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Inequalities in health service provision: the CIPC Service

The newly introduced Counselling in Primary Care (CIPC) Service is designed to provide a structured programme of eight counselling sessions with a professionally qualified and accredited counsellor/therapist for those aged 18 years and over. The CIPC Service is designed to assist adults with mild to moderate problems affecting their quality of life, relationships or their ability to cope. The Service is designed to help those with psychological problems including: depression; anxiety states including mild specific phobias and panic attacks; non-complex loss and bereavement; coping with injury or illness; adjustment problems; life cycle issues; stress and specific trauma; relationship difficulties.

This approach, which is in line with that outlined in the Primary Care Strategy (Department of Health & Children, 2001), and clearly fits with the ethos of a Vision for Change (Expert Group on Mental Health Policy, 2006), has much to recommend it in terms of efficacy, avoiding drug dependence and potentially cost (Roth & Fonagy, 1996, 2004; NHS Centre for Reviews and Dissemination, 2001; NICE 2004a, 2004b; HSE Working Group on Mental Health in Primary Care, 2006; RCGP, 2008). Although this may be seen as a long overdue integration of this form of service into Primary Care, it remains a welcome development.

However, even putting aside issues of resourcing, a significant problem remains in terms of equity of access. The current CIPC Service provides free treatment to GMS (Medical Card) patients, but does not cater for the remaining two-thirds of the population (CSO, 2010). This is unfortunate as it is known that cost is a disincentive to people accessing primary care services (UCD & Lansdowne Market Research, 2007; Department of Health & Children, 2010). Having a GMS card is a crude measure of poverty at best. It should be noted that based on the 2011 Survey on Income and Living Conditions (SILC) 10.6% of those in consistent poverty were at work.

The current CIPC Service needs to be expanded to include all adults. The exclusion of non-GMS patients will undoubtedly adversely impact on significant numbers of adults who would benefit from the CIPC Service, but are unable to access an equivalent service because of the barrier of cost. Given factors such as job losses, reductions in hours and pay-cuts in Ireland's

faltering economy financial barriers to access exist across many sections of the population, and not just those with medical cards. It should be noted that in 2005, the WHO European Ministerial Conference on Mental Health concluded that 'mental health is central to the human, social and economic capital of nations and should therefore be considered as an integral and essential part of other public policy areas such as human rights' (WHO, 2005).

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