

## **Mental Health Commission identifies long-term neglect of people with serious and enduring mental illness**

### **Wholly inadequate rehabilitation and recovery service angers and frustrates patients**

The short-sightedness of not providing adequate mental health rehabilitation services has led to long-term neglect of people with serious and enduring mental illnesses, according to a report by the Mental Health Commission.

Authored by the Inspector of Mental Health Services, Dr Susan Finnerty, the report – entitled ‘Rehabilitation and Recovery in Irish Mental Health Services’ - demonstrated a continued lack of development in mental health rehabilitation services in Ireland, which she said was disappointing, and which has led the HSE to provide an ‘out-of-area’ service, a practice that has been strongly criticised internationally.

As part of her report, Dr Finnerty spoke with people who had enduring mental illness and who were frustrated and angry with their lack of progression to more independent living and who were stuck in a system that was not meeting their needs.

“The long-term neglect of people with severe and enduring mental illness has negative outcomes for the service user and their families,” she said. “Because of the unmet need for rehabilitation, many people with enduring mental illness have repeated admissions to inpatient psychiatric units, are then discharged, to be readmitted when things breakdown again – the so-called ‘revolving door’ of admissions.

“In the long-term, this is counterproductive for both the service user and the already severely under-resourced acute services. The short-sightedness of not providing adequate mental health rehabilitation services, from both a human rights and a financial viewpoint, is quite astounding.”

While the government’s 2006 mental health policy, ‘A Vision for Change’, included the development of specialist rehabilitation and recovery mental health services, Dr Finnerty’s report found that there has been minimum improvement in the number of rehabilitation teams in Ireland over the last decade.

“There are 23 rehabilitation teams nationally; 48% of what is required under current mental health policy. Of those teams, none are staffed to recommended levels. Many areas have no access to rehabilitation services, leaving people with enduring mental illness no prospect of reaching their full potential, attaining employment or education, a satisfying social and community life, or living in suitable housing with appropriate levels of support.

“It is also important to note that ‘A Vision for Change’ was written 13 years ago and does not reflect the development of rehabilitation services internationally and in line with current best practice,” added Dr Finnerty.

The report also referenced that there were no specialised inpatient rehabilitation units in the country up to recently. Although two independent facilities have been opened in Dublin, and one in Cork - within which beds are paid for by the HSE, thereby making them available to all public patients - this had the immediate result of out-of-area placement of people with enduring mental illness.

“This practice, which was started a number of years ago by the NHS, has been severely criticised internationally by regulatory bodies, the Royal College of Psychiatrists, and a number of mental health organisations,” said the Chief Executive of the Mental Health Commission, John Farrelly.

“As the Inspector has detailed in her report, moving people far from their home, and away from loved ones and their treating team for periods of up to two years has a detrimental impact on continuity of care and effective discharge planning.

“It is very disappointing and troubling to see that the Inspector found an attitude of ‘out of sight, out of mind’ among some of the referring teams and senior management in the HSE. Her report states that it was difficult to ascertain exactly what arrangements were in place for discharge from the specialist rehabilitation inpatient units back to the person’s local service.”

The report also left no room for ambiguity on the long-term impact of inadequate rehabilitation services for current service users, stating that if an appropriate rehabilitation service was not initiated, then people will likely remain in continuing care or overly supported accommodation, with the consequent de-skilling and increased institutionalisation that this brings. Others will be left with families, often with ageing parents, many of whom will not be able to provide the support and care needed. A small but significant number will remain in inappropriate acute inpatient care, unable to move to community living due to the lack of provision of rehabilitation services.

Dr Finnerty stated in her report that rehabilitation staff, without exception, were dedicated, creative and hard-working, using interagency collaboration and accessing community resources to provide a recovery-orientated service for people who used the service. However, she said that to provide a rehabilitation service there must be adequate supported housing with varying levels of support, an adequate number of rehabilitation teams to provide the service, an adequate number of suitably trained staff, and funded evidenced-based therapeutic programmes. To date, these have not been provided to an acceptable level.

“In the end, the lack of provision of mental health rehabilitation is a human rights issue,” she said. “The right to access appropriate mental healthcare, the right to choose where to live, the right to education or training and access to employment, the right to privacy and the right to live to the full of one’s potential have not been adequately provided for many people with an enduring mental illness and who cannot access mental health rehabilitation services.”

The Mental Health Commission has written to the HSE seeking an action plan to address the concerns raised in the report.

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Rehabilitation and Recovery Report

[https://www.mhcirl.ie/File/RandRrpt\\_2018.pdf](https://www.mhcirl.ie/File/RandRrpt_2018.pdf)

CHO1 - Cavan Monaghan - 2018 Rehabilitation and Recovery Services Inspection Report

[https://www.mhcirl.ie/File/CavMonRandRrpt\\_2018.pdf](https://www.mhcirl.ie/File/CavMonRandRrpt_2018.pdf)

CHO1 - Donegal - 2018 Rehabilitation and Recovery Services Inspection Report

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CHO1 - Sligo Leitrim - 2018 Rehabilitation and Recovery Services Inspection Report

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CHO2 - Galway Roscommon - 2018 Rehabilitation and Recovery Services Inspection Report

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[https://www.mhcirl.ie/File/CHO3RandRrpt\\_2018.pdf](https://www.mhcirl.ie/File/CHO3RandRrpt_2018.pdf)

CHO4 – Cork and Kerry - 2018 Rehabilitation and Recovery Services Inspection Report

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CHO5 – Carlow, Kilkenny, South Tipperary - 2018 Rehabilitation and Recovery Services Inspection Report

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CHO6 – Dublin South East, East Wicklow - 2018 Rehabilitation and Recovery Services Inspection Report

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CHO7 – Kildare, West Wicklow - 2018 Rehabilitation and Recovery Services Inspection Report

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CHO8 – Laois, Offaly, Longford, Westmeath, Louth, Meath - 2018 Rehabilitation and Recovery Services Inspection Report

[https://www.mhcirl.ie/File/CHO8RandRrpt\\_2018.pdf](https://www.mhcirl.ie/File/CHO8RandRrpt_2018.pdf)

CHO9 - Dublin North City and County - 2018 Rehabilitation and Recovery Services Inspection Report

[https://www.mhcirl.ie/File/CHO9RandRrpt\\_2018.pdf](https://www.mhcirl.ie/File/CHO9RandRrpt_2018.pdf)

Rehabilitation and Recovery Report - Bloomfield Hospital - Specialist Rehabilitation Unit

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Rehabilitation and Recovery Report - Highfield Hospital - Specialist Rehabilitation Unit

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## **Notes to the Editor:**

### **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. [www.mhcirl.ie](http://www.mhcirl.ie)

### **Rehabilitation services in Ireland**

Until recently, there were no specialised inpatient rehabilitation units in Ireland, resulting in people with enduring mental illness remaining for extended periods of time in acute units. In the absence of such units, three independent Specialist Rehabilitation Inpatient Units (SRUs) were opened, providing beds for public patients that were paid for by the HSE. Two of these SRUs are in Dublin, and the other is located in Cork. The beds in these units are made available to all HSE areas in Ireland.

### **Rehabilitation and Recovery**

NHS England has defined rehabilitation as a personalised, interactive and collaborative process which aims to enable a person to maximise their potential to live a full and active life within their family, community, and education or workplace as appropriate. In mental health rehabilitation, there is also an emphasis on the 'whole system approach'. This includes inpatient and community components, and supports individuals to progress in their recovery by encouraging their skills, functioning and autonomy, providing them with hope for the future, and leading to successful community living and social inclusion.

Unlike physical medicine, where recovery goals are generally well understood, the role and significance of rehabilitation for people with serious mental illness has been less well understood. The term recovery is clearly multi-layered but it carries an unequivocal message of a better outcome, conveying a sense of hope and expectations in regard to interventions, timeframes and supports. It is based on the view that recovery is possible even though residual limitations may remain.

### **Numbers of people who require rehabilitation mental health services in Ireland**

Although not an insignificant figure, people with serious or enduring mental illness who require mental health rehabilitation represent a relatively small proportion of all people in Ireland who are in receipt of mental healthcare. Along with those who already require rehabilitation (i.e. cohorts of people in supervised residences, continuing care inpatient units, acute inpatient mental health units, and those living with families or on their own), it is estimated that around 14% of people newly diagnosed with psychosis will develop the kinds of complex problems that will require rehabilitation services.