

# **Mental Health Commission orders three psychiatric hospitals to take no more patients**

Commission warns HSE is preparing to fail to meet Government targets

**Wednesday June 16<sup>th</sup> 2010:** The annual report of the Mental Health Commission for 2009, published today, has noted very little improvement in standards in approved centres for inpatients.

The annual report details the Commission's progress in implementing its own strategic plan, and contains statistics on the involuntary admission of adults to approved centres, the admission of children and compliance with the regulations for approved centres and an overview of the quality of care and treatment provided by mental health services.

The Commission has recently imposed conditions on three approved centres telling them that they can no longer admit new patients from February 2011. This arises from the 2009 reports of the Inspector of Mental Health Services, published today with the Commission's annual report, which show poor conditions in a significant number of approved centres.

Speaking at the launch of the report the Chairman of the Mental Health Commission, Edmond O'Dea expressed concern that Government policy to move from a treatment model based on institutional care to care in the community was not being implemented. "We are now in year five of the implementation of Government policy, A Vision for Change, and it is alarming to see how the ambitions for reform of our mental health services have slipped", he said.

Chief Executive of the Mental Health Commission Mr Hugh Kane said "The Commission is concerned that the HSE's service plan for 2010 does not show that it will be possible to develop the new services that will replace institutional care within the resources provided", he said. "The targets set

out in the area of mental health are very modest in their ambition and in some cases are little more than a repeat of the targets set for 2009.

"The plan notes that 'mental health support services have seen an increase in demand as a direct result of stresses and strains placed on individuals in times of economic turbulence'. Yet in a year where it has been reported that 700 staff have left mental health services, and spend on services has reduced by €53m despite promises to increase it by €21 million, it is difficult to see how levels of service can be maintained.

"We cannot see any steps in this plan to reconfigure services towards a community/recovery focussed service. The statistics in the plan show that the overall admissions to acute in-patient units are to decrease by just 16 out of a projected level of admissions of 15702. The plan does not fund any Community mental health teams and sets very little direct action on the implementation of Vision for Change."

### **Regulatory role**

The Commission's regulatory role continued in 2009, with its Inspectorate inspecting all approved centres in the State in 2009, as it is required to do. In previous years we made it clear that conditions in some approved centres are entirely unacceptable. We gave these centres the opportunity to improve their conditions. The Inspector has noted some individual cases of improvement, but detected no discernible overall improvement. Indeed once again the Inspectorate has reported entirely unacceptable and inhumane conditions in a number of locations.

The 2009 report explains regulatory actions that have been taken by the Commission in relation to St Lukes Hospital and St Michael's Unit in South Tipperary General Hospital (both in Clonmel) (see page 50, Annual report) the Haven in Co Kildare and the child and adolescent unit in St Stephen's in Cork (see page 51, Annual Report).

In 2010 we have taken the additional step of telling three approved centres to admit no more acute patients. The Mental Health Act 2001 allows us impose conditions such as this on approved centres and we have done so in the cases of St Senan's Hospital, St Brendan's Hospital; and St Ita's Hospital. These are centres in which the Inspector's reports over the past three years showed that the regulations were repeatedly not being complied with.

On foot of the 2009 report from the Inspector, the Commission asked these three centres for action plans showing how they intended to comply with the regulations. However these are inadequate and show little prospect that the regulations will be complied with in the future. In relation to the approved centres we have therefore the following conditions:

- St Senan's Hospital. admissions to two units must cease by 28<sup>th</sup> February 2011, the admission of children must cease by 30<sup>th</sup> June 2010, 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
- St. Brendan's Hospital: Acute admissions (other than from rehabilitation services) to the approved centre must cease by 10<sup>th</sup> September 2010.
- St Ita's Hospital. Acute admissions must cease by 28<sup>th</sup> February 2011, 2 units are required to permanently close by 30<sup>th</sup> November 2010 and two units must be refurbished by 30<sup>th</sup> November 2010

### **Admission of children and adolescents**

The phasing out of the admission of children and adolescents to adult centres is now well underway and will be complete by the end of 2011. In 2009 the Commission published a code of practice which said that from July 2009 no child under 16 years of age is to be admitted to an approved adult centre; by December 2010 no child under 17 is to be admitted to an approved centre and that by December 2011 no child under 18 years is to be admitted to an adult centre for treatment. This represents a complete phasing out of child and adolescent admissions to adult centres by 2011. If in exceptional circumstances, the admission of a child to an adult unit in an approved centre occurs in contravention to the new Code of Practice, then the approved centre is obliged to submit a detailed report to the Mental Health Commission explaining why the admission has taken place.

"This practice of admitting young people to inappropriate adult institutions has been of concern to us, to service users and their families and to mental health practitioners for many years", according to Hugh Kane. "We are very pleased that this is now ending completely."

In 2009, 200 under 18s (of whom 12 were under 16) were admitted to adult units. This compares to 2008 when 247 under 18s (of whom 24 were under 16) were admitted to adult units.

### **Involuntary admissions and Mental Health Tribunals**

The number of involuntary admissions in 2009 was 2024, a 1% rise on the 2004 involuntarily admitted in 2008. The 2008 figure had shown a 6% fall from the 2126 involuntarily admitted in 2007.

The Mental Health Commission continued providing patients who are involuntarily admitted to an approved centre with an automatic independent review within 21 days of admission. The Mental Health Tribunals continue to provide an effective mechanism for independent reviews of admission and renewal orders, and protect the rights of patients admitted to approved centres on an involuntary basis. There were 2,024 involuntary admission orders in 2009, and 1882 hearings were held by Mental Health Tribunals. Nine per cent admission orders were revoked at these hearings. A significant number of admission orders were revoked by the Responsible Consultant Psychiatrist before the 21 day period elapsed.

### **Service user empowerment and involvement.**

The Mental Health Commission produced a number service user information resources in 2009, notably the Headspace toolkit, a self advocacy and rights based toolkit for young people accessing inpatient mental health services which was published in January 2010. During 2009, the Commission also published service user guides for adults on the new code of practice on admission, transfer and discharge, and the code of practice for the guidance of persons working with people with intellectual disability and mental health problems. In November 2009, the Commission, in partnership with the HSE and two independent mental health service providers, commenced an 18 month project, incorporating 11 sites around the country, to ensure the centrality of patient involvement in their own care, treatment and recovery.

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