

Consultation re Public Service Pay Commission Submission of Psychiatric Nurses Association

1. Introduction:

The PNA welcomes the establishment of a Public Service Pay Commission. We believe the Commission must make recommendations to Government which have the capability of:

- a) Addressing the needs of public servants.
- b) Applying pay rates which reflect changes in a profession which respond in a positive and productive manner to the needs of society.
- c) Recognising the competitive international environment in which the State competes for the services of some professions.
- d) Being responsive to the needs of the Health service in recruiting certain Grades.
- e) Addressing the challenge of marrying the needs of society for a high quality public service/health service with a competitive economic environment.

2. The Recruitment and Retention Imperative.

The Health Service is in dire need of Nurses and other professionals who will join and stay in the public system after qualifying. One of the most significant consequences of the recession and the decisions of Government in cutting Public Service Pay and enforcing a recruitment embargo was the creation of a culture of graduate emigration. For those who were unable to emigrate or chose to remain at home the private sector continues to offer exciting and financially rewarding opportunities. In this regard the new Public Service Pay Commission must be capable of dealing with the need for Irish Public Service employers to be able to compete with both the International Market and the Irish Private and Voluntary Sector.

The current crisis in Nursing is forecast to get significantly worse over the next few years. Should the Public Service Pay Commission fail to recommended remedial pay measures then the chance for this country to resolve this crisis will be lost for a generation with horrendous implications for the Irish Health Services and patient care.



3. Pay Restoration:

The Pay of Public Servants was at a particular level prior to the economic crisis. Those levels of pay were established through negotiation, agreement and various concessions to productivity and the modernisation agenda. Pay restoration must be just that, pay restoration. Under no circumstances can Government be allowed to seek further concessions merely to bring us back to a position for which we had previously agreed concessions.

4. The Recruitment Package:

The Public Pay Commission must be allowed the flexibility to consider all aspects of the 'Pay Package' or Recruitment Package including consideration of the extent of the incentivised packages available elsewhere. This includes:

- Hourly rates significantly in excess of the public Service basic rate in Ireland.
- Free or subsidised housing/accommodation.
- Subsidised meals.
- Post Graduate educational packages.
- Subsidised Commuting Costs.
- Career enhancement opportunities.

5. Changes and Developments within a Profession

This Pay Commission and indeed any public pay review bodies must have the facility and freedom to recognise educational and practice progression within a profession and not be tied to bandings which perpetuate the status quo irrespective of the development of individual professions/occupations.

6. The Pay Review and Nursing

6.1. The Nursing Crisis

The Mental Health Services and the Intellectual Disability Services need Nurses. Services currently report hundreds of Vacant Nursing Posts. The Public Service Pay Commission has a unique opportunity to make the profession attractive to future Graduates and those who have left Ireland to work abroad.

Ireland is experiencing the worst nursing crisis in decades as a result of ill thought out, short sighted policies which have resulted in appalling recruitment and retention issues, substantially due to income cuts, low morale within the profession and high living costs. Cuts to the nursing workforce and a failure to plan for the future have left the Mental Health and Intellectual Disability Services understaffed with reduced availability of services for Irish citizens. Those cuts may have contributed to rescuing the economy but at a huge cost to the services where today we cannot now fill the hundreds of vacant posts in the system.

An experienced, committed and highly educated workforce is integral to helping people recover so that they do not need to return to hospital. It is crucial that mental health services are adequately staffed with the appropriate number of nurses. The workforce data surrounding Mental Health/Psychiatric Nurses in mental health services is troubling and further compounded by the loss of senior and skilled nurses. We know that when nurses don't get the support they need, there is an impact on patient outcomes, morale and retention of staff.

In 2012 the number employed in the HSE was 5024 WTE with the equivalent of an additional 421 WTEs provided through overtime worked by staff to meet service needs. Having regard to the projected increases in population, the replacement of those who leave mental health services and to maintain the density of nurses in this area, it was projected in 2012 that there would be a requirement to recruit an additional 319 WTE nurses per annum. Since then the nurse staffing crisis has worsened. The main supply of Nurses to mental health services is via the undergraduate programme. The numbers being trained annually has been increased by 60 in 2016 to 350 and with the intention of further increasing that to 420 in future.

The current figure for psychiatric nurses in the HSE as of July 2016 is 4,716 WTE.

The HSE share our concerns re the shortage of nurses. Indeed in 2015 the HSE funded a very expensive recruitment campaign in the UK which we supported on our website. Regrettably only 9 psychiatric nurse applied, and 6 actually returned. We would strongly suggest that this in itself is demonstrative of the very great challenge facing the HSE and in turn the Public Service Pay Commission.

6.2. Service Need

There is strong evidence that the prevalence of mental health problems increases during periods of economic recession and high unemployment (Dorling2009¹). The link between economic downturns and poor mental health has been cited by the Mental Health Commission who noted that

*"... There is a wide ranging and reliable body of evidence which documents a strong negative association between poverty, debt, unemployment, and mental health"*².

The existing limitations of the Community and Primary Care mental health services and the absence of many recommended services has impacted on the demands on inpatient mental health service and on prison services where the population of persons with serious mental illness has increased from 3% to nearly 8% of the prison population.

The Percentage of the Irish Health Budget that has been dedicated to Mental Health (c6%) falls far short of that of other countries (e.g. UK 12%, Canada and New Zealand 11%). A *Vision for Change* recommended that Government ensure that the proportion of the total health budget allocated to mental health was progressively increased to 8.24%.

We are satisfied from the experiences of our member's in frontline services that the changes in Irish society following the economic deterioration have caused mental health morbidity to increase and thus the proportion of the health budget needed is now larger.

The Mental Health Commission's report 'The Economics of Mental Health Care in Ireland' (2008)³ gives an estimate of €3 Billion for the cost to Ireland of poor mental health (2% of GNP). The Mental Health Commission's Report states that *"the evidence examined suggests that the individual and social returns form judicious investment in mental health in Ireland is likely to be high and sustained"*.

¹ Dorling D (2009) "Unemployment and health" (editorial). British Medical Journal, no 338, pb829 Available at: www.bmj.com/content/338/bmj.b829

² Mental Health Commission (2010) The Human cost : An overview of the evidence on economic adversity and mental health recommendations for action, Dublin : Mental health Commission , p.11.

³ O'Shea E, Kennelly B. The Economics of Mental Health Care in Ireland. Galway and Dublin: Irish Centre for Social Gerontology and Department of Economics, NUI Galway/ Mental Health Commission, 2008.

The Psychiatric Nurses Association of Ireland (PNA) commissioned the Faculty of Nursing and Midwifery, RCSI to explore the progress of implementation of the "Vision for Change" policy (Government of Ireland, 2006) as experienced by the members of the Psychiatric Nurses Association, (PNA), Registered Psychiatric Nurses (RPNs) who are practitioners within the mental health services in Ireland. This project was a descriptive evaluative project which employed mixed (triangulation) methods (quantitative and qualitative). The project utilised an electronic survey questionnaire. The findings from this on line questionnaire subsequently informed the collection of qualitative data through Focus Groups that were conducted regionally across the PNA branch network. Services from every county in Ireland participated in the study.

The findings demonstrated very significant concerns about the lack of implementation or translation of the national policy into reality. The evidence reported indicates that what was identified as best practice in terms of mental health service development and provision has not been implemented in any significant, meaningful or cohesive way. The findings indicate that there has been a significant failure to implement national policy; the findings clearly indicate that this failure has very significant impact on the quality of mental health service and care available to the Irish public. The findings of this report are congruent with those reported elsewhere, including the many reports of the Independent Monitoring Group (IMG).

The single biggest obstacle to the implementation of Vision for Change is the shortage of nurses. It is also the case that the closure and curtailment of many community services is due to the shortage of nurses.

This shortage is traceable to the decisions of Government during the economic crisis to encourage older nurses to retire and to encourage Graduates to emigrate.

7. What Needs to Be Done

To retain the recently qualified nurses currently in the service, to attract future graduates to come into the service and to encourage our Irish nurses who are working abroad to come home we need:

7.1 Pay

- Restoration of Pay.
- An uplift in pre-crisis nursing salaries.
- In the first instance all pay cuts must be restored.
- The Incremental Scale for the Staff Nurse must be restored to pre-crisis levels.

7.2 Subsidised Accommodation:

There are increasing warnings that key elements of the workforce are being put off by increasingly high costs of living – a problem that is particularly acute in Dublin. Cost of living issues for young nurses needs to be addressed. The PNA has raised particular concerns over the number of qualified staff who choose to move abroad after training, encouraged by better living & working conditions. The cost of purchasing property in the major cities is prohibitive and the cost of renting can be just as daunting with availability equally problematic. Housing costs are outstripping nurses pay, the spiralling cost of housing is directly contributing to the recruitment crisis.

Government needs to address the housing and social needs of nurses by developing and prioritising a variety of key worker accommodation to ensure we can attract and retain a stable nursing workforce such as:

- Any new capital builds built on HSE land banks should include nursing accommodation to be offered in the first & second year of graduation/ employment. (Please note the NHS plan to provide 20,000 such units in the UK)

7.3 Financial Aid to commuting nurses

Due to the cost of housing in major urban areas, nurses seek accommodation in rural Ireland and commute time and the cost of commuting to work has increased substantially as more nurses move away from the major urban centres /cities.

- It is now appropriate that Commuting Trip Reduction Programmes such as Paid Car Share Benefits for essential workers where the employer provides an allowance for car sharing taking into account location (such as hospital group or community healthcare organisation) and employee requirements (shift patterns and working time arrangements).

We also believe that like other jurisdictions who offer health care professionals a tax waiver on the purchase of new cars in order to make them more affordable this innovative approach should also be considered by the Commission. The cost of the

car is deducted from an individual's salary over the course of a five- to seven-year period

7.4 Post Graduate Education:

Our Interns are looking at their options internationally which often include subventions towards accommodation and meals, free travel for trips home and enhanced opportunities for Post-Graduate Education and Career Opportunities.

- The message has got to be communicated that there are real career prospects available here in Ireland
- There must be a demonstrable commitment to ongoing Post Graduate Education. From the service perspective this must be focussed on preparing the new staff nurses for the challenges of 21st Century Nursing, including the role of Nurse practitioner, nurse therapist.

Over the last number of years, the government has done a great job in building a culture in which every student nurse saw their future post-qualification in the UK, Australia, Canada etc. We now need serious commitment to replacing that culture with a commitment to making Ireland a country in which nurses are not just welcome and appreciated but appropriately rewarded; a country in which young nurses can see potential for a meaningful, safe and satisfying career.

If we are to compete with other countries with nursing shortages the Government must move to address the significant pay and conditions deficits in the Irish Health Service. In April 2016 there were over 600 vacant psychiatric nursing posts across the country. Having regard to forecasted retirements and the numbers due to graduate annually this shortage could exceed 1000 over the next 12 months.

The HSE Operational Plan 2016⁴ states in its Executive Summary that 'The total population is increasing and the population 0-17 years will increase by 11,680 children from 2015 to 2016', the adult population will increase by 1290 'with the biggest increase in the over 65 age

⁴ HSE Mental Health Division Operational Plan 2016

group which will grow by 19,400'. It also forecasts a growing demand for specialist services from those within the growing homeless population experiencing mental illness.

The future resourcing of all mental health services must take full account of existing unfunded and unmet patient care, the needs of an increasing population, and the needs of those in prisons who must be returned to the care of a dynamic and rehabilitative mental Health Service. None of this can be achieved without the creation of an environment and culture which is attractive to our graduates.

End.