

PRO LIFE CAMPAIGN PRE-BUDGET SUBMISSION

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prolife
campaign

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(i) PREGNANCY AND MENTAL HEALTH

Since 2006 the chief objective of the HSE in the provision of Mental Health services is to establish a framework for building and fostering positive mental health across the entire community and for providing accessible, community-based, specialist services.¹

It is a matter of grave concern therefore that a decade later there is still a broad acknowledgment among frontline service providers that access to specialist perinatal mental health services within the State continues to be fragmented and contingent upon geographical location.²

This is so despite the fact that international reports and guidelines routinely suggest that best practice is to promote a maternity/primary care alliance to improve the practices, guidelines and inter-agency services specialising in perinatal mental health protocols for pregnant/post-natal women.³

These concerns are not new. Since at least 2013 an awareness has existed that outside of the three Dublin maternity hospitals there is no routine assessment of or screening for major mental health problems in pregnant women at a time of “markedly increased risk and at a time where appropriate advice and intervention can have such vital benefits not only for the mother herself but for her bond with her new baby whose long term development depends so much on her wellbeing.”⁴

The Pro Life Campaign strongly recommends therefore a renewed commitment to addressing these critical service deficits through the provision of targeted funding aimed at providing geographically diverse and accessible antenatal and perinatal mental health services.

(II) HOMELESSNESS IN PREGNANCY

Over the course of one month in 2015 the referral list for Anew (formerly Anchora), a Dublin city centre refuge for homeless pregnant women, stood at 17. The agency said referrals to its service had almost trebled in the previous three years and it expected more than 50 women to be referred to its Pearse Street centre before the end of the year.⁵ During the same year the Head of Medical Social Work at the National Maternity Hospital reported a major escalation of such cases presenting to its services.

The available evidence suggests that this issue is closely linked not only to the general crisis within the social housing sector but also to that of domestic violence perpetrated against women. The fact that over 12,500 people - 9,448 women with 3,068 children - received support and/or accommodation from a domestic violence service in 2015 suggests that the numbers of pregnant women likely to experience homelessness will increase dramatically in the event that funding cuts to refuge or other support services continue.⁶ To address this, the Pro Life Campaign suggests the immediate establishment of a dedicated inter-departmental unit which will prioritise the care of homeless pregnant women and their families as well as the reversal of capital funding cuts to existing refuge providers.



(III) BEREAVEMENT CARE FOLLOWING PREGNANCY LOSS AND PERI-NATAL DEATH

The Pro Life Campaign welcomes the new HSE National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death.

The provisions within the new National Standards which deal explicitly with the diagnosis of a life-limiting condition for the unborn child are especially welcome. While it is envisaged that the standards will be implemented and applied across the health service in all appropriate hospitals and settings, guarantees around close operational monitoring and the dedication of a ring-fenced implementation budget are urgently required.

It is clear that this area is closely linked to that of antenatal and perinatal mental health care. It is imperative therefore that fully resourced training modules be created and sustained in order to offset potential mental health difficulties which may arise following diagnoses of life-limiting conditions for the unborn. This should apply across all relevant medical grades and areas of expertise.

(IV) ONE-PARENT SUPPORT

According to the CSO the number of children living in consistent poverty doubled from 6% to just under 12% between 2008 and 2013. This meant that 135,000 children experienced deprivation on a daily basis.⁷ Among that grouping, children of one-parent families continued to be disproportionately affected. A consistent and dedicated focus on ways to increase support to one parent families must be a priority in the forthcoming budget.



(V) PREGNANCY AND SECOND/ THIRD LEVEL EDUCATION

The Pro Life Campaign supports greater provision of subsidised childcare places for parents on low income in second/third level education. In addition we encourage the prioritising of childcare on campus within Ireland's third level institutions so as to facilitate and support younger parents continuing on their educational path. We believe that every effort should be made to increase assistance for the Teen Parents Support Programme (TPSP) so as to ensure that students who have difficulty in covering the costs associated with returning and continuing at school are not precluded from achieving their educational goals.

(VI) PALLIATIVE CARE

The increase in the population and the higher increase in the population over 65 is increasing pressure on hospital resources. Combining in-patient and day case discharges provides a view of total cost pressures facing publicly funded acute hospitals in managing their in-patient workloads over the period to 2021. This shows average annual demographically driven pressures of around 1.7% for the years from 2014 to 2021 with the rising rate reflecting the acceleration in population ageing over the period.⁸ If we are to sustain a commitment to the dignified treatment of our elderly population we must commit to planning for the specific needs associated with care of the elderly.



ABOUT US

The Pro Life Campaign (PLC) is a non-denominational human rights organisation, drawing its support from a cross-section of Irish society. The Campaign promotes pro-life education and defends human life at all stages, from conception to natural death. It also campaigns for resources to support and assist pregnant women and those in need of healing after abortion. The Pro Life Campaign was granted special NGO consultative status by the UN's Economic and Social Council in 2011.

[1] <http://www.hse.ie/eng/services/Publications/Mentalhealth/VisionforChange.html>

[2] 'Falling between two stools': women with mental health problems and pregnancy Teresa Tuohy, Agnes Higgins, Jane Alexander School of Nursing and Midwifery, Trinity College Dublin. 06/06/2016

[3] <https://www.hse.ie/eng/services/publications/NursingMidwifery%20Services/A%20Vision%20for%20Psychiatric%20Mental%20Health%20Nursing.pdf>

[4] Submission to Joint Committee on Health and Children Public Hearings on the Implementation of the Government Decision following the publication of the Expert Group Report into matters relating to A, B, C vs. Ireland

[5] <http://www.independent.ie/irish-news/health/pregnant-homeless-women-forced-to-live-in-cars-tents-and-squats-31383686.html>

[6] <http://www.safeireland.ie/safeireland-docs/STATE-WE-ARE-IN-SAFE-IRELAND.pdf>

[7] <http://www.cso.ie/en/releasesandpublications/ep/p-mip/measuringirelandsprogress2013/society/society-socialcohesion/>

[8] <https://www.hse.ie/eng/services/publications/serviceplans/serviceplan2016/OpPls16/ActHosOpsPls16.pdf>

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