

Royal College of Psychiatrists NI (RCPsych NI) Response to: DoH Consultation on Hospitals-Creating a Network for Better Outcomes

1.0 Introduction about RCPsych NI:

The Royal College of Psychiatrists (RCPsych) is the statutory body responsible for the supervision of the training and accreditation of Psychiatrists in the UK and for providing guidelines and advice regarding the treatment, care, and prevention of mental and behavioural disorders. Among its principal aims are to improve the outcomes for those with mental illness and to improve the mental health of individuals, families and communities.

The College has approximately 450 Members in Northern Ireland (including Doctors in training) who provide the backbone of the local Psychiatric service, offering acute and community treatment, as well as specialist care and consultation across a large range of settings.

This response is submitted on behalf of the Devolved Council of the Royal College of Psychiatrists in Northern Ireland.

2.0 Substantive Response/Comments:

We welcome the publication of this Consultation "Hospitals -Creating a Network for Better Outcomes" on the reconfiguration of hospitals in Northern Ireland and having the opportunity to comment on this. We agree with the rationale as developed by the Minister for the need to change hospital roles and in particular to develop networks among the hospitals with an aim to improve outcomes. One of the main demographic changes identified is that of the age profile of the population. This is also very relevant to mental health services and the increasing complexity of illnesses with which patients present. This is often a mixture of both mental and physical illness.

We also support the view that the long-term aim is to develop more community-based services. This is very important for mental health services.

The document develops a classification of the hospitals within Northern Ireland and analyses each grouping, its role and the services they provide. This is very useful.

The document states that 80% of health inequalities can be traced to socio-economic factors, physical environment and behaviours. We would advocate that the 20% attributed to the Health service is critical as this comprises the actual care and treatment of people. This inequality in health care is something which should be addressed as soon as possible; there can be no excuses for it.

However, for those with serious mental illness, inequalities in the provision of health services and hospital services will have a much more significant effect than the 20% impact for the health care inequalities in the general population. In Northern Ireland we have to contend, not only with the serious mental health workforce shortage issues, but also with the per capita spend on mental health services being the lowest among the four nations of the United Kingdom. This is unacceptable. Ensuring that inpatient mental health services are considered in this reconfiguration is essential to guarantee that they do not become isolated and stigmatised.

It is stated that Mental Health and Learning Disability services are outside the scope of this Consultation (page 14) and that these specialities are being addressed in other reforms and strategies. However, the Mental Health Strategy, Mental Health Workforce Plan, the Regionalisation of Mental Health Services and Learning Disability Service Model initiatives do not in any way address the details of the configuration of inpatient hospital services. They could not in fact have done the detail on this, as the networks and inter-relationships with other hospital services and specialties need to be taken into account in the planning. There seems to be an assumption that Mental Health and Learning Disability inpatient beds are being dealt with. This is completely erroneous and Mental Health and Learning Disability inpatient services must be included in the scope of this Consultation and not be separated from the rest of the Health service. To exclude and separate them is a recipe for increased imbalance in hospital service development and lack of connected network developments, for Mental Health and Learning Disability services.

The Regionalisation policy for Mental Health Services, which is overseen by the Regional Mental Health Service Collaborative Board, needs to also be interacted with when developing a reconfiguration strategy for hospital services. In addition, the expectation that people with a mild Learning Disability will be treated in General Adult psychiatry services needs to be addressed in the context of any hospital reconfigurations.

The separation of mental health services from other hospital services leads to discoordination in service development and stigmatisation of people who attend these services. This is a retrograde step.

Hospital provision for mental health services should not be considered as an afterthought or for addition at some point after the roles for medical and surgical specialties have been developed in the reconfiguration.

Although surveys show that the vast majority of people in Northern Ireland are prepared to travel to receive the appropriate care and treatment, this may be more of a challenge for people with mental illness and their families. People with mental illness who need inpatient care tend to have longer admissions. There

also needs to be good co-ordination between inpatient and community services. Any reconfiguration needs to take all of these specifics into central consideration. Mental Health services are provided across the range of hospitals as described in the Consultation. In local hospitals, it is mainly out-patient services and community team bases. Inpatient services are increasingly being provided in General and Area hospitals in Northern Ireland. These latter hospitals also provide a wide range of medical and surgical services, as well as unscheduled care. The role of mental health services in liaison with Emergency Departments and inpatient wards is important, as well as the colocation of mental health inpatient beds. They should not be separated from other hospital services in planning or in reconfiguration. In Annex D mental health services are not included in the list of secondary care services in Area hospitals which is both disappointing and alarming.

The principles outlined to underpin future decisions for the reconfiguration of hospital services do not take into consideration any aspect of population mental health or the provision of Mental Health services in hospitals which could be impacted by these decisions. This needs to be addressed for the General and Area Hospitals, as well as for the networks that are being developed.

In Summary: This document makes Mental Health and Learning Disability inpatient services invisible. Any plan to reconfigure the roles of a hospital needs to include the impact and demand on Mental Health and Learning Disability services. Furthermore, implementation of the Mental Health Strategy has seriously fallen behind its expected timeline due to lack of funding priority. The Learning Disability Service Model and Dementia Project have not yet been completed. There are major issues of staff vacancies and long-term underfunding in Mental Health and Learning Disability services with a current backdrop of little money available in the budget to develop services. Published Workforce Reviews for both Mental Health services and for Psychiatry remain unfunded.

It was said at Stakeholder Consultation meetings that Mental Health and Learning Disability services are excluded from this process as they are being addressed by the Mental Health Strategy, the Regionalisation of Mental Health Services initiative and the Learning Disability Service Model initiative. We again stress just how erroneous in fact and wrong footed this suggestion is. Particular inpatient specialties simply cannot and should not be isolated from other services. Indeed, to suggest doing so, goes against the very principles behind this process!

Mental Health and Learning Disability services should be involved in the discussions around the majority of Actions from this Consultation, most of which have been identified above. These include:

- Significant issues around Transport (Actions 1&2),
- Considerations for change to local and general hospitals (Actions 3&4)
- The potential change in role of the Causeway Hospital, which may have a significant impact on mental health inpatient services unless planned for (Action 5)
- Reconfiguration of Area Hospitals (Action 6)

- Moving specialist services from regional services to Area hospitals may involve a movement of mental health staff who provide services for these specialties. (Action 7)
- Consideration for clinical training and job roles, as well as Doctor training places and Workforce Reviews should be linked with the Regional Mental Health Strategy (Actions 8,9&10)

Dated: 27th February 2025



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- on behalf of RCPsych NI**

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