

State must strengthen ‘fragile’ health service ahead of further surges of Covid-19, urges Mental Health Commission

Review paper focuses on critical period and presents key opportunity for health sector to collaborate, learn and prepare for future infection

Thursday, September 24th: The Chief Executive of the Mental Health Commission is urging all bodies responsible for protecting the most vulnerable members of society from Covid-19 to work together to strengthen a ‘fragile’ health service and help shield residents of mental health facilities against a second wave of the virus.

A new Covid-19 review paper from the Commission that focuses on the critical period from March to July this year has provided preliminary observations that were gathered as part of its role in supervising and supporting 181 mental health services to manage and mitigate the virus.

It notes that the national testing system was ‘inconsistent and untimely’, and that there was confusion among some services as to which health guidance they should be following. The paper also noted the use of dormitory-style accommodation was a factor in disease progression in a number of the services worst affected by Covid-19, and that a more robust regulatory framework will help protect service users and staff against winter flu, and any Covid-19 case surges.

“It is important to recognise that the management and staff of mental health services worked hard to mitigate the issues identified in this paper, and it is only fair and proper that we note that their thoroughness, compassion and, indeed, bravery, ultimately saved many lives,” said the Chief Executive of the Mental Health Commission, John Farrelly. “As we have acknowledged many times over recent months, our society owes our health staff and management a huge debt of gratitude.

“However, we must also recognise that the virus has not gone away and, sadly, it continues to target the most vulnerable people in our society. With Covid-19 case numbers rising, a second wave is still very much possible. It is absolutely critical that we collaborate as much as possible now to protect those who remain most exposed to infection.

“One of the Commission’s key concerns during the critical period earlier, this year that this paper focuses on, was around staff testing in mental health services. We highlighted the significant inconsistencies in the process for staff testing, including the extent of planning, testing that was underway, and delays in results.

“From our ongoing monitoring of mental health services in recent weeks, the Commission, while recognising improvements, would still have concerns in this area and this is a worry as case numbers begin to rise again. The roll-out of a transparent, time-bound and rapid agile testing process for staff and residents is key.

“The cold, hard truth is that people with serious mental illness are reliant on a fragile mental health service,” added Mr Farrelly. “While we have a policy that we can all work towards implementing, it is critical that the providers are supported to strengthen the system in the here and now, and protect people as much as possible while this virus remains a threat.

“This paper provides everyone in the health sector with an opportunity to examine the Commission’s observations, and the data and facts that we have gathered, to ensure that we

continue to strengthen the health system now, and that we are as prepared as we can be for the winter flu, and any further waves of Covid-19.”

The paper states that an early risk was identified in relation to facilities with shared accommodation and limited ability to isolate residents at the outset of the monitoring period in April. It was found that not all residents in 57 of the 181 services had single rooms, while residents in 102 services used shared (or cohorted) bathrooms. The paper pointed out that the Inspector of Mental Health Services has consistently raised the inappropriate design of mental health facilities in her reports, including the ongoing use of shared bathrooms and sleeping quarters.

“The pandemic has further highlighted these issues, and, as a result, the Commission calls for more robust regulations on premises, including new regulations for community residences, in order to ensure that all residential and in-patient mental health services are in modern, fit-for-purpose buildings, that overcrowding cannot occur and buildings comply with infection, prevention and control standards,” added Mr. Farrelly.

“A more robust regulatory framework may help to ensure that residents are not only provided with the surroundings and premises that have been proven to be best suited to their mental health care provision, but also to help protect against the risk of future infection of Covid-19, and in the case of other future pandemics.”

The Commission also noted significant inconsistencies in the application of guidance in relation to testing in residential care facilities and that the national testing strategy was inconsistent and untimely. It said that, at times, the process for mass testing of staff and residents lacked coordination and oversight, and appeared to arbitrarily exclude certain services without explanation.

There were also issues with public health guidance for residential mental health services, and confusion among services, particularly approved centres that took acute admissions, as to which guidance they should be following.

Ends

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.

Covid-19 and the Commission

Although 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 requested by the Department of Health at the start of April to risk-rate these units, along with the (unregulated) 24-hour community residences.

The Commission supported the HSE by identifying risks at these facilities to ensure that the health service was in possession of the correct information and could, 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 were identified, the Commission escalated those concerns to the highest levels of the HSE. In addition, the Commission initiated a fast track registration scheme to enable immediate access to new and more suitable buildings.

The Commission continues to monitor all residential mental health services in relation to the pandemic, and provides data to the Department of Health and the HSE on a weekly basis, with any identified issues escalated as appropriate.

The purpose of the paper

The purpose of the paper is to set out the role of the Commission in supervising, monitoring and supporting services in their management and mitigation of the Covid-19 pandemic in Irish residential mental health services, and to provide preliminary observations on the Commission's role during the period March to July 2020.

Prevalence of confirmed cases of Covid-19

From April 4 to July 10, there were 181 services monitored by the Commission, comprising of 67 in-patient units, and 114 (unregulated) community residences. Combined, these facilities care for approximately 3,900 service users across the country.

28 of 181 services reported confirmed resident cases of Covid-19 to the Commission during the monitoring period, while 47 services reported confirmed staff cases of Covid-19. In total, 31% (56) of all mental health services monitored reported confirmed resident and/or staff cases.

There was a total of 17 COVID-19-related deaths across three approved centres.