

Mental health service concerns must be addressed to protect patients from Covid-19

Pandemic has highlighted significant risks associated with shared accommodation, says Mental Health Commission

Tuesday, July 14th: The Chief Executive of the Mental Health Commission has said that there are actions that need to be taken now to ensure mental health services are better equipped to deal with Covid-19 and the potential of a possible second wave of infection.

John Farrelly, who is speaking before the Special Committee on Covid-19 Response from 11am this morning - along with colleagues, Dr Susan Finnerty, the Inspector of Mental Health Services, and Ms. Rosemary Smyth, Director of Standards and Quality Assurance – said that the Commission identified a number of concerns as part of their risk-rating of mental health facilities over the past three months, and that urgent steps must now be taken.

The Commission took on a specific role during Covid-19 by monitoring 181 mental health services, consisting of 67 approved centres and 114 community residences, which were identified as being particularly vulnerable to the effects of a Covid-19 outbreak. Combined, these facilities care for more than 3,900 mental health patients and residents across the country.

In total, 31% (56) of all mental health services monitored reported confirmed cases of Covid-19 among staff and/or service users. Despite this, there was only a very small number of services with widespread outbreaks. Seventeen Covid-19 related deaths of service users were reported to the Commission between from early April and July 10th.

While issues of concern include the lack of specific public health guidance for mental health settings; significant delays and inconsistencies in testing; inconsistency in the continuity of services; and the suspension of community-based services, the primary concern focused on facilities with shared accommodation and their limited ability to isolate service users or promote social distancing.

“This pandemic has brought into sharp focus the fundamental shortcomings in accommodation for mental health facilities,” said Mr Farrelly. “Covid-19 has highlighted the significant risks associated with shared, and in particular, dormitory-style accommodation. For years, the Commission has also been sounding the alarm on other critical deficiencies such as structural safety, lack of privacy, and premises that are dirty and in disrepair.

“It is critical that there now must be a national review of shared accommodation without delay. We must see regional and national governance and oversight of contingency plans to address accommodation that is not compliant with Infection Prevention and Control (IPC) standards, while ensuring the assessed needs of service users are being met.”

The Commission is also recommending that there are clearly defined points of contact and shared protocols for each facility in relation to testing, contact tracing and PPE; clear public health guidance specific to mental health settings, including clear criteria for the suspension and resumption of services; and data driven systems analysis of Covid-19 progression within mental health services.

Mr Farrelly said that there are also longer term actions that need to be commenced now, to ensure the system is prepared for a future pandemic or equivalent crisis.

“There must be commitment to proper investment to the full spectrum of community mental health services as set out in new Government policy ‘Sharing the Vision’ to reduce reliance on acute inpatient services and to allow people to be cared for and supported to live in the community where possible,” he said.

“It is essential also that there is similar commitment to provide modern, therapeutic and safe environments in which mental health services are provided, which promote recovery and respect the privacy and dignity of the person.”

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. The Mental Health Commission also has statutory responsibility for the Decision Support Service under the Assisted Decision-Making (Capacity) Act 2015.

About the MHC Support & Risk Escalation framework

The Commission had been in regular contact with the approved in-patient mental health units since the beginning of March in relation to plans to deal with the virus. It was given additional powers at the start of April to risk-rate these units, along with the 24-hour community residences.

There were 181 services monitored, consisting of 67 approved centres, comprising 2,649 beds, and 114 24-hour nurse-staffed community residences nationally, comprising approximately 1,250 beds.

Since those new powers were introduced on April 1st, the Commission has been supporting the HSE by identifying risks at these facilities, through its data information systems, to ensure that the health service is in possession of the correct information and can, if necessary, take immediate and effective action.

The Commission developed a standardised regulatory support framework and worked over the phone with all services to determine their risks in relation to staffing, equipment, premises and specialist support. If risk areas are identified, the Commission escalates those concerns to the highest levels of the HSE. In addition, the Commission has initiated a fast track registration scheme to enable immediate access to new and more suitable buildings.