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Deputy David Cullinane, Dail Eireann, Leinster House, Kildare Street, Dublin 2.

27<sup>th</sup> June 2022

**PQ Number: 29859/22** 

PQ Question: To ask the Minister for Health the estimated workforce WTE requirements for universal counselling. -David Cullinane

Dear Deputy Cullinane,

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 have examined the matter and the following outlines the position.

The HSE National Counselling Service (NCS) was established in 2000 and provides counselling to adults resident in the Republic of Ireland. The aim of the NCS is to support clients to improve their quality of life and reduce their psychological distress through the provision of evidence-based, professional, client-centred counselling

Services provided by the NCS include counselling for adults who have experienced childhood abuse (CAPA) and the Counselling in Primary Care (CIPC) service established in July 2013. CIPC provides counselling to adults experiencing mild to moderate psychological difficulties who present in the primary care setting. Currently all adults in receipt of a medical card are eligible for this service. Access to CIPC is by referral from the client's GP or a member of the Primary Care Team. All clients referred are requested to opt into the service before they are allocated to a counsellor and an appointment is then offered.

CIPC is available in each HSE CHO area and provides time-limited counselling for adults experiencing common mental health and psychological difficulties. It offers a structured programme of up to eight counselling sessions with a professionally qualified counsellor/therapist. 10 WTE posts were allocated to CIPC in 2013 to coordinate delivery of the service which is provided by employed counsellor/therapists and counsellors contracted through an agency.



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The CIPC model of service encompasses: counselling provision in primary care settings; standardised referral and assessment; client opt-in; GP feedback and clinical outcome evaluation. Currently CIPC receives an average of 17,660 referrals per annum. The HSE CIPC service has expanded in response to specific needs that have arisen to date including provision of counselling to those affected by the Cervical Check Crisis and the RCOG review, those who require counselling as a result of the psychological impact of Sodium Valproate and more recently in light of the COVID-19 pandemic, there have been local service developments including provision of bereavement counselling, and counselling to those impacted directly as a result of COVID-19. While the NCS has responded to these needs as they have arisen the service is experiencing significant strain in terms of operational and staffing infrastructure as this has not developed in tandem with increased demand for the service.

The Sláintecare report (2017) and more recently, Sharing the Vision, A Mental Health Policy for Everyone (DOH 2020) both recommend access to counselling in primary care on a universal basis. Moving to a model of universal provision of counselling will require significant additional investment in the HSE National Counselling Service to enable it to respond to expected increased demand if eligibility is extended. Some work has begun in relation to scoping out what would be required to create a universally accessible counselling service. "The Development of HSE Adult Counselling Services: Future Planning" (HSE NCS, 2015) report commissioned by the HSE National Director of Mental Health outlines a model for service development and highlighted the requirements that need to be in place to provide a universally accessed service including development of service operational and clinical governance infrastructure as well as additional staffing.

## **Estimated Workforce Requirements for Development of Universal Counselling:**

Workforce Planning is a key priority for the Irish Health Service as outlined in the Health Services People Strategy (2019-2024). Effective health service coverage requires a workforce that is available, accessible, acceptable and of adequate quality, to ensure adequate health service coverage and positive health outcomes (WHO 2016). The essence of workforce planning involves calculating workforce needs by measuring current human resources, projecting future requirements, implementing policy to address any shortfall or surplus whilst developing the existing workforce to meet the health needs of the population.

## **Counsellor/Therapists**

Creating universal access to counselling will necessarily require additional counsellor/therapist posts in every service. Workforce planning is required to ensure a sufficient supply of appropriately trained counsellor/therapists in each service location. As well as direct recruitment of counsellor/therapists for current provision it is necessary to plan for the future workforce through engagement with counselling and psychotherapy training programmes, sponsorship programmes, provision of training placements, internships etc.



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## **Clinical Governance**

Also required to ensure universal access to counselling is the necessary service support infrastructure this includes clinical governance and business support. The quality of counselling provided impacts on outcomes and is an important factor in ensuring effectiveness and value for money invested in counselling. Quality control through a comprehensive clinical governance framework of clinical supervision by senior counsellors is a key requirement to ensure provision of positive outcomes from counselling. Creating a universally accessed counselling service will require additional Senior Counsellor/Therapists in each service. These would provide case management supervision, clinical oversight, coordinate service delivery and ensure service quality.

#### **Business support and administration:**

Sufficient business administration support will be essential to ensure an efficient and responsive service to the public and delivery of an effective and responsive counselling service. There will be a requirement for investment in new accommodation and access to additional accommodation in primary care centres in order to ensure an accessible service.

# Estimated Resources Required to Expand Existing HSE NCS services to provide for Universal Access to Counselling

The areas outlined above need to be factored into the costing estimates of expanding counselling provision on a universal basis.

Currently the NCS CIPC service is available to the adult GMS population only and receives on average 17, 660 referrals per year. If eligibility was expanded to allow universal access by the general adult population it is estimated that:

- The population eligible for the service would increase three fold from 1,345,098 to 3,973,592 [based on currently available 2016 census figures]
- There would be at least a three-fold increase in referrals to the NCS CIPC service to approximately 52,100 referrals per year.
- A threefold increase in budget allocation for counselling would be required

Currently the NCS CIPC service is provided by a workforce of approximately 200 counsellor/therapists [employed and agency]

 A threefold increase in demand for the service would at a minimum require a tripling of counsellor/therapists from current staffing level of approximately 200 counsellor/therapists [employed and contract] to 600 minimum in addition to clinical governance and business supports.



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Further work is required to develop a detailed plan to address current deficits and support the development of a sustainable service infrastructure which would enable the HSE NCS to deliver universal counselling as recommended in the Sláintecare report.

I trust this information is of assistance to you. Please do not hesitate to contact me if you have any further queries.

Yours sincerely,

**Tony McCusker** 

**General Manager Mental Health Services**