



## **Commission's actions prompt better quality care for those with mental illness**

**Wednesday 4<sup>th</sup> April 2012.** People who are experiencing mental ill-health receive better quality services today than five years ago according to the Mental Health Commission (MHC), which published its 2011 Annual Report, including the Report of the Inspector of Mental Health Services today.

Commenting on the improvements made, Dr Edmond O'Dea, Chairman of the MHC said, "Patients receiving inpatient treatment today are more actively involved in their care and treatment plans. The physical environments in which they are treated, are, in most cases, improved. And those who are involuntarily detained, or deprived of their liberty, now have the right to have their detention order reviewed by a three person Mental Health Tribunal. These are just some of the developments in the delivery of mental health care and treatment over the past five years."

The Commission used its enforcement powers to drive some of these changes during 2011, imposing conditions on approved centres that have been deemed unsuitable and inadequate by the Inspector of Mental Health Services (see pages 47-50 of report). Several centres were required during 2011 to cease admitting acute patients. "The response to this has generally been very encouraging, with mental health services in different areas working together to provide better alternative treatment facilities, often based in the community", said Dr O'Dea.

"We welcome the ring-fencing of €35m for the development of community services but the reduction in staff numbers that has occurred means this funding may do little more than allow the services stand still."

### **2011 Annual Report, including the Report of the Inspector of Mental Health Services - Highlights and commentary:**

#### **Conditions**

In 2007, large numbers of patients were residing in unsuitable, decrepit buildings. Now, largely due to regulatory conditions imposed by the Commission, there has been a sizeable reduction in the number of patients who are being admitted to these premises and overall, the number of residents has steadily decreased.

During 2011 the Commission imposed conditions to the registration of seven approved centres. They were, St. Brendan's and St. Ita's in Dublin, St. Finan's in Kerry, St Loman's in Westmeath, St. Senan's in Wexford and St. Luke's and St. Michael's in Tipperary.

### **Cultural Shift**

The mental health sector is starting to see the benefits of a cultural shift toward an approach that promotes the recovery of patients, rather than simply the management of patients, as being at the heart of mental health services. "The concept of recovery is central to modern thinking and practice in the area of mental health and while we are seeing a shift in pockets around the country this has yet to permeate throughout the country. There is still a long way to go but understanding of the fundamental concept that mental health services should be geared towards the recovery of the patient has grown substantially. This is a step towards refocusing patient care, offering realistic hope to those with serious mental illness," according to Dr O'Dea.

### **Involuntary admissions and Tribunals**

During 2011 there were 2,057 involuntary admissions\* and there were 1,771\*\* Mental Health Tribunal hearings. Mental Health Tribunals were first introduced in November 2006 and over the past five years have become an accepted part of the mental health landscape and are widely recognised as safeguarding the human rights on individuals involuntarily detained.

### **Child and adolescent mental health services**

The Mental Health Commission welcomes the investment in two new child and adolescent in-patient facilities in Cork and Galway. There are now six child and adolescent units nationally with a combined capacity of 70 beds. There were just 28 such beds in 2008.

Commenting on the service provided for children and adolescents, Dr O'Dea said, "The provision of specialised units for children has directly resulted in a decline in the number of admissions of children to adult units in 2011. In 2007 61.6% of child admissions were made to adult units, while in 2011 just 31.4% of child admissions were to adult units.

However the Commission remains concerned about the number of children being admitted to adult units. The Commission's Code of Practice states that as of December 2011 no child under 18 will be admitted to an adult unit in an in-patient centre or hospital save for very exceptional circumstances. As a result we hope to see a reduction in the number of children being admitted to adult units in 2012."

### **Community Mental Health Services**

The move to develop appropriate community mental health services throughout the country is well underway. It is the Commission's view that the current legislative review of the Mental Health Act 2001 should consider making provision for the regulation of community mental health services.

### **Mental Health Sector Resources**

The current national financial crisis is a cause of great concern to those involved in the mental health services. While ultimately a move from institutional care to community care, which is at the heart of Government policy *A Vision for Change*, is how a modern mental health service should be delivered, resources are needed to set up the required community facilities. The budgets for all State services will suffer as a result of financial austerity.

It is however good to note that the mental health services appear to have attracted a high level of priority and that the Programme for Government committed €35 million of the health budget to be ring-fenced for the development of community mental health services in 2012. We remain concerned that this money may do little more than mitigate the effects of recent reductions in staff numbers. Investment over the coming years will be required to provide appropriate modern mental health services.

The current Commission has consistently called for the appointment of a National Directorate of Mental Health Services with executive and budgetary powers. This still has not yet happened but the recent announcement by the Minister of State with Responsibility for Mental Health of the Government's intention to establish a Mental Health Directorate is an important step in the right direction.

## **Legislative Review**

The commitment to introduce Mental Capacity legislation, which is in line with the UN Convention on the Rights of Persons with Disabilities, coupled with a review of the of the Criminal Law Insanity Acts and the Mental Health Act 2001 are welcomed by the Commission.

"It is the Commission's view that the Section relating to Electro Convulsive Therapy (ECT) in the Mental Health Act should be amended. Under current legislation ECT can be given to those who are unwilling or unable to give consent. The Commission believes the word 'unwilling' should be removed from this section of the Act.

"The collective impact of these legislative changes can transform the status of those with impaired mental capacity or mental illnesses when it comes to their input into decisions concerning their treatment," according to O'Dea

## **Patient participation**

During 2011 the MHC carried out a national survey of patients' experiences of inpatient mental health services. It found that most service users had a positive experience of being an inpatient in an approved mental health centre with a large majority (84.4%) stating that they were satisfied overall with the service received.

"The purpose of the survey was to gather information on the quality of mental health services from the perspective of those using services. Involving service users in a meaningful way in policy and planning is a key priority for the Commission", said Dr O'Dea.

## **Conclusion**

Concluding, the Chief Executive of the Mental Health Commission Patricia Gilheaney said, "This is the last report of the five year cycle of the current Commission and I would like to take this opportunity to thank the current Commission for its substantial input which has helped make greater progress toward achieving our goals"

## **ENDS**

Issued by Murray Consultants on behalf of The Mental Health Commission

### **For further information contact:**

<b>Murray Consultants</b>	01 4980300
Mark Brennock	087 2335923
Aoibheann O'Sullivan	087 6291453

### **Notes to the Editor:**

\*This figure represents the number of involuntary admissions, not the number of *people* involuntarily admitted during 2011. A patient may be involuntarily admitted on more than one occasion over a period of time.

\*\* The number of hearings differs from the number of admissions for a number of reasons, chief among them, is that the patient may have already been discharged in advance of a planned hearing.

### **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.