

More than 1,200 people with severe mental illness at risk of abuse

Mental Health Commission report outlines series of human rights breaches for residents of unregulated 24-hour supervised homes

Minimal progress has been made to address the most basic of human rights for approximately 1,200 of the country's most vulnerable people over the past 14 years, according to a new report by the Mental Health Commission.

In their 2018 report on 54 of the country's 118 24-hour supervised residences for people with mental illness, the Commission again emphasised the need for these residences to be regulated to protect the residents and reduce the risk of abuse.

The 24-hour staffed community residences were established, along with a range of other provisions, during the process of deinstitutionalisation in Ireland from the mid-1980s onwards to enable people with mental health problems to live in the community instead of large psychiatric hospitals.

Although it was expected that the requirement for the current level of 24-hour high-support accommodation would decrease once the housing needs of the cohort of former long-stay hospital service users has been catered for, this has not been the case.

Today, these residences accommodate more than 1,200 people who have enduring mental illness or intellectual disability. Many have severe and complex mental health problems.

Apart from the fact that these residences are unregulated, which leaves residents at risk of abuse, the report outlined that there are ongoing human rights breaches for the residents who live in these homes.

"The human rights breaches relate to a number of areas," said the Inspector of Mental Health Services, Dr. Susan Finnerty, who authored the report. "These include the right to privacy; the right to a clean, well-maintained accommodation; the rights of service users to choose where they would like to live; the right to independent living with appropriate supports; and the right to access appropriate care and treatment through access to rehabilitation and recovery services."

Dr. Finnerty reserved some of her sharpest criticism on issues around privacy, which she said was "of serious concern".

"We found that 43 per cent of residences did not provide single room accommodation for all residents," said Dr. Finnerty. "A startling and disturbing finding was that 91 per cent of residences that had shared rooms did not provide any privacy (not even curtains between the beds) within the shared bedrooms. This is in clear breach of the right to privacy and is unacceptable in any healthcare facility."

"I have expressed concern about the excessive number of beds in 24-hour supervised community residences for a number of years now," she said. "In 2018, a significant proportion of residences (43 per cent) had 10 or more beds. This was despite the recommendation of the 2006 national health policy 'A Vision for Change' that these residences should have no more than 10 beds."

Dr. Finnerty also expressed her concern about the condition of the residences, and around the provision and standard of rehabilitation and recovery services.

“The condition of the residences was also of concern,” she said. “Nineteen per cent of residences were in such poor condition that it showed disrespect for the residents’ dignity, while 35 per cent required improvement.

“There is an insufficient number of rehabilitation and recovery teams, and a lack of adequate staffing of these teams to provide a comprehensive service. Assessments are now carried out to assess residents’ needs but many of these needs are unmet due to lack of resources. Only 43 per cent of residences provided multidisciplinary individual care plans for their residents.

“Just 22 per cent of residences provided a key to residents for their bedrooms, while almost a third of residences did not allow residents to access the kitchen, even to make a cup of tea or prepare a snack or meal. This severely limited a key component of rehabilitation and recovery.”

Dr. Finnerty explained that the remaining 24-hour supervised residences – i.e. those that have not already been inspected in 2017 and 2018 – will take place during 2019. She stated that she remains extremely concerned that the residences remain unregulated, and that the number of residences – and residents living within them – have not significantly decreased since 2005, when the Mental Health Commission carried out its first inspection of these types of residences.

“Needs assessments indicate that if the appropriate resources were in place, many residents could move to smaller and more independent accommodation. However, this is not happening, due in part to lack of appropriate housing, not enough rehabilitation teams and inadequate staffing of existing rehabilitation teams.

“The residents of these homes are a vulnerable group of people who are at risk of abuse and yet the provision of their care and accommodation is not regulated. This is a serious deficiency, leading to the risk of abuse and substandard living conditions and treatment. Despite the Mental Health Commission highlighting the lack of regulation for many years, this has not been addressed and it remains a critical risk for residents.

“I cannot stress enough the need for these residences to be regulated to protect the safety of people who live in them. Regulation would allow the Mental Health Commission to enforce changes where deficits and risks are found, protect the human rights of people living in these residences and help mental health services to provide care and treatment in accordance with best practice standards.”

Key findings:

- 57 per cent of residences offered all residents single room accommodation and one residence had four-person bedrooms
- In residences with shared rooms, 91 per cent had no privacy between beds or within the bedrooms
- Only 46 per cent of residences were in good physical condition and 19 per cent required urgent maintenance and refurbishment
- A rehabilitation team provided services for 61 per cent of residences. In these residences, it was more likely that the residents would have a multidisciplinary care plan in which they had involvement
- There was no access to a kitchen to make tea, coffee or snacks in 33 per cent of residences
- Residents were unable to lock their bedroom doors in 88 per cent of residences

Ends

Notes to the Editor:

About 24-hour supervised residences:

Since 1984, the process of “deinstitutionalisation” in Ireland has led to developing supported accommodation services to enable people with mental health problems to live in the community instead of large psychiatric hospitals. A range of provisions were developed, including residential facilities that are staffed 24 hours a day. It was anticipated that once the housing needs of the cohort of former long stay hospital service users has been catered for, the requirement for the current level of 24 hour high support accommodation would decrease. This has not been the case.

In 2005, there were 127 24-hour supervised residences. In 2018, 13 years later, 118 24-hour supervised residences remained. The number of people residing in these residences has remained relatively stable over many years. They currently cater for just over 1,200 people.

All the people living in these residences have enduring mental illness or intellectual disability. They often have severe, complex mental health problems, such as schizophrenia, with associated cognitive difficulties that impair their organizational skills, motivation and ability to manage activities of daily living. The support they need to live successfully in the community is mainly of a practical nature, including assistance to manage their medication, personal care, laundry, shopping, cooking and cleaning. Most are unemployed, socially isolated, and many do not participate in civil and political processes.

Although the Inspector of Mental Health Services is not obliged to inspect the residences under the existing mental health law, she can do so and has done since 2005. However, as these residences are not currently regulated, the Mental Health Commission does not possess any enforcement powers.

In 2017, the Inspector commenced a three-year programme of inspections of 24-hour supervised residences. The 2018 report represents the second-year of this three-year review. The Inspector will inspect the remaining 24-hour supervised residences in 2019. This will complete an extensive review of all such residences over a three-year period. This will allow the Inspector to present an overview of the provision of highly-supported accommodation for people with severe mental illness, looking in detail at residents’ human rights, autonomy, care and treatment and physical condition of residences.

While the Commission has no regulatory or enforcement powers with respect to 24-hour supervised residences, the Commission writes to each community residence after an inspection and seeks a ‘Quality Improvement Plan’ in relation to areas for improvement identified in the reports. We do this so that we can monitor those areas accordingly. The Quality Improvement Plan includes details of the actions the service has taken, or intends to take, as well as the person(s) responsible for implementing the actions and the timeframe for completion of each individual action.

During 2017 and 2018, the Commission has sought and received Quality Improvement Plans from 91 of the community residences inspected.

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.

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.