

Welcome!

This is the first of an occasional series of bulletins to ensure that all those with an interest in our evolving mental health services are aware of the work being done by the Mental Health Commission. Its publication coincides with the coming on line of our revised website at www.mhcirl.ie which we think is more user-friendly and comprehensive than before.

The first quarter of 2009 has been busy for the Commission. The highest profile event was the launch of the report of the inquiry into St Luke's Hospital and St Michael's Unit in Clonmel. Details of the report and of the response of the HSE and Department of Health and Children is given below.

This bulletin also highlights the new practice of publishing inspection reports on the website regularly, rather than waiting until the publication of the annual report. This allows for quicker responses from approved centres to any issues which are highlighted by the Inspectorate and is good practice in terms of openness and transparency.

This bulletin also includes an outline of the 2008 statistics in relation to involuntary admissions to approved centres and the Mental Health Tribunals held in relation to each such involuntary admission.

We will be publishing revised rules and updated codes of practice in the coming months covering important areas of clinical practice and we explain this in this bulletin.

I would like to thank the staff of the Commission for their work in producing the content of this bulletin in recent weeks. We believe this will contribute to ensuring we communicate better with all interested individuals and bodies.

If you have any comment in relation to this bulletin please e-mail bulletin@mhcirl.ie.

Brid Clarke
Chief Executive Officer

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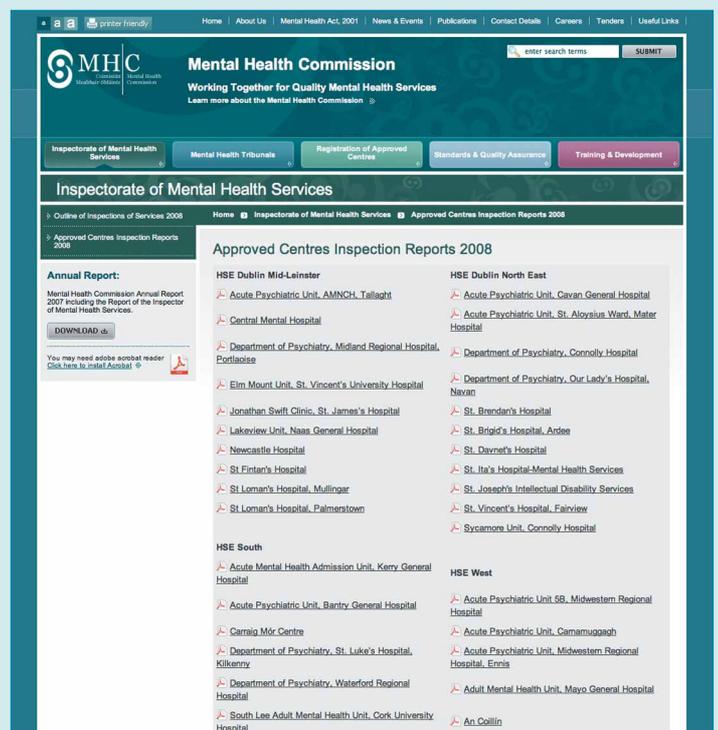
The Inspector of Mental Health Services has recently posted reports of inspections of approved centres on the Commission's website in an effort to make them available to staff and the public as early as possible.

Up to this year the reports of inspections of the State's approved centres were published with the annual report of the Mental Health Commission. This meant that in some cases, there was a gap of up to 15 months between an inspection being carried out and the final report being available to staff, service users and the general public.

"The general principle is that the earlier feedback is given the quicker people will take any action required on foot of an inspection report", according to the Inspector of Mental Health Services, Dr Pat Devitt.

"So in future, rather than wait for the annual report we will put inspection reports up in batches, perhaps three or four times a year. This gives 'real-time' feedback on the services being provided."

The MHC annual report for 2008 is due for publication in the coming weeks. Each approved centre must have at least one inspection per year.



MHC Publish Report of Inquiry to Review Care and Treatment Practices in Two Approved Centres in Clonmel

On April 3rd the Mental Health Commission published the report of the inquiry team set up to review the operation of the two approved centres for the care and treatment of persons with a mental illness or mental disorder in Clonmel, Co. Tipperary.

The report attracted considerable media interest and public attention arising from its expression of concern that individual person centred care was not at the heart of the system in St Luke's Hospital and St Michael's Unit at the time the inquiry was carried out.

Immediately the report was published, John Moloney TD, Minister of State responsible for Mental Health Services said, "The report has highlighted very serious issues about standards of care and treatment in the mental health services in Clonmel. Aspects of the service provision described are totally unacceptable in a modern mental health service and they will be addressed without delay."

"I am pleased that the HSE has accepted the Inquiry Team's findings and that it is finalising a detailed implementation plan to address the recommendations in the report."

"The publication of this report by the Mental Health Commission shows that the systems put in place by the Mental Health Act, 2001 to promote high standards and good practices in our mental health services are working. The importance of the independent role of the Mental Health Commission and the Inspector of Mental Health Services in this regard cannot be overestimated and I would like to commend the Commission and the Inquiry Team for their persistence in bringing this report to a conclusion," the Minister concluded.

The HSE also responded on the morning of publication by saying it was working to implement all of the recommendations of the report from the Mental Health Commission. It confirmed plans, announced last January as part of the HSE's development plan for users of South Tipperary mental health services, to close St Luke's Hospital and to develop a comprehensive €20 million programme to develop community-based mental health services. Dr Maeve Martin, HSE Principal Psychologist and project lead on the transformation of mental health services already underway in South Tipperary said "We welcome the recommendations and will work closely with the Mental Health Commission to draw up a detailed project plan with clear responsibilities and timelines for implementing the report's recommendations."

In its own response the Mental Health Commission noted the recent developmental plans announced by Professor Brendan Drumm for the mental health services in South Tipperary, and welcomes the announcement, as part of those plans, of the proposed closure of St Luke's Hospital by the end of 2010.

Among the conclusions of the report are that there was unnecessary locking of ward doors in St Luke's Hospital, and unnecessary use of seclusion and the nursing of residents in nightclothes in St Michael's Unit. Staffing constraints and environmental defects

appeared to increase the risk of injury to residents, and were not adequately addressed. Recommendations in the report cover this and other areas.

Following the publication of this inquiry report the Mental Health Commission requires that a project plan for the development of the mental health services in South Tipperary be submitted by the Health Service Executive which will be time-bound and which shall have clear lines of responsibility for the implementation of the project plan. The Inspectorate of Mental Health Services will monitor closely the HSE project plan and report to the Mental Health Commission on a regular basis.

Separately and arising from its own Inspectorate's work in inspecting approved centres throughout the State, the Mental Health Commission has proposed to attach conditions under the Mental Health Act 2001 to the continued operation of St Michael's and St Luke's. The Commission wrote to the Chief Executive of the HSE Prof Brendan Drumm in March informing him of its proposal to attach conditions under the Mental Health Act. The HSE has responded and its submission will be taken into account by the Commission before it decides how to proceed.

"The Commission will work with all interested parties in relation to the development of quality mental health services in South Tipperary. We acknowledge the grave difficulties faced by the Exchequer in funding existing services in the current economic climate. However, even in difficult economic times, there is a need for the continued development of mental health services to ensure people with mental illness receive appropriate care and treatment." according to Dr Edmond O'Dea.

The members of the Inquiry Team established by the Mental Health Commission were:

Dr. Adrian Lodge	Mental Welfare Commission Scotland Appointed as Assistant Inspector Mental Health Services for the duration of the Inquiry
Mr. Jamie Malcolm	Mental Welfare Commission Scotland Appointed as Assistant Inspector Mental Health Services for the duration of the Inquiry
Mr. Des McMorrow	Mental Health Commission Assistant Inspector Mental Health Services
Ms. Maeve Kenny	Mental Health Commission Assistant Inspector Mental Health Services

Updated Rules and Codes of Practice in Important Areas

The Mental Health Commission is to publish revised Rules and an updated Code of Practice in the next few months covering important areas of clinical practice. Issues covered will be the use of electro convulsive therapy, seclusion, mechanical restraint and physical restraint. The Commission will also publish a new code of practice on admission, transfer and discharge to and from an approved centre, and a code of practice for the guidance of persons working with individuals with mental illness and intellectual disabilities.

(i) ECT, Seclusion and Restraint

The Commission will issue updated rules on the use of electro convulsive therapy, seclusion and mechanical restraint arising from an independent review carried out last year.

These updated rules will replace those which first came into effect in November 2006 in order to meet the requirements of the 2001 Mental Health Act. The existing rules were reviewed in the second half of last year, a process which involved extensive stakeholder consultation. There were two separate reviews: one of the rules governing the use of ECT and the other of the rules governing the use of seclusion and mechanical restraint and the code of practice on physical restraint.

The Commission reviewed the findings of stakeholder consultations in February and arising from this it intends to publish both review reports and to issue revised sets of rules and code of practice by August 2009.

(ii) Admission, Transfer and Discharge

The Mental Health Commission has developed a code of practice on admission, transfer and discharge to and from an approved centre. One of the code's key objectives is to provide

a framework for a consistent approach to admission, transfer and discharge of all individuals to and from approved centres in Ireland based on international good practice.

Following an extensive consultation process in 2008, the code has recently been updated, and considered by the Commission. The Commission intends to publish the code in June 2009. Inspections from January 2010 by the Inspectorate of Mental Health Services will include inspection of compliance with this code.

(iii) Mental Illness and Intellectual Disability

During the summer the Commission will also publish a new Code of Practice for persons working in mental health services with people with mental illness and intellectual disabilities.

The development of this code arose from the desire expressed by many health professionals working with people with mental illness and intellectual disabilities to have advice in relation to the issues presented.

A draft code was initially developed by a multi-disciplinary working group and was informed by good practice guidance in Ireland and other jurisdictions. It was recently updated following a stakeholder consultation that took place at the end of 2008 and was considered by the Commission at the February meeting.

The publication of this code in the summer should allow services sufficient time to familiarise themselves with its contents before inspections in 2010 incorporate this code.

The Commission wishes to thank everyone who participated in the process of development of the above codes of practice and review of rules.

MHC to Produce Briefing Papers on Key Issues

The Mental Health Commission intends to publish a series of briefing papers on issues at the centre of current debate and discussion on future mental health service provision.

This initiative has been prompted by the level of interest that was generated by the publication last year of *The Economics of Mental Health Care in Ireland*, written by Eamon O'Shea and Brendan Kennelly of the Irish Centre for Social Gerontology and Department of Economics, NUI Galway.

That report showed that mental health problems cost the economy over €3 billion a year, and that there were a series of interventions available which both had a positive effect on the quality of life of people with mental health problems, and would actually save money in terms of health care costs, the cost of lost employment and productivity, and various social service expenditures.

The Commission emphasised at the time of the publication of the O'Shea and Kennelly report that decisions on resource allocation must be grounded in values and not just cost/benefit analysis. Yet economics is a central tool in the making of these decisions and a strong economic argument will boost the case for spending on beneficial services.

This new series of briefing papers will contain not just analysis of the situation but recommendations and actions points. They will include a good accessible summary of the original economics study, a paper on best practice approaches to tackling stigma as well as a paper on the evidence base for various effective interventions.



Involuntary Admissions Down 6% in 2008

The number of involuntary admissions to approved centres in 2008 was 6 per cent lower than in 2007, according to figures compiled by the Commission.

Last year there were 2,004 involuntary admissions, and a further 1,324 orders were made renewing such admissions. In 2007 there were 2,126 involuntary admissions and 1,296 renewal orders.

The 6 per cent fall occurred among both categories of patients who are admitted involuntarily - those admitted directly from the community (Form 6 admissions), and those who are already

voluntary patients but who are then regraded as involuntary (Form 13 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. The number revoked by the Responsible Consultant Psychiatrist before hearings took place fell from 1,444 to 1,290 - a drop in percentage terms of 3 per cent.

INVOLUNTARY ADMISSION ORDERS AND MENTAL HEALTH TRIBUNAL ACTIVITY 2008

	2008	% CHANGE FROM 2007
1 Form 6 Admissions	1,420	-6%
2 Form 13 Re-grading of a Voluntary Patient	584	-6%
3 Renewals Orders	1,324	+2%
4 Form 14 Revoke Before Hearing by RCP	1,290	-11%
5 % Revoked Before Hearing by RCP (5 as a % of 1+2+3)	39%	-3%
6 Hearings Held	2,096	-7%
7 Revoked at Hearing	241	-6%
8 % Revoked at Hearing (8 as % of 7)	11.5%	No change



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