

Progress made on mental health service provision, but it's time for a formal review of A Vision for Change, according to the Mental Health Commission

Monday 20th June 2016: The Mental Health Commission has said today that ten years on from the launch of Government policy on mental health – A Vision for Change – it is time for a formal review. The Commission also called for independent monitoring of the policy to identify areas where it was and wasn't working effectively. The comments were made as the Commission published its 2015 Annual Report, including the Report of the Inspector of Mental Health Services.

Speaking at the launch of the Commission's Annual Report for 2015, the Chairman of the Commission Mr John Saunders said: "There is now considerable commitment to the policy at national and regional level within the HSE and within the statutory, voluntary and independent sectors. A great deal of clinical and administrative activity has yielded positive progress. However, notwithstanding this commitment much needs to be done to ensure the delivery of consistent, timely and high quality services in all regions and across the full range of specialities and age groups.

"The implementation of policy still relies on innovative and imaginative leadership at regional and local levels. Further progress could be made in the move from institutional to community care, there is a need to have greater involvement of service-users and their families in treatment, to embed the principle that mental health services are there to help people to recover, not simply to manage their illness."

Mr Saunders said that services have not developed in a way that puts recovery at the centre of what they do. "There is still a significant absence of psychology, social work, occupational therapy and other multidisciplinary team members and we will not have a recovery-orientated service unless staff make-up reflects the move from a purely medical model to a more holistic biopsychosocial one."

In 2015 the State's mental health services were operating at just 75% of the staffing level recommended in Vision for Change, despite the welcome allocation of €35m for spending on additional services, particularly specialist community mental health teams. Funding was available in 2015 for an additional 700 staff, but difficulties in recruiting specific professional staff continued through the year.

Commenting on the staffing challenges, Patricia Gilheaney, the MHC Chief Executive, said, "Service providers are trying to recruit and efforts are being made to fill roles. However the reality is that there is a dearth of mental health professionals required to populate these teams and this is an ongoing challenge for the service providers and for the patients who do not have access to fully resourced teams."

Annual Report 2015

Sixty-one approved centres were inspected in 2015. Of these six were rated compliant with all legislative requirements. The remaining were non-compliant to varying degrees.

In the inspection reports on the 61 approved centres, there was a total of 2154 findings. Of these findings 1830, or 85%, were of compliance with legislative requirements, and 324, or 15%, were of non-compliance. Each of the 324 findings of non-compliance is allocated a risk rating - See Appendix.

Dr Susan Finnerty, Inspector of Mental Health Services of the Mental Health Commission, “While progress is being made it’s important to point out that only six approved centres achieved full compliance, and that is disappointing. During 2015 standards of service also fell below what is acceptable in five areas: individualised care-planning, privacy, staff training, safety of premises and the control and administration of medication. Some of these have been issues for a number of years. These are areas which need to be brought up to appropriate standards.”

Almost half (43%) of applicable approved centres breached rules on seclusion, meaning patients were kept in seclusion contrary to the rules and in a way that could pose serious risk to their safety and well-being,” Dr Finnerty added.

The lowest areas of compliance were:

- Code of Practice: Admission of Children 26%
- Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines 42%
- Regulation 22: Premises 52%
- Rule: The Use of Seclusion 57%
- Code of Practice: The Use of Physical Restraint 58%
- Regulation 21: Privacy 69%
- Regulation 15: Individual Care Plan 70%
- Regulation 26: Staffing 70%
- Rule: The Use of Mechanical Restraint 74%

Detailed compliance tables can be found in the Appendix in this press release.

In 2015, the Mental Health Commission developed and published a Judgement Support Framework as a guidance document to assist approved centres to comply with the Regulations, Rules and Codes of Practice. The Judgement Support Framework also promotes continuous improvement of the quality of services provided to residents of approved centres. The Judgement Framework provides clarity and transparency in relation to the inspection process.

“Our new Judgement Support Framework, a guidance document to assist approved centres to meet statutory minimum standards and support continuous quality improvement, has worked well and is ensuring greater engagement and transparency,” Dr Finnerty said.

Involuntary admissions

The Commission expressed concern at the 9% increase in the number of involuntary admissions, from 2,162 in 2014 to 2,363 in 2015. Each patient admitted involuntarily has an automatic entitlement to review by a mental health tribunal, and 1944 such hearings took place in 2015.

“Modern mental health policy is that involuntary admission to residential care should be a last resort intervention”, according to Mr Saunders. “We are particularly concerned at the proportion of involuntary admissions where the family and Gardaí are the primary referrers (23% and 47% respectively). These are very high proportions and we believe there should be a review of the Authorised Officer Scheme so that the burden is lifted off family members.”

Community residences

The Commission also requested quality improvement plans in 20 of the 24-hour staffed community residences in 2015 following inspection reports. Mr Saunders said, "The Commission continues to be concerned about specific issues related to these residences, and believe some of them to be too large, have poor physical infrastructure, to lack individualised care plans and in effect not to qualify as "community care" as they are institutional in nature."

Admission of Children

The Code of Practice states that no child under 18 years is to be admitted to an adult unit in an approved centre and that this provision should be followed except in 'exceptional circumstances'.

The Commission monitors admissions of children to adult units and has consistently highlighted the lack of sufficient child and adolescent in-patient and day hospital facilities. During 2015, there were 95 admissions of children to adult units.

Commenting on this Mr Saunders said, "This situation is unacceptable and needs to be addressed as a matter of urgency."

Mr Saunders said, "Persistent failings that were identified by the Commission once again in 2015 included the admission of children to adult units, the failure to embed the concept of recovery in the service and a shortage of appropriate staff."

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.

Appendix

Sixty one approved centres were inspected in 2015. Of these:

- Six of the 61 (9.8%) were rated compliant with all legislative requirements.
- Thirteen (21%) were rated as non-compliant with 1-3 legislative requirements.
- Nineteen (31%) were rated non-compliant with 4-6 legislative requirements.
- Eighteen (30%) were rated non-compliant with 7-9 legislative requirements.
- Five were rated non-compliant with ten or more legislative requirements.

In the inspection reports on the 61 approved centres, there was a total of 2154 findings. Of these findings 1830, or 85%, were of compliance with legislative requirements, and 324, or 15%, were of non-compliance. Each of the 324 findings of non-compliance is allocated a risk rating - See Appendix. Risk is assessed by weighting the impact of the non-compliance against the likelihood of the non-compliance recurring. Where the recurrence is 'highly likely' and the impact is 'significant' the risk is rated as 'critical'. Below is the risk rating for non-compliance:

- 94 (29%) of the 324 findings of non-compliance were rated as low risk;
- 173 (53%) were rated as moderate risk;
- 55 (17%) were rated as high risk; and
- 2 (1%) were rated as critical risk.

Compliance with regulations during 2015

Regulation	Compliant – excellent	Compliant – good	Non-compliant – poor
Identification of Residents	12	46	3
Food and Nutrition	29	30	2
Food Safety	32	27	2
Clothing	24	35	2
Residents' Personal Property and Possessions	13	41	7
Recreational Activities	18	41	2
Religion	19	42	-
Visits	18	43	-
Communication	9	52	-
Searches	13	34	9
Care of the Dying	23	36	2
Individual Care Plan	22	21	18
Therapeutic Services and Programmes	20	37	4
Children's Education	5	6	-
Transfer of Residents	9	45	7
General Health	22	36	3
Provision of Information to Residents	13	44	4
Privacy	7	35	19
Premises	8	24	29
Ordering, Prescribing, Storing and Administration of Medicines	11	15	35
Health and Safety	22	34	5
The Use of CCTV	3	27	4

Staffing	10	33	18
Maintenance of Records	16	33	12
Register of Residents	50	4	6 (+1 non-compliant – negligible)
Operating Policies and Procedures	25	27	9
Mental Health Tribunals	34	14	2
Complaints Procedures	17	35	9
Risk Management Procedures	20	28	13
Insurance	59	2	-
Certificate of Registration	56	5	-

Compliance with rules during 2015

Rule	Compliant – excellent	Compliant – good	Non-compliant
Rules Governing the Use of Electro-Convulsive Therapy (ECT)	7	5	-
Rules Governing the Use of Seclusion	2	13	11
Rules Governing the Use of Mechanical Means of Bodily Restraint	9	5	5

Compliance with Codes of Practice during 2015

Code of Practice	Compliant – excellent	Compliant – good	Non-compliant – poor
The Use of Physical Restraint	13	19	23
The Use of ECT for Voluntary Patients	9	3	3
Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities	7	34	4
Notifications of Deaths and Incident Reporting	26	23	12
Admission of Children	4	2	17
Admission, Transfer and Discharge	16	31	14