

Clarity required on Covid-19 guidance for mental health services

Mental Health Commission says some services remain confused, given their unique position within the health service

Tuesday, May 19th: The Mental Health Commission says that clarity must immediately be provided to mental health services that remain confused as to which public health guidance document they should be following for the prevention and management of Covid-19.

The Commission is continuing to provide the National Public Health Emergency Team (NPHE), the Department of Health and the HSE with a weekly report that includes a summary of their ongoing risk-rating of in-patient mental health centres and 24-hour community residences. Combined, these 181 facilities care for more than 3,900 mental health patients and residents across the country.

“While we found that awareness and adherence to public health advice has significantly increased over the last few weeks, there is now confusion among services - particularly approved centres that take acute admissions - as to which guidance document they should be following and adhering to,” said the Chief Executive of the Mental Health Commission, John Farrelly.

“All of the HSE approved centres are in the somewhat unique position within the health service as they are under the governance of the HSE’s ‘Community Operations’ division while being a ward or unit within an acute hospital. Some of these approved centres include one unit for acute admissions, and another unit for long-stay residents.

“We consider clarity on this matter to be essential, particularly as guidance shifts towards new processes and procedures in the context of restrictions being lifted.”

The Commission has also formally written to the NPHE Vulnerable People Sub-Group to seek assurance that there would be a planned and standardised approach to the lifting of restrictions, and to seek confirmation on whether guidance on such matters is planned to be included in the public health advice for long-term residential care facilities.

Meanwhile, while the Commission was advised that all mental health services should be following the public health advice for residential services as it relates to admissions processes, it has noted again that there does not appear to be a standardised policy or process requiring residents to be tested on admission.

“We consider that this may need to be addressed in guidance,” said Mr Farrelly. “This has been highlighted as a concern in a number of services that have limited ability to isolate residents.”

While the Commission observed a major mobilisation in staff testing across mental health services last week, it said that it continues to be concerned that there are inconsistencies in the timeframes and processes for communicating test results.

“There is no current public health guidance on re-testing for staff, or the expectations around how often staff will be tested. We remain concerned at the lack of guidance on these issues and consider that clarity is required on this process before restrictions are lifted.”

Meanwhile, the Commission provided the following metrics as of Friday, May 15th:

- They have now been notified of a total of 17 deaths of residents of mental health services since the commencement of data compilation (this is an increase of one since the previous week).
- There were 46 services (out of a total of 181) reporting suspected or confirmed cases (compared to 45 the previous week).
- There were 72 suspected or confirmed cases relating to residents (compared to 81 the previous week). 38 of these 72 cases are confirmed (compared to 42 the previous week).
- There were 129 suspected or confirmed cases relating to staff (compared to 128 the previous week). 90 of these 133 cases have been confirmed (compared to 82 the previous week).

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 are 181 services currently being monitored by the Commission, comprising of 67 in-patient units (services that have always been and continue to be regulated by the Commission), and 114 (unregulated) community residences. Combined, these facilities care for more than 3,900 service users across the country.

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 is working 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.