

Office of the National Clinical Advisor and Group Lead Mental Health Room 1.25 Dr Steevens' Hospital Steevens' Lane

Dublin 8

Telephone: (01) 6352253 Email: ncagl.mentalhealth@hse.ie

01/11/2019

Deputy James Browne TD, Dail Eireann Dublin 2.

PQ-42450/19 -To ask the Minister for Health the number of specialist substance abuse mental health teams in place; the number of staff in each; the location and base of each team; and the way in which the number of staff compares to the recommendations of A Vision for Change taking into account population changes since 2006 - James Browne. -James Browne

Dear Deputy Brown,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response.

I will try and describe the teams below and then give some examples of Dual Diagnosis services that are operating around the country.

In Dublin 5 Consultant Adult Psychiatrists with a special interest in substance misuse are working in the Addiction services in Primary Care. They each head up an Addiction team and all have a base in the National Drug Treatment Centre (NDTC) with links to General Hospitals, Community based services and to the Irish Prison service. The support that is provided to Community Based services, hospitals and prison may include issues in relation to Dual Diagnosis but the support is a broader Addiction support. The breakdown is as follows

- 2 Consultant Psychiatrists provide support to CHO 7 Addiction services, St James Hospital, Wheatfield and Cloverhill Prison, and the NDTC
- 2 Consultant Psychiatrists provide support to CHO 9 Addiction services, Mater hospital and the NDTC
- 1 Consultant Psychiatrist provides support to CHO 6 Addiction services, Beaumont Hospital and the NDTC

All the psychiatrists have junior doctors training in psychiatry attached to their teams, nurses (may be general or mental health), addiction counsellors and social workers. There is one Specialist Registrar in Psychiatry in the service. The Consultants have access to Addiction beds in Cuan Dara Cherry Orchard Hospital and St Michaels Ward Beaumont.

There are also 2 Child and Adolescent Psychiatrists with a special interest in substance misuse working in the Primary Care Addiction services. The breakdown of their remit is as follows:





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- 1 Consultant covers CHOs 6 and 7
- 1 Consultant covers CHO 9

Both have teams comprising Clinical Nurse Specialists, Addiction counsellors and family therapists. One has a junior doctor attached to their team.

Both the adult Psychiatrists and the Child and Adolescent Psychiatrists are used as a resource by Addiction services and Primary Care but in many cases do link with colleagues in Mental Health to provide support and advice on Dual Diagnosis cases that may present to Mental Health. They will also care of a number of individuals with Dual Diagnosis who have more severe substance misuse issues at their clinics in the NDTC and liaise with mental health colleagues when required.

Outside of these Consultants who were in place before the Vision for Change strategy was released, there are a number of other initiatives nationally that may be worth mentioning in relation to Dual Diagnosis that involve collaboration between Mental health and local Addiction services:

- Donegal
 - Mainly alcohol issues
 - Nursing led team
 - Close links to each Consultant team in Mental Health
- Westmeath/Longford
 - Mainly alcohol but does see some patients in community addiction clinics on foot of referrals from Mental Health
 - Consultant led, addiction counsellors
- South East Community Healthcare Addiction service link with Mental Health
 - Mainly opioid related issues
 - Joint working model
 - Dual Diagnosis OST & substance misuse clinics in Waterford
 - Dual Diagnosis Co-management system in Carlow/Kilkenny
 - Seconded Mental Health Nurses
 - Consultant Psychiatrist working in Mental Health with special interest in substance misuse
- Clare
 - Mainly drugs
 - Joint working with
 - Drug and alcohol service
 - Consultant Psychiatrist bases in Mental Health with special interest in substance misuse and team
- **North Tipperary**
 - Pilot



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- Joint working
- Drug and alcohol service
- Specialist Registrar with special interest and team

There are also a number of examples of specific initiatives operating from with Addiction services and Drug and Alcohol task forces that attempt to address the issue of Dual Diagnosis by collaborating with Mental Health

- Clondalkin LDATF Dual Diagnosis Working Group
- Tallaght LDATF Introduction of shared care planning
- Ballyfermot MH staff attend Key Working meetings
- Dublin 12 Community Mental Health Forum, established in 2014
- Cork/Kerry Cork & Kerry Mental Health Sharing Network members includes SRDATF, CLDATF & Tabor Group

Beyond these services the management of all drug and alcohol treatment services falls under the remit of the HSE Primary Care Division, which oversees a number of national care groups. Drug and alcohol treatment is provided through a network of HSE services, but also non-statutory/voluntary agencies, many of which are funded by the HSE. Some private organisations also provide treatment.

At primary care level the community GP is often the first health care professional that an individual who has developed a problem with alcohol or drugs will encounter. Community General Practice would be considered a Tier 2 level of intervention in the four tier model of care supported by the strategy. The Irish College of General Practitioners (ICGP) has produced a guide entitled 'Helping Patients with Alcohol Problems – A Guide for Primary Care Staff' that supports GPs in identifying, screening, treating and referring individuals with harmful, hazardous or dependent use of alcohol. The ICGP has also a Substance Misuse Webinar series on 'Tips and Tools for Managing Addiction in Primary Care' aimed at GPs and Primary Care staff. At this community based service medication assisted treatment can be initiated by the GP if necessary and referral to more specialised services can be considered. There are a network of level 1 and level 2 GPs in the community who have received training in Addiction approved and provided by the ICGP and HSE who can prescribe opioid substitution treatment in their practice.

The main focus of the Addiction service is for individuals with opioid dependence but treatment data is collated by the HRB and released in the form of the National Drug Treatment Reporting Index. The most recent report refers to data from 2017 and indicates that the most commonly reported drug was heroin followed by cannabis, cocaine and then benzodiazepines. A link to the report is here https://www.hrb.ie/publications/publication/drug-treatment-in-ireland-2011-to-2017/

In relation to the provision of treatment for Opioid Substitution Treatment (OST) the latest available data shows:





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9983 patients received Opioid Substitute Treatment (excluding prisons) for the October reporting period which includes **4362** patients being treated by **367** GPs in the community.

Opioid Substitute Treatment was dispensed by **724** pharmacies catering for **7083** patients for the reporting period.

At the end of the October reporting period there were **87** HSE clinics providing Opioid Substitute Treatment and an additional **9** prison clinics were provided in the prison service.

A full list of Addiction services can be accessed through the drugs.ie website at the following link www.drugs.ie/services

I trust this information is of assistance to you but should you have any further queries please contact me

Yours sincerely, Sidna Mr Bheiain

Dr. Siobhán Ni Bhriain M.R.C.P. (U.K.), M.R.C.Psych., M.C.R.N.:15579. National Clinical Programme Group Lead.