



The move from the institutional model of mental health services cannot stop, says Mental Health Commission

Inspector calls for a directorate for mental health within HSE

Thursday 14th May 2009. The process of replacing antiquated Victorian asylum-type buildings with a modern community mental health system can and must continue despite the current pressure on scarce exchequer resources, according to the Mental Health Commission.

Publishing its 2008 report today the Commission acknowledged that the transformation of mental health services as envisaged by Government policy would be even more challenging now that the country is facing a period of great economic difficulty and exchequer shortages.

Dr Edmond O'Dea, Chairman of the Mental Health Commission said, "The new economic realities mean we must concentrate not just on the amount that is spent on mental health services, but how it is spent.

"It is more important than ever that the Government sticks to its commitment to ring-fence the proceeds of the sale of old mental health institutions and their surrounding lands, and spend this money on community mental health services. Cutting budgets for mental health services will only make matters worse and will inevitably lead to a negative impact on service users.

"While increased funding can help deliver quality services, a key issue is also the governance of those services. 2008 saw some examples of excellent audits, quality improvement measures and multidisciplinary management structures. What we need now is the formal structures and processes that can ensure best management of resources and good governance of the services at local and national level.

"The investment the Commission wants to see is in community treatment facilities, with greater access to a broad range of evidence based interventions to replace the institutional care approach. The early indications from the HSE are not encouraging. We are seeing cuts in the already limited

community services, ensuring there is an even greater reliance on the older institutions that it is Government policy to close down. The absence of multidisciplinary staff in many areas is also affecting the quality of the mental health services being delivered. This is contrary to the core element of the official Government policy as set out in *A Vision for Change*.

The annual report of the MHC includes the Report of the Inspector of Mental Health Services for 2008. For the first time this year, the Inspector published the reports of his inspections on the MHC web site well in advance of the annual report, and this will be his policy in future. The Inspector's report provides an overview of mental health services across the country, highlights areas of concern, and gives the reports of the inspections of the approved centres around the country. In his report Dr Patrick Devitt, Inspector of Mental Health Services, calls on the HSE to set up a specific directorate within the HSE to oversee mental health services.

"Mental Health should be a priority for the HSE and a directorate for mental health should be set up within the HSE to ensure that the area sees real and fundamental change", says Dr Devitt. "This directorate could act as a champion for mental health services, would drive clear policies and could spearhead change within the area."

The Inspector highlighted the fact that too many patients are receiving care and treatment in outdated institutions, that community mental health services have not developed as envisaged in Government policy and that there is still no sense that a coherent vision drives policy in this area. However despite these facts he said improvements could be made in 2009.

"There may not be increased resources for mental health services this year, but there is still the potential for great improvement. This is evidenced by continuing high calibre of mental health service staff of all disciplines. The commitment shown by such professionals is critical to the successful transition from archaic institutions to community care."

The number of involuntary admissions to approved centres in 2008 was 6 per cent lower than in 2007. Last year there were 2,004 involuntary admissions. In 2007 there were 2,126 involuntary admissions.

Reflecting the fall in involuntary admissions, the number of Mental Health Tribunal hearings fell by 7 per cent from 2,248 to 2,096. However the percentage of orders revoked at hearings remained steady at 11.5 per cent.

There were 392 admissions of children to approved centres, which represents an 8 per cent increase when compared to 2007. In 2008 63 per cent of admissions were to adult units and 37 per cent were to child units. There were eight involuntary admissions of children to approved centres, this represents an increase in the number of involuntary admissions reported in 2007. Six of these admissions were to adult units and two were admitted to

child units. In 2007 all involuntary admissions of children were to adult units.

The annual report notes that in 2008 the MHC published a report, carried out by Eamon O'Shea and Brendan Kennelly of the Irish Centre for Social Gerontology and the Department of Economics at NUI Galway, showing the economic benefits of investment in services to deal with mental health problems. The report, '*The Economics of Mental Health Care in Ireland*', showed that mental health problems cost the economy over €3 billion a year and provided evidence of the economic, social and individual gains to be achieved from investment in mental health services.

The 2008 Annual report puts increased emphasis on the provision of quantitative data. The relative dearth of information on the mental health services in Ireland has been highlighted continuously by the MHC and other organisations. The information contained in this annual report on such areas as involuntary admissions of adults, voluntary and involuntary admissions of children, and compliance with regulations for approved centres will assist in the planning, development and review of mental health services in Ireland. The Commission's commitment to mental health services research, in particular, will provide us with further information on outcomes for service users.

During 2008 training programmes were provided for Mental Health Tribunal Chairs, consultant psychiatrists, lay members, independent medical examiners and legal representatives. Training programmes were accredited by the relevant medical and legal bodies to qualify for professional development status under their respective regulations.

Compliance with regulations is linked with registration as an approved centre. Therefore, unlike accreditation which is a voluntary process, approved centres are obliged to comply with regulations. The MHC devised a process for approved centres to self-assess their current level of compliance with the approved centres regulations at the time of their introduction in November 2006. The purpose of this was to raise awareness of statutory obligations and to identify areas of non-compliance so that corrective action could begin. Significant progress has been made in areas of general health, provision of information to residents and transfer of residents, however limited progress has been made in relation to individual care plans and there has been a decline in progress made in relation to the provision of therapeutic services and programmes.

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Note to Editor

The Mental Health Commission is the statutory body established under the Mental Health Act 2001 to promote high standards and good practices in the delivery of mental health services and to protect the interests of persons detained in approved centres.