

Inspectorate of Mental Health Services

National Overview of Psychologists Working in Mental Health Services Ireland 2012

As part of the inspection of mental health services in 2012, the Inspector of Mental Health Services sought the views of psychologists as to how they perceived their role within mental health provision currently, and how their role could be utilised to further enhance the quality of mental health services.

This information was gathered by the combination of three methods:

- 1- A short survey was distributed to all the principal psychologists nationwide.
- 2- An open forum discussion chaired by the Inspector held on 5th November 2012 in the Mental Health Commission offices.
- 3- Written submissions sent in by psychologists who could not attend the national overview meeting.

The survey was distributed through the HPSI (Heads of Psychology Services Ireland) to principal psychologists and 40 were returned. Ten psychologists attended the meeting on 5th November and 10 submissions were received from psychologists who could not attend the meeting.

The following additional information was also provided by Heads of Psychology Services Ireland (HPSI) ⁱ

1. HSE and Non HSE WTE posts by grade 2011

Grade	HSE	Non HSE	Total
Director	1.2 (28.5%)	3.0 (71.4%)	4.20
Principal Manager	28.90(44.3%)	36.3(55.6%)	65.2
Principal Specialist	11.6(47.3%)	12.91(52.67%)	24.5
Senior	210.2(56.7%)	160.4(43.28%)	370.6
Basic	173.1((70.5%)	72.3(29.4%)	245.4
Total	427.5(60.2%)	287.4(40.4%)	710

2. WTEs in each Care Group

Mental Health	Primary care	Child and family	Hospital	Disability	Total
169.5(25.8%)	130.7(19.9%)	45.9(7%)	52.3(7.9%)	258(39.3%)	656.6

Role of Clinical Psychologist in the Mental Health Services

Clinical psychologists meet with service users and in some instances with their families. In these meetings they assess psychological problems and provide psychological interventions. Assessments may include interviews, psychological testing and observation. In most instances, psychologists interview service users to find out the history of the problem, personal and family history and any other relevant details. In some cases psychologists administer tests to assess service user's intelligence, memory, personality, psychopathology, family relationships and other aspects of their functioning. Interventions are then provided to match the assessed needs of the service user and can include individual psychotherapies, group interventions, bibliotherapy and computer-based interventions as well as contribution to team decisions. In many instances the psychologist also provides additional services within the mental health services such as consultation, supervision and training.

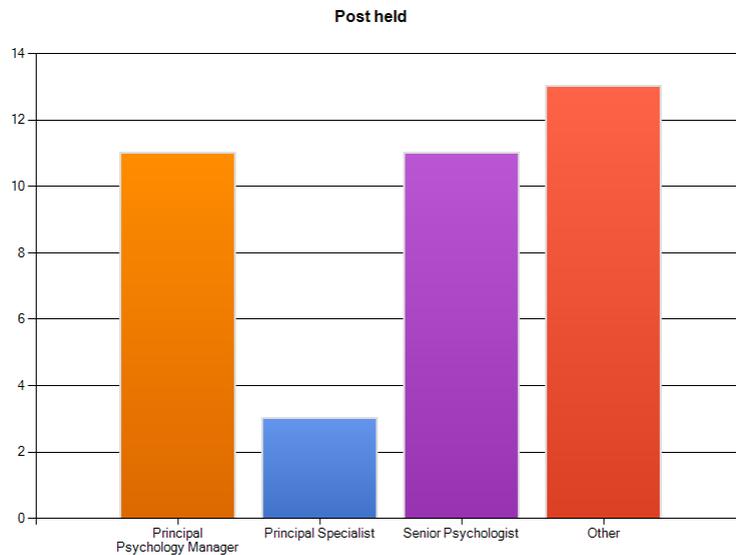
The Survey

The on-line survey asked 10 questions:

- 1- Post held?
- 2- Mental Health Service Catchment area?
- 3- Are psychologists in your area members of Multidisciplinary teams? If so indicate which teams.
- 4- In what way does psychology contribute to the Individual Care Plan?
- 5- Does a psychologist sit on Local and Area mental health management teams?
- 6- Do psychologists receive regular supervision and training?
- 7- What unique skills does the psychologist bring to the multidisciplinary team?
- 8- How are service users and carers included in your mental health service?
- 9- What contribution can psychology make to the further development of a recovery approach to mental health services?
- 10-What are the particular challenges encountered by psychologists working in the current mental health service?

The following information was gathered from the survey, and while the survey responses came from most service areas in the country, there were some omissions resulting in a somewhat incomplete picture.

Q.1. Post held



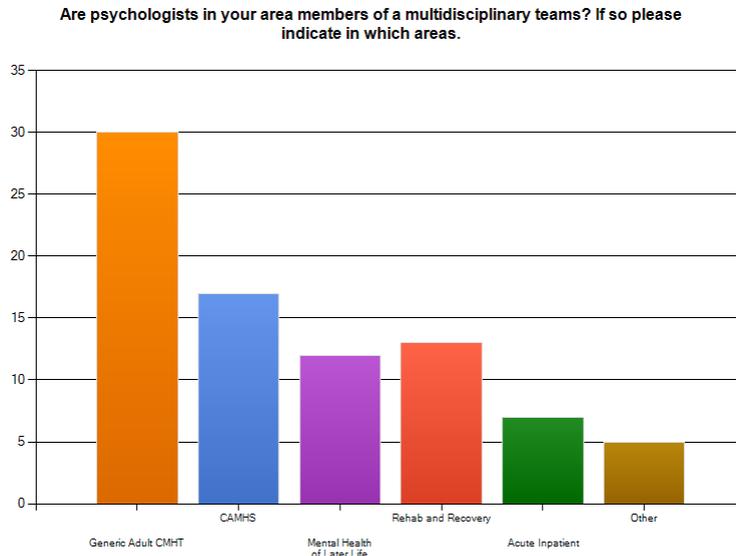
This chart refers to the role held by the respondents replying to survey. The “other” category includes basic grade psychologists and a number of psychologists who worked primarily in other areas such as private practice and university.

Q2. Mental Health Service Area?

This question referred to the service type and region that respondents worked in. **Eighty eight percent** of respondents worked for the HSE (Health Service Executive) with the remainder working for the voluntary sector and in private practice.

There was a wide regional spread with response coming from Dublin, Cork, Kerry, Wexford, Galway, Clare, Westmeath, North and South Tipperary, Carlow, Kilkenny, Cavan, Monaghan, Mayo, Sligo and Roscommon.

Q3. Are psychologists in your area members of multidisciplinary team? If so indicate which teams.



Responses here indicated that most psychologists were members of generic adult mental health teams. However, many of these psychologists also attended other multidisciplinary teams such as acute in-patient or the rehabilitation and recovery teams. Only the Child and Adolescent Mental health service (CAMHS) had psychologists exclusively dedicated to one team.

Q4. In what way does Psychologist contribute to the Individual Care Plan (ICP)?

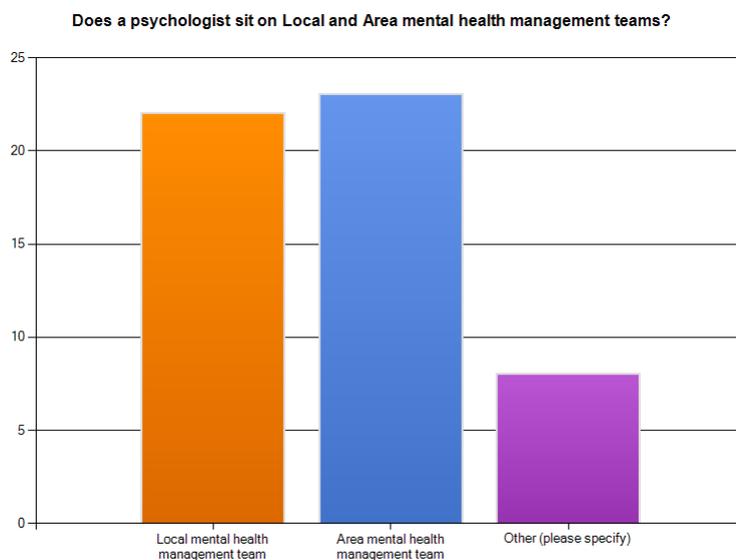
Responses to this question ranged from-“we do not contribute to care plans” and “there is very little contribution unless specifically requested”, to

“The psychologist is key to the ICP” and “the psychologist is central in goal setting and the delivery of assessment and therapeutic interventions” and “the psychologist advocates for the clients they work with”.

Discussion at the meeting in November indicated that there was lack of consistency around the country in how much contribution to ICPs was made by the psychologist. In some areas the psychologist was an integral part of individual care planning, in other areas they had little or no involvement. In some cases this was because of

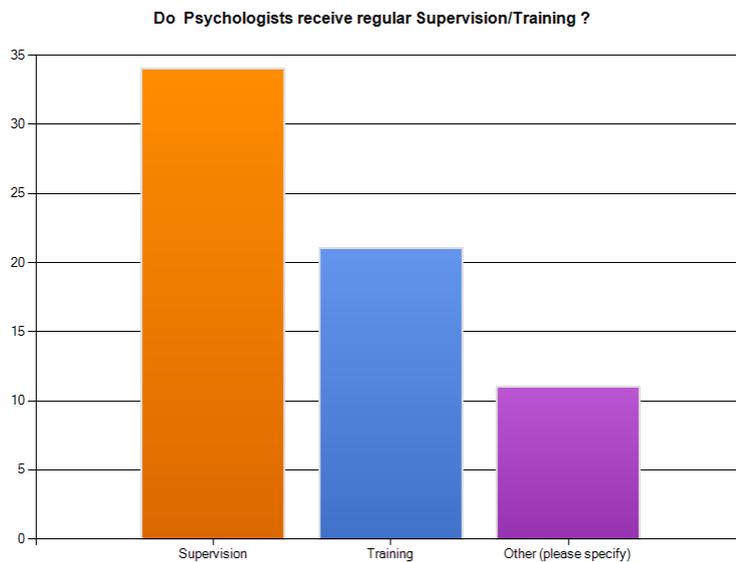
lack of available psychologists in the area. However in other cases this was because of poor multidisciplinary team work. The suggestion was made that this could be improved with the appointment of care co-ordinators to multidisciplinary teams. In addition it was suggested that all new assessments should be discussed in a forum where a psychologist is present.

Q5. Does a psychologist sit on Local and Area mental health management teams?



Again there was a lack of consistency to this question around the country. Many respondents said the principal psychologist did sit on local and area management teams, however others said the psychologist was not “permitted” to sit on the area management team as this team only consisted of the executive clinical director, director of nursing and mental health manager. Also there were issues with the principal psychologist being spread too thin in some areas as they had responsibility for the psychology service in both primary care settings and secondary mental health services and this resulted in them not having the time to attend management meetings. The suggestion was made that where this is the case the senior clinical psychologist should be invited to fora where the principal psychologist is unable to attend.

Q6. Do Psychologists receive regular Supervision/Training?



The area of supervision and training emerged as a key topic of concern for psychologists, both from the survey and discussion at the meeting. While it was positive that most psychologists indicated that they received supervision and perceived it to be essential to ensure quality of standards in care, many reported this is now often self-funded. The same was true in regard to training with all money for training having been stopped in the HSE. The availability of senior grade psychologists to provide supervision was also becoming a problem. It was strongly felt that the organisation and individual service users were being placed at risk because of the increasing problem of inadequate supervision.

Q7. What unique skills does the psychologist bring to the multidisciplinary team?

There was a large response to this question which broadly included the following;

- Psychologists have a comprehensive knowledge of psychological theories, normal and abnormal development and psychometric assessment.
- Psychologists are trained in at least two therapeutic modalities.
- Psychologists are trained in research and audit skills.
- Psychologists are skilled in specialised assessments tailored for particular clinical problems using psychometric instruments and clinical interviews.
- Psychologists have the ability to carry out cognitive, neuropsychological and personality assessment as an aid to formulation and diagnosis.
- Psychologists have leadership and consultation skills which are beneficial in group work and in considering alternative models of the mind and mental distress, to that of the biomedical model.

Q8. How are service users and carers included in your mental health services?

Again there was a lack of consistency around the country in response to this question. Responses ranged from:

- “We have no advocacy or service user aspect to this service-alas”.
- “We have a full range of Irish Advocacy and National Service Users Executive (NSUE) input plus service users sit on our management and community team”.
- The point was also made that sometimes involving family and carers can be difficult if the service user does not want it.

Q9. What contribution can psychology make to the further development of a Recovery approach to the mental health services?

Responses included:

- Psychological formulation acknowledges the individuality of the client, their personal strengths, resilience, and personal goals; these are all key ingredients for a Recovery approach to mental health services.
- By normalising and depathologising mental health difficulties. They can provide a wide range of therapeutic interventions to meet the needs of service user.
- By empowering service users to manage their mental health difficulties, by helping them to recognise triggers to acute episodes and when to seek help.
- Psychologists experience in assessment and programme planning in the intellectual disability services is very useful in adopting a recovery approach.
- Psychologists have a wider perspective than a predominately medical model e.g. less medication, more alternative therapeutic interventions such as talking and occupational therapies.
- Psychologists' skills in team working and family therapy routinely promote engagement of family members and carers and thus promote recovery.

Q10. What are the particular challenges encountered by psychologists in the current mental health services?

There was a very large response to this and also a general feeling that there was a retreat to a medical/over medicate model within mental health services, due to diminished resources. Particular challenges included:

- Resources, resources, resources, there was lack of money for staff, training, supervision, test materials and even stationery.
- Confusion in the HSE regarding future management and governance structures in relation to various aspects of mental health services e.g. CAMHS.
- Isolation in teams, still a dominant medical model, psychiatric nurses predominating in adult services, poor MDT working in many areas.
- Poor communication /integration between primary and secondary mental health services.
- The practice of one Principal Psychology Manager covering both primary care and secondary care can be both a challenge, when principal is spread too thin and can't attend meetings etc, and a benefit as it can facilitate better continuity of care.

National Overview meeting discussion

Other topics discussed at overview meeting included:

- ❖ *HPSI Survey*. A national survey by HPSI of psychologists working in Primary care services (November 2011) was presented. 115.9 WTEs (whole time equivalent) were working in primary care. Where lifespan services were available 50% of referrals were for those under 18 and 50% over 18 years. The level of distress presenting to primary care was not that different to secondary care. More chronic than episodic distress was noted. The experience of linking in with the secondary community mental health teams varied around the country; access was a problem.
- ❖ *Dialectic Behaviour Therapy (DBT)*. There was a discussion about the availability of DBT. Some felt it was useful, others felt it was too resource intensive. Issues around programme fidelity and losing staff trained in the programme from teams were considered.
- ❖ *Collaborative Initiative Process on Individual Care Planning - MHC*. This was a very successful initiative in terms of getting teams to work better together and to have a common understanding of individual care plans. The success of this initiative depended on the investment of time and everyone having an open mind to new ways of working and thinking. The point was made that while successful, this collaborative was very limited in scope as it only involved eleven teams nationally. It was felt much more of this was needed throughout the country.

Practical ways of improving our Mental Health Service.

The following suggestions were made;

- ❖ Introduce a “Stepped Care” approach linking primary and secondary care services.ⁱⁱ
- ❖ Insist on properly populated and functioning multidisciplinary teams (perhaps Inspectorate could have a role here?).
- ❖ Re-write the Mental Health Act to have more emphasis on effective community services.
- ❖ Have service users on all management and community teams.

- ❖ Clearly outline care pathways; there is too much variance in the quality of care pathways from service to service.
- ❖ Enforce Quality framework to include mandatory supervision and training for clinicians.
- ❖ Clarify who we serve, inclusion/exclusion criteria.
- ❖ Psychologists need to “step up to the plate” and take more responsibility in leading aspects of mental health services.
- ❖ Have true Key-worker system in place.

Summary

The psychologist's comprehensive knowledge of psychological theories, normal and abnormal development, psychometric assessment and therapeutic interventions, means they have a vital role to play in the delivery of mental health services. However lack of psychologists on multidisciplinary teams, limited or no resources for essential supervision and training, poor communication and integration between primary and secondary health services and confusion around the management and clinical governance is having an adverse effect on the delivery of an efficient and effective quality mental health service.

Conclusions of the group

1. The full complement of psychologists attached to multidisciplinary teams as per A Vision for Change, should be appointed.
2. All psychologists should have regular supervision and training and funds should be ring fenced for this purpose.
3. Adequate team building and training should be put in place for all multidisciplinary teams and Recovery principals should be at the heart of these teams.
4. Communication and integration between primary and secondary mental health services needs to be improved.
5. Psychologists should take a more proactive role in the leadership and organisation of mental health services.

6. Services should be service user needs led and interventions should be based on evidence based interventions with adequate outcome measurements.

ⁱ Heads of Psychology Services Ireland: Workforce Planning Survey Report 2011.

ⁱⁱ "A stepped care approach to mental health" Conal Twomey & Michael Byrne. Forum Mental Health.