Continued admission of children to adult mental health units "totally unacceptable" says Mental Health Commission

Mental Health Commission publishes annual report for 2016

Friday 7th July 2017. The continued admission of children and adolescents to adult mental health units remains a totally unacceptable but common feature of mental health care practice in Ireland, according to the Mental Health Commission.

The Commission's 2016 annual report, published today, shows a downward trend in such admissions in that year compared to 2015 (a 29.2% decrease), but figures for 2017 to the end of May show a continuing increase.

"The fact that the MHC was notified of 68 admissions of children and adolescents to adult mental health units in 2016 shows a stark failure to abide by established policy. The increase in 2017 so far shows that on this issue we are going backwards", said John Saunders, Chairman of the Mental Health Commission.

In the first five months of 2017 there were 44 child admissions to adult units compared to 36 for the same period in 2016.

The possible reasons for this trend include: a fall in the number of beds for Child and Adolescent Mental Health Services, and this decline is due to a shortage of personnel to staff them; geography; clinical decisions; and family preference. At the end of May 2017 there were 77 operational beds for the CAMHS service, a decline of 16 on the same time last year. "This issue needs to be addressed urgently by the Government and the HSE", said Mr Saunders.

In addition in a number of areas there is no out-of-hours or weekend cover for children and adolescents, increasing their risk of being admitted to adult units.

The Mental Health Commission (MHC) today outlined its central concerns in the provision of care in mental health facilities in Ireland. They include the continuing admission of children to adult units, the number of vulnerable people with long-term mental illness being accommodated in 24-hour community residences, and a lack of fundamentals such as individual care plans, privacy and therapeutic activities in continuing care settings.

The annual report welcomes the allocation of €35m in 2016 for spending on additional mental health services, with an emphasis on supporting the development of specialist community mental health teams. “We need to continue to develop real community mental health teams and progress in this regard is still very slow”, said Mr John Saunders, the Chairman of the Commission, who was speaking at the launch of the Annual Report.

However the current level of spending on mental health is still less than the target of 8.24% of overall health spending as laid out in A Vision for Change.

The decommissioning of outdated and unsuitable buildings used for in-patient services is continuing. In 2006 there were 17 approved centres operating in poorly maintained buildings that were no longer fit to provide mental health services in the twenty-first century. In 2016 only three of these remained.

Care for patients is still not focused enough on recovery. A central element of the recovery approach is the development of individual care plans for each service user, and this is very uneven. Only a small minority of approved centres have individual care plans focused on recovery with strong service-user input and multi-disciplinary input.

Staffing levels continued to be challenging throughout 2016. Difficulties in keeping approved centres adequately staffed with nurses was evident, with agency nurses and overtime being used to fill gaps. In some approved centres, consultant psychiatrists and non-consultant hospital doctors were locum staff.

In addition, ninety-four percent of approved centres were non-compliant with staffing, mainly due to staff training. In 2016 we defined 5 areas of mandatory training as a minimum requirement for all healthcare professionals in approved centres and compliance with these were consistently low.

Commenting on the staffing challenges, Patricia Gilheaney, the MHC Chief Executive, said, “Again this year we see issues with staffing levels. We know that there are efforts to recruit to fill roles, but progress is not quick enough.”

Annual Report 2016 findings

Compliance

There were 64 approved centres inspected during 2016 and there were four focussed inspections. A focussed inspection may be undertaken to gather further information, or to confirm that a risk has been reduced.

Compliance with statutory requirements actually decreased during 2016. There were high levels of compliance with standards relating to religious practice, the right to Mental Health Tribunal hearings, health and safety, food and nutrition.

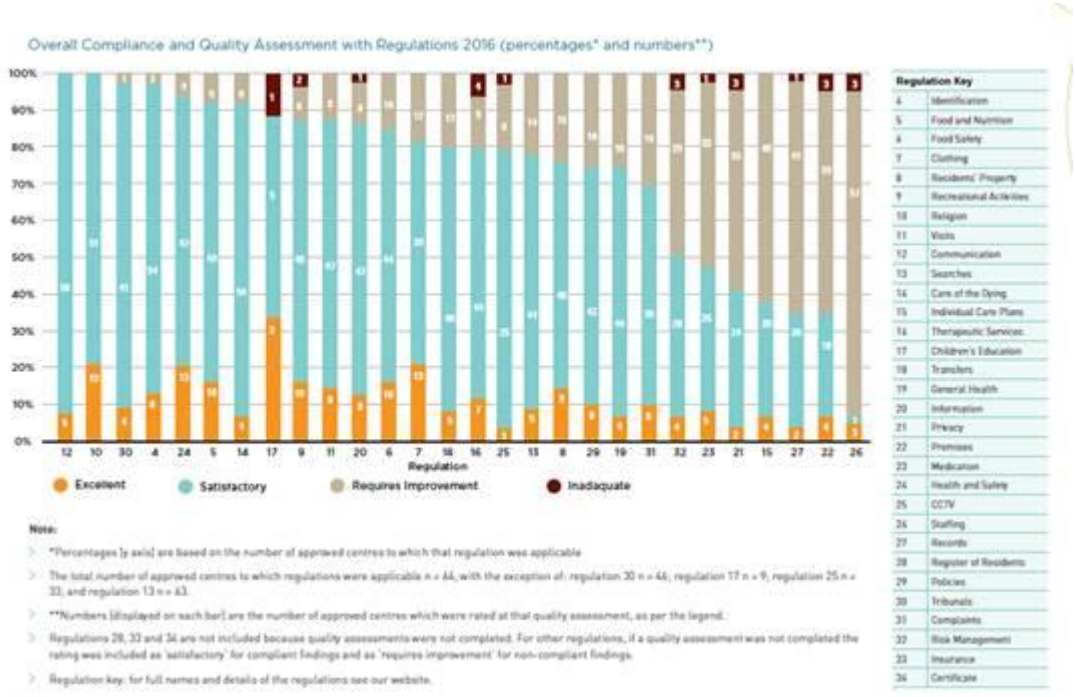
However there were many areas of significant non-compliance relating to individual care planning, privacy, the availability of therapeutic activities in continuing care facilities, staff training, safety of premises, breaches of the rules on seclusion and the management of

medication. These areas of non-compliance have been recurring for a number of years and must be addressed.

Of particular concern was the failure in eight centres to provide residents with an individual care plan, as is required by a regulation which has now been in place for ten years.

Key numbers:

- 74% compliance with Regulations (down 13% from 2015)
- 37% compliance with Statutory Rules (down 35% from 2015)
- 24% compliance with Codes of Practice (down 48% from 2015)
- 50% compliance with Part 4 of the Act (down 30% from 2015)
- 27% of non-compliance were rated as high or critical risk, compared with only 18% in 2015.



Involuntary admissions

The number of involuntary admissions has increased steadily from 2,141 in 2012 to 2,414 in 2016. The increase in 2016 over 2015 was 2%. "We cannot identify the precise reason for this increase but it should be noted that modern mental health policy and practice suggests that admission to in-patient care – particularly involuntary admission - should be an act of last resort. All community-based treatments should be considered before any decision to admit to in-patient care," said Mr Saunders.

44% of all involuntary admissions followed applications by family members, a significant drop from 68% in 2007. However applications from Gardaí continue to rise, up from 23% in 2015 to 25% in 2016.

In the 18-24 age group 74% of involuntary admissions were male while in the older age groups less than half were male.

Inspector of Mental Health Services report

The Inspector of Mental Health Services and/or her team visit and inspect each approved centre at least once a year and reports to the Commission on compliance with code of practice, rules and regulations. The Inspector's key findings for 2016 include that most services are working hard to be compliant and that there are programmes being rolled out nationally to increase service user involvement, and to increasingly place the concept of recovery at the centre of mental health service provision.

As noted above, in many centres service users still have no input in to their individual care plans. There was inadequate provision of multi-disciplinary team input, extensive non-compliance with regulations concerning privacy and dignity. This included the use of torn curtains around beds, broken locks on toilet doors and no facilities to make a private phone call. Two thirds (66%) of approved centres were non-compliant with conditions in relation to premises. The reasons included poor maintenance and lack of cleanliness. There are continuing concerns about the use of seclusion in approved centres, and the lack of regulation of community residences. The report says: "This is putting 1,355 vulnerable adults at risk of abuse, not receiving adequate mental health care and physical care, living in inadequate accommodation and losing autonomy."

Community residences

The Commission continues to be concerned about 24 hour staffed community residences, which are not regulated yet provide care to a large cohort of vulnerable people with long-term mental illness. These accommodate too many service users, often have poor physical infrastructure, and are institutional in nature and lack individual care plans. Regulation of these residences should be prioritised.

Forensic services

The National Forensic Mental Health Service (NFMHS) is hugely under-resourced, with substantial waiting lists to avail of its services. There were 19 prisoners retained in prison as of December 2016 while waiting for psychiatric care. There are just two forensic mental health in-patient beds per 100,000 population compared to 7.5 in England and Wales, and 8-10 in Scotland, Northern Ireland and Germany.

The NFMHS provides care for people with mental illness in a secure setting. People with mental illness are over-represented in the prison population. The majority of young people remanded to Irish prisons with diagnoses of severe and enduring mental illnesses are charged with very minor offences, and have fallen through the cracks of a public mental health system which is not designed to meet their needs.

Legislation

A review of the Mental Health Act 2001 was published in March 2015 recommending various legislative changes. However just one of the recommended changes has been made, and the Act is now at risk of becoming outdated. The change that has been made has made it illegal to administer Electro-Convulsive Therapy to an involuntary patient who is unwilling to consent. It has also made it illegal to administer medication for more than three months to an involuntary patient who is unwilling to consent.

Decision support service
The Commission is continuing to seek the resources required to develop the Decision Support Service (DSS), a vital component of Ireland's approach to safeguarding vulnerable adults. The DSS will support decision-making by and for adults with capacity difficulties, and will regulate individuals who are providing support to people with capacity difficulties. During 2016 the Commission received one additional member of staff on secondment for 12 months, but no additional budgetary resources for this.

ENDS
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Notes to the Editor:

About the Mental Health Commission
The Mental Health Commission is an independent statutory body. The primary functions of the Mental Health Commission are to foster and promote high standards of care and good practice in the delivery of mental health services and to ensure that the interests of those involuntarily admitted are protected, pursuant to the Mental Health Act 2001.