

## Opening statement from Mr John Farrelly, Chief Executive, Mental Health Commission to the Special Committee on COVID-19 Response

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I welcome the opportunity to appear before the committee today, with my colleagues Dr Susan Finnerty, Inspector of Mental Health Services and Ms Rosemary Smyth, Director of Standards and Quality Assurance, to discuss the impacts of COVID-19 on mental health services in the State.

### **Role of the Commission**

The Mental Health Commission is the regulator for mental health services in Ireland. We are an independent statutory body that was established in April 2001. The regulatory functions and process for independent review of involuntary admissions came into effect following full commencement of the 2001 Act, in November 2006.

The Commission's mandate is to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services and to protect the interests of persons admitted and detained under the 2001 Act.

Under the 2001 Act, the statutory scope of mental health regulation is limited to in-patient services, which are estimated to make up only around 1% of mental health services in Ireland. The Inspector of Mental Health Services does however have the statutory power to visit and inspect all premises where a mental health service may be provided.

There are 181 residential mental health services in Ireland, comprising 67 regulated in-patient mental health services (approved centres) and 114 unregulated 24-hour nurse staffed community residences. These account for approximately 3,900 beds nationally. In addition to this there are numerous low and medium support community residences, providing a range of care and supports to service users.

During COVID-19 the Commission took on a specific role in monitoring 181 residential mental health services, which were identified as being particularly vulnerable to the effects of a COVID outbreak.

The written submission of the Commission sets out a number of concerns identified as part of our role in monitoring the progression and impacts of COVID-19 within mental health services. We consider urgent steps need to be taken now in preparation for a second wave infection, or for future crises.

Dr Finnerty, Ms Smyth and I would welcome any questions.

### **COVID-19 Response**

At the outset of the COVID-19 pandemic, residential mental health services were identified by the World Health Organisation (WHO), European Centre for Disease Control (ECDC) and by our own Department of Health as particularly vulnerable to risk. The reason for this is that there is a prevalence of infection and potentially adverse results for persons who are over 60 years of age, those with underlying medical conditions and persons who are living in high-contact physical environments.

From 6 April to 10 July 2020 the Mental Health Commission (the MHC) closely monitored and risk assessed the 181 residential mental health services, gathering information on disease progression, assessing service preparedness to respond to an outbreak, and identifying and escalating issues of concern. Further detail on the MHC's assessment framework and findings from this programme of monitoring are set out in our written submission.

In total, 31% (56) of all mental health services monitored and 55% (37) of approved centres 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 MHC between April and July.

### **Issues of concern**

Through our intensive monitoring, we observed mental health services to be proactive and responsive to public health advice. However, at a system level the MHC identified and escalated a number of issues of concern to the HSE and to the Department of Health. These have been set out in detail in our written submission, but include:

- Facilities with shared accommodation and limited ability to isolate service users or promote social distancing;
- Lack of specific public health guidance providing for mental health settings, in particular for acute mental health units;
- Significant delays and inconsistencies in testing;
- Inconsistency in the continuity of services
- Suspension of community based services and pressure on inpatient services which are already operating at or over capacity.

This pandemic has brought into sharp focus the fundamental shortcomings in accommodation for residential mental health facilities.

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.

While the MHC welcomed and facilitated the expedited completion and registration of three new modern facilities during April, the fact remains that many premises across the State are not reflective of a modern mental health service that can ensure the privacy, dignity and safety of service users.

### **Actions needed**

There are actions that need to be taken now as we plan for winter and face the risk of a possible second wave infection.

- National review of shared accommodation. 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.
- 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.
- Data driven systems analysis of COVID-19 progression within mental health services, including causal factors analysis within services and areas that had significant outbreaks, as well as those that remained COVID-free.

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.

- 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.
- 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.