comprised nursing staff, accounting for 4,961 WTEs or 54.9%. Medical/Dental staff represented 574 WTEs (6.4%), while staff providing Health & Social Care services made up 467 WTEs or 5.2% of the total and Other Patient & Client Care staff accounted for 1,121 WTEs (12.4%). The balance of human resources in mental health services comprised general support staff (1,216 WTEs or 13.5%) and Management/Admin staff (699 WTEs or 7.7%).

Table 3.1: Breakdown by Staff Category of Current Human Resources in Mental Health Services in December 2008 Nationally and by Staff Category (DoHC Data)

Staff Category	Total WTEs - National - as at December 2008	%
Medical/ Dental	574	6.4
Nursing	4,961	54.9
Health & Social Care	467	5.2
Management /Admin	699	7.7
General Support	1,216	13.5
Other Patient & Client Care	1,121	12.4
Total	9,039	100

Source: Department of Health and Children, Annual Output Statement 2009 for Health Group of Votes, June 2009 - see http://www.dohc.ie/publications/annual_output_statement_2009.html). Data is provisional

It should also be noted that in its latest Annual Output Statement the Department has indicated a target for overall staff employed in the Mental Health Services of 9,074 WTEs in 2009. This, if achieved, would represent a 0.3% increase on the 2008 outturn.

Data on human resources in mental health services is also published by the HSE. The table below summarises the overall level of human resources supporting the delivery of mental health services based on figures published by the HSE and pertaining to December 2008. According to the HSE figures, a total of 10,476 statutory Whole Time Equivalent (WTE) persons were employed in mental health related services across the health service at the end of 2008.

Table 3.2: Breakdown by Staff Category of Current Human Resources in Mental Health Services in December 2008 Nationally by Staff Category (HSE Data)

Administrative Area and Staff Category	No. of WTEs - December 2008	%
Medical/ Dental	790	7.5
Nursing	5,804	55.4
Health & Social Care	645	6.2
Management /Admin	843	8.0
General Support	1,278	12.2
Other Patient & Client Care	1,116	10.7
Total	10,476	100

Source: A Vision for Change - Implementation Plan - 2009-2013, Table 1.6

The above figures indicate a significant variation between the data available from the HSE and the figures published by the Department of Health and Children. While the DoHC figures are the most recently published staffing data, the Department have qualified that the figures remain provisional. The variations in figures provided by the HSE and the DoHC are most evident in relation to the Medical/Dental and Nursing staff categories. This points to an issue concerning the availability of up to date and consistent data on human resource levels in mental health services.

It is instructive to compare the current overall level and composition of human resources in mental health services with the level of resources required to ensure effective provision and coverage as set out in *A Vision for Change*. The table below, which is based on figures set out in the HSE's Implementation Plan, compares the current (December 2008) staffing in mental health with the required breakdown implied by *A Vision for Change*.

Table 3.3: Comparison of Actual (2008) versus Required Mental Health Service Human Resources by Staff Category*

Stagg Category	Vision for Change - Baseline Requirements - WTEs **	Vision for Change - Adjusted Requirements - WTEs***	%	Comparison: Current Breakdown of Human Resources (Dec 2008)			
				DoHC data	%	HSE Data	%
Medical/ Dental ¹	774	837	7.3	574	7.3	790	8.6
Nursing ²	4,323	4,677	40.6	4,961	63.4	5,804	63.1
Health & Social Care ³	2,620	2,835	24.6	467	6.0	645	7.0
Management / Admin ⁴	1,028	1,112	9.6	699	8.9	843	9.2
Other Patient & Client Care ⁵	1,912	2,069	17.9	1,121	14.3	1,116	12.1
Total	10,657	11,530	100	7,822	100	9,198	100

Source: HSE, *A Vision for Change - Implementation Plan - 2009-2013*

* Figures in this table exclude General Support staff

** A set out in a Vision for Change (Table A17.2 - Staffing and Infrastructure Requirements, Pages 261-264)

*** Baseline requirements uplifted to reflect increased population numbers in Census of Population, 2006

¹ Includes Team Leader, Consultant and NCHD Posts

² Includes Team Co-ordinator, Senior Nurse and Psychiatric Nurses Posts

³ Includes Occupational Therapist, Clinical Psychologist, Social Worker, Cognitive Behavioral Therapists, Family Therapist, Addiction Counsellor and 'Other' Therapist Posts. Note: In some services some of these posts are filled by and classified as Nursing Posts e.g. Addiction Counsellors or Cognitive Behavioral Therapists

⁴ Includes Practice Manager and Team Secretaries

⁵ Includes Care Assistant and Attendant Posts

In undertaking the comparison it is important to note that the levels of mental health service staffing required to implement the recommended service delivery levels set out in *A Vision for Change* were formulated based on population data based on the 2002 Census of Population. It is therefore necessary to adjust the baseline requirements set out in the policy to reflect the change in the population of the State since the policy was published. *A Vision for Change* indicated an estimated overall staffing requirement totalling 10,657 WTEs across a range of specialist and other functions.⁶ Applying an uplift adjustment to this figure to reflect the increase in the State's population between the 2002 and 2006 implies an estimated overall staffing requirement to fulfil the human resource supports implied by the policy of 11,530 WTEs. Applying this adjustment and assuming a similar proportionate breakdown of resources by staff category yields the distribution of overall required resources as shown in Table 3.3 above. It should be noted that general support staff are omitted from the comparative analysis. This category accounts for 12.2% of staff according to the HSE figures or 13.5% based on the DoHC data. They are omitted from the analysis presented to facilitate comparison. However, while *A Vision for Change* includes recommendations on some categories of management and administrative staff, the policy does not explicitly identify a resource requirement in relation to general support and ancillary staff.

Overall, the analysis indicates that there was a total (excluding general support staff) of 7,822 WTEs engaged in mental health services as at December 2008 according to DoHC figures or a total of 9,198 WTEs based on HSE data. This compares with an adjusted required level of staffing of 11,530 WTEs as implied by *A Vision for Change* to serve the current population base, indicating a deficit compared to the required level based on the latest DoHC figures of between 2,332 WTEs and over 3,700 WTEs, depending on whether one bases the comparison on DOHC or HSE figures.

⁶ See *A Vision for Change* (Op. Cit.) - Table A17.2 - Staffing and Infrastructure Requirements, Pages 261-264.

If General Support staffing is included in the analysis this would result in a higher overall level of human resource allocation to mental health services. This, however, also raises an issue concerning the appropriate mix of staffing. The analysis presented above also compares the proportionate breakdown of mental health service staff by staff category. Excluding General Support staff and comparing the structure of resources on a like-for-like basis the available figures indicate significant variations between the actual and required mix of staff: this is most evident in relation to the surplus over required levels in nursing staff and the deficit relative to recommended levels in health & social care staff. In addition, the analysis also reveals a lower than optimal allocation of resources to the other patient & client care areas. Moreover, these variations remain evident regardless of whether the comparison is based on DoHC or HSE data for actual (December 2008) staff numbers.

3.3 Community Mental Health Teams

One of the key recommendations contained in *A Vision for Change* was that the delivery of mental health services should take place primarily at community level. Specifically, the policy recommended that “specialist expertise should be provided by Community Mental Health Teams (CMHTs) – expanded multidisciplinary teams of clinicians who work together to serve the needs of service users across the lifespan”. One of the principal objectives of this recommendation is to reduce the traditional dependency on acute and long-stay inpatient beds and community residences.

The table overleaf presents an overview of the position as at December 2008 in relation to the number of CMHTs and the number of staff engaged on these teams. CMHTs include teams specialising in General Adult, Child and Adolescent, Rehabilitation, Intellectual Disability and Older People Mental Health Services. In each case we compare the actual numbers of teams and staff with the required levels as indicated by *A Vision for Change*. We also relate the human resource allocation to CMHTs relative to overall mental health service resources.

Table 3.4: Current Human Resources within Community-based Mental Health Teams - 2008

Service Level Indicators	National - End-2008
No. of Teams Required*	276
No. of Consultant-led Teams initiated**	231
Minimum no. of WTEs required per team	78
Total no. of WTEs required	4,516
Total no. of WTEs in place	1,982
% of Total WTEs in Mental Health Services***	18.9
Average No. of WTEs per CMHT	9
Remaining WTEs to be filled	2,534
Remaining WTEs to be filled - % of Required	56.1

Source: HSE, A Vision for Change - Implementation Plan - 2009-2013; Mental Health Commission - Annual Report, 2008

Note: *Based on recommended CMHT structures and staffing as set out in A Vision for Change. Where recommended levels of a particular discipline are stated in the policy in the form of a range, the lower end of the range is applied to calculate a minimum requirement in each case.

** The overall number of teams initiated includes teams having only one filled consultant-level post.

*** Based on HSE data as at December 2008 set out in HSE, A Vision for Change - Implementation Plan - 2009-2013

The key findings that emerge from the analysis of overall progress in relation to the development of Community Mental Health Teams are as follows:

- Notwithstanding the fact that the human resource/staffing data are based on a particular date and are subject to fluctuation, the overall level of resources allocated to CMHTs remains very low in proportion to the overall level of human resource in the mental health services: CMHTs accounted for a reported total of 1,982 WTEs as at December 2008, equivalent to just 18.9% of overall mental health service staffing. This indicates a continued reliance in the service on traditional acute and long-stay inpatient beds and community residences sectors;
- There is a deficiency in the number of teams currently initiated relative to the recommended coverage implied by A Vision for Change. In total there are 231 CMHTs initiated (based on the latest available figures for December 2008), against a minimum recommended requirement - taking into account the increase in population since the policy was formulated - of 276 teams across the five mental health service areas. This represents an overall deficit of 45 teams;

- Moreover, a substantial proportion of existing teams that have been initiated are poorly resourced and do not include the required overall complement of staff. In particular, 56% of the minimum recommended number of WTEs across the CMHTs remain to be filled, while the average size of teams is 8.6 WTEs per team nationally compared with a minimum recommended number of WTEs per team ranging between 10 (Intellectual Disability teams) and 22 (in the case of Rehabilitation teams). In addition, as the analysis presented in the remainder of this section indicates, existing teams do not have the desired mix of filled senior and junior specialist posts. There are also particular deficiencies at the level of each mental health service area, which are examined later in this section.

The analysis presented so far in this section raises important issues surrounding both the overall level of human resources in mental health services and the configuration of these resources. This includes the evident oversupply of nursing staff and the deficit in resources in health and social care posts and in other patient and client care areas within the overall human resource base in mental health services. In addition, there remains an overreliance on the traditional acute and long-stay inpatient beds and community residences sectors, while Community Mental Health Teams are relative poorly resourced. This is unlikely to be consistent with achieving the best value for money.

In the remainder of this review we further investigate the pattern of human resource allocation, including the balance of resources between community based teams versus inpatient beds and community residences, the pattern of resources in each of the mental health service areas, and the geographical distribution of these resources.

3.4 Summary of Findings

In this section we reviewed progress on the development of the Mental Health Services at national level, focusing in particular on the developments that have taken place in terms of both infrastructure and human resources since the publication of *A Vision for Change* in 2006. The key findings from the review at national level undertaken in this report are as follows:

- ❑ According to Department of Health and Children figures, at end-2008 there were 9,039 Whole Time Equivalent persons (WTEs) engaged in supporting the delivery of mental health services programmes.
- ❑ In its latest Annual Output Statement for 2009 the Department has indicated a target for overall staff employed in the Mental Health Services of 9,074 WTEs in 2009. This, if achieved, would represent an increase of only 0.3% on the 2008 outturn.
- ❑ There is a significant variation between the figures published by the Department of Health and Children and the Health Service Executive in relation to human resource allocation to the Mental Health Services. In particular, according to the HSE figures, a total of 10,476 statutory Whole Time Equivalent (WTE) persons were employed in mental health related services across the health service at the end of 2008.
- ❑ While the DoHC figures are the most recently published staffing data, the Department have qualified that the figures remain provisional. The variations in figures provided by the HSE and the DoHC are most evident in relation to the Medical/Dental and Nursing staff categories. This points to an issue concerning the availability of up to date and consistent data on human resource levels in mental health services.
- ❑ The review also undertook a detailed analysis of the composition of human resource data at national level and a comparison of staffing with the levels recommended by *A Vision for Change*. The analysis indicates that is currently (based on December 2008 figures) a deficit in actual overall staffing resources across the Mental Health Services compared to the required levels of between 2,332 and 3,700 WTEs (depending on whether one bases the comparison on DOHC or HSE figures).

- Excluding General Support staff and comparing the structure of resources on a like-for-like basis the available figures indicate significant variations between the actual and required mix of staff: this is most evident in relation to the surplus over required levels in nursing staff and the deficit relative to recommended levels in health & social care staff. In addition, the analysis also reveals a lower than optimal allocation of resources to the other patient & client care areas. Moreover, these variations remain evident regardless of whether the comparison is based on DoHC or HSE data for actual (December 2008) staff numbers.
- The key findings that emerge from the analysis of overall progress in relation to the development of Community Mental Health Teams are as follows:
 - The overall level of resources allocated to CMHTs remains very low in proportion to the overall level of human resource in the mental health services: CMHTs accounted for a reported total of 1,982 WTEs as at December 2008, equivalent to just 18.9% of overall mental health service staffing. There remains a reliance on traditional acute and long-stay inpatient beds and community residence sectors;
 - There is a deficiency in the number of teams currently initiated relative to the recommended coverage implied by *A Vision for Change*. In total there are 231 CMHTs initiated (based on the latest available figures for December 2008), against a minimum recommended requirement - taking into account the increase in population since the policy was formulated - of 276 teams across the five mental health service areas. This represents an overall deficit of 45 teams;
 - A substantial proportion of existing teams that have been initiated are poorly resourced and do not include the required overall complement of staff. In particular, 56% of the minimum recommended number of WTEs across the CMHTs remain to be filled, while the average size of teams is 8.6 WTEs per team nationally compared with a minimum recommended number of WTEs per team ranging between 10 (Intellectual Disability teams) and 22 (in the case of Rehabilitation teams). In addition, existing teams do not have the desired mix of filled senior and junior specialist posts.

4 Review of Mental Health Services by Service Area

Having examined the overall level of human resources in mental health services at national level we now turn to consider the pattern of resources at the level of each of the mental health services areas. We begin by describing the latest figures on Child & Adolescent Mental Health Services.

4.1 Child & Adolescent Mental Health Services

A Vision for Change issued ten recommendations targeted at developing Child & Adolescent Mental Health Services. One of the key recommendations in the policy is that provision is made to develop and resource 2 Child & Adolescent Community Mental Health Teams per 100,000 or 1 per 50,000 of population. In addition, one of these teams in each catchment area of 300,000 is required to provide a liaison psychiatry service.

4.1.1 Child & Adolescent Community Mental Health Teams

The table below summarises the overall national picture in relation to the current level of human resources allocated to Child & Adolescent Mental Health Services Community Mental Health Teams.

Table 4.1: Mental Health Services in Ireland – Overview Comparison of Actual Versus Required Mental Health Service Staffing - Child & Adolescent Mental Health Services CMHTs

Service Level Indicators	Total National Position - Dec 2008
Current Population	4,236,219
No. of Teams Required	84
No. of Consultant-led Teams initiated	47
Minimum no. of WTEs required per team	13
Total no. of WTEs required	1,092
Total no. of WTEs in Place	407
Average No. of WTEs per team	8.7
<i>WTEs in Place - % of Required</i>	37.3
Remaining WTEs to be filled - No.	685

Source: Indecon analysis based on HSE, *Vision for Change Implementation Plan 2009-2013*

Based on the latest available data for December 2008, there are currently a total of 47 teams initiated which have at least one filled consultant-level post. This compares with a total of 39 Child & Adolescent teams initiated at the time *A Vision for Change* was published. However, the existing teams serve an average catchment area population of over 90,000 – substantially above recommended catchment area of 50,000 persons. Furthermore, the recommended minimum staff complement per team as implied by *A Vision for Change* is 13 WTEs. However, with a total of 407 WTEs reported to be in place, this implies an average team size of just 8.7 WTEs – one-third lower than the recommended level. Overall, some 685 or approximately two-thirds of the recommended minimum national complement of WTEs remain to be filled, meaning that Child & Adolescent services is currently one of the most under-resourced areas within the Mental Health Services.

The table overleaf examines the national position in relation to staffing of Child & Adolescent CMHTs in more detail by reference to the level of resources by specialist staff function within these teams.

The main points indicated by the above analysis are as follows:

- ❑ Based on the figures available for December 2008, the analysis reveals that at a national level deficits exist in actual staffing relative to recommended levels across all the key functions within the Child & Adolescent CMHTs;
- ❑ In terms of staff numbers, the staffing deficits in Child & Adolescent CMHTs are most visible in relation to nursing staff, psychologists, social workers, social care professionals, and occupational therapists. However, teams are also noticeably under-resourced in terms of consultant-level posts and in relation to speech & language therapists and administrative staff.

Table 4.2: Child and Adolescent Mental Health Service CMHTs - Comparison of Actual versus Required Human Resources by Function - National Breakdown

Staffing Function	National - Actual WTEs in 2008	Required per 50,000 Population	Required for Actual Population	Variation - Actual less Required (=Remaining to be Filled) - No.	Variation - Actual less Required - %
Total Population			4,236,219		
Consultant psychiatrist	49.5	1	84.7	-35.2	-41.6
NCHD	70.8	1	84.7	-13.9	-16.4
Nursing	64.29	2	169.4	-105.2	-62.1
Psychology	56.69	2	169.4	-112.8	-66.5
Social work	56.4	2	169.4	-113.0	-66.7
Social (child) care	16.19	1	84.7	-68.5	-80.9
Occupational therapy	19.6	1	84.7	-65.1	-76.9
Other Staff incl. Speech & Language Therapist and Admin-Staff*	73.5	3	254.2	-180.7	-71.1
Total WTEs	407	13	1,101**	-694.4	-63.1

Source: Indecon analysis based on Mental Health Commission Annual Report 2008 and *A Vision for Change* (2006) (Annex 17)

* As data for these staff categories is not reported at regional level in the Mental Health Commission's Annual report (2008), the actual total number of WTEs for these categories is calculated based on the balance between total reported WTEs as published by the Mental Health Commission and total reported WTEs as indicated by the HSE in *A Vision for Change Implementation Plan - 2009-2013* (Page 46)

** The figures shown in relation to the number of team positions that remain to be filled relative to the required or recommended levels may differ from the figures indicated in Table 4.1 due to rounding.

In addition to the above highlighted features of current Child & Adolescent Mental Health Services, we also note that, according to the HSE, there are currently only 3 dedicated but partially complete Child & Adolescent liaison teams initiated and these teams are currently based in each of the Dublin Pediatric Hospitals. We understand that these teams are currently operating at around 36% of their recommended levels of capacity in terms the staffing recommended in *A Vision for Change*.⁷

⁷ HSE, *Vision for Change Implementation Plan 2009-2013*, Op. Cit. Page 47.

4.2 General Adult Mental Health Services

As noted in *A Vision for Change* and in the subsequent Implementation Plan, the general adult population (aged 18-65) presents the greatest challenge for the Mental Health Service. This reflects the range and prevalence of mental health issues that are present among this group.

A Vision for Change issued a total of 15 recommendations pertaining to General Adult Mental Health Services. Of these recommendations, seven pertained to the recommended model of service delivery. In particular, it was recommended that General Adult services be provided in local catchments of approximately 50,000 persons and that these areas are coordinated through General Adult Community-based Mental Health Teams (CMHTs). A particular team structure was recommended comprising specific recommended numbers of dedicated, specialist staff per 50,000 persons. It was also recommended that each team should operate from a designated Community Mental Health Centre and should have access to in-patient beds and other infrastructure (discussed further below).

An overview of the current overall national position in relation to resourcing of General Adult Mental Health community-based teams is summarised in the table below.

Table 4.3: Mental Health Services in Ireland – Overview Comparison of Actual Versus Required Mental Health Service Staffing - General Adult Mental Health Services CMHTs

Service Level Indicators	Total National Position - Dec 2008
Current Population	4,236,219
No. of Teams Required	84
No. of Consultant-led Teams initiated	129
Minimum no. of WTEs required per team	21
Total no. of WTEs required	1,770
Total no. of WTEs in Place	1,188
Average No. of WTEs per team	9.2
<i>WTEs in Place - % of Required</i>	67.1
Remaining WTEs to be filled - No.	582

Source: Indecon analysis based on HSE, Vision for Change Implementation Plan 2009-2013

There are currently 129 General Adult CMHTs initiated (i.e. teams which have at least one filled consultant-level post) employing a total of 1,188 WTEs. However, while the number of teams exceeds the recommended number based on the current population (i.e. 84 teams), this reflects the fact that the majority of teams have only one consultant level psychiatrist (instead of the required 2 consultants per team) and do not possess either the overall required number of staff or the staff/skills mix required. In terms of overall staffing, General Adult CMHTs currently initiated employ a total of 1,188 WTEs, which equates to just over two-thirds (67.1%) of the required number of WTEs (approx, 1,770). In addition, the average size of teams currently initiated is 9.2 WTEs/team, which is substantially below the recommended minimum staff complement per team of 21.

The distribution of teams is also not aligned effectively with population and other demand patterns regionally and locally and these are important deficiencies that are examined further later in this section. We understand that as part of the programme of activities underpinning the HSE's Vision for Change Implementation Plan, the multi-disciplinary staffing requirements for General Adult CMHTs are currently being benchmarked against the recommended structure set out in *A Vision for Change*.

4.3 Mental Health Services for Adults with Intellectual Disability

The position nationally in relation to Mental Health Services for Adults with Intellectual Disability is summarised in the table overleaf. Based on the census data published by the Mental Health Commission referring to end-2008, the analysis indicates the following:

- ❑ The overall number of CMHTs initiated for Mental Health Services for Adults with Intellectual Disability currently stands at 12. This equates to less than half of the number required (28 teams) to meet the recommended ratio of 2 teams per 300,000 persons in the population;
- ❑ There are currently only 23 WTEs in place across these teams compared to the 424 WTEs required nationally based on the recommended numbers in *A Vision for Change*. The average number of staff per team, at just 1.9 WTEs, is noticeably below the recommended 15 staff per team. A total of over 400 WTEs remain to be filled to bring resources to the best practice levels recommended in the policy.

Table 4.4: Comparison of Actual and Required Mental Health Service Staffing - Status of Development of Catchment-based Teams for Provision of Mental Health Services for People with Intellectual Disability - National Position

National	Recommended Staffing Mix based on 1 Team per 150,000 of Population*	Recommended Staffing Mix Relative to Actual Population	Actual 2008	Variation - 2008 - Actual less Required
Population	150,000	4,236,219		
No. of Teams	1	28	12	-16
Staffing on Teams				
- Consultant psychiatrist	1	28	13	-15.5
- NCHD	1	28	8	-20.2
- Psychology	2	56	1	-55.3
- Occupational therapy	1	28	1	-27.2
- Social work	2	56	0	-56.5
- Team Coordinator	1	28	0	-28.2
- Practice Manager	1	28	0	-28.2
- Senior Nurse	2	56	0	-56.5
- Other Therapists	1	28	0	-28.2
- Care Assistant	1	28	0	-28.2
- Team Secretary	2	56	0	-56.5
Total Staffing	15	424	23	-400.7

Source: Indecon analysis based on Mental Health Commission Annual Report/Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

* Based on recommended levels of resourcing set out in A Vision for Change

We understand that, in general, the Adults with Intellectual Disability CMHTs currently initiated largely comprise only consultant and NCHD posts associated with in-patient facilities, voluntary providers and/or stand-alone community-based consultant provided services.

4.4 Mental Health Services for Older People

Mental Health Services for Older People covers primary or secondary mental health disorders among persons aged 65 years. The three main areas that fall within the remit of Mental Health Services for Older People are functional disorders (including depression), organic brain disorders (including dementia) and other disorders such as anxiety, substance abuse and disorders such as psychosis. It is expected that as the population aged 65+ increases in line with general ageing patterns the demand for Mental Health Services for Older People will also increase.

A Vision for Change issued a total of 14 recommendations in relation to Mental Health Services for Older People. The policy recommended the development and resourcing of 1 community-based mental health team per 100,000 of population, implying a total of 42 teams based on the 2006 Census of Population.⁸ It also recommended that each team should comprise a minimum of 12 staff across a range of specific disciplines.

The table below summarises the current position in relation the number of community-based teams supporting the provision of Mental Health Services for Older People.

Table 4.5: Mental Health Services in Ireland – Overview Comparison of Actual Versus Required Mental Health Service Staffing - Mental Health Services for Older People CMHTs

Service Level Indicators	Total National Position - Dec 2008
Current Population	4,236,219
No. of Teams Required	42
No. of Consultant-led Teams initiated	23
Minimum no. of WTEs required per team	12
Total no. of WTEs required	508
Total no. of WTEs in Place	208
Average No. of WTEs per team	9.0
WTEs in Place - % of Required	40.9
Remaining WTEs to be filled - No.	300

Source: Indecon analysis based on HSE, Vision for Change Implementation Plan 2009-2013

⁸ Some professionals in this area have recommended a ratio of 1 team per 10,000 persons aged 65+. This would imply a total requirement for some 46 teams based on the 2006 Census of Population.

The latest available figures for December 2008 indicate that there are currently 23 consultant-led teams initiated providing mental health services to older persons, compared with the minimum of 42 teams required to effectively meet the current population. At the recommended minimum team complement of 12 staff, this implies an overall resource requirement for Mental Health Services for Older People CMHTs of some 508 WTEs. However, there are currently 208 WTEs on the 23 teams now initiated, implying an average team size of 9 WTEs and a shortfall of almost 60% in actual staffing compared to recommended levels of cover in this area. The regional pattern of provision of Mental Health Services for Older People is examined later in this section.

4.5 Rehabilitation Services

Rehabilitation services are primarily geared towards the facilitation of recovery among persons who have experienced mental health problems. *A Vision for Change* identified four main groups of persons that are likely to require rehabilitation and recovery services, namely: (a) long-stay patients who have been continuously in mental hospitals for prolonged periods of 1 year or more; (b) discharged long-stay service users, (c) new long-stay service users, and (d) new service users with severe and complex mental health problems.

A total of nine recommendations targeting rehabilitation and recovery were set out in *A Vision for Change*. These, *inter alia*, include that three multi-disciplinary teams per catchment area of 300,000 (1 per 100,000) population be developed and resourced, with a minimum of 39 teams nationally (based on the 2002 Census of Population).

The table compares the actual (December 2008) position in relation to Rehabilitation and recovery mental health services team with the required number of teams and staff resources implied by *A Vision for Change*. There are currently 20 rehabilitation & recovery teams initiated nationally employing a total of 156 WTEs – almost 750 WTEs short of the overall required resourcing consistent with the policy. At an average of just 7.8 WTEs per team, existing teams are generally substantially under-staffed. Nevertheless, the current position compares with only five specialist rehabilitation and recovery teams initiated when the policy was published indicating that while this is still quite some way short of the required 41 teams, progress has been relatively more significant in this area.

Table 4.6: Mental Health Services in Ireland – Overview Comparison of Actual Versus Required Mental Health Service Staffing - Rehabilitation Services Teams

Service Level Indicators	Total National Position - Dec 2008
Current Population	4,236,219
No. of Teams Required	41
No. of Consultant-led Teams initiated	20
Minimum no. of WTEs required per team	22
Total no. of WTEs required	902
Total no. of WTEs in Place	156
Average No. of WTEs per team	7.8
WTEs in Place - % of Required	17.3
Remaining WTEs to be filled - No.	746

Source: Indecon analysis based on HSE, Vision for Change Implementation Plan 2009-2013

4.6 Specialist Services

In addition to the five mental health service areas described above, A Vision for Change also specified a range of specialist services. These include:

- Forensic Mental Health Services
- Homeless Mental Health Services
- Substance Misuse Mental Health Services
- Eating Disorder Mental Health Services
- Liaison Psychiatry
- Perinatal Psychiatry
- Personality Disorder

A *Vision for Change* issued a number of recommendations pertaining to specialist services, including in relation to best practice levels of resource allocation relative to population levels. The table overleaf describes the recommended/required levels of resourcing in these services and also compares the current level of team development in these areas with the recommended levels.

Table 4.7: Mental Health Services - Special Category Services - Comparison of Actual and Required Levels of Service

Adult Specialist Services	Team : Population Ratio	Total Number of Teams Required	Minimum number of WTEs required per team	Minimum Overall No. of WTEs Required - National	Total Number of Teams Initiated (end-2008)	Variation - Actual less Required No. of Teams
Eating Disorder	1 : 1,000,000	4	25	100	1	-3
Early Intervention	1 : 2,000,000	2	26	52	1	-1
Liaison	1 : 300,000	13	15	195	12	-1
Neuropsychiatry	1 : 2,000,000	2	25	50	0	-2
Perinatal Psychiatry	1 Team Nationally	1	3	3	0	-1
Substance Misuse	1 : 300,000	13	17	221	0	-13
Intensive Care Rehabilitation	1 : 1,000,000	4	16	64	0	-4
Forensic	1 : 1,000,000	4	25	100	1	-3
Forensic ID	1 Team Nationally	1	25	25	0	-1
Total		44	-	810	15	-29

Source: Indecon analysis based on A Vision for Change - Implementation Plan - 2009-2013 and Mental Health Commission, Annual Report 2008

According to figures published by the Mental Health Commission, there were 15 specialist services teams initiated as at end-2008. However, this compares with a required level of team-based resourcing of 44 teams nationally based on the recommended ratios set out in A Vision for Change, implying a deficit of 29 teams. At the level of individual specialist service, the gaps in team development are most evident in the case of substance misuse, eating disorder, intensive care rehabilitation and forensic services.

4.7 Summary of Findings

In this section we examined the pattern of resources at the level of each of the mental health services areas. We began by describing the latest figures on Child & Adolescent Mental Health Services. The key findings highlighted by the analysis of resource allocation by mental health service area are as follows:

- ❑ Based on the figures available for December 2008, at a national level deficits exist in actual staffing relative to recommended levels across all the key functions within the Child & Adolescent CMHTs;
- ❑ In terms of staff numbers, the staffing deficits in Child & Adolescent CMHTs are most visible in relation to nursing staff, psychologists, social workers, social care professionals, and occupational therapists. However, teams are also noticeably under-resourced in terms of consultant-level posts and in relation to speech & language therapists and administrative staff;
- ❑ In addition, it is noted that there are currently only 3 dedicated but partially complete Child & Adolescent liaison teams initiated and these teams are currently based in each of the Dublin Pediatric Hospitals. These teams are currently operating at around 36% of their recommended levels of capacity in terms the staffing recommended in *A Vision for Change*.
- ❑ There are currently 129 General Adult CMHTs initiated (i.e. teams which have at least one filled consultant-level post) employing a total of 1,188 WTEs. However, while the number of teams exceeds the recommended number based on the current population (i.e. 84 teams), this reflects the fact that the majority of teams have only one consultant level psychiatrist (instead of the required 2 consultants per team) and do not possess either the overall required number of staff or the staff/skills mix required. In terms of overall staffing, General Adult CMHTs currently initiated employ a total of 1,188 WTEs, which equates to just over two-thirds (67.1%) of the required number of WTEs (approx, 1,770). In addition, the average size of teams currently initiated is 9.2 WTEs/team, which is substantially below the recommended minimum staff complement per team of 21 WTEs.

- The overall number of CMHTs initiated for Mental Health Services for Adults with Intellectual Disability currently stands at 12. This equates to less than half of the number required (28 teams) to meet the recommended ratio of 2 teams per 300,000 persons in the population. There are currently only 23 WTEs in place across these teams compared to the 424 WTEs required nationally based on the recommended numbers in *A Vision for Change*. The average number of staff per team, at just 1.9 WTEs, is noticeably below the recommended 15 staff per team. A total of over 400 WTEs remain to be filled to bring resources to the best practice levels recommended in the policy
- The latest available figures for December 2008 indicate that there are currently 23 consultant-led teams initiated providing Mental Health Services for Older People, compared with the minimum of 42 teams required to effectively meet the current population. At the recommended minimum team complement of 12 staff, this implies an overall resource requirement for Mental Health Services for Older People CMHTs of some 508 WTEs. However, there are currently 208 WTEs on the 23 teams now in place, implying an average team size of 9 WTEs and a shortfall of almost 60% in actual staffing compared to recommended levels of cover in this area.
- There are currently 20 rehabilitation teams initiated nationally employing a total of 156 WTEs – almost 750 WTEs short of the overall required resourcing consistent with the policy. At an average of just 7.8 WTEs per team, existing teams are generally substantially under-staffed. Nevertheless, the current position compares with only five specialist rehabilitation and recovery teams initiated when the policy was published indicating that while this is still quite some way short of the required 41 teams progress has been relatively more significant in this area.
- According to figures published by the Mental Health Commission, there were 15 specialist mental health services teams initiated as at end-2008. However, this compares with a required level of team-based resourcing of 44 teams nationally based on the recommended ratios set out in *A Vision for Change*, implying a deficit of 29 teams. At the level of individual specialist service, the gaps in team development are most evident in the case of substance misuse, eating disorder, intensive care rehabilitation and forensic services.

5 Review of Mental Health Services at Regional and Local Level

Having reviewed the developments at national level, this section considers the regional and local configuration of Mental Health Services. The overall regional distribution of human resources in Mental Health Services and the regional distribution of staffing on Community Mental Health Teams are first considered. This is followed by a detailed analysis of resources at regional level across the five Mental Health Services areas.

5.1 Overall Regional Distribution of Human Resources

5.1.1 Overall mental health service staffing

The table below describes the current regional distribution of human resources in Mental Health Services according to HSE data pertaining to December 2008. According to the HSE figures the number of staff ranges between 1,979 WTEs (or 18.9% of the national total) in the Dublin North East region and 3,210 WTEs (30.6%) in the West region, while 2,873 WTEs (27.4%) are based in the HSE South region and 2,414 WTEs (23% of the national total) operate in the HSE Dublin Mid Leinster region.

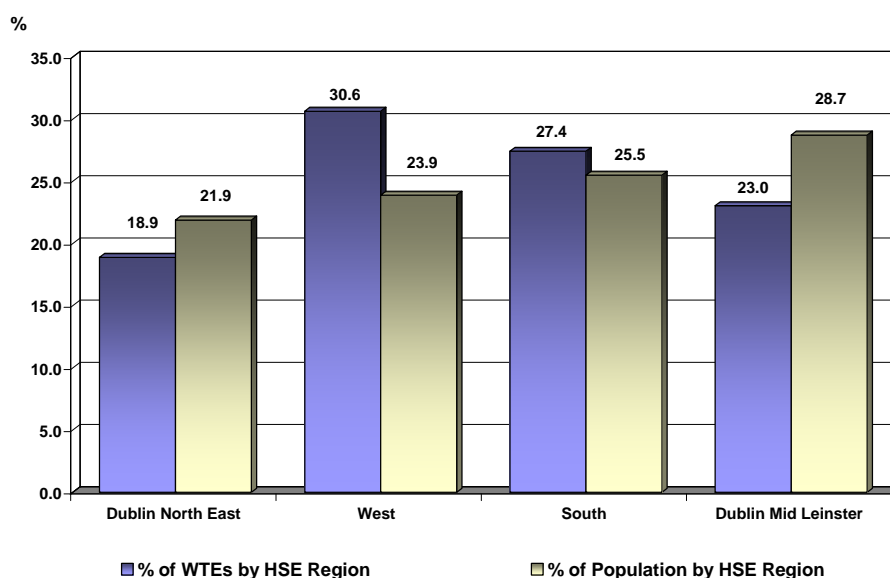
Table 5.1: Current Overall Level of Human Resources within the Mental Health Services – 2008 (HSE Data for December 2008)

Mental Health Services	Dublin North East	West	South	Dublin Mid Leinster
Total Number of WTEs within the Mental Health Services	1,979	3,210	2,873	2,414

Source: *A Vision for Change - Implementation Plan - 2009-2013*

While it is important to form an up to date position on the numbers of staff operating in the Mental Health Services in each region, of greater interest concerns the extent to which the distribution of resources in the system is aligned with the demand for services. As the demand for services will be closely related to the level of population, it is instructive to relative the distribution of WTEs with the level of population in each region. The figure overleaf undertakes this comparison based on data presented by the HSE on staffing and regional/administrative area population.

Figure 5-1: Comparison of Regional Distribution of Mental Health Service Staffing with Regional Distribution of Population



Source: Indecon analysis based on *A Vision for Change - Implementation Plan - 2009-2013*

The analysis indicates the presence of a mismatch between the current (December 2008) distribution of human resources in the Mental Health Service between the health service regions and the population of these regions. While it is acknowledged that the human resource data is based at a specific time and is subject to fluctuation, nevertheless the analysis highlights an important issue in relation to the configuration of resources in the Mental Health Services. Furthermore, this analysis masks the underlying position at regional level in terms of the pattern of resource allocation both within each region (i.e. at local level) and between each of the Mental Health Services area and we examine these issues in detail in the remainder of this section.

The table below presents further detail in relation to the regional distribution of Mental Health Services resources by examining the pattern of human resources by staff category/discipline. The analysis indicates that there is a significant variation across the regions in terms of the proportionate breakdown of staffing in Mental Health Services and this is most evident in relation to the medical, nursing, health & social care and other patient care categories. The proportion of medical/dental staff varies between 5.4% of total staff in the HSE West region and a high of 10.9% in the Dublin Mid Leinster region. In Health & Social Care, the proportion varies between 4.2% (in the case of the South region) and up to 9.9% in Dublin Mid Leinster. Staff numbers supporting other patient and client care services vary between 5.5% of total WTEs in HSE South and 14% in HSE West.

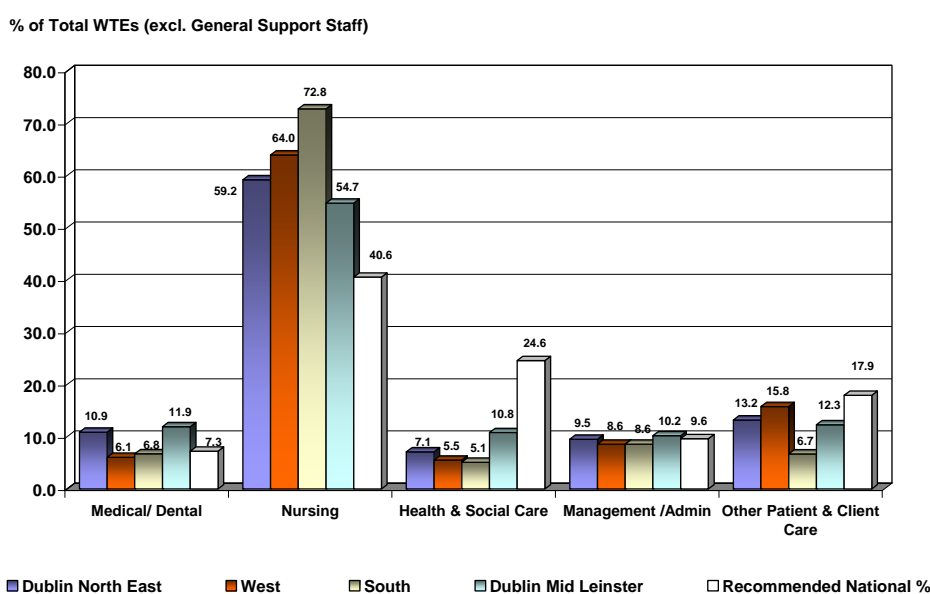
Table 5.2: Breakdown by Staff Category of Current Human Resources in Mental Health Services by HSE Administrative Region (Data for December 2008)

HSE Region/ Staff Category	Dublin North East	%	West	%	South	%	Dublin Mid Leinster	%	Ref. – National % (HSE)
Medical/ Dental	194	9.8	173	5.4	159	5.5	264	10.9	7.5
Nursing	1,056	53.4	1,823	56.8	1,714	59.7	1,211	50.2	55.4
Health & Social Care	127	6.4	158	4.9	121	4.2	239	9.9	6.2
Management /Admin	170	8.6	245	7.6	202	7.0	226	9.4	8.0
General Support	196	9.9	361	11.2	519	18.1	202	8.4	12.2
Other Patient & Client Care	236	11.9	450	14.0	158	5.5	272	11.3	10.7
Total	1,979	100	3,210	100	2,873	100	2,414	100	100

Source: Indecon analysis based on *A Vision for Change - Implementation Plan - 2009-2013, Table 1.6*

An alternative perspective on human resource distribution within the Mental Health Services at regional level can be had by comparing the proportionate distribution of staff by discipline in each region with the recommended staff mix set out in *A Vision for Change*. The figure below compares the proportion of actual and recommended WTEs by discipline and HSE Region on this basis. In interpreting the figure, it should be noted that the recommended staffing mix at national level as set out in *A Vision for Change* does not include an explicit category of general support staff. This category is therefore omitted from the analysis presented below and the actual proportions of the remaining staff categories are re-scaled to facilitate comparison.

Figure 5-2: Comparison of Actual with Recommended Mental Health Service Staffing Mix by HSE Region



Source: Indecon analysis based on *A Vision for Change (2006)* and *A Vision for Change - Implementation Plan - 2009-2013*, Table 1.6. Data for actual staff pertain to December 2008.

The analysis highlights the following issues:

- The level of staffing resources devoted to mental health *nursing* functions exceeds across all four of the HSE regions the recommended national proportions as set out in *A Vision for Change*. It must be noted, however, that this refers to all nursing staff, including staff employed in acute and long-stay inpatient facilities and community residences sectors, in addition to nursing staff employed on Community-based Mental Health Teams. There are specific deficiencies in relation to the provision of nursing staff on community-based teams which are examined further later in this section;
- *Medical/dental staff* are over-represented in two out of the four regions relative to the advised levels set out in the policy; and
- Across all the regions the proportions of staffing resources in both the *health & social care* and *other patient & client care* functions fall below the recommended levels.

Overall, the analysis above indicates a need to reconfigure the existing disciplinary mix of human resources within the Mental Health Services at regional level to align the distribution of staffing more closely with the recommended structure as set out in *A Vision for Change*. Moreover, the over-representation of staff in some areas - particularly in the nursing categories - would suggest that there should be significant scope to reconfigure staffing allocations within existing resources. Reconfiguration will be necessary if the levels of service delivery indicated in the policy are to be achieved.

5.1.2 Community Mental Health Teams

As noted in Section 3, one of the key recommendations contained in *A Vision for Change* was that the delivery of mental health services should take place primarily at community level and that this should be facilitated through multidisciplinary Community Mental Health Teams (CMHTs).

The table overleaf describes the regional pattern of development of CMHTs across all mental health service areas based on the latest available data available from the HSE.

Table 5.3: Current Overall Human Resources within Community-based Mental Health Teams by HSE Region - 2008 - All Service Areas

Service Level Indicators and HSE Region	Dublin North East	West	South	Dublin Mid Leinster
Total Number of Required CMHTs*	60	66	71	80
Total Number of CMHTs initiated**	50	67	60	54
Variation - Actual less Required No. of teams	-10	1	-11	-26
Total Min. Number of WTEs Required for CMHTs	978	1080	1164	1304
Total Number of WTEs currently in Place	442	500	473	567
% of Total Required WTEs	45%	46%	41%	43%
% of Total WTEs in Mental Health Services***	22%	16%	16%	23%
Average No. of WTEs per CMHT	8.8	7.5	7.9	10.5
Remaining WTEs to be filled	536	580	691	737
% of Total Required WTEs	55%	54%	59%	57%

Source: HSE, A Vision for Change - Implementation Plan - 2009-2013; ; Mental Health Commission - Annual Report, 2008

Note: *Based on recommended CMHT structures and staffing as set out in *A Vision for Change*. Where recommended levels of a particular discipline are stated in the policy in the form of a range, the lower end of the range is applied to calculate a minimum requirement in each case.

** The number of teams initiated in each region includes teams having only one filled consultant-level post.

*** Based on HSE data as at December 2008 set out in *HSE, A Vision for Change - Implementation Plan - 2009-2013*

The analysis highlights the following particular features of the development of community-based teams at regional level:

- ❑ The actual number of community-based teams initiated remains below the required number of teams implied by *A Vision for Change* and the most recent Census of Population in three out of the four HSE regions. The deficit is particularly evident in Dublin Mid Leinster where the number of teams in place, at 54, compares with a total of 80 required teams;
- ❑ The actual number of staff in place across community teams within all four of the HSE regions is less than half the overall required minimum recommended number of WTEs;
- ❑ The overall number of teams initiated masks an underlying issue in relation to the partial staffing of the majority of these teams, with the average number of WTEs per team ranging between only 7.5 WTEs and 10.5 WTEs across the four regions. Between 54% and 59% of required positions remain to be filled across the regions;

- At regional level CMHTs currently account for between 16% and 23% of the overall level of human resources in the Mental Health Services. However, while significant progress has been made, there remains an overreliance on the traditional acute and long-stay inpatient beds and community residences sectors, while Community Mental Health Teams remain relatively poorly resourced.

5.2 Regional Distribution of Resources by Mental Health Service Area

The effective delivery of Mental Health Services is dependent not only on the overall regional pattern of resource allocation but also on the distribution of resources across each of the service areas and channels. These include General Adult, Child & Adolescent and Rehabilitation & Recovery services and services for Older People and People with an Intellectual Disability. In this section we review in detail the current position in relation to the development of community-based teams at regional level serving each of these service areas.

5.2.1 General Adult Mental Health Services

The table below describes the current position in relation to the development of general adult community-based mental health teams in the Dublin Mid Leinster region.

Table 5.4: Mental Health Services in Ireland - Comparison of Actual Versus Required Mental Health Service Staffing - General Adult Mental Health Services by Region - HSE Dublin Mid Leinster - 2008

Service Level Indicators	Dublin Mid Leinster - as at December 2008
Current Population of Region	1,216,849
No. of Teams Required by Service Area	24
No. of Consultant-led Teams initiated	27
Minimum no. of WTEs required per team	21
Total no. of WTEs required	504
Total no. of WTEs in Place	338
Average No. of WTEs per team	12.5
WTEs in Place - % of Required	67.1
Remaining WTEs to be filled - No.	166

Source: Indecon analysis based on HSE, Vision for Change Implementation Plan 2009-2013

Based on the data published by the HSE and pertaining to December 2008, there are currently 27 general adult CMHTs initiated in Dublin Mid Leinster. This exceeds the required number of teams based on *A Vision for Change*. However, the fact that the average team size (at 12.5 WTEs per team) is substantially below the recommended minimum staffing complement while the overall number of staff in the region equates to around two-thirds of the required level would both indicate that the majority of general adult teams currently initiated in Dublin Mid Leinster are only partially staffed and are therefore under-resourced.

A more detailed analysis of general adult CMHTs in Dublin Mid Leinster is presented in the table below.

Table 5.5: General Adult Community Mental Health Teams (CMHTs) - Comparison of Actual versus Required Staffing - HSE Dublin Mid-Leinster Region

Team Structure/Staff Category	Required Staffing per Team per 50,000 Population	Required Team/ Staffing for Region's Population	2008 - Actual Total	2008 - Variation - Actual less Required	2008 - % Variation - Actual less Required
No. of Local Teams ¹	1	24	27	3	-
Team co-ordinator	1	24	2.0	-22.0	-92%
Team Leader/Consultant	1	24	7.0	-17.0	-71%
Practice Manager	1	24	0.0	-24.0	-100%
Consultant	1	24	37.5	13.5	56%
NCHD	1	24	71.0	47.0	196%
Senior Nurse	2	48	6.6	-41.4	-86%
Psychiatric Nurse	6	144	140.3	-3.7	-3%
Occupational Therapist	2.5	60	21.0	-39.0	-65%
Clinical Psychologist	2	48	29.1	-18.9	-39%
Social Worker	2	48	29.6	-18.4	-38%
Care Assistant	2.5	60	0.0	-60.0	-100%
Team Secretary	2	48	0.0	-48.0	-100%
Attendant	-	-	-	-	-
Cog Behaviour therapy	1.5	36	0.0	-36.0	-100%
Family Therapist	1	24	0.0	-24.0	-100%
Addiction Councillor	1	24	4.5	-19.5	-81%

Source: *Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)*

Notes: ¹ The actual number of local teams initiated at end-2008 refers to the number of teams reporting at least one consultant appointed

It is notable that general adult teams have attained the required staff complements in only two out of the sixteen different staff categories recommended in *A Vision for Change*. In addition, existing teams are largely comprised of consultant staff supported by NCHD-level staff and these categories of staff are over-represented on teams relative to required levels of cover, suggesting that there is scope for reconfiguration of staffing within existing resources. In a number of categories, including care assistants, cognitive behaviour therapists and family therapists, in addition to management positions such as team coordinators, practice managers and team secretaries, no staffing resources are currently in place in the Dublin Mid Leinster region.

A summary of the current position in relation to the resourcing of General Adult Community Mental Health Teams in the HSE West region is provided in the table below. Overall according to the HSE data there are currently 37 consultant-led general adult teams initiated in the region. However, while this exceeds the overall required number of teams (20), the average number of staff per team, at 8.4 WTEs, remains substantially below the recommended minimum while the overall number of staff in place is approximately 25% short of the required level. These features indicate that the majority of general adult community-based mental health teams remain under-resourced in the West region.

Table 5.6: Mental Health Services in Ireland - Comparison of Actual Versus Required Mental Health Service Staffing - General Adult Mental Health Services by Region - HSE West - 2008

Service Level Indicators	HSE West - as at December 2008
Current Population of Region	1,011,900
No. of Teams Required by Service Area	20
No. of Consultant-led Teams initiated	37
Minimum no. of WTEs required per team	21
Total no. of WTEs required	420
Total no. of WTEs in Place	311
Average No. of WTEs per team	8.4
WTEs in Place - % of Required	74.0
Remaining WTEs to be filled - No.	109

Source: Indecon analysis based on HSE, Vision for Change Implementation Plan 2009-2013

A more detailed analysis of team-based staffing by staff category in the HSE West region is shown in the table below. According to the Mental Health Commission data community-based teams, general adult teams in the West region are currently adequately resourced in only four out of the sixteen different staff categories recommended in *A Vision for Change*. Moreover, as in the case of Dublin Mid Leinster, a number of categories remain un-staffed. Staffing is focused on the consultant, NCHD, psychiatric nurse and addiction counsellor functions and the figures indicate that these functions are currently over-resourced suggesting that there is also scope to rebalance staffing and reconfigure services within existing resources in the region.

Table 5.7: General Adult Community Mental Health Teams (CMHTs) - Comparison of Actual versus Required Staffing - HSE West Region

Team Structure/Staff Category	Required Staffing per Team per 50,000 Population	Required Team/ Staffing for Region's Population	2008 - Actual Total	2008 - Variation - Actual less Required	2008 - % Variation - Actual less Required
No. of Local Teams ¹	1	20	32	12	-
Team co-ordinator	1	20	7.0	-13.0	-65%
Team Leader/Consultant	1	20	0.0	-20.0	-100%
Practice Manager	1	20	0.0	-20.0	-100%
Consultant	1	20	34.0	14.0	70%
NCHD	1	20	54.0	34.0	170%
Senior Nurse	2	40	13.5	-26.5	-66%
Psychiatric Nurse	6	120	170.9	50.9	42%
Occupational Therapist	2.5	50	17.9	-32.1	-64%
Clinical Psychologist	2	40	22.0	-18.0	-45%
Social Worker	2	40	25.2	-14.8	-37%
Care Assistant	2.5	50	0.0	-50.0	-100%
Team Secretary	2	40	0.0	-40.0	-100%
Attendant	-	-	-	-	-
Cog Behaviour therapy	1.5	30	0.0	-30.0	-100%
Family Therapist	1	20	0.0	-20.0	-100%
Addiction Counsellor	1	20	23.2	3.2	16%

Source: *Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)*

Notes: ¹ The actual number of local teams initiated at end-2008 refers to the number of teams reporting at least one consultant appointed

The table below compares the actual staffing of general adult teams in the HSE South region with the recommended staffing levels implied by *A Vision for Change*. In the South region there are currently 35 consultant-led general adult teams initiated, which compares with 22 required teams given the population of the region. As in the case of the Dublin Mid Leinster and West regions, however, general adult teams are also generally under-staffed relative to required levels in the South region.

Table 5.8: Mental Health Services in Ireland - Comparison of Actual Versus Required Mental Health Service Staffing - General Adult Mental Health Services by Region - HSE South - 2008

Service Level Indicators	HSE South - as at December 2008
Current Population of Region	1,080,060
No. of Teams Required by Service Area	22
No. of Consultant-led Teams initiated	35
Minimum no. of WTEs required per team	21
Total no. of WTEs required	468
Total no. of WTEs in Place	308
Average No. of WTEs per team	8.8
WTEs in Place - % of Required	65.8
Remaining WTEs to be filled - No.	160

Source: Indecon analysis based on HSE, Vision for Change Implementation Plan 2009-2013

A more detailed breakdown of general adult mental health team staffing in the HSE South region is presented in the table overleaf. Again, the pattern of staffing mirrors that evident in the Dublin Mid Leinster and West regions, with only three out of sixteen of the required staff categories currently adequately resourced, while 3 categories remain un-staffed. Evident surplus staffing present in the Consultant, NCHD and Psychiatric Nurse categories also suggests that there is scope for reconfiguration of general adult team-based mental health services in the South region.

Table 5.9: General Adult Community Mental Health Teams (CMHTs) - Comparison of Actual versus Required Staffing - HSE South Region

Team Structure/Staff Category	Required Staffing per Team per 50,000 Population	Required Team/ Staffing for Region's Population	2008 - Actual Total	2008 - Variation - Actual less Required	2008 - % Variation - Actual less Required
No. of Local Teams ¹	1	22	33	11	-
Team co-ordinator	1	22	1.0	-21.0	-95%
Team Leader/Consultant	1	22	0.0	-22.0	-100%
Practice Manager	1	22	0.0	-22.0	-100%
Consultant	1	22	38.7	16.7	76%
NCHD	1	22	59.5	37.5	170%
Senior Nurse	2	44	12.6	-31.4	-71%
Psychiatric Nurse	6	132	180.1	48.1	36%
Occupational Therapist	2.5	55	14.6	-40.4	-73%
Clinical Psychologist	2	44	23.9	-20.1	-46%
Social Worker	2	44	24.8	-19.3	-44%
Care Assistant	2.5	55	2.0	-53.0	-96%
Team Secretary	2	44	0.0	-44.0	-100%
Attendant	-	-	0.0	-	-
Cog Behaviour therapy	1.5	33	2.0	-31.0	-94%
Family Therapist	1	22	2.0	-20.0	-91%
Addiction Councillor	1	22	9.5	-12.5	-57%

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Notes: ¹ The actual number of local teams initiated at end-2008 refers to the number of teams reporting at least one consultant appointed

The position in relation to staffing of general adult mental health teams in the Dublin North East region is summarised in the table overleaf. In this region there are currently 30 general adult teams initiated, compared with the required total of 18 teams. A total of 231 whole time equivalent staff are employed, implying an average staff complement per team in operation of 7.7 WTEs – substantially below the recommended minimum of 21 staff per team.

Table 5.10: Mental Health Services in Ireland - Comparison of Actual Versus Required Mental Health Service Staffing - General Adult Mental Health Services by Region - HSE Dublin North East - 2008

Service Level Indicators	HSE Dublin North East - as at December 2008
Current Population of Region	927,410
No. of Teams Required by Service Area	18
No. of Consultant-led Teams initiated	30
Minimum no. of WTEs required per team	21
Total no. of WTEs required	378
Total no. of WTEs in Place	231
Average No. of WTEs per team	7.7
WTEs in Place - % of Required	61.1
Remaining WTEs to be filled - No.	147

Source: Indecon analysis based on HSE, Vision for Change Implementation Plan 2009-2013

The detailed breakdown of staffing on general adult CMHTs in the Dublin North East region shown in the table overleaf extends the pattern evident in the preceding tables/regions. In particular, only three out of the sixteen recommended staff categories currently meet the required levels of cover, while there are substantial surpluses of consultant and NCHD posts.

Table 5.11: General Adult Community Mental Health Teams (CMHTs) - Comparison of Actual versus Required Staffing - HSE Dublin North East Region

Team Structure/Staff Category	Required Staffing per Team per 50,000 Population	Required Team/ Staffing for Region's Population	2008 - Actual Total	2008 - Variation - Actual less Required	2008 - % Variation - Actual less Required
No. of Local Teams ¹	1	18	23		
Team co-ordinator	1	18	1.0	-17.0	-94%
Team Leader/Consultant	1	18	0.0	-18.0	-100%
Practice Manager	1	18	0.0	-18.0	-100%
Consultant	1	18	35.0	17.0	94%
NCHD	1	18	71.0	53.0	294%
Senior Nurse	2	36	10.2	-25.8	-72%
Psychiatric Nurse	6	108	109.6	1.6	1%
Occupational Therapist	2.5	45	8.0	-37.0	-82%
Clinical Psychologist	2	36	15.6	-20.4	-57%
Social Worker	2	36	18.4	-17.6	-49%
Care Assistant	2.5	45	0.0	-45.0	-100%
Team Secretary	2	36	0.0	-36.0	-100%
Attendant	-	-	-	-	-
Cog Behaviour therapy	1.5	27	1.4	-25.6	-95%
Family Therapist	1	18	2.0	-16.0	-89%
Addiction Councillor	1	18	3.9	-14.1	-78%

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in *A Vision for Change* (2006)

Notes: ¹ The actual number of local teams initiated at end-2008 refers to the number of teams reporting at least one consultant appointed

Overall, the analysis presented above in relation to the current level of resources within General Adult Community-based Mental Health Teams at regional level highlight the following issues:

- While significant progress has been made in recent years, General Adult Community Mental Health Teams remain under-staffed and under-resourced relative to the levels recommended by *A Vision for Change* across all four of the HSE's regions;

- General Adult Community Mental Health Teams are currently operating at between 61.1% and 74% of their required levels of capacity in terms of overall staff numbers;
- Existing staff on General Adult Community Mental Health Teams are focused on the Consultant, NCHD and Psychiatric Nurse categories, with substantial surplus staff numbers evident in these functions across the health regions. This pattern indicates that there is likely to be significant scope within existing resources to reconfigure the mix of staff on general adult teams in each region to bring these teams more closely in line with best practice service delivery approaches as recommended in *A Vision for Change*.

5.2.2 Child & Adolescent Mental Health Services

We now turn to examine the regional pattern of human resource allocation to Community-based Mental Health Teams providing Child & Adolescent Mental Health Services.

The table below compares the current structure and staffing of Child & Adolescent community-based teams in the Dublin Mid Leinster region with the required levels of team provision implied by *A Vision for Change*.

Table 5.12: Mental Health Services in Ireland - Comparison of Actual Versus Required Mental Health Service Staffing - Child & Adolescent Mental Health Services by Region - HSE Dublin Mid Leinster - 2008

Service Level Indicators	Dublin Mid Leinster - as at December 2008
Current Population	1,216,849
No. of Teams Required by Service Area	24
No. of Consultant-led Teams initiated	15
Minimum no. of WTEs required per team	13
Total no. of WTEs required	312
Total no. of WTEs in Place	149
Average No. of WTEs per team	9.9
WTEs in Place - % of Required	47.8
Remaining WTEs to be filled - No.	163

Source: Indecon analysis based on HSE, Vision for Change Implementation Plan 2009-2013

Child & Adolescent teams in the Dublin Mid Leinster region are noticeably under-developed compared to both the required/recommended levels for these teams and the development of general adult teams. In particular, the HSE figures indicate that, as at December 2008, the number of teams initiated in the region (15) quite some way short of the required number of teams implied by the policy and the latest census of population (24 teams), while the number of staff in place on these teams, at 149 WTEs, is less than half the required level.

A more detailed analysis of Child & Adolescent teams in the Dublin Mid Leinster region is presented in the table below. The analysis indicates that existing teams are deficient in terms of attainment of the staffing mix recommended in *A Vision for Change*, with all required staff categories other than NCHD-level staff being under-resourced relative to required levels.

Table 5.13: Child and Adolescent Mental Health Service CMHTs - Comparison of Actual versus Required Human Resources by Function - HSE Dublin Mid-Leinster Region

Catchment Area/Region and Staffing Function	HSE Dublin Mid Leinster - Actual WTEs in 2008	Min. Required per 50,000 of Population	Required for Actual Population	Variation - Actual less Required - No.	Variation - Actual less Required - %
Total Population	1,216,849				
Consultant psychiatrist	19.4	1	24.3	-5.0	-20.5
NCHD	28	1	24.3	3.7	15.1
Nursing	34.4	2	48.7	-14.3	-29.3
Psychology	25	2	48.7	-23.7	-48.7
Social work	20.8	2	48.7	-27.9	-57.3
Social (child) care	10.7	1	24.3	-13.6	-56.1
Occupational therapy	10.8	1	24.3	-13.5	-55.6
Other Staff incl. Speech & Language Therapist and Admin-Staff*	0	3	73.0	-73.0	-100.0
Total WTEs	149.0	13	316.4	-167.4	-52.9

Source: Indecon analysis based on Mental Health Commission Annual Report 2008 and *A Vision for Change* (2006) (Annex 17)

* Data for these staff categories is not reported at regional level in the Mental Health Commission's Annual report (2008)

The position in relation to the development of Child & Adolescent community-based teams in the HSE South region is summarised below. As in the case of the Dublin Mid Leinster region, child & adolescent services in the South region are also noticeably under-resourced. The number of teams initiated currently stands at half the required number, while those teams that are in operation are in general only partially staffed and the overall number of staff employed on these teams, at 81 WTEs, equates to only 28.3% of the overall required number of staff.

Table 5.14: Mental Health Services in Ireland - Comparison of Actual Versus Required Mental Health Service Staffing - Child & Adolescent Mental Health Services by Region - HSE South - 2008

Service Level Indicators	HSE South - as at December 2008
Current Population	1,080,060
No. of Teams Required by Service Area	22
No. of Consultant-led Teams initiated	11
Minimum no. of WTEs required per team	13
Total no. of WTEs required	286
Total no. of WTEs in Place	81
Average No. of WTEs per team	7.4
WTEs in Place - % of Required	28.3
Remaining WTEs to be filled - No.	205

Source: Indecon analysis based on HSE, Vision for Change Implementation Plan 2009-2013

The delivery of team-based child & adolescent services in the South region also suffers from under-provision of staff across all the key categories recommended in A Vision for Change. This is evidenced by the analysis presented in the table overleaf, which indicates that current staff resources fall noticeably below the required levels across all categories relative to the region's population. As in the case of the other regions, the deficiencies are greatest outside the consultant and NCHD functions.

Table 5.15: Child and Adolescent Mental Health Service CMHTs - Comparison of Actual versus Required Human Resources by Function - HSE South Region

Catchment Area/Region and Staffing Function	HSE South - Actual WTEs in 2008	Required per 50,000 of Population	Required for Actual Population	Variation - Actual less Required - No.	Variation - Actual less Required - %
Total Population	1,080,060				
Consultant psychiatrist	11.25	1	21.6	-10.4	-47.9
NCHD	14.2	1	21.6	-7.4	-34.3
Nursing	8.2	2	43.2	-35.0	-81.0
Psychology	13.4	2	43.2	-29.8	-69.0
Social work	13.6	2	43.2	-29.6	-68.5
Social (child) care	0	1	21.6	-21.6	-100.0
Occupational therapy	2.5	1	21.6	-19.1	-88.4
Other Staff incl. Speech & Language Therapist and Admin-Staff*	17.8	3	64.8	-47.0	-72.5
Total WTEs	81.0	13	280.8	-199.9	-71.2

Source: Indecon analysis based on Mental Health Commission Annual Report 2008 and *A Vision for Change* (2006) (Annex 17)

* As data for these staff categories is not reported at regional level in the Mental Health Commission's Annual report (2008), the actual total number of WTEs for these categories is calculated based on the balance between total reported WTEs as published by the Mental Health Commission and total reported WTEs as indicated by the HSE in *A Vision for Change Implementation Plan - 2009-2013* (Page 46)

The pattern of staffing is similar in relation to Child & Adolescent community-based teams in the HSE West region, where 11 teams are currently initiated relative to the required 20 teams. Existing teams in the region are currently employing only one-third of the overall staffing level required to service the population in the region (see table overleaf).

Table 5.16: Mental Health Services in Ireland - Comparison of Actual Versus Required Mental Health Service Staffing - Child & Adolescent Mental Health Services by Region - HSE West - 2008

Service Level Indicators	HSE West - as at December 2008
Current Population	1,011,900
No. of Teams Required by Service Area	20
No. of Consultant-led Teams initiated	11
Minimum no. of WTEs required per team	13
Total no. of WTEs required	260
Total no. of WTEs in Place	87
Average No. of WTEs per team	7.9
WTEs in Place - % of Required	33.5
Remaining WTEs to be filled - No.	173

Source: Indecon analysis based on HSE, Vision for Change Implementation Plan 2009-2013

A more detailed breakdown of staffing on Child & Adolescent community-based teams in the West region is presented in the table overleaf. It is notable that all categories of staffing are under-resourced, with deficiencies been most acute in relation to areas such as nursing, psychology, social work and child care, occupational therapy and speech and language therapy functions.

Table 5.17: Child and Adolescent Mental Health Service CMHTs - Comparison of Actual versus Required Human Resources by Function - HSE West Region

Catchment Area/Region and Staffing Function	HSE West - Actual WTEs in 2008	Required per 50,000 of Population	Required for Actual Population	Variation - Actual less Required - No.	Variation - Actual less Required - %
Total Population	1,011,900				
Consultant psychiatrist	10.9	1	20.2	-9.3	-46.1
NCHD	16.2	1	20.2	-4.0	-20.0
Nursing	16.1	2	40.5	-24.4	-60.2
Psychology	4.9	2	40.5	-35.6	-87.9
Social work	10.8	2	40.5	-29.7	-73.3
Social (child) care	5.5	1	20.2	-14.7	-72.8
Occupational therapy	3.8	1	20.2	-16.4	-81.2
Other Staff incl. Speech & Language Therapist and Admin-Staff*	18.8	3	60.7	-41.9	-69.0
Total WTEs	87	13	263.1	-176.1	-66.9

Source: Indecon analysis based on Mental Health Commission Annual Report 2008 and *A Vision for Change* (2006) (Annex 17)

* As data for these staff categories is not reported at regional level in the Mental Health Commission's Annual report (2008), the actual total number of WTEs for these categories is calculated based on the balance between total reported WTEs as published by the Mental Health Commission and total reported WTEs as indicated by the HSE in *A Vision for Change Implementation Plan - 2009-2013* (Page 46)

Finally, the position in relation to the development of Child & Adolescent community-based teams in the Dublin North East region is summarised in the table overleaf. There are currently 10 consultant-led Child & Adolescent community-based teams in place in Dublin North East, which remains noticeably below the 18 teams required to service the population in the region. Existing teams also remain under-staffed, with an average of 9 WTEs per team relative to the required minimum of 13 staff per team. At current overall levels of staffing, Child & Adolescent community-based teams in the region are operating at 38.5% of their required capacity.

Table 5.18: Mental Health Services in Ireland - Comparison of Actual Versus Required Mental Health Service Staffing - Child & Adolescent Mental Health Services by Region - HSE Dublin North East - 2008

Service Level Indicators	HSE Dublin North East - as at December 2008
Current Population	927,410
No. of Teams Required by Service Area	18
No. of Consultant-led Teams initiated	10
Minimum no. of WTEs required per team	13
Total no. of WTEs required	234
Total no. of WTEs in Place	90
Average No. of WTEs per team	9
WTEs in Place - % of Required	38.5
Remaining WTEs to be filled - No.	144

Source: Indecon analysis based on HSE, Vision for Change Implementation Plan 2009-2013

The more detailed breakdown of staffing of Child & Adolescent community-based teams in the Dublin North East region presented overleaf highlights a similar set of challenges to that seen in relation to the other regions. As in the case of the other regions, staffing levels remain deficient across all categories relative to that required levels.

Table 5.19: Child and Adolescent Mental Health Service CMHTs - Comparison of Actual versus Required Human Resources by Function - HSE Dublin North East Region

Catchment Area/Region and Staffing Function	HSE Dublin North East - Actual WTEs in 2008	Required per 50,000 of Population	Required for Actual Population	Variation - Actual less Required - No.	Variation - Actual less Required - %
Total Population	927,410				
Consultant psychiatrist	8	1	18.5	-10.5	-56.9
NCHD	12.4	1	18.5	-6.1	-33.1
Nursing	5.6	2	37.1	-31.5	-84.9
Psychology	13.4	2	37.1	-23.7	-63.9
Social work	11.2	2	37.1	-25.9	-69.8
Social (child) care	0	1	18.5	-18.5	-100.0
Occupational therapy	2.5	1	18.5	-16.0	-86.5
Other Staff incl. Speech & Language Therapist and Admin-Staff*	36.9	3	55.6	-18.7	-33.7
Total WTEs	90.0	13	241.1	-151.1	-62.7

Source: Indecon analysis based on Mental Health Commission Annual Report 2008 and *A Vision for Change* (2006) (Annex 17)

* As data for these staff categories is not reported at regional level in the Mental Health Commission's Annual report (2008), the actual total number of WTEs for these categories is calculated based on the balance between total reported WTEs as published by the Mental Health Commission and total reported WTEs as indicated by the HSE in *A Vision for Change Implementation Plan - 2009-2013* (Page 46)

5.2.3 Current HSE performance targets for Child & Adolescent teams

In its National Service Plan for 2009 the HSE set out a number of performance activity measures. These included targets for 2008 and expected activity levels for 2009 in respect of the development of Child & Adolescent community-based mental health teams. It is instructive to consider the outturn relative to target levels, which are set out in the table overleaf.

Table 5.20: Mental Health Service - Performance Activity Measures - Child & Adolescent Community-based Mental Health Teams

	HSE Region	No. of Child and Adolescent Mental Health Teams (as outlined in <i>A Vision for Change</i>)
Target 2008	South	13
	West	13
	Dublin Mid Leinster	17
	Dublin North East	12
	Total	55
Projected Outturn 2008*	South	11
	West	11
	Dublin Mid Leinster	15
	Dublin North East	10
	Total	47
Expected Activity 2009	South	13
	West	13
	Dublin Mid Leinster	17
	Dublin North East	12
	Total	55

Source: HSE, National Service Plan 2009

The figures from the HSE's National Service Plan provide further evidence of the challenges involved in attaining the required level of community-team based service delivery, particularly in the Child & Adolescent mental health services areas. The outturn for the number of community-based teams in 2008, at 47, remained significantly below the target for that year of 55. Perhaps reflecting this, the HSE has retained this target for 2009. However, a key issue will be whether the agreed level of funding allocated to mental health services for 2009 will permit the attainment of this target.

5.2.4 Mental Health Services for Adults with Intellectual Disability

A Vision for Change recommended that two Community Mental Health Teams be developed for every 300,000 persons. The policy also recommended that each team be comprised of a minimum of 10 whole time equivalent staff across a range of disciplines.

In this section we present an analysis of the development of community-based MSHID teams based on figures published by the Mental Health Commission. In its annual report for 2008, the Commission noted that:

“The provision of intellectual disability mental health services is not structured along HSE area lines and services often cross recognised catchment boundaries. Nevertheless, provision of services falls roughly along these lines. Not all catchment areas had Mental Health Intellectual Disability (MHID) teams. Four had no dedicated teams; in other instances, the service was provided solely by the voluntary sector”.⁹

As noted previously in Section 4, CMHTs currently initiated largely comprise only consultant and NCHD posts associated with in-patient facilities, voluntary providers and/or stand-alone community-based consultant provided services.

Dublin Mid Leinster region

The table overleaf summaries the current resourcing of Community Mental Health Teams providing Mental Health Services for Adults with an Intellectual Disability (MHSID) in the Dublin Mid Leinster region.

The Mental Health Commission data indicates that MHSID services are under-resourced in the Dublin Mid Leinster region: there were 4 teams initiated in the region by the end of 2008 relative to a required 8 teams given the regions population and the recommendations of *A Vision for Change*.

⁹ Mental Health Commission, Annual Report, 2008, Page 89.

Table 5.21: Comparison of Actual and Required Mental Health Service Staffing - Status of Development of Catchment-based Teams for Provision of Mental Health Services for People with Intellectual Disability - HSE Dublin Mid Leinster

HSE Dublin Mid Leinster	Recommended Staffing Mix based on 2 Teams per 300,000 of Population*	Recommended Staffing Mix Relative to Actual Population	Actual 2008	Variation - 2008 - Actual less Required
Population	150,000	1,216,849		
No. of Teams	1	8	4	-4
Staffing on Teams				
- Consultant psychiatrist	1	8.1	3	-5.1
- NCHD	1	8.1	2	-6.1
- Psychology	2	16.2	1	-15.2
- Occupational therapy	1	8.1	1	-7.1
- Social work	2	16.2	0	-16.2
- Team Coordinator	1	8.1	0	-8.1
- Practice Manager	1	8.1	0	-8.1
- Senior Nurse	2	16.2	0	-16.2
- Other Therapists	1	8.1	0	-8.1
- Care Assistant	1	8.1	0	-8.1
- Team Secretary	2	16.2	0	-16.2
Total Staffing	15	122	7	-114.7

Source: Indecon analysis based on Mental Health Commission Annual Report/Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

* Based on recommended levels of resourcing set out in A Vision for Change

Moreover, the teams that have been initiated in the Dublin Mid Leinster region are substantially under-staffed, with the overall number of WTEs in place, at just 7, comparing with a required level of staffing of 122. It is notable in particular that according to the figures published by the Mental Health Commission, the region had no staff in place at the end of 2008 covering the categories of Social work, Team Coordinator, Practice Manager, Senior Nurse, Other Therapists, Care Assistant, and Team Secretary which are recommended for teams in A Vision for Change. There were also significant deficits evident in the Dublin Mid Leinster region in relation to the staffing complements that were in place for MSHID teams in the consultant, NCHD, Psychologist and Occupational Therapist functions.

South region

The position in relation to the development and staffing of MSHID teams in the South region is described in the table below. According to the figures published by the Mental Health Commission based on its census of human resources conducted in 2008, there were 3 catchment-based MSHID teams initiated in the South region at the end of 2008. This is below the required 7 teams based on the population of the region and the recommended ratios as set out in *A Vision for Change*. Moreover, the catchment-based teams that have been established remain substantially under-resourced, with a total of only 10 WTEs in place. These are focused on consultant and NCHD staff, with no staffing in place to cover the other specialist and support functions recommended by the policy.

Table 5.22: Comparison of Actual and Required Mental Health Service Staffing - Status of Development of Catchment-based Teams for Provision of Mental Health Services for People with Intellectual Disability - HSE South

HSE South	Recommended Staffing Mix based on 2 Teams per 300,000 of Population*	Recommended Staffing Mix Relative to Actual Population	Actual 2008	Variation - 2008 - Actual less Required
Population	150,000	1,080,060		
No. of Teams	1	7	3	-4
Staffing on Teams				
- Consultant psychiatrist	1	7.2	6.7	-0.5
- NCHD	1	7.2	3.5	-3.7
- Psychology	2	14.4	0	-14.4
- Occupational therapy	1	7.2	0	-7.2
- Social work	2	14.4	0	-14.4
- Team Coordinator	1	7.2	0	-7.2
- Practice Manager	1	7.2	0	-7.2
- Senior Nurse	2	14.4	0	-14.4
- Other Therapists	1	7.2	0	-7.2
- Care Assistant	1	7.2	0	-7.2
- Team Secretary	2	14.4	0	-14.4
Total Staffing	15	108	10.2	-97.8

Source: Indecon analysis based on Mental Health Commission Annual Report/Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in *A Vision for Change* (2006)

* Based on recommended levels of resourcing set out in *A Vision for Change*

West region

As in the case of the Dublin Mid Leinster and South regions, the number of community-based MSHID teams in the West region remains below the level recommended by *A Vision for Change*, with only 3 MSHID teams initiated at the end of 2008, according to the Mental Health Commission's census, compared with a requirement for 7 teams (see table below). There were only 1.7 WTE staff in place, compared with a requirement for over 100 WTEs across the range of recommended functions.

Table 5.23: Comparison of Actual and Required Mental Health Service Staffing - Status of Development of Catchment-based Teams for Provision of Mental Health Services for People with Intellectual Disability - HSE West

HSE West	Recommended Staffing Mix based on 2 Teams per 300,000 of Population*	Recommended Staffing Mix Relative to Actual Population	Actual 2008	Variation - 2008 - Actual less Required
Population	150,000	1,011,900		
No. of Teams	1	7	3	-4
Staffing on Teams				
- Consultant psychiatrist	1	6.7	1	-5.7
- NCHD	1	6.7	0.5	-6.2
- Psychology	2	13.5	0.2	-13.3
- Occupational therapy	1	6.7	0	-6.7
- Social work	2	13.5	0	-13.5
- Team Coordinator	1	6.7	0	-6.7
- Practice Manager	1	6.7	0	-6.7
- Senior Nurse	2	13.5	0	-13.5
- Other Therapists	1	6.7	0	-6.7
- Care Assistant	1	6.7	0	-6.7
- Team Secretary	2	13.5	0	-13.5
Total Staffing	15	101	1.7	-99.5

Source: Indecon analysis based on Mental Health Commission Annual Report/Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in *A Vision for Change* (2006)

* Based on recommended levels of resourcing set out in *A Vision for Change*

Dublin North East region

The table overleaf indicates the current position in relation to resourcing of MSHID teams in the Dublin North East region. There is also a substantial gap in provision for intellectual disability services in this region, with only 2 teams in place compared with a required six teams based on the region's population and the recommended ratio set out in *A Vision for Change*. Furthermore, there are only 4 WTEs in place – two consultants and 2 NCHDs.

Table 5.24: Comparison of Actual and Required Mental Health Service Staffing - Status of Development of Catchment-based Teams for Provision of Mental Health Services for People with Intellectual Disability - HSE Dublin North East

HSE Dublin North East	Recommended Staffing Mix based on 2 Teams per 300,000 of Population*	Recommended Staffing Mix Relative to Actual Population	Actual 2008	Variation - 2008 - Actual less Required
Population	150,000	927,410		
No. of Teams	1	6	2	-4
Staffing on Teams				
- Consultant psychiatrist	1	6.2	2	-4.2
- NCHD	1	6.2	2	-4.2
- Psychology	2	12.4	0	-12.4
- Occupational therapy	1	6.2	0	-6.2
- Social work	2	12.4	0	-12.4
- Team Coordinator	1	6.2	0	-6.2
- Practice Manager	1	6.2	0	-6.2
- Senior Nurse	2	12.4	0	-12.4
- Other Therapists	1	6.2	0	-6.2
- Care Assistant	1	6.2	0	-6.2
- Team Secretary	2	12.4	0	-12.4
Total Staffing	15	93	4	-88.7

Source: Indecon analysis based on Mental Health Commission Annual Report/Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in *A Vision for Change* (2006)

* Based on recommended levels of resourcing set out in *A Vision for Change*

5.2.5 Mental Health Services for Older People

We turn next to look at the extent of progress in relation to the development of mental health services for older people within each of the health regions. *A Vision for Change* recommended that one Community-based Mental Health Team should be developed for every 100,000 of population and that each team should have an overall resource level of a minimum of 12 staff

Dublin Mid Leinster region

The current position in relation to the development of CMHTs for older people in the Dublin Mid Leinster region is summarised in the table overleaf. At the end of 2008 there were 5 consultant-led teams initiated in the region, employing a total of 56 whole time equivalent staff. This compared with a requirement relative to the region's population for 12 teams employing a total of 144 staff, implying that existing teams for older people are currently operating at approximately 39% of required capacity. Existing teams do, however, appear to have reasonable staffing complements with these teams employing an average of over 11 WTEs per team, compared with the recommended minimum of 12 WTEs per team.

Table 5.25: Mental Health Services in Ireland - Comparison of Actual Versus Required Mental Health Service Staffing - Mental Health Services for Older People - HSE Dublin Mid Leinster Region

Service Level Indicators	HSE Dublin Mid Leinster Region - as at December 2008
Current Population of Region	1,216,849
No. of Teams Required by Service Area	12
No. of Consultant-led Teams initiated	5
Minimum no. of WTEs required per team	12
Total no. of WTEs required	144
Total no. of WTEs in Place	56
Average No. of WTEs per team	11.2
WTEs in Place - % of Required	38.9
Remaining WTEs to be filled - No.	88

Source: Indecon analysis based on HSE, Vision for Change Implementation Plan 2009-2013

South region

Mental Health Services for Older People are also operating below recommended levels in the South region according to the available data from the HSE pertaining to December 2008 (see table overleaf). The figures indicate that there are 5 community-based teams initiated providing services to older people in the South region. These teams employ a total of 38 whole time equivalent staff, implying an average team size of 7.6%. These teams are currently, however, operating at only 32% of recommended levels of staffing as implied by A Vision for Change and the region's current population.

Table 5.26: Mental Health Services in Ireland - Comparison of Actual Versus Required Mental Health Service Staffing - Mental Health Services for Older People - HSE South Region

Service Level Indicators	HSE South Region - as at December 2008
Current Population of Region	1,080,060
No. of Teams Required by Service Area	10
No. of Consultant-led Teams initiated	5
Minimum no. of WTEs required per team	12
Total no. of WTEs required	120
Total no. of WTEs in Place	38
Average No. of WTEs per team	7.6
WTEs in Place - % of Required	31.7
Remaining WTEs to be filled - No.	82

Source: Indecon analysis based on HSE, Vision for Change Implementation Plan 2009-2013

West region

In the West region, there are eight community-based teams currently initiated providing mental health services to older people, against a required total of 10 teams. These teams employ a total of 50 WTEs compared to the required complement of 120 WTEs (see table below).

Table 5.27: Mental Health Services in Ireland - Comparison of Actual Versus Required Mental Health Service Staffing - Mental Health Services for Older People - HSE West Region

Service Level Indicators	HSE West Region - as at December 2008
Current Population of Region	1,011,900
No. of Teams Required by Service Area	10
No. of Consultant-led Teams initiated	8
Minimum no. of WTEs required per team	12
Total no. of WTEs required	120
Total no. of WTEs in Place	50
Average No. of WTEs per team	6.3
WTEs in Place - % of Required	41.7
Remaining WTEs to be filled - No.	70

Source: Indecon analysis based on HSE, Vision for Change Implementation Plan 2009-2013

Dublin North East region

Finally, in the Dublin North East region there are currently 5 community-based mental health teams initiated providing supports for older people (see table below). These teams employ a total of 64 whole time equivalent staff. While the number of teams initiated in Dublin North East remains below the required level given the region's population, existing teams do meet the minimum absolute staffing requirement of 12 WTEs per team.

Table 5.28: Mental Health Services in Ireland - Comparison of Actual Versus Required Mental Health Service Staffing - Mental Health Services for Older People - HSE Dublin North East Region

Service Level Indicators	HSE Dublin North East - as at December 2008
Current Population of Region	927,410
No. of Teams Required by Service Area	9
No. of Consultant-led Teams initiated	5
Minimum no. of WTEs required per team	12
Total no. of WTEs required	108
Total no. of WTEs in Place	64
Average No. of WTEs per team	12.8
WTEs in Place - % of Required	59.3
Remaining WTEs to be filled - No.	44

Source: Indecon analysis based on HSE, Vision for Change Implementation Plan 2009-2013

5.2.6 Rehabilitation Services

Finally, in the remaining part of this analysis we examine the position in relation to the development and resourcing of Community Mental Health Teams providing Rehabilitation & Recovery services.

A *Vision for Change* recommended that three multi-disciplinary teams be provided per catchment area of 300,000 of population (or one team per 100,000 persons). The policy recommended that each team be comprised of a minimum of 22 staff. It was anticipated by the HSE in its *Vision for Change Implementation Plan* that the staff required to support these teams would come available as old psychiatric hospitals continue to close.

Dublin Mid Leinster region

In the Dublin Mid Leinster region there are currently 3 consultant-led community-based teams initiated providing Rehabilitation & Recovery services to mental health patients. Existing teams employ a total of just 17 whole time equivalent staff however, or an average of just 5.7 WTEs per team – substantially below the recommended minimum complement of 22 staff per team. Relative to the overall requirement for 264 WTEs on Rehabilitation & Recovery teams in the region (given the level of population), existing teams are operating at only 6.4% of best practice resource levels.

Table 5.29: Mental Health Services in Ireland - Comparison of Actual Versus Required Mental Health Service Staffing - Rehabilitation Services - HSE Dublin Mid Leinster Region

Service Level Indicators	HSE Dublin Mid Leinster Region - as at December 2008
Current Population of Region	1,216,849
No. of Teams Required by Service Area	12
No. of Consultant-led Teams initiated	3
Minimum no. of WTEs required per team	22
Total no. of WTEs required	264
Total no. of WTEs in Place	17
Average No. of WTEs per team	5.7
WTEs in Place - % of Required	6.4
Remaining WTEs to be filled - No.	247

Source: Indecon analysis based on HSE, Vision for Change Implementation Plan 2009-2013

South region

A summary of the position in the South region is provided in the table overleaf. Rehabilitation & Recovery services in the region are supported by 6 consultant-led teams employing a total of 36 whole time equivalent staff. As in the case of Dublin Mid Leinster, however, these teams are in general substantially under-staffed relative to recommended best practice levels.

Table 5.30: Mental Health Services in Ireland - Comparison of Actual Versus Required Mental Health Service Staffing - Rehabilitation Services - HSE South Region

Service Level Indicators	HSE South Region - as at December 2008
Current Population of Region	1,080,060
No. of Teams Required by Service Area	10
No. of Consultant-led Teams initiated	6
Minimum no. of WTEs required per team	22
Total no. of WTEs required	220
Total no. of WTEs in Place	36
Average No. of WTEs per team	6
WTEs in Place - % of Required	16.4
Remaining WTEs to be filled - No.	184

Source: Indecon analysis based on HSE, Vision for Change Implementation Plan 2009-2013

West region

In the West region there are currently 8 consultant-led community-based teams providing Rehabilitation & Recovery services, compared to a requirement for 10 teams. Existing teams employ 50 WTEs, are generally only partially staffed and are operating at just 22.7% of recommended capacity levels.

Table 5.31: Mental Health Services in Ireland - Comparison of Actual Versus Required Mental Health Service Staffing - Rehabilitation Services - HSE West Region

Service Level Indicators	HSE West Region - as at December 2008
Current Population of Region	1,011,900
No. of Teams Required by Service Area	10
No. of Consultant-led Teams initiated	8
Minimum no. of WTEs required per team	22
Total no. of WTEs required	220
Total no. of WTEs in Place	50
Average No. of WTEs per team	6.25
WTEs in Place - % of Required	22.7
Remaining WTEs to be filled - No.	170

Source: Indecon analysis based on HSE, Vision for Change Implementation Plan 2009-2013

Dublin North East region

Finally, the position in relation to the development and resourcing of Community Mental Health Teams providing Rehabilitation & Recovery services in Dublin North East is summarised in the table below. In this region, there are currently only 3 consultant-led teams initiated, employing a total of 53 WTEs. This compares with a requirement for 9 teams and 198 whole time equivalent staff to serve the needs of the population in the region.

Table 5.32: Mental Health Services in Ireland - Comparison of Actual Versus Required Mental Health Service Staffing - Rehabilitation Services - HSE Dublin North East Region

Service Level Indicators	HSE Dublin North East Region - as at December 2008
Current Population of Region	927,410
No. of Teams Required by Service Area	9
No. of Consultant-led Teams initiated	3
Minimum no. of WTEs required per team	22
Total no. of WTEs required	198
Total no. of WTEs in Place	53
WTEs in Place - % of Required	26.8
Remaining WTEs to be filled - No.	145

Source: Indecon analysis based on HSE, Vision for Change Implementation Plan 2009-2013

5.2.7 Staffing composition

It should be noted in relation to the above analysis of community-based mental health teams providing services to older people, to adults with an intellectual disability and for rehabilitation & recovery services that the available data does not permit an analysis of the composition of staffing by function. It is therefore not possible to assess whether existing teams comprise the recommended mix of staff.

5.3 Catchment Area-level analysis

5.3.1 Recommendations of *A Vision for Change*

Mental Health Services in Ireland are provided on a population basis across catchment areas. *A Vision for Change* recommended that the traditional catchment areas for mental health services change with the establishment of new Mental Health Catchment Areas in the country. The HSE's Transformation Programme resulted in the re-drawing of sector boundaries to create 13 expanded catchment areas nationally, with 3 catchments in the HSE Dublin North East, Dublin Mid Leinster and West regions, and 4 catchment areas within the HSE South region. These catchment areas are designed with the objective of providing critical mass and economies of scale in the provision of specialist services to populations of between 250,000 and 400,000. The policy also modelled and identified a detailed set of recommended ratios for human resource provision/staffing at functional level relative to specified population levels consistent with the achievement of best practice service delivery. The recommended ratios set out in *A Vision for Change* are described in Annex 2.

5.3.2 Catchment-area level comparison of actual and recommended resources

A detailed analysis of actual versus recommended human resource allocations within Community Mental Health Teams at individual catchment area is presented in Annex 1 of this report.

5.4 Summary of Findings

In this section we examined the regional and local configuration of Mental Health Services. The overall regional distribution of human resources in Mental Health Services and the regional distribution of staffing on Community Mental Health Teams were first considered. This was followed by a detailed analysis of resources at regional level across the five Mental Health Services areas. The key findings highlighted by the analysis were as follows:

- According to HSE figures the overall number of staff at regional level in the Mental Health Services ranges between 1,979 WTEs (or 18.9% of the national total) in the Dublin North East region and 3,210 WTEs (30.6%) in the West region, while 2,873 WTEs (27.4%) are based in the HSE South region and 2,414 WTEs (23% of the national total) operate in the HSE Dublin Mid Leinster region;
- As the demand for services will be closely related to the level of population, it is instructive to relative the distribution of WTEs with the level of population in each region. Our analysis indicates the presence of a mismatch between the current distribution of human resources in the Mental Health Service between the health service regions and the population of these regions. While it is acknowledged that the human resource data is based at a specific time and is subject to fluctuation, nevertheless the analysis highlights an important issue in relation to the configuration of resources in the Mental Health Services.
- There is a significant variation across the regions in terms of the proportionate breakdown of staffing in Mental Health Services and this is most evident in relation to the medical, nursing, health & social care and other patient care categories. The proportion of medical/dental staff varies between 5.4% of total staff in the HSE West region and a high of 10.9% in the Dublin Mid Leinster region. In Health & Social Care, the proportion varies between 4.2% (in then case of the South region) and up to 9.9% in Dublin Mid Leinster. Staff numbers supporting other patient and client care services vary between 5.5% of total WTEs in HSE South and 14% in HSE West.

-
- Comparison of the proportionate distribution of staff by discipline in each region with the recommended staff mix at national level set out in *A Vision for Change* indicates that:
 - The level of resources devoted to mental health *nursing* functions exceeds across all four of the HSE regions the recommended levels as set out in *A Vision for Change*;
 - Medical/dental staff are over-represented in two out of the four regions relative to the advised levels set out in the policy; and
 - Across all the regions the proportions of staffing resources in both the *health & social care* and *other patient & client care* functions fall below the recommended levels.
 - The analysis indicates a need to reconfigure the existing disciplinary mix of human resources within the Mental Health Services at regional level to align the distribution of staffing more closely with the recommended structure as set out in *A Vision for Change*. Moreover, the over-representation of staff in some areas - particularly in the nursing categories - would suggest that there should be significant scope to reconfigure staffing allocations within existing resources. Reconfiguration will be necessary if the levels of service delivery indicated in the policy are to be achieved.
 - In relation to the development of Community Mental Health Teams, the analysis of progress at regional level highlights the following particular features:
 - The actual number of community-based teams initiated remains below the required number of teams implied by *A Vision for Change* and the most recent Census of Population in three out of the four HSE regions. The deficit is particularly evident in Dublin Mid Leinster where the number of teams in place, at 54, compares with a total of 80 required teams;
 - The actual number of staff in place across community teams within all four of the HSE regions is less than half the overall required minimum recommended number of WTEs;
 - The overall number of teams initiated masks an underlying issue in relation to the partial staffing of the majority of these teams, with the average number of WTEs per team ranging between only 7.5 WTEs and 10.5 WTEs across the four regions. Between 54% and 59% of required positions remain to be filled across the regions;

- At regional level CMHTs currently account for between 16% and 23% of the overall level of human resources in the Mental Health Services. However, while significant progress has been made, there remains an overreliance on the traditional acute and long-stay inpatient beds and community residences sectors, while Community Mental Health Teams remain relatively poorly resourced.

6 Conclusions and Recommendations

In this section we bring together the analyses and assessment undertaken in the preceding phases to develop our overall conclusions. We also set out a number of specific recommendations for the future development of the Mental Health Services in Ireland.

6.1 Overall Conclusions

This review completed a detailed analysis and assessment of funding allocated to the Mental Health Services and the outputs achieved in terms of human resource and capital investment in infrastructure, focusing on the outcomes evident since the publication of *A Vision for Change*. Particular focus was given to comparing actual outputs and outcomes with the levels of resource and infrastructure recommended in the policy. A number of specific conclusions emerge from this analysis and assessment, which are set out below:

1. Non-capital public expenditure on Mental Health Services in Ireland during 2008 accounted for €1,068 million, while capital expenditure amounted to €42 million. Given the scale of expenditure involved, it is essential that resources are used effectively.
2. Significant progress has been made in commencing the work of implementing the *A Vision for Change* policy.
3. There are, however, significant shortages compared to the targets set out in *A Vision for Change* in relation to the number of community health teams established. There are currently 232 community-based mental health teams initiated compared with the 276 teams implicit in *A Vision for Change*, when account is taken of the increase in population since the policy was formulated.
4. Even more significant than the number of teams initiated is the fact that a significant proportion of existing teams do not include the recommended overall complements of staff, while there are also specific regional and local gaps as well as shortages relative to targeted levels for certain functional specialisms. These gaps adversely impact on the choice of treatments available.

5. There remains an over-reliance on traditional acute and long-stay inpatient beds compared with the policy outlined in *A Vision for Change* and this is unlikely to be consistent with achieving the best value for money. It is however clear that progress has been made in moving towards the directions recommended in *A Vision for Change*.
6. At the current rates of progress, it could take up to 10 years before full achievement of the staffing targets implicit in *A Vision for Change*. The achievement of the targets will also inevitably be influenced by the constraints on public expenditure.
7. There are gaps evident in relation to the availability of detailed data/information required to facilitate the ongoing monitoring of funding and expenditures, and human resource allocation, across the mental health services and the assessment of progress on the implementation of *A Vision for Change*.

6.1.1 Scenarios for Progress towards Achievement of *A Vision for Change*

Having reviewed the extent of progress on the attainment of the recommended levels of human resource allocation to the mental health services, it is instructive to consider the length of time that would be required to achieve the full complements of staffing recommended in *A Vision for Change*. We have therefore developed a set of indicative scenarios based on straightforward extrapolation of recent movements in staffing numbers. We focus in this instance on the recent evolution of General Adult Community Mental Health Teams (CMHTs).

Detailed data on staffing by catchment area is published by the Irish Mental Health Commission. In particular, the Commission has assembled data on staffing through its inspections process for the period 2006-2008 for General Adult CMHTs.

Detailed tabulated results from the scenario analysis for individual catchment areas and HSE regions, showing the extent of progress on staffing relative to recommended levels and the estimated required number of years to close current shortfalls where these exist across staff categories are presented in Annex 1.

The table overleaf presents an overall summary of the scenario analysis focusing on the staffing by function of General Adult CMHTs at national level.

In developing our scenarios we have referenced the progress made in resources over the period 2007/08 and taking account of these two years of data we examine what would be required to implement the targets in *A Vision for Change*, assuming this same rate of progress is evident in future years. There is, however, great uncertainty regarding what level of funding for mental health services will be made available and it could be argued that the 2007/08 resources were artificially influenced by the funding associated with the implementation of the Mental Health Act. If it was assumed that this represented a temporary increase in funding, then it is clear that if a lower increase in funding was provided in future years this would influence the timescale for the implementation of the targets in *A Vision for Change*. We accept fully that this could be a legitimate assumption and we note that others have indicated that, based on current rates of progress, the implementation of *A Vision for Change* would take much longer than is implied by the scenarios we have developed. However, in view of the importance of achieving the recommendations set out in *A Vision for Change* we are assuming that resources are reallocated from within the overall health budget to support the implementation of the policy at a rate that is at least consistent with the increases evident in 2007/08. Even under these scenarios our analysis clearly shows that it will take longer than envisaged for the targets in *A Vision for Change* to be implemented and if less optimistic assumptions were made about future expenditure and resource allocations, the targets would not even be implemented within the timeframe suggested by our scenarios.

Table 6.1: Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - National

National (All HSE Regions)	Consultant	NCHD	CMHN/ Nursing	Psychology	Social Work	Occupational Therapy	All Functions
Population of Catchment/ Region (2006)	4,240,466	4,240,466	4,240,466	4,240,466	4,240,466	4,240,466	4,240,466
No. of Staff by Function							
Required per 50,000 Population	2	1	8	2	2	2	-
Required per Actual Population	169.6	84.8	678.5	169.6	169.6	169.6	1,441.8
Actual							
2006	137.3	229.7	278.3	73.7	85.0	59.8	863.7
2007	156.2	257.7	335.2	81.1	103.9	66.8	1,001.0
2008	154.2	257.5	290.1	91.1	100.3	65.2	958.4
Change - 2006-08	16.9	27.8	11.8	17.4	15.3	5.5	94.7
Average Annual Change	8.5	13.9	5.9	8.7	7.6	2.7	47.3
Est. No. of Years to Reach Required Cover	1.8	0.0	65.7	9.0	9.1	38.0	10.2

Source: *Indecon analysis based on A Vision for Change and Mental Health Commission data*

The analysis at national level suggests that, at the rates of progress recorded between 2006 and 2008, it would take approximately 10 years to attain the overall staffing levels implied by *A Vision for Change*. This masks substantial variation at the level across the consultant, NCHD, nursing, psychology, social work and occupational therapy functions. In general, the NCHD and consultant categories of staff have attained or will very shortly attain their recommended levels. It is in the Community Mental Health Nurse (CMHN), occupational therapists, and psychology and social work specialisms that progress in attaining recommended levels of human resources could prove protracted if progress were to continue at recent rates. The deficiency in relation to CMHN staffing compares with the evident over-representation of nursing staff overall across the mental health services relative to the levels implied by the recommendations in *A Vision for Change* (as highlighted in Section 5) and the continued focus of resources on the traditional acute and in-patient facilities and community residences sectors.

6.2 Monitoring Indicators and Data/Information

Indecon's analysis of issues in relation to the availability of data which was included in the HSE's Implementation Plan for *A Vision for Change* and in the report of the Inspector of Mental Health Services at the Mental Health Commission highlights the need for improvements in data availability. In response to a draft version of this report, the HSE has stated that the report "reinforce[es] issues identified within *A Vision for Change* and the recommendation of the Mental Health Commission in its quality framework. It clearly demonstrates the historical reliance within the Mental Health Services on information systems that are manual and paper-based". Indecon believes this presents a significant challenge for effective policy making in this area and in ensuring value for money in the delivery of mental health services.

The HSE further stated that it, "in collaboration with the Health Research Board (HRB) and other stakeholders, has developed a mental health information system - WISDOM - which has the objective of expanding the data currently collected from in-patient and community settings in order to support the delivery and monitoring of mental health services." Indecon believes that full implementation of this system as soon as possible is essential for effective policy making. Indecon's understanding is that the proof-of-concept for the WISDOM system commenced in January 2009 in the Donegal local mental health service and we support the wider implementation of the system as soon as possible.

It is also important to emphasise, however, that while the WISDOM database will expand the data available at patient level and provide some reporting on patient outcomes, systems will need to be developed to regularly monitor budgets, expenditure and human resource allocation, as well as to report on the effectiveness of services using an expanded range of performance indicators that can demonstrate progress towards *A Vision for Change*.

Finally, the HSE noted that the Indecon report “highlights differences in some of the available data from different sources, noting in particular the difference in staffing numbers described in the implementation plan and those published by the Department of Health and Children. The work on the implementation plan correctly included data relating to all aspects of the mental health services described within *A Vision for Change* and this includes such services as addiction which traditionally would not have been included within the mental health services in some areas. Our analysis also details data taken at the end of December 2008 and was accurate and valid at that point in time.” Indecon is of the view that as the position is constantly changing it is important that up to date data is readily available.

Indecon have been informed that the HSE is committed to the full implementation of *A Vision for Change* across the full range of mental health services, revitalising existing resources and applying new resources when allocated. We also understand the HSE will continue to pursue the additional resources which *A Vision for Change* has recommended and we believe that significant improvements are needed in performance systems and data availability in order to facilitate the effective monitoring of the extent to which the policy is being implemented.

6.3 Recommendations

On foot of the detailed analysis and assessment undertaken in this review, a number of specific recommendations pertaining to the future development of the Mental Health Services in Ireland are set out in the table overleaf.

Table 6.2: Recommendations for Future Development of Mental Health Services

No.	Recommendation
1.	The targets for implementation of <i>A Vision for Change</i> should be reconfigured to realistic levels and a new set of annual targets formulated which take account of the current position and of the constraints in public expenditure. In determining realistic levels for any new targets, account should be taken of the progress achieved to date and the likely funding which will be made available to implement <i>A Vision for Change</i> . Further work will also be needed on what realistic targets should be, which should also take account of best practice internationally on performance indicators
2	New performance indicators along with supporting up-to-date data should be developed and published to enable accurate monitoring of the revised annual targets to implement <i>A Vision for Change</i> . Performance indicators and related targets should reflect best practice internationally in this area and should also take account of the recommendations of the <i>Report of the Special Group on Public Service Numbers and Expenditure Programmes</i> . ¹⁰ Data should include more detailed and higher frequency data on funding and expenditures by service area and on a regional basis, in addition to more detailed data on human resources by skill mix at regional and catchment area level (including in particular for services for Older People, Rehabilitation services and Specialist services). This is essential in order to ensure accountability and to monitor whether progress is been achieved
3	In order to ensure the most effective use of scarce public expenditure and to improve value for money, an increased focus is required on reducing the overall dependency in Mental Health Services on acute and long-stay inpatient beds, and community residences, and to continue to increase the provision and usage of community-based services and teams
4	Furthermore, in order to further enhance value for money and effectiveness, progress is required in ensuring the appropriate staffing and specialist support services in the community-based mental health teams
5.	A reconfiguration of human resources in Mental Health Services is required to ensure that resources are allocated on a equitable and efficient basis, both in terms of the functional and geographical distribution of these resources
6.	Changes in resource allocations will be required to successfully support the required reconfiguration of existing resources in Mental Health Services and the attainment of the required overall level and composition of resources in line with <i>A Vision for Change</i>
7.	In addition to changes in current expenditures, it is essential that the planned capital investments are made to ensure that required levels of community-based infrastructure provision are addressed across the Mental Health Services
8.	An increased overall national allocation of human staffing resources is required in the Health & Social Care and Other Patient & Client Care personnel categories
9.	The geographical allocation of Mental Health Service resources should be closely aligned with regional and local catchment area-level population levels and should also take account of local deprivation patterns
10.	Particular focus should be given to addressing the human resource shortfalls compared to recommended levels that exist in relation to community-based mental health teams providing Child & Adolescent and Adult Intellectual Disability services, and Mental Health Services for Older People

Source: Indecon

¹⁰ Report of the Special Group on Public Service Numbers and Expenditure Programmes, published 16th July 2009.

Annex 1 Additional Supporting Data

Catchment Area-level Analysis of Staffing Resources

PLEASE REFER OVERLEAF TO DETAILED TABLES DESCRIBING THE CURRENT STAFFING OF LOCAL CATCHMENT AREA COMMUNITY-BASED MENTAL HEALTH TEAMS PROVIDING GENERAL ADULT MENTAL HEALTH SERVICES

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE Dublin Mid-Leinster Region - Dublin South City Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Councillor	Dublin South City	1	0.0	0.0	2.7	-2.7
Attendant	Dublin South City		0.0	0.0	0.0	0.0
Care Assistant	Dublin South City	2.5	0.0	0.0	6.7	-6.7
Clinical Psychologist	Dublin South City	2	2.0	3.5	5.4	-1.9
Cog Behaviour therapy	Dublin South City	1.5	0.0	0.0	4.0	-4.0
Consultant	Dublin South City	1	0.0	0.0	2.7	-2.7
Family Therapist	Dublin South City	1	0.0	0.0	2.7	-2.7
NCHD	Dublin South City	1	8.5	8.5	2.7	5.8
Occupational Therapist	Dublin South City	2.5	3.5	4.0	6.7	-2.8
Other Nursing	Dublin South City		0.0	0.0	0.0	0.0
Other Therapist	Dublin South City		0.0	0.0	0.0	0.0
Practice Manager	Dublin South City	1	0.0	0.0	2.7	-2.7
Psychiatric Nurse - CMHN & Day facility nurse	Dublin South City	6	7.9	7.9	16.2	-8.3
Senior Nurse - ADON	Dublin South City	2	0.6	0.6	5.4	-4.8
Social Worker	Dublin South City	2	2.0	4.0	5.4	-1.4
Team co-ordinator	Dublin South City	1	0.0	0.0	2.7	-2.7
Team Leader/Consultant	Dublin South City	1	3.9	5.0	2.7	2.3
Team Secretary	Dublin South City	2	0.0	0.0	5.4	-5.4
Total Population per team or unit	Dublin South City	50,000	134,969	134,969		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE Dublin Mid-Leinster Region - Dublin South County Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Counsellor	Dublin South County	1	0	0		N/a
Attendant	Dublin South County	-	0	0		N/a
Care Assistant	Dublin South County	2.5	0	0		N/a
Clinical Psychologist	Dublin South County	2	4.5	4.5		N/a
Cog Behaviour therapy	Dublin South County	1.5	0	0		N/a
Consultant	Dublin South County	1	4	4		N/a
Family Therapist	Dublin South County	1	0	0		N/a
NCHD	Dublin South County	1	10	10		N/a
Occupational Therapist	Dublin South County	2.5	0	0		N/a
Other Nursing	Dublin South County		0	0		N/a
Other Therapist	Dublin South County	-	0	0		N/a
Practice Manager	Dublin South County	1	0	0		N/a
Psychiatric Nurse - CMHN & Day facility nurse	Dublin South County	6	11.02	10.02		N/a
Senior Nurse - ADON	Dublin South County	2	0	0		N/a
Social Worker	Dublin South County	2	5	5.2		N/a
Team co-ordinator	Dublin South County	1	0	0		N/a
Team Leader/Consultant	Dublin South County	1	2	2		N/a
Team Secretary	Dublin South County	2	0	0		N/a
Total Population per team or unit	Dublin South County	50,000	0	0		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE Dublin Mid-Leinster Region - Dublin South East Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Counsellor	Dublin South East	1	0	0	2.2	-2.2
Attendant	Dublin South East	-	0	0	N/a	N/a
Care Assistant	Dublin South East	2.5	0	0	5.5	-5.5
Clinical Psychologist	Dublin South East	2	0	2.9	4.4	-1.5
Cog Behaviour therapy	Dublin South East	1.5	0	0	3.3	-3.3
Consultant	Dublin South East	1	3	3.5	2.2	1.3
Family Therapist	Dublin South East	1	0	0	2.2	-2.2
NCHD	Dublin South East	1	3.5	3.5	2.2	1.3
Occupational Therapist	Dublin South East	2.5	1.5	0	5.5	-5.5
Other Nursing	Dublin South East		0	0	0.0	0.0
Other Therapist	Dublin South East	-	0	0	N/a	N/a
Practice Manager	Dublin South East	1	0	0	2.2	-2.2
Psychiatric Nurse - CMHN & Day facility nurse	Dublin South East	6	5	7	13.2	-6.2
Senior Nurse - ADON	Dublin South East	2	0	0	4.4	-4.4
Social Worker	Dublin South East	2	2	2.9	4.4	-1.5
Team co-ordinator	Dublin South East	1	0	0	2.2	-2.2
Team Leader/Consultant	Dublin South East	1	0	0	2.2	-2.2
Team Secretary	Dublin South East	2	0	0	4.4	-4.4
Total Population per team or unit	Dublin South East	50,000	0	110,000		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE Dublin Mid-Leinster Region - Dublin South West Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Councillor	Dublin South West	1	0	0	5.1	-5.1
Attendant	Dublin South West	-	0	0	N/a	N/a
Care Assistant	Dublin South West	2.5	0	0	12.8	-12.8
Clinical Psychologist	Dublin South West	2	4	5.2	10.3	-5.1
Cog Behaviour therapy	Dublin South West	1.5	0	0	7.7	-7.7
Consultant	Dublin South West	1	9	9	5.1	3.9
Family Therapist	Dublin South West	1	0	0	5.1	-5.1
NCHD	Dublin South West	1	15	16	5.1	10.9
Occupational Therapist	Dublin South West	2.5	6	6	12.8	-6.8
Other CNM1	Dublin South West		0	1.5	0.0	1.5
Other CNM2	Dublin South West	-	4	4	N/a	N/a
Other CNS	Dublin South West		4	4	0.0	4.0
Other Nursing	Dublin South West		0	0	0.0	0.0
Other Speech and language	Dublin South West		1.5	1.5	0.0	1.5
Other staff nurse	Dublin South West		11	12	0.0	12.0
Other Therapist (Dietician)	Dublin South West		0.5	1.5	0.0	1.5
Practice Manager	Dublin South West	1	0	0	5.1	-5.1
Psychiatric Nurse - CMHN & Day facility nurse	Dublin South West	6	23	28	30.8	-2.8
Psychiatric Nurse - CNM3	Dublin South West	6	1	1	30.8	-29.8
Psychological Outreach worker	Dublin South West	2	0	1	10.3	-9.3
Senior Nurse - ADON	Dublin South West	2	0	0	10.3	-10.3
Social Worker	Dublin South West	2	7	5	10.3	-5.3
Team co-ordinator	Dublin South West	1	0	0	5.1	-5.1
Team Leader/Consultant	Dublin South West	1	0	0	5.1	-5.1
Team Secretary	Dublin South West	2	0	0	10.3	-10.3
Total Population per team or unit	Dublin South West	50,000		256,566		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE Dublin Mid-Leinster Region - East Wicklow Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Counsellor	East Wicklow	1	0	0	2.2	-2.2
Attendant	East Wicklow	-	0	0	N/a	N/a
Care Assistant	East Wicklow	2.5	0	0	5.5	-5.5
Clinical Psychologist	East Wicklow	2	2	2	4.4	-2.4
Cog Behaviour therapy	East Wicklow	1.5	0	0	3.3	-3.3
Consultant	East Wicklow	1	4	4	2.2	1.8
Family Therapist	East Wicklow	1	0	0	2.2	-2.2
NCHD	East Wicklow	1	8	8	2.2	5.8
Occupational Therapist	East Wicklow	2.5	0	0	5.5	-5.5
Other nursing - nurses based at community residences	East Wicklow		11	11	0.0	11.0
Other Therapist (Dietician)	East Wicklow	-	0	0	N/a	N/a
Practice Manager	East Wicklow	1	0	0	2.2	-2.2
Psychiatric Nurse - CMHN & Day facility nurse	East Wicklow	6	13	13	13.1	-0.1
Senior Nurse - ADON	East Wicklow	2	0	0	4.4	-4.4
Social Worker	East Wicklow	2	2	2	4.4	-2.4
Team co-ordinator	East Wicklow	1	2	2	2.2	-0.2
Team Leader/Consultant	East Wicklow	1	0	0	2.2	-2.2
Team Secretary	East Wicklow	2	0	0	4.4	-4.4
Total Population per team or unit	East Wicklow	50,000	109,395	109,395		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE Dublin Mid-Leinster Region - Kildare/West Wicklow Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Counsellor	Kildare/West Wicklow	1	0	0	4.1	-4.1
Attendant	Kildare/West Wicklow	-	0	0	N/a	N/a
Care Assistant	Kildare/West Wicklow	2.5	0	0	10.3	-10.3
Clinical Psychologist	Kildare/West Wicklow	2	2	3	8.2	-5.2
Cog Behaviour therapy	Kildare/West Wicklow	1.5	0	0	6.2	-6.2
Consultant	Kildare/West Wicklow	1	8	8	4.1	3.9
Family Therapist	Kildare/West Wicklow	1	0	0	4.1	-4.1
NCHD	Kildare/West Wicklow	1	12	12	4.1	7.9
Occupational Therapist	Kildare/West Wicklow	2.5	5	5	10.3	-5.3
Other nursing - nurses based at community residences	Kildare/West Wicklow		0	0	0.0	0.0
Other Therapist (Dietician)	Kildare/West Wicklow	-	0	0	N/a	N/a
Practice Manager	Kildare/West Wicklow	1	0	0	4.1	-4.1
Psychiatric Nurse - CMHN & Day facility nurse	Kildare/West Wicklow	6	33	28	24.6	3.4
Senior Nurse - ADON	Kildare/West Wicklow	2	4	1	8.2	-7.2
Social Worker	Kildare/West Wicklow	2	4	5	8.2	-3.2
Team co-ordinator	Kildare/West Wicklow	1	2	0	4.1	-4.1
Team Leader/Consultant	Kildare/West Wicklow	1	0	0	4.1	-4.1
Team Secretary	Kildare/West Wicklow	2	0	0	8.2	-8.2
Total Population per team or unit	Kildare/West Wicklow	50,000	205,194	205,194		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE Dublin Mid-Leinster Region - Laois/Offaly Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Counsellor	Laois/Offaly	1	4.5	4.5	2.8	1.7
Attendant	Laois/Offaly	-	0	0	N/a	N/a
Care Assistant	Laois/Offaly	2.5	0	0	7.1	-7.1
Clinical Psychologist	Laois/Offaly	2	3	3	5.7	-2.7
Cog Behaviour therapy	Laois/Offaly	1.5	0	0	4.3	-4.3
Consultant	Laois/Offaly	1	5	5	2.8	2.2
Family Therapist	Laois/Offaly	1	0	0	2.8	-2.8
NCHD	Laois/Offaly	1	7	7	2.8	4.2
Occupational Therapist	Laois/Offaly	2.5	3	3	7.1	-4.1
Other nursing - nurses based at community residences	Laois/Offaly		0	0	0.0	0.0
Other Therapist (Dietician)	Laois/Offaly	-	0	0	N/a	N/a
Practice Manager	Laois/Offaly	1	0	0	2.8	-2.8
Psychiatric Nurse - CMHN & Day facility nurse	Laois/Offaly	6	23.4	23.4	17.1	6.3
Senior Nurse - ADON	Laois/Offaly	2	2	2	5.7	-3.7
Social Worker	Laois/Offaly	2	3	2	5.7	-3.7
Team co-ordinator	Laois/Offaly	1	0	0	2.8	-2.8
Team Leader/Consultant	Laois/Offaly	1	0	0	2.8	-2.8
Team Secretary	Laois/Offaly	2	0	0	5.7	-5.7
Total Population per team or unit	Laois/Offaly	50,000	142,211	142,211		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE Dublin Mid-Leinster Region - Longford Westmeath Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Counsellor	Longford Westmeath	1	0	0	2.3	-2.3
Attendant	Longford Westmeath	-	0	0	N/a	N/a
Care Assistant	Longford Westmeath	2.5	0	0	5.8	-5.8
Clinical Psychologist	Longford Westmeath	2	5	5	4.6	0.4
Cog Behaviour therapy	Longford Westmeath	1.5	0	0	3.5	-3.5
Consultant	Longford Westmeath	1	4	4	2.3	1.7
Family Therapist	Longford Westmeath	1	0	0	2.3	-2.3
NCHD	Longford Westmeath	1	6	6	2.3	3.7
Occupational Therapist	Longford Westmeath	2.5	3	3	5.8	-2.8
Other nursing - nurses based at community residences	Longford Westmeath		38	38	0.0	38.0
Other Therapist (Dietician)	Longford Westmeath	-	0	0	N/a	N/a
Practice Manager	Longford Westmeath	1	0	0	2.3	-2.3
Psychiatric Nurse - CMHN & Day facility nurse	Longford Westmeath	6	22	22	13.9	8.1
Senior Nurse - ADON	Longford Westmeath	2	3	3	4.6	-1.6
Social Worker	Longford Westmeath	2	3.5	3.5	4.6	-1.1
Team co-ordinator	Longford Westmeath	1	0	0	2.3	-2.3
Team Leader/Consultant	Longford Westmeath	1	0	0	2.3	-2.3
Team Secretary	Longford Westmeath	2	0	0	4.6	-4.6
Total Population per team or unit	Longford Westmeath	50,000	116,022	116,022		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE Dublin North East Region - North Dublin Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Counsellor	North Dublin	1	0.25	0.25	4.5	-4.3
Attendant	North Dublin	-	0	0	N/a	N/a
Care Assistant	North Dublin	2.5	0	0	11.3	-11.3
Clinical Psychologist	North Dublin	2	2.5	2.5	9.0	-6.5
Cog Behaviour therapy	North Dublin	1.5	0	0	6.8	-6.8
Consultant	North Dublin	1	7	7	4.5	2.5
Family Therapist	North Dublin	1	0	0	4.5	-4.5
NCHD	North Dublin	1	12	12	4.5	7.5
Occupational Therapist	North Dublin	2.5	1.5	1.5	11.3	-9.8
Other - Home care nursing staff	North Dublin		4.14	4.14	0.0	4.1
Other Therapist - Art therapist and teacher	North Dublin	-	1.5	1.5	N/a	N/a
Practice Manager	North Dublin	1	0	0	4.5	-4.5
Psychiatric Nurse - CMHN & day facility nurse staffing	North Dublin	6	26	26	27.0	-1.0
Senior Nurse - ADON	North Dublin	2	2.75	2.75	9.0	-6.3
Social Worker	North Dublin	2	4	4.5	9.0	-4.5
Team co-ordinator	North Dublin	1	0	0	4.5	-4.5
Team Leader/Consultant	North Dublin	1	0	0	4.5	-4.5
Team Secretary	North Dublin	2	0	0	9.0	-9.0
Total Population per team or unit	North Dublin	50,000		225,145		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE Dublin North East Region - Dublin North Central Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Counsellor	Dublin North Central	1	0	0	2.9	-2.9
Attendant	Dublin North Central	-	0	0	N/a	N/a
Care Assistant	Dublin North Central	2.5	0	0	7.3	-7.3
Clinical Psychologist	Dublin North Central	2	0	0.5	5.8	-5.3
Cog Behaviour therapy	Dublin North Central	1.5	0	0	4.4	-4.4
Consultant	Dublin North Central	1	7	7	2.9	4.1
Family Therapist	Dublin North Central	1	0	0	2.9	-2.9
NCHD	Dublin North Central	1	14	15	2.9	12.1
Occupational Therapist	Dublin North Central	2.5	1	1	7.3	-6.3
Other - community support workers	Dublin North Central		0	0	0.0	0.0
Other Therapist (Dietician)	Dublin North Central	-	0	0	N/a	N/a
Practice Manager	Dublin North Central	1	0	0	2.9	-2.9
Psychiatric Nurse - CMHN	Dublin North Central	6	18	18.5	17.5	1.0
Senior Nurse - ADON	Dublin North Central	2	0	1.8	5.8	-4.0
Social Worker	Dublin North Central	2	2	1.82	5.8	-4.0
Team co-ordinator	Dublin North Central	1	0	0	2.9	-2.9
Team Leader/Consultant	Dublin North Central	1	0	0	2.9	-2.9
Team Secretary	Dublin North Central	2	0	0	5.8	-5.8
Total Population per team or unit	Dublin North Central	50,000	143,000	145,500		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE Dublin North East Region - Dublin North West Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Counsellor	Dublin North West	1	0	0	3.6	-3.6
Attendant	Dublin North West	-	0	0	N/a	N/a
Care Assistant	Dublin North West	2.5	0	0	8.9	-8.9
Clinical Psychologist	Dublin North West	2	4	4	7.1	-3.1
Cog Behaviour therapy	Dublin North West	1.5	0	0	5.3	-5.3
Consultant	Dublin North West	1	7	7	3.6	3.5
Family Therapist	Dublin North West	1	0	0	3.6	-3.6
NCHD	Dublin North West	1	13	14	3.6	10.5
Occupational Therapist	Dublin North West	2.5	4	4.66	8.9	-4.2
Other - community support workers	Dublin North West		0	0	0.0	0.0
Other Therapist (Dietician)	Dublin North West	-	0	0	N/a	N/a
Practice Manager	Dublin North West	1	0	0	3.6	-3.6
Psychiatric Nurse - CMHN	Dublin North West	6	18	18	21.3	-3.3
Senior Nurse - ADON	Dublin North West	2	0	0	7.1	-7.1
Social Worker	Dublin North West	2	4.5	3.5	7.1	-3.6
Team co-ordinator	Dublin North West	1	0	0	3.6	-3.6
Team Leader/Consultant	Dublin North West	1	0	0	3.6	-3.6
Team Secretary	Dublin North West	2	0	0	7.1	-7.1
Total Population per team or unit	Dublin North West	50,000	177,500	177,500		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE Dublin North East Region - Louth Meath Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Counsellor	Louth Meath	1	1	2.64	4.4	-1.7
Attendant	Louth Meath	-	0	0	N/a	N/a
Care Assistant	Louth Meath	2.5	0	0	10.9	-10.9
Clinical Psychologist	Louth Meath	2	4.35	4.62	8.8	-4.1
Cog Behaviour therapy	Louth Meath	1.5	0.2	1	6.6	-5.6
Consultant	Louth Meath	1	9	9	4.4	4.6
Family Therapist	Louth Meath	1	0.25	1.5	4.4	-2.9
NCHD	Louth Meath	1	14.5	17	4.4	12.6
Occupational Therapist	Louth Meath	2.5	0	0	10.9	-10.9
Other - community support workers	Louth Meath		0	0	0.0	0.0
Other Therapist (Dietician)	Louth Meath	-	0	0	N/a	N/a
Practice Manager	Louth Meath	1	0	0	4.4	-4.4
Psychiatric Nurse - CMHN & Day facility nurse	Louth Meath	6	11.4	20.4	26.3	-5.9
Senior Nurse - ADON	Louth Meath	2	0	0	8.8	-8.8
Social Worker	Louth Meath	2	5.02	4.7	8.8	-4.1
Team co-ordinator	Louth Meath	1	0	0	4.4	-4.4
Team Leader/Consultant	Louth Meath	1	0	0	4.4	-4.4
Team Secretary	Louth Meath	2	0	0	8.8	-8.8
Total Population per team or unit	Louth Meath	50,000	233,172	218,787		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE South - South Lee Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Counsellor	South Lee	1	0	0	3.6	-3.6
Attendant	South Lee	-	0	0	N/a	N/a
Care Assistant	South Lee	2.5	0	0	9.0	-9.0
Clinical Psychologist	South Lee	2	2.91	2.91	7.2	-4.3
Cog Behaviour therapy	South Lee	1.5	0	0	5.4	-5.4
Consultant	South Lee	1	5.73	5.73	3.6	2.1
Family Therapist	South Lee	1	0	0	3.6	-3.6
NCHD	South Lee	1	10	10	3.6	6.4
Occupational Therapist	South Lee	2.5	0	0	9.0	-9.0
Other - behaviour therapist	South Lee	-	0	0	N/a	N/a
Other - home based crises team nurse	South Lee		0	0	0.0	0.0
Practice Manager	South Lee	1	0	0	3.6	-3.6
Psychiatric Nurse - CMHN & Day facility nurse staffing	South Lee	6	21.8	21.89	21.5	0.4
Senior Nurse - ADON	South Lee	2	0	0	7.2	-7.2
Social Worker	South Lee	2	2.8	2.8	7.2	-4.4
Team co-ordinator	South Lee	1	0	0	3.6	-3.6
Team Leader/Consultant	South Lee	1	0	0	3.6	-3.6
Team Secretary	South Lee	2	0	0	7.2	-7.2
Total Population per team or unit	South Lee	50,000	179,133	179,133		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE South - Carlow/Kilkenny Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Counsellor	Carlow/Kilkenny	1	5	2	2.4	-0.4
Attendant	Carlow/Kilkenny	-	0	0	N/a	N/a
Care Assistant	Carlow/Kilkenny	2.5	2	2	6.0	-4.0
Clinical Psychologist	Carlow/Kilkenny	2	4	4	4.8	-0.8
Cog Behaviour therapy	Carlow/Kilkenny	1.5	0	0	3.6	-3.6
Consultant	Carlow/Kilkenny	1	5	5	2.4	2.6
Family Therapist	Carlow/Kilkenny	1	2	2	2.4	-0.4
NCHD	Carlow/Kilkenny	1	9	7.5	2.4	5.1
Occupational Therapist	Carlow/Kilkenny	2.5	1.84	1.78	6.0	-4.3
Other - counsellor	Carlow/Kilkenny		0.66	0.66	0.0	0.7
Other - Home care nursing staff	Carlow/Kilkenny		0	0	0.0	
Other Therapist - Art therapist and teacher	Carlow/Kilkenny	-	0	0	N/a	N/a
Practice Manager	Carlow/Kilkenny	1	0	0	2.4	-2.4
Psychiatric Nurse - CMHN & Day facility nurse staffing	Carlow/Kilkenny	6	37.27	31.73	14.5	17.2
Senior Nurse - ADON	Carlow/Kilkenny	2	2.99	2.99	4.8	-1.8
Social Worker	Carlow/Kilkenny	2	4.5	4.1	4.8	-0.7
Team co-ordinator	Carlow/Kilkenny	1	0	0	2.4	-2.4
Team Leader/Consultant	Carlow/Kilkenny	1	0	0	2.4	-2.4
Team Secretary	Carlow/Kilkenny	2	0	0	4.8	-4.8
Total Population per team or unit	Carlow/Kilkenny	50,000		120,671		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE South - North Lee Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Counsellor	North Lee	1	0	1.5	3.4	-1.9
Attendant	North Lee	-	0	0	N/a	N/a
Care Assistant	North Lee	2.5	0	0	8.4	-8.4
Clinical Psychologist	North Lee	2	2.4	4.6	6.7	-2.1
Cog Behaviour therapy	North Lee	1.5	0	0	5.0	-5.0
Consultant	North Lee	1	6	6	3.4	2.6
Family Therapist	North Lee	1	0	0	3.4	-3.4
NCHD	North Lee	1	11	11	3.4	7.6
Occupational Therapist	North Lee	2.5	3.4	3.8	8.4	-4.6
Other - behaviour therapist	North Lee	-	0	0	N/a	N/a
Other - home based crises team nurse	North Lee		2	2	0.0	2.0
Practice Manager	North Lee	1	0	0	3.4	-3.4
Psychiatric Nurse - CMHN & Day facility nurse staffing	North Lee	6	28	28	20.1	7.9
Senior Nurse - ADON	North Lee	2	0.6	1.35	6.7	-5.4
Social Worker	North Lee	2	5	5	6.7	-1.7
Team co-ordinator	North Lee	1	0	0	3.4	-3.4
Team Leader/Consultant	North Lee	1	0	0	3.4	-3.4
Team Secretary	North Lee	2	0	0	6.7	-6.7
Total Population per team or unit	North Lee	50,000	167,536	167,536		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE South - South Tipperary Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Councillor	South Tipperary	1	2	2	1.6	0.4
Attendant	South Tipperary	-	0	0	N/a	N/a
Care Assistant	South Tipperary	2.5	0	0	4.1	-4.1
Clinical Psychologist	South Tipperary	2	2.5	2.5	3.2	-0.7
Cog Behaviour therapy	South Tipperary	1.5	0	0	2.4	-2.4
Consultant	South Tipperary	1	3	3	1.6	1.4
Family Therapist	South Tipperary	1	0	0	1.6	-1.6
NCHD	South Tipperary	1	3	3	1.6	1.4
Occupational Therapist	South Tipperary	2.5	0	0	4.1	-4.1
Other - behaviour therapist	South Tipperary	-	0	0	N/a	N/a
Other - home based crises team nurse	South Tipperary		0	0	0.0	0.0
Practice Manager	South Tipperary	1	0	0	1.6	-1.6
Psychiatric Nurse - CMHN & Day facility nursing staff	South Tipperary	6	16.75	16.75	9.7	7.0
Senior Nurse - ADON	South Tipperary	2	0.8	0.8	3.2	-2.4
Social Worker	South Tipperary	2	2.8	2.8	3.2	-0.4
Team co-ordinator	South Tipperary	1	0	0	1.6	-1.6
Team Leader/Consultant	South Tipperary	1	0	0	1.6	-1.6
Team Secretary	South Tipperary	2	0	0	3.2	-3.2
Total Population per team or unit	South Tipperary	50,000	81,000	81,000		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE South - Waterford Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Counsellor	Waterford	1	1	1	1.6	-0.6
Attendant	Waterford	-	0	0	N/a	N/a
Care Assistant	Waterford	2.5	0	0	3.9	-3.9
Clinical Psychologist	Waterford	2	2.3	2.3	3.1	-0.8
Cog Behaviour therapy	Waterford	1.5	0	0	2.4	-2.4
Consultant	Waterford	1	4	4	1.6	2.4
Family Therapist	Waterford	1	0	0	1.6	-1.6
NCHD	Waterford	1	4	4	1.6	2.4
Occupational Therapist	Waterford	2.5	0	0	3.9	-3.9
Other - behaviour therapist	Waterford	-	0	0	N/a	N/a
Other - home based crises team nurse	Waterford		0	0	0.0	0.0
Practice Manager	Waterford	1	0	0	1.6	-1.6
Psychiatric Nurse - CMHN & Day facility nursing staff	Waterford	6	13.25	13.25	9.4	3.8
Senior Nurse - ADON	Waterford	2	1.4	1.4	3.1	-1.7
Social Worker	Waterford	2	2.5	2.75	3.1	-0.4
Team co-ordinator	Waterford	1	0	0	1.6	-1.6
Team Leader/Consultant	Waterford	1	0	0	1.6	-1.6
Team Secretary	Waterford	2	0	0	3.1	-3.1
Total Population per team or unit	Waterford	50,000		78,618		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE South - North Cork Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Counsellor	North Cork	1	0	0	1.6	-1.6
Attendant	North Cork	-	0	0	N/a	N/a
Care Assistant	North Cork	2.5	0	0	4.0	-4.0
Clinical Psychologist	North Cork	2	2.4	2.4	3.2	-0.8
Cog Behaviour therapy	North Cork	1.5	0	0	2.4	-2.4
Consultant	North Cork	1	3	3	1.6	1.4
Family Therapist	North Cork	1	0	0	1.6	-1.6
NCHD	North Cork	1	7	7	1.6	5.4
Occupational Therapist	North Cork	2.5	3	2	4.0	-2.0
Other - behaviour therapist	North Cork	-	1.5	2	N/a	N/a
Other - CNS	North Cork		2.79	3.79	0.0	3.8
Other - Liaison/Self harm	North Cork		0	0.32	0.0	0.3
Practice Manager	North Cork	1	0	0	1.6	-1.6
Psychiatric Nurse - CMHN & Day facility nurse staffing	North Cork	6	18	19.02	9.7	9.3
Senior Nurse - ADON	North Cork	2	3	3	3.2	-0.2
Social Worker	North Cork	2	1	0.1	3.2	-3.1
Team co-ordinator	North Cork	1	0	0	1.6	-1.6
Team Leader/Consultant	North Cork	1	0	0	1.6	-1.6
Team Secretary	North Cork	2	0	0	3.2	-3.2
Total Population per team or unit	North Cork	50,000	80,795	80,795		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE South - Kerry Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Councillor	Kerry	1	0	0	2.8	-2.8
Attendant	Kerry	-	0	0	N/a	N/a
Care Assistant	Kerry	2.5	0	0	7.0	-7.0
Clinical Psychologist	Kerry	2	1.42	1.42	5.6	-4.2
Cog Behaviour therapy	Kerry	1.5	0	0	4.2	-4.2
Consultant	Kerry	1	5	5	2.8	2.2
Family Therapist	Kerry	1	0	0	2.8	-2.8
NCHD	Kerry	1	8	8	2.8	5.2
Occupational Therapist	Kerry	2.5	3.26	3.26	7.0	-3.7
Other - GP Liaison nurse	Kerry		0.5	0.5	0.0	
Other - Primary care nurse	Kerry	-	1	1	N/a	N/a
Other - Nurses based in community residences	Kerry		56.5	56.5	0.0	56.5
Other Therapist - Art therapist and teacher	Kerry		0	0	0.0	
Practice Manager	Kerry	1	0	0	2.8	-2.8
Psychiatric Nurse - CMHN & Day facility nurse staffing	Kerry	6	28.5	28.5	16.8	11.7
Senior Nurse - ADON	Kerry	2	2.5	2.5	5.6	-3.1
Social Worker	Kerry	2	2.5	2.5	5.6	-3.1
Team co-ordinator	Kerry	1	0	0	2.8	-2.8
Team Leader/Consultant	Kerry	1	0	0	2.8	-2.8
Team Secretary	Kerry	2	0	0	5.6	-5.6
Total Population per team or unit	Kerry	50,000	139,616	139,616		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE South - Wexford Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Counsellor	Wexford	1	2	2	2.6	-0.6
Attendant	Wexford	-	0	0	N/a	N/a
Care Assistant	Wexford	2.5	0	0	6.6	-6.6
Clinical Psychologist	Wexford	2	2.8	2.8	5.3	-2.5
Cog Behaviour therapy	Wexford	1.5	0	0	4.0	-4.0
Consultant	Wexford	1	4	4	2.6	1.4
Family Therapist	Wexford	1	0	0	2.6	-2.6
NCHD	Wexford	1	4	4	2.6	1.4
Occupational Therapist	Wexford	2.5	2	2	6.6	-4.6
Other - behaviour therapist	Wexford	-	0	0	N/a	N/a
Other - home based crises team nurse	Wexford		0	0	0.0	0.0
Practice Manager	Wexford	1	0	0	2.6	-2.6
Psychiatric Nurse - CMHN & Day facility nursing staff	Wexford	6	12	16	15.8	0.2
Senior Nurse - ADON	Wexford	2	0.6	0.6	5.3	-4.7
Social Worker	Wexford	2	2.5	2.5	5.3	-2.8
Team co-ordinator	Wexford	1	0	0	2.6	-2.6
Team Leader/Consultant	Wexford	1	0	0	2.6	-2.6
Team Secretary	Wexford	2	0	0	5.3	-5.3
Total Population per team or unit	Wexford	50,000	131,861	131,861		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE West - Mayo Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Counsellor	Mayo	1	1	0	2.5	-2.5
Attendant	Mayo	-	0	0	N/a	N/a
Care Assistant	Mayo	2.5	0	0	6.2	-6.2
Clinical Psychologist	Mayo	2	3.6	3.6	5.0	-1.4
Cog Behaviour therapy	Mayo	1.5	0	0	3.7	-3.7
Consultant	Mayo	1	5	4	2.5	1.5
Family Therapist	Mayo	1	0	0	2.5	-2.5
NCHD	Mayo	1	7	5	2.5	2.5
Occupational Therapist	Mayo	2.5	3.5	3	6.2	-3.2
Other -	Mayo		0	0	0.0	0.0
Other -	Mayo	-	0	0	N/a	N/a
Practice Manager	Mayo	1	0	0	2.5	-2.5
Psychiatric Nurse - CMHN & Day facility nursing staff	Mayo	6	21	20	14.9	5.1
Senior Nurse - ADON	Mayo	2	2.75	2.5	5.0	-2.5
Social Worker	Mayo	2	4	3.8	5.0	-1.2
Team co-ordinator	Mayo	1	0	0	2.5	-2.5
Team Leader/Consultant	Mayo	1	0	0	2.5	-2.5
Team Secretary	Mayo	2	0	0	5.0	-5.0
Total Population per team or unit	Mayo	50,000	124,036	124,036		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE West - East Galway Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Councillor	East Galway	1	8.8	8.8	2.2	6.6
Attendant	East Galway	-	0	0	N/a	N/a
Care Assistant	East Galway	2.5	0	0	5.5	-5.5
Clinical Psychologist	East Galway	2	4	4	4.4	-0.4
Cog Behaviour therapy	East Galway	1.5	0	0	3.3	-3.3
Consultant	East Galway	1	4	4	2.2	1.8
Family Therapist	East Galway	1	0	0	2.2	-2.2
NCHD	East Galway	1	9	10	2.2	7.8
Occupational Therapist	East Galway	2.5	2.2	2.2	5.5	-3.3
Other -	East Galway	-	19.3	19.8	N/a	N/a
Other -	East Galway	-	19	19.8	0.0	19.8
Practice Manager	East Galway	1	0	0	2.2	-2.2
Psychiatric Nurse - CMHN & Day facility nursing staff	East Galway	6	10	10	13.2	-3.2
Senior Nurse - ADON	East Galway	2	4	4	4.4	-0.4
Social Worker	East Galway	2	4	4	4.4	-0.4
Team co-ordinator	East Galway	1	0	0	2.2	-2.2
Team Leader/Consultant	East Galway	1	0	0	2.2	-2.2
Team Secretary	East Galway	2	0	0	4.4	-4.4
Total Population per team or unit	East Galway	50,000	110,100	110,100		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE West - West Galway Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Councillor	West Galway	1	2.4	2.4	2.4	-0.0
Attendant	West Galway	-	0	0	N/a	N/a
Care Assistant	West Galway	2.5	0	0	6.1	-6.1
Clinical Psychologist	West Galway	2	2	2	4.9	-2.9
Cog Behaviour therapy	West Galway	1.5	0	0	3.7	-3.7
Consultant	West Galway	1	4	4	2.4	1.6
Family Therapist	West Galway	1	0	0	2.4	-2.4
NCHD	West Galway	1	8	8	2.4	5.6
Occupational Therapist	West Galway	2.5	5	5	6.1	-1.1
Other -	West Galway		0	0	0.0	0.0
Other -	West Galway	-	0	0	N/a	N/a
Practice Manager	West Galway	1	0	0	2.4	-2.4
Psychiatric Nurse - CMHN & Day facility nursing staff	West Galway	6	15	15	14.6	0.4
Senior Nurse - ADON	West Galway	2	2	2	4.9	-2.9
Social Worker	West Galway	2	4	4	4.9	-0.9
Team co-ordinator	West Galway	1	0	0	2.4	-2.4
Team Leader/Consultant	West Galway	1	0	0	2.4	-2.4
Team Secretary	West Galway	2	0	0	4.9	-4.9
Total Population per team or unit	West Galway	50,000	122,057	122,057		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE West - Donegal Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Councillor	Donegal	1	2.25	1.5	2.8	-1.3
Attendant	Donegal	-	0	0	N/a	N/a
Care Assistant	Donegal	2.5	3.75	0	7.0	-7.0
Clinical Psychologist	Donegal	2	2.2	1.6	5.6	-4.0
Cog Behaviour therapy	Donegal	1.5	0	0	4.2	-4.2
Consultant	Donegal	1	5	5	2.8	2.2
Family Therapist	Donegal	1	1	0	2.8	-2.8
NCHD	Donegal	1	6	5	2.8	2.2
Occupational Therapist	Donegal	2.5	2	2	7.0	-5.0
Other -	Donegal	-	9	2.2	N/a	N/a
Other -	Donegal		12.5	12.5	0.0	12.5
Practice Manager	Donegal	1	0	0	2.8	-2.8
Psychiatric Nurse - CMHN & Day facility nursing staff	Donegal	6	18	16	16.8	-0.8
Senior Nurse - ADON	Donegal	2	4	4	5.6	-1.6
Social Worker	Donegal	2	4.1	2.8	5.6	-2.8
Team co-ordinator	Donegal	1	4	4	2.8	1.2
Team Leader/Consultant	Donegal	1	0	0	2.8	-2.8
Team Secretary	Donegal	2	0	0	5.6	-5.6
Total Population per team or unit	Donegal	50,000	139,432	140,017		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE West - Clare Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Counsellor	Clare	1	4	2.5	2.2	0.3
Attendant	Clare	-	0	0	N/a	N/a
Care Assistant	Clare	2.5	0	0	5.5	-5.5
Clinical Psychologist	Clare	2	4	4	4.4	-0.4
Cog Behaviour therapy	Clare	1.5	0	0	3.3	-3.3
Consultant	Clare	1	4	4	2.2	1.8
Family Therapist	Clare	1	0	0	2.2	-2.2
NCHD	Clare	1	6	6	2.2	3.8
Occupational Therapist	Clare	2.5	3.2	3.2	5.5	-2.3
Other -	Clare	-	0	0	N/a	N/a
Other -	Clare		0	0	0.0	0.0
Practice Manager	Clare	1	0	0	2.2	-2.2
Psychiatric Nurse - CMHN & Day facility nursing staff	Clare	6	18.5	20.7	13.3	7.4
Senior Nurse - ADON	Clare	2	1.16	0	4.4	-4.4
Social Worker	Clare	2	3	3	4.4	-1.4
Team co-ordinator	Clare	1	0	0	2.2	-2.2
Team Leader/Consultant	Clare	1	0	0	2.2	-2.2
Team Secretary	Clare	2	0	0	4.4	-4.4
Total Population per team or unit	Clare	50,000	110,937	110,950		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE West - North Tipperary Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Councillor	North Tipperary	1	1	2	1.3	0.7
Attendant	North Tipperary	-	0	0	N/a	N/a
Care Assistant	North Tipperary	2.5	0	0	3.3	-3.3
Clinical Psychologist	North Tipperary	2	2	3	2.6	0.4
Cog Behaviour therapy	North Tipperary	1.5	0	0	2.0	-2.0
Consultant	North Tipperary	1	2	2	1.3	0.7
Family Therapist	North Tipperary	1	0	0	1.3	-1.3
NCHD	North Tipperary	1	3	3	1.3	1.7
Occupational Therapist	North Tipperary	2.5	0	0	3.3	-3.3
Other -	North Tipperary		0	0	0.0	0.0
Other -	North Tipperary	-	0	0	N/a	N/a
Practice Manager	North Tipperary	1	0	0	1.3	-1.3
Psychiatric Nurse - CMHN & Day facility nursing staff	North Tipperary	6	5	13	7.9	5.1
Senior Nurse - ADON	North Tipperary	2	0	0	2.6	-2.6
Social Worker	North Tipperary	2	2	2	2.6	-0.6
Team co-ordinator	North Tipperary	1	0	0	1.3	-1.3
Team Leader/Consultant	North Tipperary	1	0	0	1.3	-1.3
Team Secretary	North Tipperary	2	0	0	2.6	-2.6
Total Population per team or unit	North Tipperary	50,000	66,023	66,023		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE West - Sligo/Leitrim Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Counsellor	Sligo/ Leitrim	1	3.5	3.5	1.7	1.8
Attendant	Sligo/ Leitrim	-	0	0	N/a	N/a
Care Assistant	Sligo/ Leitrim	2.5	0	0	4.3	-4.3
Clinical Psychologist	Sligo/ Leitrim	2	1	0	3.4	-3.4
Cog Behaviour therapy	Sligo/ Leitrim	1.5	0	0	2.6	-2.6
Consultant	Sligo/ Leitrim	1	5	5	1.7	3.3
Family Therapist	Sligo/ Leitrim	1	0	0	1.7	-1.7
NCHD	Sligo/ Leitrim	1	5	5	1.7	3.3
Occupational Therapist	Sligo/ Leitrim	2.5	0	0.5	4.3	-3.8
Other -	Sligo/ Leitrim		0	0	0.0	0.0
Other -	Sligo/ Leitrim	-	2	2	N/a	N/a
Practice Manager	Sligo/ Leitrim	1	0	0	1.7	-1.7
Psychiatric Nurse - CMHN & Day facility nursing staff	Sligo/ Leitrim	6	22.4	20.2	10.3	9.9
Senior Nurse - ADON	Sligo/ Leitrim	2	1.5	1	3.4	-2.4
Social Worker	Sligo/ Leitrim	2	2.5	2.3	3.4	-1.1
Team co-ordinator	Sligo/ Leitrim	1	3	3	1.7	1.3
Team Leader/Consultant	Sligo/ Leitrim	1	0	0	1.7	-1.7
Team Secretary	Sligo/ Leitrim	2	0	0	3.4	-3.4
Total Population per team or unit	Sligo/ Leitrim	50,000	85,824	85,824		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Comparison of Mental Health Service Staffing in 2008 with Required Resources set out in A Vision for Change - General Adult Community Mental Health Teams (CMHTs) - HSE West – Limerick Catchment Area

CMHT Team Structure	Catchment Area	Required Team Structure - No. of Staff per 50,000 Population	Actual - 2007	Actual - 2008	Required relative to Actual Population in CMHT Area	2008 - Variation - Actual less Required
Addiction Counsellor	Limerick	1	2.5	2.5	3.7	-1.2
Attendant	Limerick	-	0	0	N/a	N/a
Care Assistant	Limerick	2.5	0	0	9.2	-9.2
Clinical Psychologist	Limerick	2	3.8	3.8	7.4	-3.6
Cog Behaviour therapy	Limerick	1.5	0	0	5.5	-5.5
Consultant	Limerick	1	5.5	6	3.7	2.3
Family Therapist	Limerick	1	0	0	3.7	-3.7
NCHD	Limerick	1	10.5	12	3.7	8.3
Occupational Therapist	Limerick	2.5	2	2	9.2	-7.2
Other -	Limerick		0	0	0.0	0.0
Other -	Limerick	-	0	0	N/a	N/a
Practice Manager	Limerick	1	0	0	3.7	-3.7
Psychiatric Nurse - CMHN & Day facility nursing staff	Limerick	6	40	56	22.1	33.9
Senior Nurse - ADON	Limerick	2	0	0	7.4	-7.4
Social Worker	Limerick	2	3.2	3.3	7.4	-4.1
Team co-ordinator	Limerick	1	0	0	3.7	-3.7
Team Leader/Consultant	Limerick	1	0	0	3.7	-3.7
Team Secretary	Limerick	2	0	0	7.4	-7.4
Total Population per team or unit	Limerick	50,000	183,995	183,914		

Source: Indecon analysis based on Mental Health Commission Catchment Area Staffing Reports 2008 and required staffing for Community Mental Health Teams set out in A Vision for Change (2006)

Additional Catchment Area-level Scenario Analysis Tables

General adult Community Mental Health Service Staffing

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - Dublin Mid Leinster Region

HSE Dublin Mid Leinster Region	Consultant	NCHD	CMHN/ Nursing	Psychology	Social Work	Occupational Therapy
Population of Catchment/Region (2006)	1,221,816	1,221,816	1,221,816	1,221,816	1,221,816	1,221,816
No. of Staff by Function						
Required per 50,000 Population	2	1	8	2	2	2
Required per Actual Population	48.9	24	195	49	49	49
Actual						
2006	35.1	57	64	25	29	22
2007	44.0	70	79	22	29	21
2008	44.5	69	80	29	30	21
Change - 2006-08	9.4	12	16.5	4.6	1.1	-0.54
Average Annual Change	4.7	6	8.25	2.3	0.55	-0.27
Est. No. of Years to Reach Required Cover	0.9	0.0	14.0	8.6	35.0	N/a

Source: Indecon analysis based on A Vision for Change and Mental Health Commission data

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - Dublin North East Region

HSE Dublin North East Region	Consultant	NCHD	CMHN/ Nursing	Psychology	Social Work	Occupational Therapy
Population of Catchment/Region (2006)	924,281	924,281	924,281	924,281	924,281	924,281
No. of Staff by Function						
Required per 50,000 Population	2	1	8	2	2	2
Required per Actual Population	37.0	18.5	147.9	37.0	37.0	37.0
Actual						
2006	30.0	60.0	77.0	11.7	14.7	4.1
2007	36.0	66.0	110.0	15.4	22.2	8.9
2008	34.0	70.0	61.0	15.6	18.4	8.0
Change - 2006-08	4.0	10.0	-16.0	3.9	3.8	3.9
Average Annual Change	2.0	5.0	-8.0	2.0	1.9	2.0
Est. No. of Years to Reach Required Cover	1.5	0.0	-10.9	10.9	9.8	14.9

Source: Indecon analysis based on *A Vision for Change* and Mental Health Commission data

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - HSE South Region

HSE South Region	Consultant	NCHD	CMHN/ Nursing	Psychology	Social Work	Occupational Therapy
Population of Catchment/Region (2006)	1,080,060	1,080,060	1,080,060	1,080,060	1,080,060	1,080,060
No. of Staff by Function						
Required per 50,000 Population	2	1	8	2	2	2
Required per Actual Population	43.2	21.6	172.8	43.2	43.2	43.2
Actual						
2006	35.7	53.0	62.8	15.9	19.2	12.6
2007	38.7	61.0	80.7	21.0	25.5	15.1
2008	38.7	59.5	77.1	23.9	24.3	14.4
Change - 2006-08	3.0	6.5	14.3	8.1	5.1	1.8
Average Annual Change	1.5	3.3	7.2	4.0	2.5	0.9
Est. No. of Years to Reach Required Cover	3.0	0.0	13.4	4.8	7.5	32.4

Source: Indecon analysis based on *A Vision for Change* and *Mental Health Commission* data

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - HSE West Region

HSE West Region	Consultant	NCHD	CMHN/ Nursing	Psychology	Social Work	Occupational Therapy
Population of Catchment/Region (2006)	1,014,309	1,014,309	1,014,309	1,014,309	1,014,309	1,014,309
No. of Staff by Function						
Required per 50,000 Population	2	1	8	2	2	2
Required per Actual Population	40.6	20.3	162.3	40.6	40.6	40.6
Actual						
2006	36.5	59.7	75.0	21.6	22.7	21.6
2007	37.5	60.7	65.5	22.7	27.7	22.1
2008	37.0	59.0	72.0	22.4	28.0	21.9
Change - 2006-08	0.5	-0.7	-3.0	0.8	5.4	0.3
Average Annual Change	0.3	-0.4	-1.5	0.4	2.7	0.2
Est. No. of Years to Reach Required Cover	14.3	0.0	-60.2	45.4	4.7	106.7

Source: Indecon analysis based on *A Vision for Change and Mental Health Commission data*

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - HSE Dublin Mid Leinster Region - Consultant Staff

Staff Category/Year	Dublin South East	Dublin South City	Dublin South West/ West	East Wicklow	South County Dublin	West Wicklow/Kildare	Laois/Offaly	Longford/Westmeath	Total Dublin Mid Leinster
Population of Catchment/Region (2006)	90,573	134,060	256,566	109,472	172,332	205,175	137,616	116,022	1,221,816
No. of Consultants (WTEs)									
Required per 50,000 Population	2	2	2	2	2	2	2	2	2
Required per Actual Population	3.6	5.4	10.3	4.4	6.9	8.2	5.5	4.6	48.9
Actual No.									
2006	3.5	3.9	6.2	3	4	7	3.5	4	35.1
2007	3	4	9	4	6	8	5	5	44.0
2008	3.5	5	9	4	6	8	5	4	44.5
Change - 2006-08	0.0	1.1	2.8	1.0	2.0	1.0	1.5	0.0	9.4
Average Annual Change	0.5	0.6	1.4	0.5	1.0	0.5	0.8	0.0	4.7
Est. No. of Years to Reach Required Cover	0.2	0.7	0.9	0.8	0.9	0.4	0.7	N/a	0.9

Source: *Indecon analysis based on A Vision for Change and Mental Health Commission data*

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - Dublin Mid Leinster Region - NCHD Staff

Staff Category/Year	Dublin South East	Dublin South City	Dublin South West/West	East Wicklow	South County Dublin	West Wicklow/Kildare	Laois/Offaly	Longford/Westmeath	Total Dublin Mid Leinster
Population of Catchment/Region (2006)	90,573	134,060	256,566	109,472	172,332	205,175	137,616	116,022	1,221,816
No. of NCHDs									
Required per 50,000 Population	1	1	1	1	1	1	1	1	1
Required per Actual Population	1.8	2.7	5.1	2.2	3.4	4.1	2.8	2.3	24.4
Actual No.									
2006	4	7	11	6	10	10	5	4	57.0
2007	3.5	8.5	15	8	10	12	6	7	70.0
2008	3.5	8.5	16	8	10	12	5	6	69.0
Change - 2006-08	-0.5	1.5	5	2	0	2	0	2	12
Average Annual Change	-0.25	0.8	2.5	1.0	0.0	1.0	0.0	1.0	6.0
Est. No. of Years to Reach Required Cover	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Source: *Indecon analysis based on A Vision for Change and Mental Health Commission data*

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by A Vision for Change and Current Population Levels - HSE Dublin Mid Leinster Region - Mental Health Nursing Staff (CMHNS)

HSE Dublin Mid Leinster Region	Dublin South East	Dublin South City	Dublin South West/West	East Wicklow	South County Dublin	West Wicklow/Kildare	Laois/Offaly	Longford/Westmeath	Total Dublin Mid Leinster
Population of Catchment/Region (2006)	90,573	134,060	256,566	109,472	172,332	205,175	137,616	116,022	1,221,816
No. of CMHN Staff									
Required per 50,000 Population	8	8	8	8	8	8	8	8	8
Required per Actual Population	14.5	21.4	41.1	17.5	27.6	32.8	22.0	18.6	195.5
Actual									
2006	6	5	9	3	4	17	11.5	8	63.5
2007	5	5	9	5	11	22	10	12	79.0
2008	7	5	10	5	10	23	10	10	80.0
Change - 2006-08	1	0	1	2	6	6	-1.5	2	16.5
Average Annual Change	0.5	0.0	0.5	1.0	3.0	3.0	-0.8	1.0	8.3
Est. No. of Years to Reach Required Cover	15.0	N/a	62.1	12.5	5.9	3.3	N/a	8.6	14.0

Source: Indecon analysis based on A Vision for Change and Mental Health Commission data

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - Dublin Mid Leinster Region - Social Work Staff

HSE Dublin Mid Leinster Region	Dublin South East	Dublin South City	Dublin South West/West	East Wicklow	South County Dublin	West Wicklow/Kildare	Laois/Offaly	Longford/Westmeath	Total Dublin Mid Leinster
Population of Catchment/Region (2006)	90,573	134,060	256,566	109,472	172,332	205,175	137,616	116,022	1,221,816
No. of Social Work Staff									
Required per 50,000 Population	2	2	2	2	2	2	2	2	2.0
Required per Actual Population	3.6	5.4	10.3	4.4	6.9	8.2	5.5	4.6	48.9
Actual									
2006	2	4	6	1.5	4	4	3	4	28.5
2007	2	2	7	2	5	4	3	3.5	28.5
2008	2.9	4	5	2	5.2	5	2	3.5	29.6
Change - 2006-08	0.9	0	-1	0.5	1.2	1	-1	-0.5	1.1
Average Annual Change	0.45	0.0	-0.5	0.3	0.6	0.5	-0.5	-0.3	0.6
Est. No. of Years to Reach Required Cover	1.6	N/a	-10.5	9.5	2.8	6.4	-7.0	-4.6	35.0

Source: *Indecon analysis based on A Vision for Change and Mental Health Commission data*

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - Dublin Mid Leinster Region - Occupational Therapy Staff

HSE Dublin Mid Leinster Region	Dublin South East	Dublin South City	Dublin South West/West	East Wicklow	South County Dublin	West Wicklow/Kildare	Laois/Offaly	Longford/Westmeath	Total Dublin Mid Leinster
Population of Catchment/Region (2006)	90,573	134,060	256,566	109,472	172,332	205,175	137,616	116,022	1,221,816
No. of Occupational Therapy Staff									
Required per 50,000 Population	2	2	2	2	2	2	2	2	2.0
Required per Actual Population	3.6	5.4	10.3	4.4	6.9	8.2	5.5	4.6	48.9
Actual									
2006	2	5.5	5	0	0	3	3	3	21.5
2007	1.5	3.25	6	0	0	5	3	2	20.8
2008	0	3.96	6	0	0	5	3	3	21.0
Change - 2007-08	-1.5	0.71	0	0	0	0	0	1	0.21
Average Annual Change	-0.75	0.4	0.0	0.0	0.0	0.0	0.0	0.5	0.1
Est. No. of Years to Reach Required Cover	N/a	4.0	N/a	N/a	N/a	N/a	N/a	3.3	265.8

Source: Indecon analysis based on *A Vision for Change* and Mental Health Commission data

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - HSE Dublin North East Region - Consultant-level Staff

HSE Dublin North East Region	North West Dublin	North Dublin	Louth/Meath	Dublin North Central	Cavan/Monaghan	Total Dublin North East
Population of Catchment/Region (2006)	165,755	225,145	271,257	143,333	118,791	924,281
No. of Consultants (WTEs)						
Required per 50,000 Population	2	2	2	2	2	2
Required per Actual Population	6.6	9.0	10.9	5.7	4.8	37.0
Actual No.						
2006	5	7	7	7	4	30
2007	7	7	11	7	4	36
2008	7	7	11	7	2	34
Change - 2006-08	2.0	0.0	4.0	0.0	-2.0	4.0
Average Annual Change	1.0	0.0	2.0	0.0	-1.0	2.0
Est. No. of Years to Reach Required Cover	0.0	N/a	0.0	0.0	-2.8	1.5

Source: Indecon analysis based on *A Vision for Change* and *Mental Health Commission* data

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - HSE Dublin North East Region - NCHD Staff

HSE Dublin North East Region	North West Dublin	North Dublin	Louth/Meath	Dublin North Central	Cavan/Monaghan	Total Dublin North East
Population of Catchment/Region (2006)	165,755	225,145	271,257	143,333	118,791	924,281
No. of NCHDs						
Required per 50,000 Population	1	1	1	1	1	1
Required per Actual Population	3.3	4.5	5.4	2.9	2.4	18.5
Actual No.						
2006	8	11	18	14	9	60
2007	13	11.5	19.5	13	9	66
2008	14	15	22	15	4	70
Change - 2006-08	6.0	4.0	4.0	1.0	-5.0	10.0
Average Annual Change	3.0	2.0	2.0	0.5	-2.5	5.0
Est. No. of Years to Reach Required Cover	0.0	0.0	0.0	0.0	0.0	0.0

Source: *Indecon analysis based on A Vision for Change and Mental Health Commission data*

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - HSE Dublin North East Region - Mental Health Nursing Staff

HSE Dublin North East Region	North West Dublin	North Dublin	Louth/Meath	Dublin North Central	Cavan/Monaghan	Total Dublin North East
Population of Catchment/Region (2006)	165,755	225,145	271,257	143,333	118,791	924,281
No. of CMHN Staff						
Required per 50,000 Population	8	8	8	8	8	8
Required per Actual Population	26.5	36.0	43.4	22.9	19.0	147.9
Actual						
2006	9	19.5	9	19	20.5	77
2007	18	20.5	12.8	18	40.71	110.01
2008	18	12.62	9.9	18.5	2	61.02
Change - 2006-08	9.0	-6.9	0.9	-0.5	-18.5	-16.0
Average Annual Change	4.5	-3.4	0.5	-0.3	-9.3	-8.0
Est. No. of Years to Reach Required Cover	1.9	-6.8	74.4	-17.7	-1.8	-10.9

Source: Indecon analysis based on *A Vision for Change* and *Mental Health Commission* data

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - HSE Dublin North East Region - Psychology Staff

HSE Dublin North East Region	North West Dublin	North Dublin	Louth/Meath	Dublin North Central	Cavan/Monaghan	Total Dublin North East
Population of Catchment/Region (2006)	165,755	225,145	271,257	143,333	118,791	924,281
No. of Psychology Staff						
Required per 50,000 Population	2	2	2	2	2	2
Required per Actual Population	6.6	9.0	10.9	5.7	4.8	37.0
Actual						
2006	1.5	3	4.1	0	3.1	11.7
2007	4	3	6.35	0	2	15.35
2008	4	3.5	6.62	0.5	1	15.62
Change - 2006-08	2.5	0.5	2.5	0.5	-2.1	3.9
Average Annual Change	1.3	0.3	1.3	0.3	-1.1	2.0
Est. No. of Years to Reach Required Cover	2.1	22.0	3.4	20.9	-3.6	10.9

Source: Indecon analysis based on *A Vision for Change* and Mental Health Commission data

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - HSE Dublin North East Region - Social Work Staff

HSE Dublin North East Region	North West Dublin	North Dublin	Louth/Meath	Dublin North Central	Cavan/Monaghan	Total Dublin North East
Population of Catchment/Region (2006)	165,755	225,145	271,257	143,333	118,791	924,281
No. of Social Work Staff						
Required per 50,000 Population	2	2	2	2	2	2
Required per Actual Population	6.6	9.0	10.9	5.7	4.8	37.0
Actual						
2006	2.5	5.5	4.35	0	2.3	14.65
2007	4.5	5.5	6	3	3.23	22.23
2008	3.5	5.5	6.31	1.82	1.3	18.43
Change - 2006-08	1.0	0.0	2.0	1.8	-1.0	3.8
Average Annual Change	0.5	0.0	1.0	0.9	-0.5	1.9
Est. No. of Years to Reach Required Cover	6.3	N/a	4.6	4.3	-6.9	9.8

Source: Indecon analysis based on *A Vision for Change* and *Mental Health Commission* data

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - HSE Dublin North East Region - Occupational Therapy Staff

HSE Dublin North East Region	North West Dublin	North Dublin	Louth/Meath	Dublin North Central	Cavan/Monaghan	Total Dublin North East
Population of Catchment/Region (2006)	165,755	225,145	271,257	143,333	118,791	924,281
No. of Occupational Therapy Staff						
Required per 50,000 Population	2	2	2	2	2	2
Required per Actual Population	6.6	9.0	10.9	5.7	4.8	37.0
Actual						
2006	1.5	1	0	0	1.6	4.1
2007	4	1	0	1	2.85	8.85
2008	4.7	1.5	0	1	0.8	8
Change - 2007-08	3.2	0.5	0.0	1.0	-0.8	3.9
Average Annual Change	1.6	0.3	0.0	0.5	-0.4	2.0
Est. No. of Years to Reach Required Cover	1.2	30.0	N/a	9.5	-9.9	14.9

Source: *Indecon analysis based on A Vision for Change and Mental Health Commission data*

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - HSE South Region - Consultant-level Staff

HSE South Region	Carlow/ Kilkenny	Kerry	North Cork	North Lee	South Tipperary	South Lee	Waterford	West Cork	Wexford	Total South
Population of Catchment/Region (2006)	120,671	139,835	80,795	167,536	83,052	179,133	123,844	53,445	131,749	1,080,060
No. of Consultants (WTEs)										
Required per 50,000 Population	2	2	2	2	2	2	2	2	2	2
Required per Actual Population	4.8	5.6	3.2	6.7	3.3	7.2	5.0	2.1	5.3	43.2
Actual No.										
2006	4	5	3	5	3	5.73	4	2	4	35.73
2007	5	5	3	6	3	5.73	4	3	4	38.73
2008	5	5	3	6	3	5.73	4	3	4	38.73
Change - 2006-08	1.0	0.0	0.0	1.0	0.0	0.0	0.0	1.0	0.0	3.0
Average Annual Change	0.5	0.0	0.0	0.5	0.0	0.0	0.0	0.5	0.0	1.5
No. of Years to Reach Required Cover	0.0	N/a	N/a	1.4	N/a	N/a	N/a	0.0	N/a	3.0

Source: Indecon analysis based on A Vision for Change and Mental Health Commission data

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - HSE South Region - NCHD Staff

HSE South Region	Carlow/Kilkenny	Kerry	North Cork	North Lee	South Tipperary	South Lee	Waterford	West Cork	Wexford	Total South
Population of Catchment/Region (2006)	120,671	139,835	80,795	167,536	83,052	179,133	123,844	53,445	131,749	1,080,060
No. of NCHDs										
Required per 50,000 Population	1	1	1	1	1	1	1	1	1	1
Required per Actual Population	2.4	2.8	1.6	3.4	1.7	3.6	2.5	1.1	2.6	21.6
Actual No.										
2006	5.5	6	7	10	3	8.5	4	5	4	53
2007	9	8	7	11	3	10	4	5	4	61
2008	7.5	8	7	11	3	10	4	5	4	59.5
Change - 2006-08	2	2	0	1	0	1.5	0	0	0	6.5
Average Annual Change	1.0	1.0	0.0	0.5	0.0	0.8	0.0	0.0	0.0	3.3
Est. No. of Years to Reach Required Cover	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Source: Indecon analysis based on *A Vision for Change* and *Mental Health Commission* data

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - HSE South Region - Mental Health Nursing Staff

HSE South Region	Carlow/Kilkenny	Kerry	North Cork	North Lee	South Tipperary	South Lee	Waterford	West Cork	Wexford	Total South
Population of Catchment/Region (2006)	120,671	139,835	80,795	167,536	83,052	179,133	123,844	53,445	131,749	1,080,060
No. of CMHN Staff										
Required per 50,000 Population	8	8	8	8	8	8	8	8	8	8
Required per Actual Population	19.3	22.4	12.9	26.8	13.3	28.7	19.8	8.6	21.1	172.8
Actual										
2006	8	11	6	10	4	8.8	5	4	6	62.8
2007	23.9	12	6	10	3	9.8	5	4	7	80.7
2008	21	12	5.5	10	3	10.6	5	4	6	77.1
Change - 2006-08	13	1	-0.5	0	-1	1.8	0	0	0	14.3
Average Annual Change	6.5	0.5	-0.3	0.0	-0.5	0.9	0.0	0.0	0.0	7.2
Est. No. of Years to Reach Required Cover	0.0	20.7	-29.7	N/a	-20.6	20.1	N/a	N/a	N/a	13.4

Source: Indecon analysis based on *A Vision for Change* and *Mental Health Commission* data

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - HSE South Region - Psychology Staff

HSE South Region	Carlow/Kilkenny	Kerry	North Cork	North Lee	South Tipperary	South Lee	Waterford	West Cork	Wexford	Total South
Population of Catchment/Region (2006)	120,671	139,835	80,795	167,536	83,052	179,133	123,844	53,445	131,749	1,080,060
No. of Psychology Staff										
Required per 50,000 Population	2	2	2	2	2	2	2	2	2	2
Required per Actual Population	4.8	5.6	3.2	6.7	3.3	7.2	5.0	2.1	5.3	43.2
Actual										
2006	0	1.9	3.1	2.4	1	2.7	2.25	0.5	2	15.85
2007	4	1.43	2.4	2.4	2	2.91	2.3	1	2.6	21.04
2008	4	1.42	2.4	4.6	2.5	2.91	2.3	1	2.8	23.93
Change - 2006-08	4	-0.48	-0.7	2.2	1.5	0.21	0.05	0.5	0.8	8.08
Average Annual Change	2.0	-0.2	-0.4	1.1	0.8	0.1	0.0	0.3	0.4	4.0
Est. No. of Years to Reach Required Cover	0.4	-17.4	-2.4	1.9	1.1	40.5	106.2	4.6	6.2	4.8

Source: Indecon analysis based on *A Vision for Change* and *Mental Health Commission* data

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - HSE South Region - Social Work Staff

HSE South Region	Carlow/Kilkenny	Kerry	North Cork	North Lee	South Tipperary	South Lee	Waterford	West Cork	Wexford	Total South
Population of Catchment/Region (2006)	120,671	139,835	80,795	167,536	83,052	179,133	123,844	53,445	131,749	1,080,060
No. of Social Work Staff										
Required per 50,000 Population	2	2	2	2	2	2	2	2	2	2
Required per Actual Population	4.8	5.6	3.2	6.7	3.3	7.2	5.0	2.1	5.3	43.2
Actual										
2006	2.4	2	1	3.6	2.4	1.8	2.5	2	1.5	19.2
2007	4	2.5	1	5	3	2.8	2.5	2.2	2.5	25.5
2008	3.6	2.5	0.1	5	2.8	2.8	2.75	2.2	2.5	24.25
Change - 2006-08	1.2	0.5	-0.9	1.4	0.4	1	0.25	0.2	1	5.05
Average Annual Change	0.6	0.3	-0.5	0.7	0.2	0.5	0.1	0.1	0.5	2.5
Est. No. of Years to Reach Required Cover	2.0	12.4	-7.0	2.4	2.6	8.7	17.6	0.0	5.5	7.5

Source: Indecon analysis based on *A Vision for Change* and *Mental Health Commission* data

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - HSE South Region - Occupational Therapy Staff

HSE South Region	Carlow/Kilkenny	Kerry	North Cork	North Lee	South Tipperary	South Lee	Waterford	West Cork	Wexford	Total South
Population of Catchment/Region (2006)	120,671	139,835	80,795	167,536	83,052	179,133	123,844	53,445	131,749	1,080,060
No. of Occupational Therapy Staff										
Required per 50,000 Population	2	2	2	2	2	2	2	2	2	2
Required per Actual Population	4.8	5.6	3.2	6.7	3.3	7.2	5.0	2.1	5.3	43.2
Actual										
2006	0.3	2.8	3	2.3	0	0	0	2	2.2	12.6
2007	1.9	3	3	3.4	0	0	0	1.8	2	15.1
2008	1.78	3	2	3.8	0	0	0	1.8	2	14.38
Change - 2007-08	1.48	0.2	-1	1.5	0	0	0	-0.2	-0.2	1.78
Average Annual Change	0.7	0.1	-0.5	0.8	0.0	0.0	0.0	-0.1	-0.1	0.9
Est. No. of Years to Reach Required Cover	4.1	25.9	-2.5	3.9	N/a	N/a	N/a	-3.4	-32.7	32.4

Source: Indecon analysis based on *A Vision for Change* and Mental Health Commission data

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - HSE West Region - Consultant-level Staff

HSE West Region	Clare	Donegal	East Galway	Limerick	Mayo	North Tipperary	Roscommon	Sligo/Leitrim	West Galway	Total West
Population of Catchment/Region (2006)	110,950	139,432	110,106	184,055	123,648	66,023	58,838	99,690	121,567	1,014,309
No. of Consultants (WTEs)										
Required per 50,000 Population	2	2	2	2	2	2	2	2	2	2
Required per Actual Population	4.4	5.6	4.4	7.4	4.9	2.6	2.4	4.0	4.9	40.6
Actual No.										
2006	4	4.5	4	5	5	2	3	5	4	36.5
2007	4	5	4	5.5	5	3	2	5	4	37.5
2008	4	5	4	6	4	2	3	5	4	37
Change - 2006-08	0.0	0.5	0.0	1.0	-1.0	0.0	0.0	0.0	0.0	0.5
Average Annual Change	0.0	0.3	0.0	0.5	-0.5	0.0	0.0	0.0	0.0	0.3
Est. No. of Years to Reach Required Cover	N/a	2.3	N/a	2.7	-1.9	N/a	0.0	0.0	N/a	14.3

Source: Indecon analysis based on *A Vision for Change* and *Mental Health Commission* data

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - HSE West Region - NCHD Staff

HSE West Region	Clare	Donegal	East Galway	Limerick	Mayo	North Tipperary	Roscommon	Sligo/Leitrim	West Galway	Total West
Population of Catchment/Region (2006)	110,950	139,432	110,106	184,055	123,648	66,023	58,838	99,690	121,567	1,014,309
No. of NCHDs										
Required per 50,000 Population	1	1	1	1	1	1	1	1	1	1
Required per Actual Population	2.2	2.8	2.2	3.7	2.5	1.3	1.2	2.0	2.4	20.3
Actual No.										
2006	5	6.5	8.2	12	6	3	5	5	9	59.7
2007	6	7	8.2	10.5	7	3	5	5	9	60.7
2008	6	5	10	12	5	3	5	5	8	59
Change - 2006-08	1.0	-1.5	1.8	0.0	-1.0	0.0	0.0	0.0	-1.0	-0.7
Average Annual Change	0.5	-0.8	0.9	0.0	-0.5	0.0	0.0	0.0	-0.5	-0.4
Est. No. of Years to Reach Required Cover	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Source: Indecon analysis based on *A Vision for Change* and *Mental Health Commission* data

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels – HSE West Region - Mental Health Nursing Staff

HSE West Region	Clare	Donegal	East Galway	Limerick	Mayo	North Tipperary	Roscommon	Sligo/Leitrim	West Galway	Total West
Population of Catchment/Region (2006)	110,950	139,432	110,106	184,055	123,648	66,023	58,838	99,690	121,567	1,014,309
No. of CMHN Staff										
Required per 50,000 Population	8	8	8	8	8	8	8	8	8	8
Required per Actual Population	17.8	22.3	17.6	29.4	19.8	10.6	9.4	16.0	19.5	162.3
Actual										
2006	4	9	10	21	7.5	2	3.5	10	8	75
2007	4.5	14	10	6	7	2	6	8	8	65.5
2008	4	9	10	23	6	2	4	8	6	72
Change - 2006-08	0.0	0.0	0.0	2.0	-1.5	0.0	0.5	-2.0	-2.0	-3.0
Average Annual Change	0.0	0.0	0.0	1.0	-0.8	0.0	0.3	-1.0	-1.0	-1.5
Est. No. of Years to Reach Required Cover	N/a	N/a	N/a	6.4	-18.4	N/a	21.7	-8.0	-13.5	-60.2

Source: Indecon analysis based on *A Vision for Change* and *Mental Health Commission* data

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - HSE West Region - Psychology Staff

HSE West Region	Clare	Donegal	East Galway	Limerick	Mayo	North Tipperary	Roscommon	Sligo/Leitrim	West Galway	Total West
Population of Catchment/Region (2006)	110,950	139,432	110,106	184,055	123,648	66,023	58,838	99,690	121,567	1,014,309
No. of Psychology Staff										
Required per 50,000 Population	2	2	2	2	2	2	2	2	2	2
Required per Actual Population	4.4	5.6	4.4	7.4	4.9	2.6	2.4	4.0	4.9	40.6
Actual										
2006	3.8	2	3.8	4	3	2	1	0	2	21.6
2007	4	1.6	4	4.1	3	3	1	0	2	22.7
2008	4	1.6	4	3.8	3	3	1	0	2	22.4
Change - 2006-08	0.2	-0.4	0.2	-0.2	0.0	1.0	0.0	0.0	0.0	0.8
Average Annual Change	0.1	-0.2	0.1	-0.1	0.0	0.5	0.0	0.0	0.0	0.4
Est. No. of Years to Reach Required Cover	4.4	-19.9	4.0	-35.6	N/a	0.0	N/a	N/a	N/a	45.4

Source: Indecon analysis based on *A Vision for Change* and *Mental Health Commission* data

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - HSE West Region - Social Work Staff

West	Clare	Donegal	East Galway	Limerick	Mayo	North Tipperary	Roscommon	Sligo/Leitrim	West Galway	Total West
Population of Catchment/Region (2006)	110,950	139,432	110,106	184,055	123,648	66,023	58,838	99,690	121,567	1,014,309
No. of Social Work Staff										
Required per 50,000 Population	2	2	2	2	2	2	2	2	2	2
Required per Actual Population	4.4	5.6	4.4	7.4	4.9	2.6	2.4	4.0	4.9	40.6
Actual										
2006	2	2.5	2.6	3.25	3.5	2	1	1.8	4	22.65
2007	3	3.8	4	3.5	4.1	2	1	2.3	4	27.7
2008	3	2.8	4	3	3.9	2	2	3.3	4	28
Change - 2006-08	1.0	0.3	1.4	-0.3	0.4	0.0	1.0	1.5	0.0	5.4
Average Annual Change	0.5	0.2	0.7	-0.1	0.2	0.0	0.5	0.8	0.0	2.7
Est. No. of Years to Reach Required Cover	2.9	18.5	0.6	-34.9	5.2	N/a	0.7	0.9	N/a	4.7

Source: *Indecon analysis based on A Vision for Change and Mental Health Commission data*

Adult Multi-Disciplinary Staff in Community Mental Health Teams - Scenarios for Attainment of Required Staffing Levels implied by *A Vision for Change* and Current Population Levels - HSE West Region - Occupational Therapy Staff

West	Clare	Donegal	East Galway	Limerick	Mayo	North Tipperary	Roscommon	Sligo/Leitrim	West Galway	Total West
Population of Catchment/Region (2006)	110,950	139,432	110,106	184,055	123,648	66,023	58,838	99,690	121,567	1,014,309
No. of Occupational Therapy Staff										
Required per 50,000 Population	2	2	2	2	2	2	2	2	2	2
Required per Actual Population	4.4	5.6	4.4	7.4	4.9	2.6	2.4	4.0	4.9	40.6
Actual										
2006	3.2	0.4	2.2	3	3.5	0	3	1	5.25	21.55
2007	3.2	2	2.4	2	4	0	3	0.5	5	22.1
2008	3.2	2	2.2	2	3.5	0	3.5	0.5	5	21.9
Change - 2006-08	0.0	1.6	0.0	-1.0	0.0	0.0	0.5	-0.5	-0.3	0.3
Average Annual Change	0.0	0.8	0.0	-0.5	0.0	0.0	0.3	-0.3	-0.1	0.2
Est. No. of Years to Reach Required Cover	N/a	4.5	N/a	-10.7	N/a	N/a	0.0	-14.0	0.0	106.7

Source: Indecon analysis based on *A Vision for Change* and Mental Health Commission data

Annex 2 Recommended Resources and Infrastructure

The tables in this annex set out the specific infrastructure and human resource requirements for Mental Health Services which were recommended in *A Vision for Change*.

Mental Health Service Staffing and Infrastructure Requirements set out in *A Vision for Change* -
General Adult Community Mental Health Teams

TEAM/ UNIT	General Adult Community Mental Health Team (CMHT)	Adult Eating Disorders CMHT	Rehab. CMHT	Early Intervention CMHT	Adult Liaison Service	Neuro-Psychiatry	Perinatal Psychiatry
Total Population per team or unit	50,000	1,000,000	100,000	2 teams	300,000	2,000,000	
Number of Teams Required	78	4	39	2	13	2	
Team Co-Ordinator	78	4	39	2	13	2	
Team Leader/ Consultant	78	4	39	2	13	2	
Practice Manager	78	4	39	2	13	2	
Consultant	78						1
NCHD	78	4	39	2	13	2	
Senior Nurse	156	8	156	4	26	4	2
Psychiatric Nurse	468	24	390	12	78	12	
Occupational Therapist	195	10	78	6	13	4	
Clinical Psychologist	156	8	78	4	26	4	
Social Worker	156	8	78	4	26	2	
Care Assistant	195	10	254	6	33	5	
Team Secretary	156	8	78	4	26	4	
Attendant							
Cog Behaviour Therap	117	6	39	4	20	4	
Family Therapist	78	4		2	13	2	
Addiction Counsellor	78	4	39	2	13	2	
Other Therapists		4	78			4	
NOTES						1 based in Dublin	
						1 based in Cork	

Source: *A Vision for Change, 2006*

Mental Health Service Staffing and Infrastructure Requirements set out in *A Vision for Change - Adult In-Patient and Residential Services*

TEAM/ UNIT	Acute In-Patient Units	Crisis Houses for Adult Services	Neuro-Psychiatry Unit	Staffed Residences
Total Population per team or unit	300,000 : 50 beds	300,000 : 1 unit x 10 beds	6 - 10 beds	100,000 : 3 units x 10 places
Number of Teams Required	13 units x 50 beds	13 units	1 unit	117 units
Team Co-Ordinator				
Team Leader/ Consultant				
Practice Manager				
Consultant				
NCHD				
Senior Nurse	65	26	5	117
Psychiatric Nurse	455	104	35	468
Occupational Therapist				
Clinical Psychologist				
Social Worker				
Care Assistant		52		351
Team Secretary				
Attendant	130	39	10	351
Cog Behaviour Therap				
Family Therapist				
Addiction Counsellor				
Other Therapists				
NOTES			based in Beaumont Hosp	

Source: *A Vision for Change, 2006*

Mental Health Service Staffing and Infrastructure Requirements set out in *A Vision for Change - Child & Adolescent CMHTs*

TEAM/ UNIT	Communi ty Mental Health Teams	Liaison Teams	Eating Disorder Team	In-Patient Service	National High Secure Unit	Substance Misuse and Dependen cy
Total Population per team or unit	50,000			20 beds per unit	10 beds	1,000,000
Number of Teams Required	78	7	1	5 units		4
Team Co-Ordinator	78	7	1	5		4
Team Leader/ Consultant	78	7	1	5		4
Practice Manager Consultant	78	7	1	5		4
NCHD	78	7	1	5		4
Senior Nurse				10	2	8
Psychiatric Nurse	156	7	2	80	13	
Occupational Therapist	78	7	1	10		
Clinical Psychologist	156	14	2	20		4
Social Worker	156	14	2	15		4
Care Assistant	78	7	1			8
Team Secretary	156	14	2	15		8
Attendant				25	4	
Cog Behaviour Therap						
Family Therapist						8
Addiction Counsellor						12
Other Therapists	78	7	1	20		8
NOTES			tertiary national service			team as recommen ded by substance misuse subgroup

Source: *A Vision for Change, 2006*

Mental Health Service Staffing and Infrastructure Requirements set out in *A Vision for Change - Mental Health of Intellectual Disability CMHTs*

TEAM/ UNIT	Community Mental Health Teams - Adult	Children & Adolescents
Total Population per team or unit	2 teams per 300,000	1 team per 300,000
Number of Teams Required	26	13
Team Co-Ordinator	26	13
Team Leader/ Consultant	26	13
Practice Manager	26	13
Consultant		
NCHD	26	13
Senior Nurse	52	26
Psychiatric Nurse		
Occupational Therapist	26	13
Clinical Psychologist	52	26
Social Worker	52	26
Care Assistant	26	13
Team Secretary	52	26
Attendant		
Cog Behaviour Therap		
Family Therapist		
Addiction Counsellor		
Other Therapists	26	
NOTES	26 posts for various occasional therapies	

Source: *A Vision for Change, 2006*

Summary of the Overall Requirements for Special Category Services

Adult	Team : Population Ratio	Total Number of Teams Required	Minimum number of WTEs required per team	Total Requirements
Eating Disorder	1 : 1,000,000	4	25	100
Early Intervention	1 : 2,000,000	2	26	52
Liaison	1 : 300,000	13	15	195
Neuropsychiatry	1 : 2,000,000	2	25	50
Perinatal Psychiatry	1 Team Nationally	1	3	3
Substance Misuse	1 : 300,000	13	17	221
Intensive Care Rehabilitation	1 : 1,000,000	4	16	64
Forensic	1 : 1,000,000	4	25	100
Forensic ID	1 Team Nationally	1	25	25
Child & Adolescent Liaison	7 Teams Nationally	7	12	84
Eating Disorder	1 Team Nationally	1	13	13
Forensic	1 : 2,000,000	2	25	50
Substance Misuse	1 : 1,000,000	4	17	68
MHID	1 : 300,000	13	10	130
Total		71		1,155

Source: A Vision for Change - Implementation Plan - 2009-2013

Mental Health Service Staffing and Infrastructure Requirements set out in *A Vision for Change* - Mental Health Services for Older People

TEAM/ UNIT	CMHT for older people	Central Acute Day Hospitals	Continuing Care Beds - Challenging Behaviour
Total Population per team or unit	100,000	300,000 : 25 places	300,000 : 30 beds
Number of Teams Required	39	13 units	13 units x 30 beds
Team Co-Ordinator	39		
Team Leader/ Consultant	39		
Practice Manager	39		
Consultant			
NCHD	39		
Senior Nurse	78	13	26
Psychiatric Nurse	234	13	247
Occupational Therapist	39		
Clinical Psychologist	39		
Social Worker	39		
Care Assistant	78	26	
Team Secretary	78		
Attendant		20	52
Cog Behaviour Therap			
Family Therapist			
Addiction Counsellor			
Other Therapists	39		
NOTES			

Source: *A Vision for Change*, 2006

Mental Health Service Staffing and Infrastructure Requirements set out in *A Vision for Change - Difficult to Manage Patients*

TEAM/ UNIT	Intensive Care Rehabilitation Teams	Intensive Care Rehabilitation Units	High Support Intensive Care Residences
Total Population per team or unit	1,000,000	1,000,000 : 30 beds	1,000,000 : 20 places
Number of Teams Required	4	4 units x 30 beds	80 places
Team Co-Ordinator	4		
Team Leader/ Consultant	4		
Practice Manager	4		
Consultant			
NCHD	4		
Senior Nurse		16	16
Psychiatric Nurse		104	64
Occupational Therapist	10		
Clinical Psychologist	8		
Social Worker	8		
Care Assistant	8		
Team Secretary	8		
Attendant		32	32
Cog Behaviour Therap	8		
Family Therapist	4		
Addiction Counsellor	4		
Other Therapists			
NOTES	nursing input drawn from DMP service complement		8 units x 10 places

Source: *A Vision for Change, 2006*

**Mental Health Service Staffing and Infrastructure Requirements set out in A
Vision for Change - Forensic Mental Health Services**

TEAM/ UNIT	Forensic Teams	Forensic Teams - Child & Adolescent	Forensic Teams - Intellectual Disability	Staff of Central Mental Hospital
Total Population per team or unit	1,000,000	2 teams	1 team	
Number of Teams Required	4	2	1	
Team Co-Ordinator	4	2	1	
Team Leader/ Consultant	4	2	1	
Practice Manager	4	2	1	
Consultant		2	1	5
NCHD	4	2	1	11
Senior Nurse	4	4	2	20
Psychiatric Nurse	8	10	5	95
Occupational Therapist	10	4	2	
Clinical Psychologist	10	4	2	
Social Worker	8	4	2	
Care Assistant	12	6	3	11
Team Secretary	8	4	2	13
Attendant				12
Cog Behaviour Therap	12	4	2	
Family Therapist	12	2	1	
Addiction Counsellor	12	4	2	
Other Therapists				
NOTES		1 team based in C&A secure unit		

Source: A Vision for Change, 2006

Mental Health Service Staffing and Infrastructure Requirements set out in *A Vision for Change* - CMHTs for people with Co-morbid Mental Illness and Substance Abuse

TEAM/ UNIT	CMHTs for People with Co-morbid Mental Illness and Substance Abuse
Total Population per team or unit	300,000
Number of Teams Required	13
Team Co-Ordinator	13
Team Leader/ Consultant	13
Practice Manager	13
Consultant	
NCHD	13
Senior Nurse	
Psychiatric Nurse	26
Occupational Therapist	13
Clinical Psychologist	13
Social Worker	26
Care Assistant	
Team Secretary	26
Attendant	
Cog Behaviour Therap	
Family Therapist	
Addiction Counsellor	52
Other Therapists	
NOTES	26 Psychiatric Nurses to operate as outreach workers

Source: *A Vision for Change*, 2006

Mental Health Service Staffing and Infrastructure Requirements set out in A Vision for Change - Mental Health Services for Homeless People

TEAM/ UNIT	Service Teams	Crisis Houses for Adult Services	Day Centres	Day Hospital
Total Population per team or unit				
Number of Teams Required	2	1 house of 10 beds	2 units	1 unit
Team Co-Ordinator	2			
Team Leader/ Consultant	2			
Practice Manager	2			
Consultant	2			
NCHD	2			
Senior Nurse	2		2	1
Psychiatric Nurse	16		6	3
Occupational Therapist	4			
Clinical Psychologist	2			
Social Worker	2			
Care Assistant	4	4	4	2
Team Secretary	2			1
Attendant		2	4	2
Cog Behaviour Therap	2			
Family Therapist				
Addiction Counsellor	4			
Other Therapists				
NOTES			7 day week	with further in-put from teams

Source: A Vision for Change, 2006

Mental Health Service Staffing and Infrastructure Requirements set out in *A Vision for Change* - Total Resources across All Services

TEAM/ UNIT	Total
Team Co-Ordinator	337
Team Leader/ Consultant	337
Practice Manager	337
Consultant	89
NCHD	348
Senior Nurse	851
Psychiatric Nurse	3,135
Occupational Therapist	523
Clinical Psychologist	628
Social Worker	632
Care Assistant	1,197
Team Secretary	691
Attendant	715
Cog Behaviour Therap	218
Family Therapist	126
Addiction Counsellor	228
Other Therapists	265
Total Staff Required	10,657

Source: *A Vision for Change*, 2006

Mental Health Service Infrastructure Requirements set out in *A Vision for Change*

Service Accommodation	Proposed Mental Health Service Units			
	Ratio Units/ Beds/Places : Population	Number of Units/Beds/ Places Needed	Number of existing suitable Units/ Beds/Places	Number of new Units/Beds/ Places Required
Community Mental Health Teams (CMHT) - General Adult mental Health Services	1 unit per 50,000	78 units	none suitable	78 units
Adult Eating Disorders - CMHT	1 unit per 1,000,000	4 units	none suitable	4 units
Early intervention CMHT - National Pilot	2 units	2 units	none suitable	2 units
Acute In-Patient Units General Adult	50 beds per 300,000	13 units x 50 beds		
Adult Liaison CMHT	1 unit : 300,000	13 units	none suitable	13 units
Crisis Houses for Adult Services	1 per 300,000	13 houses x 10 beds	none suitable	13 houses
Rehabilitation CMHT	1 unit per 100,000	39 units	none suitable	39 units
Staffed Community Residences	3 x 10 : 100,000	117 units	estimated 60 suitable	57 units
Day Support Centres or equivalent - User Run	1 : 100,000	39 units	none suitable	39 units
Neuro-Psychiatry CMHT	1 Centre per 2,000,000	2 centres	none suitable	2
Neuro-Psychiatry In-patient Unit	1 national Centre	8 beds	none suitable	8
CMHT for older people	1 unit per 100,000	39 units	none suitable	39 units
Central Acute Day Hospitals for older people	25 places : 300,000	13 units x 25 places	none suitable	13 units
In-patient units for older people	These beds come within the bed complement of adult in-patient units			
Continuing care beds - challenging behaviour - older people	30 beds : 300,000	13 units	1 unit	12 units x 30 beds
Child & Adolescent CMHT	1 unit per 50,000	78 units	15 units	63 units
Child & Adolescent Liaison Teams		7 units	current accommodation inadequate for full teams	7 units

Child & Adolescent Eating Disorders Team		1 unit	none suitable	1 unit
Child & Adolescent Day Hospitals	1 unit per 300,000	13 units	none suitable	13 units
C&A Substance Misuse and Dependency Teams	1 unit per 1,000,000	4 units	none suitable	4 units
Child & Adolescent Inpatient Beds	including hq's for 5 in-patient teams	100 beds in 5 units	20 existing suitable beds	80 beds
Adult Mental Health of Intellectual Disability CMHT	2 units per 300,000	26 units	none suitable	26 units
C&A mental Health of Intellectual Disability CMHT	1 unit per 300,000	13 units	none suitable	13 units
Specialist Intensive Care Rehabilitation Teams				
Intensive Care Rehabilitation Units	30 places : 1,000,000	4 units/120 places	none suitable	120 places
High Support Intensive Care Residences	20 places : 1,000,000	8 units/80 places	none suitable	80 places
CMHTs for Homeless People		2 units for Dublin	none suitable	2 units
Day Hospital for Homeless People		1 unit for Dublin	none	1 unit
Day Centres for Homeless People		2 units for Dublin	none suitable	2 units
Crisis House for Homeless People		10 places for Dublin	1 unit	none
Substance Misuse CMHT		13 units	none suitable	13 units
Forensic CMHT		4 units	none suitable	4 units
Forensic Teams C & A Forensic Team Intellectual Disability		1 unit	none suitable	1 unit
Child & Adolescent High Secure In-patient Unit	1 unit	10 beds	none suitable	10 beds
Intellectual Disability High Secure In-patient Unit	1 unit	10 beds	none suitable	10 beds
New Central Mental Hospital		New CMH		

Source: A Vision for Change, 2006

Summary of new infrastructure requirement bases for Community Mental Health Teams set out in *A Vision for Change* - Continued

Acute In-Patient Beds	No. Beds
General Adult Mental Health (50x13)	
- 35 for general adult (including rehabilitation and recovery mental health services, and co-morbid substance misuse)	650
- 8 for mental health services for older people	
- 2 for people with eating disorders (may be pooled to 6 per region)	
- 5 for people with intellectual disability and mental illness	
Child & Adolescent	80
Child & Adolescent High Secure	10
Intellectual Disability High Secure	10
Neuropsychiatry	8
Total	758
Note: Sufficient general hospital beds are in place but are not correctly located.	
Crisis (Respite) Houses	No. Houses
Homeless Persons	1 (Dublin)
Adult Services	13
Total	14
Continuing Care Beds	No. Beds
Mental Health Services for Older People (Challenging Behaviour)	360
Day Hospitals	No. Units
Mental Health Services for Older People (General Acute)	13
Child & Adolescent	13
Homeless Persons (Dublin)	1
Total	27
Day Centres	No. Units
Homeless Persons (Dublin)	2
Total	2
Service user provided support centres	No. Units
Support centres/social clubs	39
Total	39
Staffed Community Residences	No. Units
Rehabilitation	57x 10 places
Difficult to Manage Patients - High Support	8 x 10 places
Total	65

Intensive Care Rehabilitation Units	No. Units
Difficult to Manage Patients	4 x 30 places
Central Mental Hospital	New Hospital

Source: *A Vision for Change, 2006*