

Mental Health Commission calls on Government and HSE to initiate major transformation programme to deal with service issues

Mental Health Commission publishes annual report for 2017

Embargoed until 01:01 July 25th 2018. Major transformational change needs to happen in the provision of mental health care services or Ireland will continue to provide a level of unsafe and substandard services, which are not aligned to best practice and breach the fundamental rights of a vulnerable group of people who require such services, according to the Mental Health Commission (MHC), which published its 2017 annual report today.

Setting out a number of issues, which have been consistently highlighted in the Commission's annual reports since 2012, John Saunders, Chairman of the Mental Health Commission said, "The Commission is now calling on the Government with the Health Service Executive, as the statutory provider of services, to initiate a major transformation programme to deal with the service issues highlighted in this and previous reports of the Commission."

"There is a glaring and inconsistent pattern of standards in service provision. The lack of any real progress and commitment on these matters undermines the fundamental human rights of people using mental health care services," he said.

The issues include:

- The inappropriate admission of children into adult mental health in-patient services.
- Inadequate staffing and variable funding in community child and adolescent mental health services, leading to unacceptable waiting times, and forcing young people into emergency services.
- The continuing inability of some services to put in place an individualised care plan and therapeutic programme, which are the cornerstone of a recovery focussed person centred service as per national policy.
- The widespread use of restrictive practices such as seclusion and physical restraint as a normalised behaviour in services which lack sufficient numbers of staff and/or appropriately trained staff.
- The fundamental and careless lack of attention to basic issues such as dirty and dilapidated premises, which do not ensure adequate privacy and where there has been a disappointing drop in compliance from already low levels.
- The provision of services to vulnerable people with long-term mental illness who are accommodated in 24-hour community residences that are not subject to regulatory oversight.

"Now more than ever, it is necessary to address systemic issues that hamper the delivery of services and the development of newer, more appropriate ones. Progress in many significant areas has either been non-existent or slow, leading to the continued provision of poor quality

services for people who use mental health services and their family members. Reform of the Mental Health Act 2001 is now a matter of urgency as significant numbers of people are now using unregulated mental health care day and residential services. This situation increases dramatically the risk of abusive or neglectful incidents occurring,” he concluded.

Commenting on the report, Rosemary Smyth, MHC Interim Chief Executive, said, “In 2017, we identified a general trend of improvement in services’ compliance with regulatory requirements. It is encouraging to see progress, however, there has been little improvement in some areas such as the provision of staff training and the overall maintenance of premises, which is of great concern to us.”

Inspector of Mental Health Services report

The Inspector of Mental Health Services and/or her team visit and inspect each approved centre at least once a year and reports to the Commission on compliance with code of practice, rules and regulations.

Commenting on the findings of the inspections Dr Susan Finnerty, Inspector of Mental Health Services said, “While there were some areas of the mental health service that provided good care, I have a number of concerns about the provision of mental health services in Ireland. Of great concern is that I found the services for children and adolescents were generally inadequate, poorly funded and not responsive to the needs of young people and their families.

Issues include:

- The difficult process of sourcing a CAMHS bed, especially in an emergency situation was frustrating, time consuming and often resulted in a young person being admitted to an adult mental health unit.
- The number of children admitted to adult units increased from 68 in 2016 to 82 in 2017.
- Community CAMHS teams were understaffed and funding for CAMHS services varied from €40 per capita in one area to €92 per capita in another area, with no rationale for these variances and resulting in inequality of care
- Waiting times for a CAMHS appointment varied from no waiting time in one area to 15 months in another.

The paucity of services for young people is unacceptable and must be addressed as a matter of urgency.

Overall compliance with regulations and rules had only improved by 2% since 2016. There was a disturbingly high number of in-patient units were dirty and poorly maintained, with associated implications for infection control. This is a deterioration since 2016. Physical care of patients had worsened. Care plans were, in the most part, paper exercises which were not collaborative or addressed recovery.

Over 1,300 vulnerable adults with mental illness were accommodated in community residences that were unregulated, mostly institutionalised settings with little or no

rehabilitation or prospect of moving to more independent living. These people appear to have been forgotten by both the mental health services and by society.

Most in-patient units struggled to ensure that they were staffed safely and adequately at all times and most community mental health teams did not have the recommended multi-disciplinary staffing.

“It is disappointing to have to report that there are such basic deficits in mental health provision in 2017, with little indication that the situation will improve. Increase in mental health funding, addressing stigma, provision of person-centred care, effective recruitment and retention drives, improved compliance with regulation and immediate addressing of deficits in the CAMHS are all urgently required,” Dr Finnerty concluded.

Decision Support Service

During 2017 work has continued towards the operationalisation of the Decision Support Service (DSS) as provided for by the Assisted Decision-Making (Capacity) Act 2015. The establishment of the DSS extends the remit of the Commission beyond mental health services to include all relevant persons in Ireland who may require supported decision making. The Commission has been working in tandem with the Department of Health and Department of Justice and Equality to set up the infrastructure in preparing for full implementation of the DSS by the 1st quarter of 2020.

“The 2015 Act replaces the Victorian Wards of Court system with three tiers of decision supports appropriate to individual need and introduces expanded options for advance planning so that everyone can make arrangements for the future management of decisions about their property, financial affairs and personal welfare,” Aine Flynn, Director of the Decision Support Service, commented.

“This is person-centred legislation of significant scope and ambition. It marks a departure from the paternalism of wardship, in keeping with the principles of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which Ireland has recently ratified. UNCRPD emphasises autonomy, self-determination and respect for individual will and preferences. It recognises that loss of decision-making capacity does not diminish a person’s legal capacity, or status as a rights-holder. This thinking is evident also in recent judgments from the Court of Appeal, including *AC v. Cork University Hospital and the HSE* (2nd July 2018).

Importantly, UNCRPD also requires that all measures that relate to the exercise of legal capacity provide for effective safeguards to prevent abuse. The 2015 Act provides that all decision supporters are appointed according to eligibility criteria and that co-decision-makers, decision-making representatives and attorneys are subject to strict reporting conditions and oversight. The Act includes new procedures for complaints and investigations which may be escalated to Court and creates criminal offences to punish ill-treatment or wilful neglect by decision supporters. We look forward to the Act’s full commencement.”

Appendix

Key statistics

- 1113 quality and safety notifications received
- 57 enforcement actions
- 50 registrations conditions attached
- 82 child admissions to adult units
- 1867 mental health tribunal hearings
- 2337 involuntary admissions to approved centres
- 43 inspections of 24-hour nurse supervised residences
- 76% national compliance with regulations
- 64 annual regulator inspections & focussed inspections
- 1663 corrective and preventative action plans
- €3million allocated to implementation of the Decision Support Service
- 35 registrations of approved centres renewed

Annual Report 2017 findings

Compliance

In 2017, 62 of 64 approved centres were found to be non-compliant with one or more legislative requirement in their annual regulatory inspection. The Commission identified numerous areas of significant non-compliance. The Regulations with the lowest levels of compliance were related to staffing, premises, maintenance of records and medication practices. In 2017, less than half approved centres were found to be compliant in these areas.

There were also concerns with individual care planning, privacy, the availability of therapeutic activities in continuing care facilities, and breaches of rules on seclusion.

The most common reasons for non-compliance with premises is the inadequate facilities and the presence of ligature points.

Involuntary admissions

In 2017, there were 2,337 involuntary admissions compared to 2,414 in 2016, representing a 3% decrease. Looking at the total number of admissions for the period 2012 – 2017, there has been an incremental increase in annual admission rates, from 2,141 in 2012 up until 2016, and a decrease between 2016 and 2017.

Family members continue to be the most prevalent applicant at 44% of all involuntary admissions. Looking at the longitudinal pattern the Commission is pleased to note that the rate of involuntary admissions where family members are the primary applicants has reduced from 69% in 2007 to 44% in 2017. This trend needs to continue into the future.

Community Residences

The Commission continues to have concerns about 24-hour staffed community residences, which are providing care to a large cohort of vulnerable people with long-term mental illness.

The residences have been found to be accommodating too many people, to have poor physical infrastructure, to be institutional in nature and to lack individual care plans. A major issue is that the residences are not regulated.

It is recommended in the Report of the Expert Group on the Review of the Mental Health Act 2001 that community services should be registered and inspected. The Commission is of the view that the regulation of 24-hour staffed community residences must be prioritised as a matter of urgency.

Child and Adolescent Mental Health Services

A most unsatisfactory situation still prevails, whereby children are being admitted to adult in-patient units. There were 82 such admissions to 19 adult units in 2017 compared to 68 in 2016. The admission of any child to an adult service is unsatisfactory. A contributory factor to the continued admission of children to adult units is a shortage of operational beds in dedicated child units.

A significant influence is the inability of CAMHS Units to admit children after hours thereby forcing admissions to adult care services. This trend has been prevalent for many years and is not only an unsatisfactory situation for the child and his or her family but is also a clear breach of the human rights and dignity of the child.

This matter has been a concern to the Commission for many years. It needs to be urgently addressed by the Government, the Department of Health and the HSE.

In 2017, the Commission has also highlighted serious concerns in community child and adolescent mental health services (CAMHS). The Inspector found community CAMHS teams to be inadequately staffed and to have considerable variation in funding depending on their geographic region. There was also notable variation in waiting lists for CAMHS referrals and in the provision of emergency cover.

Legislation

The final report of the group tasked with the review of the Mental Health Act 2001 was published in December 2014. Unfortunately, draft legislation has not been progressed to bring about the changes envisaged in the review, with one exception: the passing of the Mental Health (Amendment) Act in December 2015 to remove the word “unwilling” from Section 60 of the Act.

The Commission welcomes the various private members’ bills seeking to amend the 2001 Act. The Courts have also focused on a number of sections of the Act in recent cases and suggested that the scope of some sections might be reconsidered. While these interventions are important, the Commission’s view is it would be more effective and efficient in the long term, to bring forward a single bill encompassing all of the recommendations. The Government has announced recently that the Heads of a Bill are expected to be significantly progressed by end of September 2018.

ENDS

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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.