Mental Health Commission publishes 2012 Annual Report

Failure to fill approved posts causing some slippage in standards

Wednesday June 12th: The Mental Health Commission exercised its powers forcefully to improve standards of care for service users in 2012, but is today warning that services could deteriorate unless promised community mental health posts are filled during 2013.

In its annual report for 2012, published today, The Commission details the extent to which it exercised its powers to safeguard the human rights of service users and to pressurise service providers to increase the quality of their service to patients. The chairman of the Commission John Saunders expressed disappointment at the "slippage in compliance with some legal requirements" that is shown in the report.

In 2012 Mental Health Tribunals held 1,791 hearings at which patients who were involuntarily detained had their cases reviewed. The Mental Health Commission attached conditions to the continued operation of nine approved centres.

The Commission welcomes the considerable progress in just three years towards ending the use of outdated and unsuitable buildings to provide inpatient services. There were 1,352 beds in older approved centres at the end of 2009 while there were just 394 at the start of 2013. "However this will only work to the benefit of patients if appropriate community services are developed to replace these inpatient beds, "according to Commission Chairman John Saunders.

While €35 million was provided to fill 414 posts to strengthen community mental health services in 2012, the Commission was disappointed that under a third of these posts had been filled by the end of the year. "We understand that most of the 2012 posts have been filled now, but this means we are still far behind on recruiting the 2013 posts for which financial allocation has been made", according to the Commission's Chairman John Saunders. "There is a real danger that standards of care will fall unless these posts are filled promptly. We welcome the fact that the 2012 allocation seems to have been preserved, but we will only make progress towards getting badly needed community services when this is added to the €35 million allocated for this year, giving €70 million by the end of 2013."

"This report shows clearly that while many service providers have responded well to conditions that were attached to their operation in recent years, there has been a slippage in compliance with some legal requirements. In particular these include the requirements to have individual care plans for all patients, and those relating to privacy.

Some highlights of the report:

Conditions:

In 2012 the Commission used its statutory powers to attach conditions to the registration of nine approved centres (see pages 22-24). In six cases the condition imposed was an insistence on the use of multidisciplinary care plans, which are required for all service users. "In the past we have found that the attachment of conditions to the registration of approved centres results in a high level of compliance on reinspection, and therefore the removal of the condition as it is no longer necessary. This is a very effective method at our disposal as we work to improve standards and we will continue to use it whenever it is appropriate", said the Commission's Chief Executive Patricia Gilheaney.

Involuntary admissions and tribunals:

During 2012 there were 2141 involuntary detentions – either the admission of a patient or the detention of a patient who was first admitted voluntarily (see pages 32-37). Under mental health legislation patients in respect of which an involuntary admission or detention order is made must receive an automatic independent assessment and review of their admission, by three person Mental Health Tribunal consisting of a lawyer as chair, a consultant psychiatrist and another person, within 21 days.

There were 1,790 such hearings in 2012, with 351 detention orders being revoked before a hearing took place. In eight per cent of such hearings in 2012, the admission orders were revoked at this hearing, a proportion which is approximately in line with international norms. 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.

There was considerable geographic variation in the level of involuntary admissions, ranging from 32.7 people per 100,000 people in the HSE Dublin/Mid-Leinster Region up to 50.82 people per 100,000 population in the HSE West region.

Recovery and Care planning

The information provided in this report points to a serious deficiency in the development and provision of recovery oriented mental health services. The concept of recovery - that mental health services are designed to assist in a person's recovery rather than simply to "manage" their illness – is now well understood but implementation of it remains uneven. Such a service requires an additional multidisciplinary approach involving psychologists, social workers, occupational therapists and others. However service delivery is still largely provided by medical psychiatric and mental health nursing staff. The development of a systematic recovery initiative 'Advancing Recovery in Ireland' by the HSE is a promising one.

The fact that the Commission attached conditions to the continued operation of six approved centres because of inadequate individual care planning points to a continued failure by some service providers to embrace the requirement that individual care plans be drawn up for each service user. "Safe high quality care can only be given if there is a clear individual care plan for each service user, recognising and addressing their individual needs", according to Dr Patrick Devitt, the Inspector of Mental Health Services. "It is disappointing that the level of compliance with this requirement fell from 62% in 2011 to 52% in 2012."

The concept of individualised care planning is that the patient/service user participates in planning his or her own treatment. This treatment takes into account the patient's personality, cultural context, family, preferences, aspirations and desires. In 2012 the Commission published guidance to assist mental health professionals to develop and implement individual care plans.

Compliance with regulations, rules and codes

According to the Inspector's report: "Overall compliance with regulations, rules and codes of practice in 2012 can only be regarded as fair with no significant improvement on previous years. We were dismayed to discover several examples of inadequate and absent individual care plans, of non-compliance with aspects of the Mental Health Act with respect to involuntary admission and the requirement of Section 60 with respect to medicating without consent."

In 2011 the Inspectorate inspected compliance in relation to nine particular articles of the regulations. In 2012, it found that between 2011 and 2012, levels of compliance in approved centres nationally decreased for seven of these nine articles and increased in just two. The two articles for which large decreases in full compliance were recorded related to privacy and the provision of information to residents (see pages 24-27).

In such incidence of non-compliance the Commission either required the completion of statutory compliance reports, met with the senior management teams involved, or attached conditions to the continued operation of the centre.

Inspector's report

In his report on 2012 the Inspector of Mental Health Services points to insufficient attention to governance, problems with the number and variety of staffing, inadequate understanding of the values underpinning mental health legislation and policy, and a weak conceptual grasp of individual care planning.

The Commission welcomes the appointment of a director designate of mental health services and looks forward to enhanced governance.

Electro Convulsive Therapy

The Commission is concerned that Electro Convulsive Therapy (ECT) continues to be administered in cases where the patient is unwilling or unable to give consent. The Commission is awaiting the development of mental capacity legislation, now to be called "assisted decision making legislation". We welcome the steady decline in the instances of the administration of ECT without consent. The most recent figures (published earlier this year http://www.mhcirl.ie/File/The-Administration-of-ECT-in-approved-centres-Activity-Report-2011.pdf) show that in 2011 the Commission was notified of 25 programmes of ECT given without consent. This represented 7.5% of all ECT programmes compared to 10.1% in 2010, 11.8% in 2009 and 12% in 2008.

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.