

## **Priority needs to be given to the reorientation of mental health services from old style model of institutional care to community based services, Mental Health Commission**

**Thursday 2<sup>nd</sup> June 2011.** The State's Mental Health Services are facing significant staff shortages due to the haemorrhaging of personnel who are not being replaced due to the moratorium on public sector recruitment, the Mental Health Commission said today.

At the launch of the Commission's 2010 annual report today the MHC Chairman Dr Edmond O'Dea said that in some areas some 20% of nurses have left in the past one or two years and these have not been replaced. "This is a big problem as staff are being withdrawn from community services in order to plug gaps in inpatient units. This is another factor slowing down the move from institutional to community care that we all want", Dr O'Dea said.

He said the economic recession had put additional pressure on individuals and this had led to increased demand for mental health services. "At the same time the very difficult situation regarding the public finances makes it difficult to secure the resources necessary to achieve the changes and improvements in mental services that are required", he said.

The Commission said that a key priority for 2011 was to embed the concept of recovery into the State's mental health services. Central to this concept is the view that the course of mental illness is not one of inevitable deterioration, and that many people diagnosed with severe mental illness can reclaim and recover meaningful lives.

"Recovery is central to modern thinking on mental illness" said Patricia Gilheaney, Chief Executive of the Mental Health Commission. "While a greater number of policy-makers and staff have embraced this concept there are still too many instances in which the treatment system sees treatment as about managing patients rather than facilitating their recovery. This is something we must address in 2011."

The Commission continues to call for the establishment of a semi autonomous Directorate of Mental Health Services to drive change. "Just as the establishment of a Cancer Services directorate helped the drive to transform the State's cancer services, a Mental Health Services Directorate would provide the momentum to transform our mental health services", said Ms Gilheaney.

Dr O'Dea, said: "We are now at the half way point in the ten year timetable envisaged for the implementation of A Vision for Change and we have not seen the fundamental changes envisaged."

The Chairman welcomed the commitment to mental health by the government in its programme for government entitled 'Government for National Recovery', which include:

- Ring fencing €35m a year for the development of community mental health teams and services;
- Establishing a cross-departmental group to integrate good mental health policy into other areas;
- Endeavouring to end the practice of placing children and adolescents in adult wards; and
- Bringing in new legislation on mental capacity in line with the UN Convention on the Rights of Persons with Disabilities to ensure the greatest degree of autonomy for people with intellectual disabilities or with mental illnesses.
- Reviewing the Mental Health Act.

However Dr O'Dea stressed the need to hasten progress and urged service managers and staff to continue their hard work in trying to achieve full implementation of the policy. He said "despite the many challenges the health service providers face, including a lack of funding, unprecedented rate of staff retirement and the current moratorium on public service recruitment there are ways to ensure progress is made."

### Regulatory Role

During 2010 the Commission imposed stringent conditions on a number of approved centres. The conditions were as follows:

Hospital	Condition	Current status
St Senan's Hospital, Enniscorthy, Co. Wexford	1. Admissions to two units must cease by 28 <sup>th</sup> February 2011	Condition met
	2. The admission of children must cease by 30 <sup>th</sup> June 2010	Condition met
	3. Full compliance with the rules governing the use of seclusion and mechanical means of bodily restraint must be obtained by 10 <sup>th</sup> September 2010.	Condition met
St. Brendan's Hospital, Rathdown Road, Dublin 7	1. Acute admissions (other than from rehabilitation services) to the approved centre must cease by 10 <sup>th</sup> September 2010	Condition met

St Ita's Hospital, Portrane, Donabate, Co. Dublin	<ol style="list-style-type: none"> <li>1. Acute admissions must cease by 28<sup>th</sup> February 2011</li> <li>2. Two units are required to permanently close by 30<sup>th</sup> November 2010</li> <li>3. Two units must be refurbished by 30<sup>th</sup> November 2010.</li> </ol>	<p>Condition met</p> <p>Condition met</p> <p>Condition met</p>
Carnamuggagh, Letterkenny, Co Donegal	<ol style="list-style-type: none"> <li>1. Full compliance to be achieved with Article 15 re individual care planning</li> </ol>	To be determined following receipt of inspection report 2011
Child and Adolescent Mental Health In-Patient Unit, Merlin Park University Hospital, Galway	<ol style="list-style-type: none"> <li>1. Maximum number of residents set at 9, with bedrooms to be used specified</li> </ol>	Condition met
Eist Linn Child and Adolescent Inpatient Unit, Bessborough, Cork	<ol style="list-style-type: none"> <li>1. Maximum number of residents set at 12, with bedrooms to be used specified</li> </ol>	Condition met
Lois Bridges, Sutton, Dublin 13	<ol style="list-style-type: none"> <li>1. Maximum number of residents set at 6.</li> <li>2. Specific works to be carried out prior to opening</li> </ol>	<p>Condition met</p> <p>Condition met</p>
St Aloysius Ward, Mater Misericordiae Hospital, Eccles Street, Dublin 7	<ol style="list-style-type: none"> <li>1. Full compliance with rules governing mechanical means of bodily restraint to be achieved</li> </ol>	2010 Inspection Report indicates Mechanical Restraint not in use

Ms Patricia Gilheaney, Chief Executive Officer at the MHC welcomed the progress made during the year and emphasised the Commission's commitment to using where appropriate its statutory powers during 2011. She said, "The decision by the commission to impose conditions on these institutions came about as a direct result of the findings of the 2009 Inspectors reports, which showed very little improvement in standards and poor conditions. These actions resulted in the HSE taking the necessary steps to improve mental health service provision in the relevant areas."

## **Report of the Inspector of Mental Health Services**

All approved centres were inspected by the Inspector of Mental Health Services during 2010.

In addition to the routine inspections the Inspectorate undertook a number of themed reports including:

- Article 15 Individual Care Plans Compliance 2010
- Care Pathways 2010 Dublin Mid-Leinster
- Care pathways 2010 West
- Overview of Rates of Compliance in Announced and Unannounced Inspections 2009 and 2010
- Medication Report 2010
- Overview of Inspections of Day Hospitals 2010
- Overview of Inspections of 24 hour Residences 2010
- Psychological Therapies Report 2010.

**ENDS**

**Issued by Murray Consultants on behalf of the Mental Health Commission.**

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### **Note to Editor**

#### **About the Mental Health Commission**

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.

#### **About A Vision for Change**

A Vision for Change was adopted as Government policy on mental health services in 2006. It is designed to build positive mental health services throughout the community and to provide community based specialist services for people with mental illness. The policy envisages the reorientation of the delivery of mental health services away from the old style model of institutional care to community based services.