

Notable decrease in Covid-19 cases across mental health facilities

Mental Health Commission expresses concern that staff testing took so long to complete

Tuesday, May 26th: Data gathered by the Mental Health Commission has shown a notable decrease in the total number of suspected and confirmed cases of Covid-19 across the 181 mental health services it has been monitoring across the country.

However, they have expressed concern that some mental health staff were still waiting test results for Covid-19 last week despite the introduction of guidance over a month ago that required all staff to be tested.

The Commission continues 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.

“Any significant delays in the receipt of staff test results were escalated to the HSE last week,” said the Chief Executive of the Mental Health Commission, John Farrelly. “The HSE responded to these escalations and informed us that there are different testing pathways for mass testing and for outbreak testing. We understand that while outbreak testing is prioritised and has a very short turnaround, there may be some delays associated with mass testing.

“However, from our monitoring process last week, 32 out of 181 services reported that they were awaiting one or more staff test results at the time of our call. While the considerable majority of tests have been completed in services, it remains a concern that the guidance requiring all staff to be tested was introduced more than a month ago and it took so long to complete.”

Following concerns raised by the Commission in its last weekly risk-rating report that some services remain confused over which public health guidance document they should be following for the prevention and management of the virus, the HSE have since advised that separate advice was in development for approved centres that take acute admissions.

The Commission has also recommended that standardised guidance be updated to provide certainty for services around different protocols and processes and how they might change as restrictions are lifted. A qualitative question to each service on current processes for new admissions delivered a variety of responses, rather than one consistent approach.

“It is encouraging to note that there were no additional deaths from Covid-19 across services last week, while there was a notable decrease in the total number of suspected and confirmed cases,” said Mr Farrelly. “However, it is critically important that we continue to adhere to all the public health guidance to ensure that we continue to make progress and safeguard staff and residents.”

The Commission provided the following metrics as of Friday, May 22nd:

- They have now been notified of a total of 17 deaths of residents of mental health services since the commencement of data compilation (there was no increase since the previous week).
- There were 41 services (out of a total of 181) reporting suspected or confirmed cases (compared to 46 the previous week).

- There were 58 suspected or confirmed cases relating to residents (compared to 72 the previous week). 29 of these 58 cases are confirmed (compared to 38 the previous week).
- There were 67 suspected or confirmed cases relating to staff (compared to 129 the previous week). 48 of these 67 cases have been confirmed (compared to 90 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.

While there were 181 services monitored in the week of Saturday, May 16th to Friday, May 22nd, there are now 190 services 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 123 (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.