Work ongoing to protect 3,800 residents of mental health facilities

Mental Health Commission supporting centres and escalating risks to HSE

Monday, April 20th: The Mental Health Commission’s ongoing work to protect more than 3,800 residents and patients of 176 mental health facilities across the country is continuing since the development of a standardised and evidence-based regulatory support framework almost three weeks ago.

The Commission had been in regular contact with the 65 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 end of last month to risk-rate these units, along with 111 24-hour community residences. Combined, these facilities care for more than 3,800 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 is constantly working with all facilities by telephone to determine any risks they may have in relation to staffing, equipment, premises and specialist support,” said the Chief Executive of the Mental Health Commission, John Farrelly. “This is very much a collaborative effort with facilities as we want to share the workload and not add to any regulatory burden.”

Any issues that the Commission is finding through its risk-rating exercise are then escalated to the highest levels of the HSE on a daily basis, and to the Department of Health and NPHET on a weekly basis. The Commission continues to seek reassurance on an ongoing basis that risks escalated are being mitigated.

“Our findings to date show that the vast majority of the 176 services have contingency plans in place, and we have noted a clear solidarity amongst all mental health staff to do their utmost to protect patients in their care.”

However, the Commission has also noted a number of concerns, mainly relating to staffing and isolation capabilities, which they have brought to the attention of the HSE for immediate action.

“It is clear that there are pressures in situations where it is necessary for staff to isolate, while delays in testing for staff adds to the pressure of providing full staffing complements,” added Mr Farrelly.

“We also have concerns with the design of some of the facilities. For example, a number of centres have dormitory-style sleeping arrangements which would not be suitable for isolation purposes. We are aware that these services are working actively to reconfigure facilities to provide single room accommodation where possible, and the Commission is doing whatever we can to facilitate this.

“The situation regarding Covid-19 is constantly evolving and the Commission acknowledges the extraordinary pressure on health services at present. The Commission’s priority remains the safety and wellbeing of residents and patients and we will continue to do everything in our power to ensure that they are protected as much as possible.
“I really admire the collaboration between the centres, health officials and the Commission to protect service users. We know what the key risks are and we must keep working together to solve them and protect as many individuals as possible during this pandemic.”

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 developed a standardised regulatory support framework a number of weeks ago to address the risks of Covid-19. The Commission has worked over the phone with 65 in-patient mental health facilities, along with 11 24-hour supervised community residences to determine their risks in relation to staffing, equipment, premises and specialist support. If risk areas are identified, the Commission will escalate 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.