

## **New review reveals an almost ‘total absence’ of community mental health services**

### **14 years after ‘A Vision for Change’, deficits in service provision have yet to be addressed, says Mental Health Commission**

A new discussion paper published today by the Mental Health Commission has revealed an almost ‘total absence’ of community mental health supports across the State, as well as suggesting a major deficiency in the number of acute beds for older-age patients.

Although the paper acknowledges that the current provision of public acute adult mental health beds in Ireland is broadly in line with recommendations in ‘A Vision for Change’ - the strategic policy document for Irish mental health services published in 2006 - it also suggests that access to these beds, impeded by a lack of specialist resources, is both ‘insufficient’ and ‘inadequate’.

“When ‘A Vision for Change’ was conceived in 2006, it highlighted significant gaps in the provision of specialist rehabilitation teams and recovery-oriented services,” said Director of Standards and Quality Assurance at the Mental Health Commission, Rosemary Smyth.

“In order to address these concerns, specific recommendations were made for the provision of community supports along a continuum of care, including crisis houses, intensive high-support hostels, rehabilitation high-support hostels, specialist rehabilitative units, and psychiatric intensive care units.

“When one compares current provision with the resources recommended by ‘A Vision for Change’, it reveals an almost total absence of these types of supports in each mental health area. The acute bed recommendations in ‘A Vision for Change’ were based on a full complement of additional specialist and community resources, and these have not been provided in the intervening years.”

As a consequence, the review suggests that the prolonged stays of people experiencing mental illness in acute mental health units is having a significant impact on access to acute mental health beds in Ireland. And for this reason, regardless of the total number of registered public acute mental health beds for adults, there are serious concerns about the access and availability of current mental health bed provision in Ireland.

“It is clear that access to public acute mental health beds for working-age and older-age adults in Ireland is insufficient and inadequate,” added Ms Smyth. “When compared to findings from a previous review conducted before the introduction of ‘A Vision for Change’, the same pattern of findings and resultant provisions were found, therefore raising important and urgent questions as to why, 14 years on from ‘A Vision for Change’, deficits in service provision have still not been addressed.”

The paper finds, for example, that despite the recommendation by ‘A Vision for Change’ to provide 15 intensive care beds as part of the development of four national combined intensive care rehabilitation facilities (with the rehabilitation unit also having 15 beds), not one unit has been developed.

Similarly, the inadequate provision of psychiatric intensive care units continues to result in the most severely unwell people with challenging behaviour not having access to intensive care in an appropriate facility. Equally, the paper adds, this upsets the milieu of what should be calm and therapeutic acute units.

The paper also indicates that the provision of acute mental health beds for older adults in Ireland is severely deficient. The availability of 56 older-age adult beds were identified in Ireland; a provision which is less than half of the 127 beds envisioned by 'A Vision for Change'.

It further outlined that not one of the nine Community Healthcare Organisations (CHO) was meeting the recommended number of dedicated older-age adult acute mental health beds. Of greatest concern, the report says, is that three purpose built acute units for older adults were being used for other purposes.

The paper notes that the lack of acute beds for older-age patients is particularly pertinent when the frequency with which mental illness is reported in this age group is considered, and the fact that one fifth of the Irish population is comprised of individuals aged 65 and over.

"Data from the inpatient census that forms part of this paper highlighted that there were many older-age adults residing in non-specific general adult wards," said the Chief Executive of the Mental Health Commission, John Farrelly. "However, the care and support required for the recovery of, for instance, an 80-year-old is substantially different to that of an 18-year-old. The use of non-age appropriate placements has the potential to create unsafe environments."

The paper concludes by stating that long-term political and social commitment is required to ensure the development of a comprehensive range of community and specialist continuum-of-care services which are able to support individuals before, during and after admission to acute mental health beds.

"This requires ring-fenced funding," said Mr Farrelly. "This in turn will help establish an efficient and cost-effective system which ensures safety and quality of care to patients."

"It is clear that regardless of the number of registered acute adult mental health beds in Ireland, unless action is taken to address the identified factors preventing access to these beds, thereby ensuring a fluent and sustainable mental health system, the current access difficulties will persist and increase."

"It is only through this action can we hope to achieve a more integrated, person-centred and recovery-oriented model of care in this country."

## **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.

#### **About the Discussion Paper**

This discussion paper examined access by adults in Ireland to acute mental health beds provided by the HSE - i.e. public inpatient beds in an approved centre registered by the Mental Health Commission. It looked at the number of acute beds, their ratio with respect to population, the availability of age-related acute mental health beds for those over 65 years, and the availability of continuum-of-care resources.

It complemented this by compiling information on the availability of specialist intensive care and rehabilitative beds in line with the recommendations of 'A Vision for Change'. This was supported by a census on bed occupancy which was carried out by the Mental Health Commission on 28 November 2018.

The review is focused on working-age and older-age adults only, with beds for children and adolescents and other specialist services (i.e. forensic) not included. Data relating to beds in independent (private) services is excluded as the focus is on acute bed availability in public mental health services only.

### **Inpatient Census**

A census was conducted by the Mental Health Commission on 28 November 2018 across all approved centres. This included all residents who were in-patient in the unit, absent without leave, on approved leave or transferred to another facility but not discharged.

### **Continuum of Care**

Continuum of care is a comprehensive spectrum of treatment and therapeutic programmes within integrated services to meet the identified needs of individuals and to improve their outcomes. The full continuum of care includes a sufficient number of beds to meet the acute, intermediate and long-term needs of individuals with mental illness who require more intense or specialised services that are available in the community.