

Mental Health Commission warns about “a significant governance and management deficit” within Irish mental health services

Commission’s 2018 Annual Report also voices concerns about seclusion, physical restraint and mental health services for young people

The Chief Executive of the Mental Health Commission, John Farrelly, has said that it is difficult to see how some of the country’s in-patient mental health units could be registered in the future without significant improvements in levels of compliance.

Speaking at the launch of the Commission’s 2018 Annual Report, Mr. Farrelly said that there is “a significant governance and management deficit” within Ireland’s mental health services, and referred to some of the evidence cited by the Inspector of Mental Health Services, Dr. Susan Finnerty, in her annual review.

In the Inspector’s report on mental health services in Ireland in 2018, Dr. Finnerty stated that “there was a serious concern with hygiene and maintenance in a significant number of approved centres. The degree of dirtiness and shabbiness is unacceptable ... and shows disrespect for patients’ dignity”.

Under the regulation for premises, Dr. Finnerty reported that 70 per cent of approved centres (in-patient mental health services registered by the Commission) remained dirty, malodorous and poorly maintained. A number of centres remained unsuitable and not fit for purpose.

“It is important to note that overall compliance for the centres that we regulate increased from 76 per cent compliance in 2017 to 79 per cent last year. That is positive - and we welcome those trends,” said Mr. Farrelly.

“However, there is a significant number of approved centres which have – on a consistent and sustained basis – failed to provide the most basic and fundamental aspects of a service, such as privacy and cleanliness.

“There is no justification for some of the low levels of compliance evidenced in the Inspector’s report. It points to a significant governance and management deficit within our mental health services. The Commission will continue to work with providers but it is difficult to see how some of the lowest compliant centres could be registered in the future without significant improvement.

“Hope and dignity are key elements of any mental health service and, from the evidence of this report, not all approved centres are providing that - either through the service itself, or the physical buildings in which they operate.”

Child and adolescent mental health services

The annual report also highlighted ongoing concerns around child and adolescent mental health services. While the total number of admissions of people under the age of 18 to approved centres in 2018 was 408 (down from 439 in 2017), there were 84 admissions of children and adolescents to 18 adult units during the year.

“The placement of any child in any adult unit indicates a gap in service provision,” said Mr. Farrelly. “A child or adolescent’s first introduction to mental health care should not be through a service or building which is not specifically equipped to deal with their needs.”

Physical restraint and seclusion

Of the 27 centres that continued to use seclusion in 2018, 67 per cent of them were non-compliant with the rules while of the 52 approved centres that used physical restraint during the year, just 19 per cent were compliant with the relevant code of practice.

“The Inspector’s report clearly indicates a systemic risk developing in relation to the physical restraint and seclusion of patients in approved centres,” said Mr. Farrelly. “In 2018, the Commission initiated its first ever prosecution under the Mental Health Act 2001 on foot of findings that some patients were deprived of basic dignity and human rights by being secluded in a room that was dirty, malodorous, badly lit and badly ventilated. Unfortunately, based on the data, the pattern of poor practice in relation to seclusion and physical restraint is not limited to one or two centres but is more widespread. The Commission has commenced a process to ensure that the system changes and becomes compliant with the rules.”

Individual Care Planning

The Inspector’s report also found that more than 40 per cent of approved centres were non-complaint with Regulation 15: Individual Care Plans - a care and treatment plan agreed between the service user and the mental health team to address their mental health needs.

“There have been ongoing challenges in turning individual care planning into a live, person-centred, recovery-focused and fully participative process, even where all requirements of the regulation are met,” stated Dr. Finnerty. “Of great concern is non-compliance due to the lack of resident involvement in their own care plan. There needs to be a greater understanding that we develop care plans with the resident - reflecting their goals and strengths - and not for them.”

Shortage of mental health staff

The report also underlined a national shortage of mental health staff, which, the Inspector explained, can affect continuity of care and safety of residents. The Inspector referenced the fact that some approved centres had none or very little input from an occupational therapist, which added to isolation, institutionalisation, boredom and challenging behaviour, particularly where people were in approved centres for long periods of time.

Unregulated residences and rehab and recovery

The Inspector’s report summarised the findings of two themed reports which addressed specifically-chosen areas of mental health service provision.

Firstly, in the second year of a three-year programme of inspections across ‘24-hour supervised residences’, the Inspector remains concerned about their condition and the disregard for human rights of the people who live there. This concern is heightened by the fact that these residences are not regulated, leaving residents open to the risk of abuse.

Secondly, the Inspector also looked at rehabilitation and recovery services and found that just 20 rehabilitation teams are available across all nine HSE Community Health Organisations, despite the 2006 policy document, ‘A Vision For Change’ recommending that there should be 39 teams nationally (one team per 100,000 population). Today, taking into account an 11.1 per cent population increase to 4.76 million (according to the 2016 census), there are now 47.5 teams required to provide a comprehensive national rehabilitation service.

Physical health

The Inspector also summarized the findings of her report on the physical health of people with

severe mental illness. The Inspector found that residents in long-term care are not being adequately monitored for serious physical illness - which they have a higher risk of developing than the general population – and there was widespread lack of access to essential healthcare such as physiotherapy, speech and language therapy, dietetics and seating assessments.

Governance

Mental Health Commission Chairperson, John Saunders, said that while a planned, costed and funded capital investment programme is required to make a significant number of in-patient units fit for purpose, it is clear that a more comprehensive and holistic plan of change is required, involving all service providers, service users, Government and other key stakeholders.

“It is evident from the 2018 report that the level of change in our mental health service provision is uncoordinated, ad hoc and slow,” he said. “A top-level view of our work in 2018 indicates three sustained and key challenges for the mental health care system in Ireland. We must put in place a system of governance that drives best practice across the whole country; we must ensure that the specialist in-patient approved centres are up to standard; and the Government needs to continue moving the treatment and recovery model to specialist professional community care.”

There were 2,435 involuntary detentions in approved centres in 2018. The Commission coordinated over 2,000 tribunals to ensure that the human rights of detained persons were vindicated.

“We want service users and their loved ones to know that these review processes are independent and exist to ensure that they are receiving high-quality and safe mental health services,” said Mr Farrelly. “The Mental Health Tribunals are a key mechanism by which the Irish State ensures people’s rights are vindicated.”

Decision Support Service

Meanwhile, the annual report also detailed the extensive work undertaken during 2018 to support the roll-out of a fully-operational Decision Support Service (DSS). 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.

“Our work since the beginning of 2018 has included organisational design, scoping of the service, project governance, customer journey mapping, and significant stakeholder engagement across key sectors such as healthcare, education, law, and the courts service,” said DSS Director, Áine Flynn.

“Progress since the start of 2019 has included the appointment of a DSS senior management team; the commencement of a website project; and the development of Codes of Practice to guide healthcare and other professionals.”

Mental Health Commission Annual Report 2018 key statistics:

- 64 approved centres inspected
- 54 unregulated 24-hour supervised residences inspected
- 64 approved centres registered with the Commission
- 3 per cent increase in overall compliance from 2017 to 2018 (76 to 79 per cent)
- 26 per cent of regulations rated as excellent (compared to 16 per cent in 2017)
- 12 centres achieved 90 per cent compliance with regulations or higher
- 44 enforcement actions were taken across 23 approved centres
- There were 51 conditions attached to 30 approved centres at the end of 2018.
- 70 per cent of approved centres were found to be dirty, malodorous and poorly maintained
- 38 approved centres were compliant with *Regulation 15: Individual Care Plans*

- 67 per cent of the 27 approved centres that used seclusion were non-compliant
- 81 per cent of the 52 approved centres that used physical restraint were non-compliant
- 91 per cent of shared rooms in 24-hour supervised residences inspected had no privacy
- 20 rehabilitation teams were available across all nine CHOs (47.5 are required to provide a comprehensive rehabilitation service)
- 533 deaths reported of people using mental health services
- 84 admissions of children and young people admitted to 18 adult units
- 408 admissions of children and young people to approved centres
- 2,770 in-patient beds in approved centres at the end of 2018
- 102 child and adolescent beds nationally (62 in Dublin, 20 in Galway and 20 in Cork)
- 2,345 residents were resident in approved centres during a census on 28/11/18

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.

To operate an in-patient mental health service in Ireland, the service must be registered as an 'approved centre' with the Mental Health Commission. Upon registration, the service must comply with regulations and rules made under the Mental Health Act 2001. Failure to comply with regulations and rules may result in enforcement action including: corrective and preventative action plans, an immediate action notice, a regulatory compliance meeting, registration conditions, removal from the register (closure) and prosecution.

Decision Support Service (DSS):

Under the provisions of the Assisted Decision Making (Capacity) Act 2015, the Commission's remit has been extended to include the establishment of the Decision Support Service (DSS).

The DSS is an essential service for all adults who have difficulties with decision-making capacity. This may include people with an intellectual disability, mental illness or acquired brain injury, as well as people with age-related conditions who may need supports to make decisions.

The supports provided for, and monitored by the DSS, will help to ensure that people are afforded the fundamental human right to make their own decisions as far as possible about their personal welfare and their property and finances.