

2011

**MENTAL HEALTH COMMISSION ANNUAL REPORT 2011
INCLUDING THE REPORT OF THE INSPECTOR OF MENTAL HEALTH SERVICES**

**COIMISIÚN MEABHAIR-SHLÁINTE TUARASCÁIL BHLIANTÚIL 2011
LENA N-ÁIRITEAR TUARASCÁIL AN CHIGIRE UM SHEIRBHÍSÍ MEABHAIR-SHLÁINTE**



**Mental Health Commission
Annual Report 2011**

Including

**Report of the Inspector of Mental
Health Services**





Vision

Working together for quality mental health services

Mission

To raise to the best international standards the quality of mental health services provided in Ireland and to protect the interests of all people who use mental health services*

* “mental health services” means services which provide care and treatment to persons suffering from a mental illness or a mental disorder under the clinical direction of a consultant psychiatrist”. *Section 2, Mental Health Act 2001.*

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CHAIRMAN'S FOREWORD

In the Foreword to the annual report in recent years I have made a point of noting progress made during the year but also highlighting areas where change is still too slow in coming. As this is the last report of the five year cycle of this Commission I think it is useful to look at the progress and disappointments over that five year period.

When this Commission was appointed in early 2007, the process of inspecting approved centres for compliance with Rules, Regulations and Codes of Practice had just begun. The Commission used the findings from the Inspector of Mental Health Services Reports to require approved centres to act on negative findings and move towards providing better quality services, therefore improving the treatment and experience of service users/patients.

We took office a few months after Mental Health Tribunals were first introduced. This process provided for the first time in Ireland an automatic right to review of all persons detained for care and treatment in approved centres. Since 2007, there have been 9,717 review hearings, 1, 771 of which were held in 2011. Despite initial concerns about this new process, the mental health tribunal system has quickly and with the minimum of fuss become an integral part of the mental health landscape. The Tribunals now play a significant role in safeguarding the human rights of individuals involuntarily committed.

In 2007, large numbers of long-term service users/patients as well as many who were admitted on an acute basis were residing in unsuitable, decrepit buildings. Now, largely due to conditions imposed by the Commission, there has been a sizeable reduction in the number of service users/

patients who are being admitted to these premises and overall, the number of residents has steadily decreased.

The concept of recovery is central to modern thinking and practice in the area of mental health but it had little hold in the Irish system when we took office. 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/service user has grown substantially. The next step is to see this concept implemented through a refocusing of patient care, this offering realistic hope to those with serious mental illness.

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 to establish a Mental Health Directorate is an important step in the right direction.

These changes are most welcome as the current Commission prepares to leave office but in other areas progress has been particularly slow.

There are still a number of approved centres where the Inspectorate finds failings and inadequacies each year. There are still service users residing in dilapidated and unsuitable premises. A final effort is required by those tasked with the responsibility for the delivery of mental health services to move from these premises to more appropriate environments for the care and treatment of patient/service users.

There is a far greater understanding of the concept of recovery than there was five years ago but this will only be of real value when it is translated into a reorientation of services towards recovery and greater service user participation in their treatment.

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 and staff the required community infrastructures. 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. This is not enough but in the current climate it is very much to be welcomed.

We welcome the Government commitment to introduce Mental Capacity legislation that is in line with the UN Convention on the Rights of Persons with Disabilities. This legislation coupled with changes that we support in the Criminal Law Insanity Acts and the Mental Health Acts can transform the status of those with impaired mental capacity or mental illnesses when it

comes to their input into decisions concerning their treatment. During 2011 the Commission made a submission to the Department of Health proposing changes in the Mental Health Act. This included a restatement of our long held view that it should no longer be possible to administer Electro Convulsive Therapy (ECT) to a patient who is unwilling to consent, and that ECT should only be given to those who freely agree that it should be administered to them.

I would like to thank the members of the Commission who have served since 2007 during what has been a time of considerable change in the mental health services, and hopefully a time which has laid the groundwork for further change in the future. I would like to thank the Chief Executive Patricia Gilheaney and her predecessors Hugh Kane and Brid Clarke with whom I worked closely and well. It has been a privilege to work with them, with Dr Patrick Devitt, Inspector of Mental Health Services and the entire staff of the Mental Health Commission. May I wish them, all who work in the delivery of mental health services and all who use those services well in the future.



Dr. Edmond O'Dea
Chairman

INTRODUCTION – CHIEF EXECUTIVE

This is the tenth report of the Mental Health Commission, and it includes the Report of the Inspector of Mental Health Services for the year ended December 31st 2011 in accordance with Section 42 of the Mental Health Act 2001.

It sets out the programme of work we undertook during the year and the progress made towards achieving our strategic objectives as set out in our Strategic Plan for the 2009-2012 period.

The report sets out in detail the Commission's work in pursuit of the objectives contained in our Strategic Plan which is derived from our mandate as laid down in Section 33 of the 2001 Act. In relation to our commitment to safeguarding the best interests and human rights of service users, we give extensive data on involuntary admissions to approved centres and the admission of children. Data is also provided in relation to the use of Electro Convulsive Therapy and Seclusion and Restraint. The findings of the Inspector of Mental Health Services in relation to compliance with Regulations, Rules and Codes of Practice was utilised by the Commission in informing decisions in relation to the registration of approved centres. During 2011, we continued to provide a regulatory system that is trusted by citizens, supported by mental health services and recognised as fair and balanced. We see it as a positive development that the combined bed capacity in approved centres reduced by 8.4% (n=282) during the year.

The National Mental Health Services Collaborative began its work in 2009 and continued through 2011. This is an important quality improvement initiative designed to

facilitate the implementation of person-centred care and treatment plans to support a person on their journey to recovery. The four sponsoring organisations involved in the project were Health Service Executive (HSE), Mental Health Commission (MHC) St. Patrick's University Hospital and St. John of God Hospital.

In relation to interagency cooperation and collaboration, we worked with a number of agencies to further the quality of mental health services. One such example is our continued support to reduce the stigma associated with mental illness through continuing to be a 'partner organisation' with 'See Change' in 2011. See Change is an alliance of organisations working together through the National Stigma Reduction Partnership to bring about positive change in public attitudes and behaviour towards people with mental health problems.

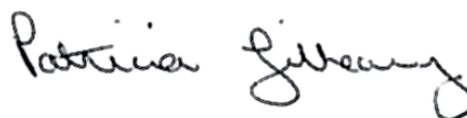
The opportunities and challenges faced by the Commission during the year were similar to those experienced across the public sector. During 2011 we were not immune to the national embargo on recruitment in the public sector. The desire and commitment of all of my colleagues in the Executive to deliver the outputs specified in our Business Plan 2011 and to provide a quality service was resolute. I would like to pay tribute to all of my colleagues whose experience, abilities and above all daily dedication to our mission is responsible for the progress we made towards the achievement of our objectives throughout the year.

I also want to thank the members of the outgoing Commission whose five year term will end in April 2012. Their commitment and their support

have helped us to make great progress towards achieving our objectives over the past five years. I appreciate the support of the Chairman, Dr Edmond O’Dea and the Members of the Commission whose oversight during their term in office has ensured that robust effective corporate governance systems are in place.

I acknowledge the support of Mr Luke Mulligan, his predecessor Ms Dora Hennessy and their colleagues in the Mental Health Unit, Department of Health.

We look forward to the year ahead with optimism and a renewed enthusiasm to ensure we continue to strive to protect the interests of persons detained in approved centres and to support improvement in the quality of mental health services provision.



Patricia Gilheaney

Chief Executive

MENTAL HEALTH COMMISSION

The Mental Health Commission is an independent statutory body, which was established in April 2002 under the provisions of the Mental Health Act, 2001.

The Mental Health Act 2001 specifies the principal functions of the Commission which are to promote, encourage, and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services and to take all reasonable steps to protect the interests of persons detained in approved centres (Section 33 (1)).

The Commission's mandate incorporates the broad spectrum of mental health services including general adult mental health services, mental health services for children and adolescents, older people, people with learning disabilities and forensic mental health services.

GUIDING VALUES AND PRINCIPLES OF THE MENTAL HEALTH COMMISSION

The guiding principles and core values of an organisation define its ethos and culture.

VALUES:

Accountability and Integrity: The Commission is committed to expressing these values by operating at all times with probity and in a transparent manner.

Dignity and Respect: The Commission respects the dignity of those in contact with us and responds with courtesy and consideration.

Confidentiality: The Commission pledges to handle confidential and personal information with

the highest level of professionalism and to take due care not to release or disclose information outside the course of that necessary to fulfil our legal and professional requirements:

Empowerment: The Commission recognises that empowerment lies through the provision of information, training and education in an accessible manner.

Quality: The Commission is committed to striving for continuous quality improvement in all its activities.

Achieving Together: The Commission is committed to collaboration for improvement through ongoing partnership, consultation and teamwork.

PRINCIPLES:

The Mental Health Commission is guided in particular by the principles enunciated in the:

- ▶ Mental Health Act 2001
- ▶ European Convention for the Protection of Human Rights and Fundamental Freedoms
- ▶ European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
- ▶ United Nations Universal Declaration of Human Rights
- ▶ United Nations Convention on the Rights of the Child
- ▶ United Nations Convention against Torture and other Cruel and Inhuman or Degrading Treatment or Punishment
- ▶ United Nations Convention on Persons with Disability

- 
- ▶ International Covenant on Civil and Political Rights
 - ▶ International Covenant on Economic, Social and Cultural Rights.
 - ▶ United Nations Principles for the Protection of Persons with a Mental Illness and for the Improvement of Mental Health Care
 - ▶ European Convention on Human Rights Act 2003
 - ▶ Disability Act 2005
 - ▶ Equal Status Acts 2000 – 2004
 - ▶ Child Care Act 1991
 - ▶ Childrens Act 2001
 - ▶ Freedom of Information Acts 1997 & 2003
 - ▶ Data Protection Acts 1988 & 2003

MENTAL HEALTH COMMISSION MEMBERS

(APRIL 2007–2012) (POSITION AT TIME OF APPOINTMENT)



Dr. Edmond O'Dea
Chairman
Principal Psychologist
Health Service Executive
West



Mr. Brendan Byrne
Director of Nursing
Carlow/Kilkenny Mental
Health Services



**Ms. Patricia
O'Sullivan Lacy**
Barrister-At-Law



Ms. Marie Devine
Bodywhys



Dr. Brendan Doody
Consultant Child
Psychiatrist
Health Service Executive
Dublin Mid-Leinster



Mr. Padraig Heverin
Clinical Nurse Manager II
Mayo Mental Health
Services



Dr. Martina Kelly
General Practitioner



Dr. Mary Keys
Lecturer
NUI Galway



Dr. Eamonn Moloney
Consultant Psychiatrist
Health Service
Executive South



Mr. Martin Rogan
Assistant National
Director –
Mental Health
Health Service
Executive




Mr. John Saunders
National Director
Schizophrenia Ireland



Mr. John Redican
Chief Executive Officer
Irish Advocacy Network



Ms. Vicki Somers
Principal Mental Health
Social Worker
Health Service Executive
Kildare/West Wicklow
Mental Health Services



The Commission consists of 13 people, including the Chairman, who are appointed by the Minister for Health. The composition of the Commission is laid down in Section 35, Mental Health Act 2001:

Members of the Commission hold office for a period not exceeding 5 years.

2011 represented the final full-year work period for the current Commission whose five year term of office is due to expire on the 4th April, 2012.

Ten meetings of the Mental Health Commission were held in 2011, one of which was a teleconference.

Commission Members and their attendance at meetings in 2011 was recorded as follows:

Dr. Edmond O’Dea (Chairman)	10/10
Mr. Brendan Byrne	10/10
Ms Marie Devine	8/10
Dr. Brendan Doody	8/10
Mr. Padraig Heverin	10/10
Dr. Martina Kelly	3/10
Dr. Mary Keys	7/10
Dr. Eamonn Moloney	8/10
Ms. Patricia O’Sullivan Lacy	10/10
Mr. John Redican	7/10
Mr. Martin Rogan	6/10
Mr. John Saunders	8/10
Ms. Vicki Somers	5/10

During the last quarter of 2010 the Institute of Public Administration conducted a ‘Board Evaluation’ of the Commission. The final report was furnished to the Commission in January 2011. The evaluation process included a review of documentation, a briefing on the work of the Commission and an analysis of the responses to a confidential questionnaire completed by Members of the Commission.

MENTAL HEALTH COMMISSION COMMITTEES 2011

There are eight committees of the Commission. The membership of committees comprises of the following: Commission Members (CM), Executive (E) and External Members (EM). The committees are as follows.

Audit Committee

Mr. Declan Lyons (Chair) (EM), Ms. Noreen Fahy (EM), Ms. Vicki Somers (CM), Mr. Pdraig Heverin (CM), Mr. Brendan Byrne (CM), Mr. John Redican (CM).

World Mental Health Day 2011

Mr. John Redican (Chair) (CM), Mr. Brendan Byrne (CM), Mr. Pdraig Heverin (CM), Ms. Patricia O'Sullivan Lacy (CM), Mr. John Saunders (CM), Ms. Patricia Gilheaney (E), Ms. Rosemary Smyth (E), Ms. Marina Duffy (E).

Child & Adolescent Mental Health Services Committee

Dr. Brendan Doody (Chair) (CM), Ms. Vicki Somers (CM), Mr. Martin Rogan (CM), Ms. Marie Devine (CM), Ms. Patricia Gilheaney (E), Dr. Susan Finnerty (E).

Forensic Mental Health Services Committee

Mr. Pdraig Heverin (CM), Mr. John Saunders (CM), Mr. Brendan Byrne (CM).

Research Committee

Professor Patrick Wall (Chair) (EM), Dr. Jim Campbell (EM), Dr. Patricia Clarke (EM), Dr. Dermot Walsh (EM), Dr. Claire Collins (EM), Dr. Fiona Keogh (EM), Mr. Paddy McGowan (EM), Ms. Veronica

Ranieri (EM), Professor Agnes Higgins (EM), Dr. Edmond O'Dea (CM), Dr. Patrick Devitt (E), Dr. Eucharia Meehan (EM), Ms. Patricia Gilheaney (E), Ms. Marina Duffy (E).

Assisted Admissions Committee

Mr. Pdraig Heverin (Chair) (CM), Mr. Brendan Byrne (CM), Dr. Eamonn Moloney (CM), Dr. Martina Kelly (CM), Dr. Ciaran Crummey (EM), Ms. Catherine Bourke (EM), Ms. Patricia Gilheaney (E), Ms. Marina Duffy (E).

Mental Health Services Committee

Dr. Brendan Byrne (Chair) (CM), Mr. Pdraig Heverin (CM), Dr. Edmond O'Dea (CM), Mr. John Redican (CM), Mr. John Saunders (CM), Ms. Patricia Gilheaney (E), Ms. Marina Duffy (E).

Review of Mental Health Act 2001 Committee

Dr. Mary Keys (Chair) (CM), Dr. Edmond O'Dea (CM), Mr. John Saunders (CM), Mr. John Redican (CM), Ms. Vicki Somers (CM), Mr. Martin Rogan (CM), Mr. Brendan Byrne (CM), Ms. Marie Devine (CM), Dr. Brendan Doody (CM), Mr. Pdraig Heverin (CM), Dr. Martina Kelly (CM), Dr. Eamonn Moloney (CM), Ms. Patricia O'Sullivan Lacy (CM), Ms. Patricia Gilheaney (E), Dr. Gerry Cunnigham (E), Ms. Rosemary Smyth (E), Ms. Marina Duffy (E), Mr. Derek Beattie (E), Ms. Lisa O'Farrell (E), Ms. Ulla Quayle (E).

COMMISSION EXECUTIVE

The Chief Executive Officer (CE), appointed by the Commission, has responsibility for the overall management and control of the administration and business of the Commission. The Chief Executive is the accountable officer for the organisation.



In 2011 the Mental Health Commission engaged the Public Appointments Service to undertake an open recruitment campaign for the position of Chief Executive of the Commission. Following the recruitment process Ms. Patricia Gilheaney was formally appointed as Chief Executive of the Mental Health Commission on 30th October, 2011.

Office of the Inspector of Mental Health Services

Dr. Patrick Devitt is the Inspector of Mental Health Services. The principal responsibilities of the Inspector of Mental Health Services include, visiting and inspecting approved centres and other premises where mental health services are being provided as per Sections 51-53 Mental Health Act 2001, carrying out annual reviews of mental health services in the State and furnishing a report to the Commission as per Section 51 Mental Health Act 2001

The Inspector was assisted in the performance of his functions by Assistant Inspectors of Mental Health Services.

MENTAL HEALTH COMMISSION STAFF 2011 (END OF YEAR)

<p>Office of the Chief Executive</p> <p>Ms. Patricia Gilheaney – CE <i>(Interim appointment 31st December 2010, formal Appointment 30th October 2011)</i></p> <p>Ms. Marina Duffy</p> <p>Ms. Ulla Quayle</p>	<p>Office of Inspector of Mental Health Services</p> <p>Dr. Patrick Devitt – Inspector of Mental Health Services</p> <p>Mr. Paul Collins</p> <p>Ms. Patricia Doherty</p> <p>Dr. Susan Finnerty</p> <p>Ms. Maeve Kenny</p> <p>Mr. Sean Logue</p> <p>Dr. Fionnuala O’Loughlin</p> <p>Ms. Helena Moloney</p> <p>Ms. Orla O’Neill</p> <p>Ms. Colette Ryan</p>
<p>Mental Health Tribunals Division</p> <p>Dr. Gerry Cunningham – Director</p> <p>Ms. Sandra Curran</p> <p>Dr. Enda Dooley</p> <p>Dr. Fiona Fenton</p> <p>Mr. Kevin Foley</p> <p>Dr. Maria Frampton</p> <p>Mr. Andrew Goodwin</p> <p>Ms. Deirdre Hanratty</p> <p>Dr. Eugene Hill</p> <p>Mr. Simon Horne</p> <p>Ms. Emer Kelly</p> <p>Dr. Evelyn McCabe</p> <p>Ms. Erica McCluskey</p> <p>Dr. Eugene Morgan</p> <p>Dr. Maria Morgan</p> <p>Dr. Maria Moran</p> <p>Ms. Eilis Scully</p> <p>Dr. Dermot Walsh</p>	<p>Training and Development Division</p> <p>Ms. Rosemary Smyth – Director</p> <p>Ms. Ulla Quayle</p>
<p>Standards and Quality Assurance Division</p> <p>Ms. Patricia Gilheaney A/Director</p> <p>Mr. Derek Beattie</p> <p>Ms. Deirdre Hyland</p> <p>Mr. Adrian Murtagh</p> <p>Ms. Lisa O’Farrell</p> <p>Mr. Brian O’Sullivan</p>	<p>Corporate Services Division</p> <p>Mr. Ray Mooney – Director</p> <p>Ms. Marie Higgins</p> <p>Ms. Joanna Macklin</p> <p>Ms. Monica Martin</p> <p>Mr. Mathew Morenigbade</p>





Mental Health Commission

**Progressing the Strategic Plan
2009-2012**

During 2011

STRATEGIC PRIORITY ONE 2009-2012

Service Users, Families & Carers

- Policy and Planning: service users and their families and carers are involved in a significant way, locally and nationally.
- Individual Care Planning: service users and their families and carers are actively involved in planning the care required to meet each individual service user's assessed needs.

National Service User Executive (NSUE)

The Mental Health Commission recognises the importance of the work of the National Service User Executive. Throughout 2011 the National Service User Executive continued to be a key partner and collaborator in the Commission's work programme. Meetings with representatives of the National Service User Executive and the Mental Health Commission were held in April, August and November 2011. Tripartite meetings (x 3) also took place with the National Service User Executive, Health Service Executive and the Commission in 2011.

"Your Views of Inpatient Mental Health Services" Inpatient Survey 2011

The Commission carried out a national survey, in partnership with the Irish Society for Quality and Safety in Healthcare, to ascertain the views of service users recently discharged from approved centres across Ireland. Over 700 individuals who had experience of care and treatment in 28 approved centres responded to the survey. The findings of the survey will be disseminated to all participating services in early 2012 and the full findings of the survey will also be published at this time.

National Mental Health Services Collaborative

The National Mental Health Services Collaborative (NMHSC) project which commenced in November 2009 continued in 2011. This quality improvement initiative was designed to facilitate the implementation of person-centred care and treatment plans to support a person on their journey to recovery. The four sponsoring organisations involved in the project were Health Service Executive (HSE), Mental Health Commission (MHC) and two independent mental health providers, St. Patrick's University Hospital and St. John of God Hospital.

Eleven multidisciplinary teams participated in the project, which included teams from each region within the HSE (N=8), St. Patrick's University Hospital (N=1) and St. John of God Hospital (N=2).

The teams worked across a variety of clinical settings and age groups including community mental health teams, day hospitals and inpatient units. A team consists of service users, carers and mental health professionals. Key to the project was the active inclusion of service users and carers in all aspects of the collaborative.

Independent evaluation of the NMHSC was commissioned through an international open tender and awarded to Mental Health Strategies. The evaluation of the NMHSC involved a range of methods over an extended period which included: site visits, an e-survey and interviews with service users and national steering group members. The final report of an independent evaluation of the NMHSC was published in September 2011 and is available on the Mental Health Commission website. The report contains substantial detail on the process and outcomes of the NMHSC project. In summary the evaluators found both promoting and hindering factors in the overall process at both national (table 1) and local level (Table 2).

Table 1 – National Level

FACTORS PROMOTING SUCCESS	FACTORS HINDERING SUCCESS
A topic widely considered to be important	Topic complexity, and uncertain focus within the topic
Good local team working	Diversity of sites (in the context of topic complexity)
Effective local project facilitators	Insufficient stimulation of collaborative activity
Effective national project management and leadership	Weak senior management support at a local level
Good range of training and information materials	Limited national clinical leadership
	Shortened learning sets
	Late introduction of the key internal measurement return

Table 2 – Local Level

FACTORS PROMOTING SUCCESS	FACTORS HINDERING SUCCESS
Strong and constructive service user involvement	Lack of protected time for facilitators and team members
Strong and constructive carer involvement	Insufficient buy-in from key team members
Focus on team building and team functioning	Limited communications within team as to national and local objectives
Local lead with clear delegated authority	Lack of administrative support
Emphasis on compliance issues	Unclear local project planning

Some of the key findings from the evaluation of NMHSC are as follows:

1. Almost all team members were positive about individual care planning.

“We were reluctant at the start for change but we can see the benefits to the clients”

2. The collaborative had an impact on work with patients and with each other.

“It has improved communication, multi-disciplinary team working and documentation”

3. Service user involvement and response were mixed, carers less involved.

"There is a service user on the team and this has been really useful and beneficial. This has helped us to look at things from their perspective"

"Service users were really well involved in the project especially in the early stages, but not so much for the carers, I don't know why that was"

4. Objectives began to be met, and team members valued collaboration.

"Care planning is now actually 'happening' and this is what we set out to do"

5. Many team members look for common documentation; most think progress will be sustained.

"They should have prepared a sample template..."

"It will be sustained. Care planning is now core to our work"

6. Service users vary in their responses to individual care planning.

"Helps you cope with your illness and your recovery"

"Helps with making progress to get out of hospital"

"I am not really interested in my care plan. I trust staff implicitly"

7. Service user responses suggest some lessons for practice.

"Encouragement of ownership and responsibility"

8. National leaders valued the collaborative and its achievements.

"The collaborative has brought us together"

"Urgent need to build on the collaborative's progress"

As a means of spreading the results of the NMHSC the Sponsors will host a national symposium in early 2012 to present results, share learning and spread the improvements relating to individual care planning and recovery, achieved through the National Mental Health Services Collaborative.

STRATEGIC PRIORITY TWO 2009-2012

Human Rights & Best Interests

- A commitment to Human Rights is embedded in all aspects of the Commission's and mental health service providers' policy and practice.
- The Commission will continue to arrange reviews of involuntary admission in compliance with the 2001 Act.
- The Commission will continue to monitor Rules and Codes of Practice issued pursuant to the provisions of the 2001 Act.
- Promote and support advances in legislation to protect the human rights of vulnerable people.

MENTAL HEALTH TRIBUNALS

Procedures for Involuntary Admission (Adults)

The 2001 Act introduced provisions for a system of free legal representation for adults and independent reviews during their episode of involuntary admission¹. This is performed by a mental health tribunal during each period of detention. The Commission now has five years of data relating to involuntary admissions activity. This section of the report provides analysis of 2011 involuntary admissions and their review by mental health tribunals, and comparisons with previous years.

It is important to note that the 2001 Act has provisions for two methods of initiating detention; an *Admission Order*, (Form 6) and a *Certificate & Admission Order to detain a Voluntary Patient*

(*Adult*), (Form 13). A person may be admitted to an approved centre and detained there on the grounds that he or she is suffering from a mental disorder as defined in the Act.

Involuntary Admission (Adults) 2011

Analysis was completed on the number of adults who were involuntarily admitted using the provisions of sections 9, 10, & 14 of the Act in 2011. In such admissions the admission order is made by a consultant psychiatrist on statutory Form 6, *Admission Order*, which must be accompanied by an application (Form 1, 2, 3, or 4) and a recommendation by a registered medical practitioner, (Form 5). There were 1,471 Form 6 *Admission Orders* notified to the Commission in 2011. The number of such notifications in 2010 was 1,406.

¹ An episode is a patient's unbroken period of involuntary admission

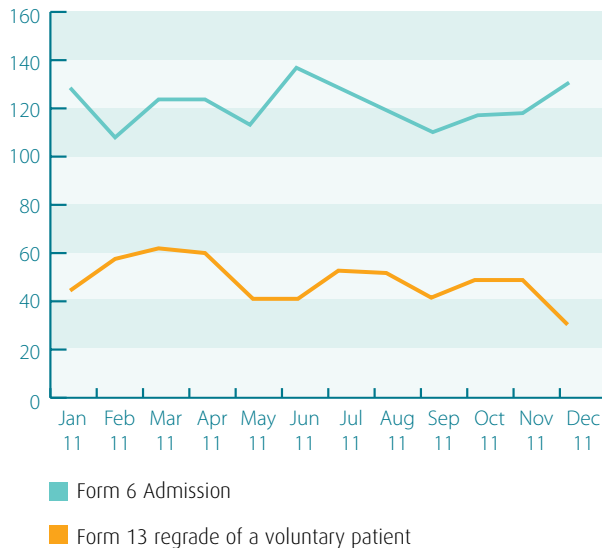
Detention of a Voluntary Patient; Section 24, Mental Health Act 2001 (2011)

Section 24 of the Mental Health Act 2001 outlines the procedures relating to a decision to re-grade a voluntary patient to involuntary status. In such admissions the admission order is made on a statutory form, Form 13 *Certificate & Admission Order to Detain a Voluntary Patient (Adult)*, signed by two consultant psychiatrists. There were 586 such admissions notified to the Commission in 2011 in comparison to 546 in 2010.

Comparisons 2007-2011

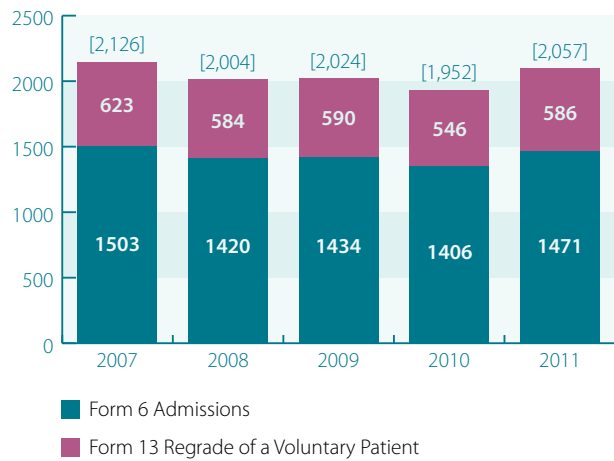
Figure 1 below summarises on a monthly basis both the categories of involuntary admission for 2011, i.e. – Form 6 *Admission Orders*, and Form 13, *Certificate & Admission Order to Detain a Voluntary Patient (Adult)*. The number of Form 6 orders fall within a range from 110 to 138 per month, and the number of Form 13 orders fall within a range from 33 to 59 per month.

Figure 1 – Monthly Involuntary Admissions 2011: Form 6 Admission Orders, and Form 13, Certificate & Admission Order to Detain a Voluntary Patient (Adult)



Comparison was made of 2011 involuntary admission activity with that for a number of previous years. Figure 2 summarises these comparisons on an annual basis and shows a decrease of 6% from 2007 to 2008, an increase of 1% from 2008 to 2009, a decrease of 4% from 2009 to 2010 and an increase of 5% from 2010 to 2011. From 2007 to 2011 there has been a decrease of 3%.

Figure 2 – Comparisons of Total Involuntary Admissions 2007-2011



Further comparison of 2007 with 2011 shows the decrease in activity is accounted for by a 2% decrease in Form 6 *Admission Orders*, and a 6% decrease in the Form 13, *Certificate & Admission Orders to Detain a Voluntary Patient (Adult)*.

Tables 3(a)-3(e) on the next page provide further analysis of involuntary admission orders in 2011 by approved centre, by HSE region, and for the independent sector.

Table 3(a) – Involuntary Admissions by HSE Regions 2011 (Adults) – HSE West

HSE WEST	County	Form 6 ^a	Form 13 ^a	Total
Sligo/Leitrim Mental Health – In-patient Unit	Sligo	26	12	38
Acute Psychiatric Unit Carnamuggagh Letterkenny ²	Donegal	30	30	60
Department of Psychiatry Letterkenny General Hospital ³	Donegal	24	10	34
Department of Psychiatry County Hospital Roscommon	Roscommon	8	6	14
St Brigid's Hospital Ballinasloe	Galway	46	15	61
Department of Psychiatry University Hospital Galway	Galway	62	18	80
Acute Psychiatric Unit 5B Midwestern Regional Hospital	Limerick	59	6	65
St. Joseph's Hospital	Limerick	0	1	1
Tearmann Ward & Curragour Ward St. Camillus Hospital	Limerick	1	1	2
Acute Psychiatric Unit Midwestern Regional Hospital Ennis	Clare	44	8	52
Orchard Grove Ennis ⁴	Clare	0	0	0
Cappahard Lodge	Clare	0	0	0
Adult Mental Health Unit Mayo General Hospital	Mayo	87	15	102
An Coillin	Mayo	0	0	0
St. Anne's Unit, Sacred Heart Hospital	Mayo	0	0	0
Teach Aisling	Mayo	0	0	0
TOTAL HSE WEST		387	122	509

Table 3(b) – Involuntary Admissions by HSE Regions 2011 (Adults) – HSE South

HSE SOUTH	County	Form 6 ^a	Form 13 ^a	Total
St. Finan's Hospital	Kerry	2	1	3
Acute Mental Health Admission Unit Kerry General Hospital Tralee	Kerry	46	22	68
South Lee Mental Health Unit, Cork University Hospital	Cork	82	25	107
St. Michael's Unit Mercy University Hospital	Cork	48	31	79
St. Stephen's Hospital Glanmire	Cork	27	10	37
Carraig Mor Centre	Cork	1	2	3
St. Finbarr's Hospital	Cork	0	0	0
Centre for Mental Health Care & Recovery Bantry General Hospital	Cork	35	7	42
St. Dymphna's Hospital ⁵	Carlow	0	1	1
St. Gabriel's Ward St. Canice's Hospital	Kilkenny	0	0	0
Department of Psychiatry St. Luke's Hospital, Kilkenny	Kilkenny	27	8	35
St. Luke's Hospital Clonmel	Tipperary	3	0	3
St. Michael's Unit South Tipperary General Hospital Clonmel	Tipperary	77	11	88
St. Senan's Hospital Enniscorthy	Wexford	4	6	10
Department of Psychiatry Waterford Regional Hospital	Waterford	59	21	80
St. Otteran's Hospital	Waterford	1	0	1
TOTAL HSE SOUTH		412	145	557

^a Form 6 Admission Order. Form 13, Certificate & Admission Order to Detain a Voluntary Patient (Adult)

² Acute Psychiatric Unit, Carnamuggagh, Letterkenny was removed from the Register of Approved Centres on 19th September 2011

³ Admissions for Donegal subsequent to the removal of Carnamuggagh have been referred to the Department of Psychiatry, Letterkenny General Hospital which was added to the Register of Approved Centres on 14th of September 2011

⁴ Orchard Grove, Ennis was removed from the Register of Approved Centres on 31st August 2011

⁵ St. Dymphna's Hospital was removed from the Register of Approved Centres on 1st October 2011

Table 3(c) – Involuntary Admissions by HSE Regions 2011 (Adults) – HSE Dublin North East

HSE DUBLIN NORTH EAST	County	Form 6 ^a	Form 13 ^a	Total
Acute Psychiatric Unit Cavan General Hospital	Cavan	16	5	21
Blackwater House St. Davnet's Hospital	Monaghan	10	3	13
Department of Psychiatry Our Lady's Hospital Navan	Meath	34	17	51
Unit One and St. Ita's Ward, St Brigid's Hospital Ardee	Louth	38	7	45
St. Vincents Hospital Fairview	Dublin	74	37	111
St. Ita's Hospital ⁶	Dublin	53	22	75
Joyce Rooms, Fairview Community Unit	Dublin	16	6	22
O'Casey Rooms, Fairview Community Unit	Dublin	0	0	0
Hawthorn Unit, Connolly Hospital	Dublin	0	0	0
St. Joseph's Intellectual Disability Service's St. Ita's Hospital	Dublin	0	0	0
St. Aloysius Ward Mater Misericordiae University Hospital	Dublin	12	10	22
St. Brendan's Hospital Units 0, 3A, 3B & 8A	Dublin	0	1	1
Sycamore Unit Connolly Hospital	Dublin	0	1	1
Department of Psychiatry Connolly Hospital	Dublin	57	30	87
TOTAL DUBLIN NORTH EAST		310	139	449

^a Form 6 Admission Order. Form 13, Certificate & Admission Order to Detain a Voluntary Patient (Adult)

Table 3(d) – Involuntary Admissions by HSE Regions 2011 (Adults) – HSE Dublin Mid Leinster

HSE DUBLIN MID LEINSTER	County	Form 6 ^a	Form 13 ^a	Total
Jonathan Swift Clinic	Dublin	43	28	71
Acute Psychiatric Unit AMNCH (Tallaght) Hospital	Dublin	48	24	72
Elm Mount Unit St.Vincent's University Hospital	Dublin	47	11	58
Lakeview Unit Naas General Hospital	Kildare	38	18	56
St. Loman's – Palmerstown ⁷	Dublin	0	0	0
Department of Psychiatry Midland Regional Hospital Portlaoise	Laois	27	8	35
St. Fintan's Hospital	Laois	0	0	0
St. Lomans Hospital Mullingar	Westmeath	37	7	44
Newcastle Hospital	Wicklow	34	11	45
Central Mental Hospital	Dublin	0	0	0
TOTAL HSE DUBLIN MID LEINSTER		274	107	381

^a Form 6 Admission Order. Form 13, Certificate & Admission Order to Detain a Voluntary Patient (Adult)

⁶ Admissions to the Male and Female Admissions Units, St. Ita's and Unit 8, St. Ita's transferred to Joyce Rooms Fairview Community Unit, O'Casey Rooms Fairview Community Unit and Hawthorne Unit Connolly Hospital on 13th September 2011

⁷ St. Loman's Hospital was removed from the Register of Approved Centres on 8th April 2011

Table 3(e) – Involuntary Admissions Independent Sector 2011 (Adults)

INDEPENDENT SECTOR	County	Form 6 ^a	Form 13 ^a	Total
St John of God Hospital Limited	Dublin	64	44	108
St Patrick's University Hospital	Dublin	23	26	49
St Edmundsbury Hospital	Dublin	0	0	0
Hampstead Private Hospital	Dublin	0	1	1
Highfield Private Hospital	Dublin	1	1	2
Bloomfield Care Centre	Dublin	0	1	1
Lois Bridges	Dublin	0	0	0
Palmerstown View, Stewart's Hospital ⁸	Dublin	0	0	0
TOTAL INDEPENDENT SECTOR		88	73	161

^a Form 6 Admission Order. Form 13, Certificate & Admission Order to Detain a Voluntary Patient (Adult)

Table 4 below shows Total Involuntary Admission Rates for 2011 (Adult) by HSE region and independent sector, with rates per 100,000 of total population.

Table 4 – Total Involuntary Admission Rates for 2011 (Adult) by HSE Region & Independent Sector

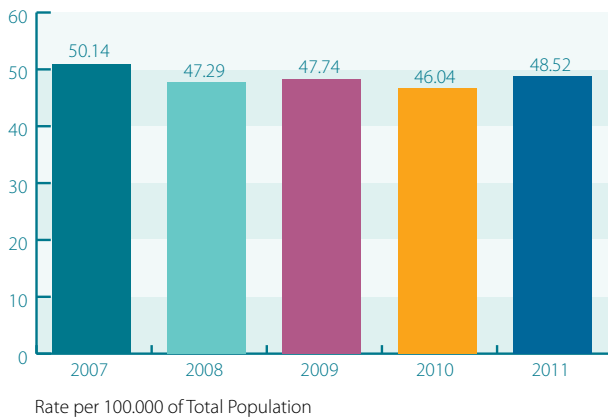
	Total Involuntary Admission Rate 2011 (Adult)	Population ^A	Involuntary Admission Rate per 100,000 total population
HSE WEST	509	1,012,413	50.28
HSE SOUTH	557	1,081,968	51.48
HSE DUBLIN NORTH EAST	449	928,619	48.35
HSE DUBLIN MID LEINSTER	381	1,216,848	31.31
INDEPENDENT SECTOR	161	N/A	N/A
TOTAL (Exclusive of Independent sector)	1,896	4,239,848	44.72
TOTAL (Inclusive of Independent sector)	2,057	4,239,848	48.52

^A Population figures taken from CSO census 2006. Please note that at time of publication finalised figures from the CSO census 2011 were not available.

⁸ Palmerstown View, Stewart's Hospital was removed from the Register of Approved Centres on 8th April 2011

Analysis of Ireland’s involuntary admission rates per 100,000 of total population, including involuntary admissions to independent sector approved centres, is shown in Figure 3 below for the years 2007 to 2011.

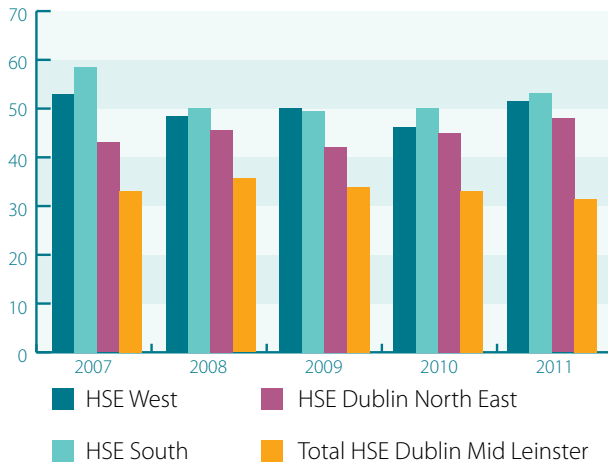
Figure 3 – Ireland’s Involuntary Admission Rates per 100,000 of total population^B for the years 2007 to 2011



^B Population figures taken from CSO census 2006. Please note that at time of publication finalised figures from the CSO census 2011 were not available.

Figure 4 below further analyses involuntary admission rates per 100,000 of population for the years 2007 to 2010 by HSE Region.

Figure 4 – Involuntary Admission Rates per 100,000 of population for the years 2007 to 2011 by HSE Region



Age and Gender

Analysis of age and gender was completed on the figures for episodes of involuntary admission in 2011. Tables 5 and 6 below summarise these findings.

Table 5 – Analysis by Age – Involuntary Admissions 2011 (Adults)

AGE	FORM 6	FORM 13	TOTAL	%
17-18	0	0	0	0%
18 – 64	1,217	515	1,732	84%
65 and over	254	71	325	16%
TOTAL	1,471	586	2,057	100%

Table 6 – Analysis by Gender – Involuntary Admissions 2011 (Adults)

GENDER	FORM 6	FORM 13	TOTAL	%
Female	663	289	952	46%
Male	808	297	1,105	54%
TOTAL	1,471	586	2,057	100%

Type of Applicant

Analysis was undertaken of the categories of persons who applied for a person to be involuntarily admitted under section 9 of the Act in 2011. Table 7 below summarises this analysis.

Table 7 – Analysis of Applicant – Involuntary Admissions 2011 (Adults)

Form Number	Type	Number	%
1*	Spouse, Civil Partner, Relative	839	57%
2	Authorised Officer	116	8%
3	Garda Síochána	354	24%
4	Any Other Person	162	11%
	TOTAL	1,471	100%

*Form 1 ‘Application’ was amended on 1st December, 2011 to reflect the provisions of the Civil Partnership Act 2010

Comparison of the 2007 figures for type of applicant with the 2011 figures shows the number of applicants by spouse/relative has fallen from 69% to 57%, authorised officer has risen from 7% to 8%, Garda Síochána has risen from 16% to 24% and any other person has risen from 9% to 11%. An authorised officer is an officer of the HSE who is of a prescribed rank or grade and who is authorised to exercise the powers conferred on authorised officers by section 9 of the Mental Health Act 2001.

Diagnosis

When the episode of involuntary admission is ended by the responsible consultant psychiatrist revoking the order the psychiatrist is requested to provide details to the Commission of the patient’s diagnosis using ICD-10 diagnostic groups on statutory Form 14, *Revocation of an Involuntary Admission or Renewal Order*. Details of diagnoses reported to the Commission in 2011 are summarised in Table 8 below.

Table 8 – ICD 10 Diagnostic Groups Coded at Close of Episode (Adults) 2011

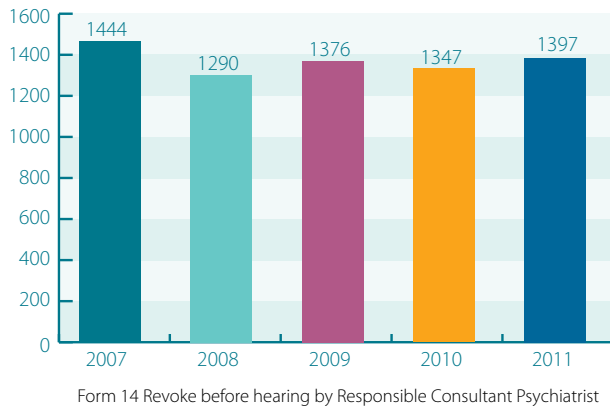
ICD-10 diagnostic groups	ICD-10 Code	Number of Episodes	Number of Episodes (%)
1. Organic Disorders	F00-F09	123	7.58%
2. Alcoholic Disorders	F10	36	2.22%
3. Other Drug Disorders	F11-F19, F55	51	3.14%
4. Schizophrenia, Schizotypal and Delusional Disorders	F20-F29	818	50.4%
5. Depressive Disorders	F31.3, F31.4, F31.5, F32, F33, F34.1, F34.8, F34.9	122	7.52%
6. Mania	F30, F31, F31.0, F31.1, F31.2, F31.6, F31.7, F31.8, F31.9, F34.0	387	23.85%
7. Neuroses	F40-F48	33	2.03%
8. Eating Disorders	F50	4	0.25%
9. Personality and Behavioural Disorders	F60-F69	40	2.46%
10. Intellectual Disability	F70-F79	4	0.25%
11. Development Disorders	F80-F89	3	0.18%
12. Behavioural and Emotional Disorders of Childhood	F90-F98	See children sections	
13. Other Diagnosis	F38, F39, F51-F54, F59, F99	2	0.12%
TOTAL		1,623	100%

It is of interest to note that the diagnostic group with the highest rates of involuntary admission is the grouping “*Schizophrenia, Schizotypal & Delusional Disorders*” followed by that for “*Mania*”. This is similar to the findings for 2007, 2008, 2009 and 2010.

Revocation by Responsible Consultant Psychiatrist

Section 28 provides the consultant psychiatrist responsible for the patient with the option to revoke an order where they become of opinion that the patient is no longer suffering from a mental disorder as defined in the Act. Where the responsible consultant psychiatrist discharges a patient under section 28 they must give to the patient concerned and his or her legal representative a notice to this effect, a statutory Form 14, *Revocation of an Involuntary Admission or Renewal Order*. Analysis of orders revoked by the responsible consultant psychiatrist under the provisions of section 28 shows that there were 1,397 such instances in 2011. The patient may leave the centre at this stage or stay to receive treatment on a voluntary basis. Figure 5 below shows the number of orders revoked before hearing by responsible consultant psychiatrists under the provisions of section 28 for years 2007 to 2011.

Figure 5 – Number of Orders Revoked before Hearing by Responsible Consultant Psychiatrists under the Provisions of Section 28 for Years 2007 to 2011



Independent Review by a Mental Health Tribunal

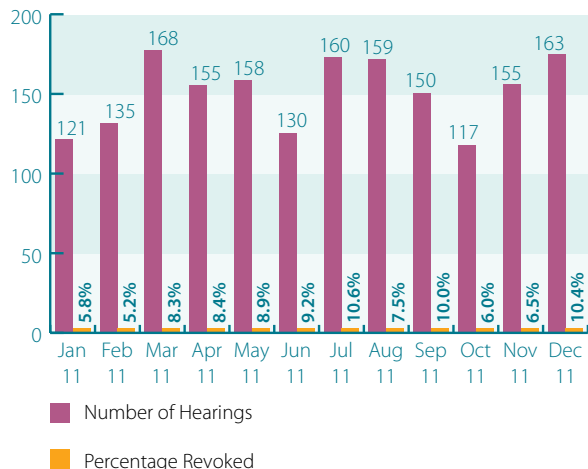
The Mental Health Act 2001 provides for the patients' right to an automatic independent review of an involuntary admission. Within 21 days of

an admission (or renewal) order, a three person mental health tribunal consisting of a lawyer as chair, a consultant psychiatrist and another person review the admission (or renewal) order. Prior to the independent review, a legal representative is appointed by the Mental Health Commission for each person admitted involuntarily (unless s/ he proposes to engage one) and an independent medical examination by a consultant psychiatrist, appointed by the Commission, will have been completed. There were 1,771 hearings in 2011. Hearings for involuntary admission orders were monitored by the Commission as to when in the 21 day period of the order the mental health tribunal occurred. In 2011 63% of hearings occurred at or before day eighteen of the order.

Orders Revoked at Hearing

Analysis was undertaken of the number of orders revoked at a mental health tribunal in 2011. Figure 6 below shows the number of hearings on a month basis for 2011 and the number of orders revoked (%) in each month. In total, 8% of orders reviewed by the mental health tribunal in 2011 were revoked.

Figure 6 – Number Hearings and % of Orders Revoked at Hearing 2011



CASES BROUGHT BEFORE THE COURTS

Circuit Court Appeals

Section 19(1) of the 2001 Act states that a patient may issue an appeal to the Circuit Court against a decision of a mental health tribunal to affirm an order made in respect of him or her on the grounds that he or she is not suffering from a mental disorder. The appeal can only be made or proceed if the patient continues to be detained. The Commission were notified of 87 Circuit Court appeals in the period from 1 January to 31 December 2011. Some of these cases did not proceed as the orders detaining the patients were revoked by the responsible consultant psychiatrist prior to the hearing of the appeal or the patient did not wish to proceed for whatever reason. In relation to the cases that did go to hearing (n = 11), all of the Orders were affirmed by the Circuit Court.

MULTIPLE INVOLUNTARY ADMISSIONS

The Mental Health Commission holds an extensive data base of involuntary admissions in Ireland from commencement of the Mental Health Act (2001) in 2006. In the period since commencement there has been an overall reduction in the number of voluntary and involuntary admission to Irish psychiatric hospitals and units. However, the use of involuntary admission remains at around 10% of all admissions. Examination of the data held by the Commission indicates that a number of patients (n=171) have had multiple involuntary admissions (defined as patients having three or more involuntary episodes in a calendar year). The Commission carried out more empirical analysis of the data relating to these 171 patients, to determine if there were any trends or commonality

regarding their demographic characteristics and diagnoses. 8% (n=873) of involuntary admission orders in the period from commencement to end 2011 relate to these 171 patients, i.e. to 2% of all involuntary patients in the period. Within this group of patients it was found that they are predominantly male (57%), often have a diagnosis of schizophrenia, or schizotypal and delusional disorders (56%), or mania (21%). These patients are most often in the age band 25-64 (76%) and often live in rural counties. This analysis does not include the number of voluntary admissions in the period for these patients as this information is not available to the Commission on an individualised basis.

TRAINING AND DEVELOPMENT

Mental Health Tribunal Induction Programmes

An induction programme was provided for new mental health tribunal members as required in preparation for their specific role on a tribunal panel.

Refresher Training for Mental Health Tribunal Members

A mental health tribunal refresher training programme was developed based on identified needs of tribunal panel members. The overall aim of the refresher training programme was to provide members with an update on relevant topics to assist in fulfilling their statutory role as a mental health tribunal member.

Topics included:

- ▶ An overview of the registration process of approved centres, which includes licensing and the attachment of conditions to registration.

- ▶ The role and function of peer advocates in supporting service users to have a positive experience of their mental health tribunal.
- ▶ Practical advice to mental health tribunal members in how to improve patients experiences of mental health tribunals.
- ▶ Update on case law from relevant Supreme Court, High Court and Circuit Court decisions.

Continuous Professional Development accreditation was sought and received from the relevant professional bodies. The half-day programme was delivered on seven occasions throughout August and September 2011.

A total of 246 members attended.

Chairs	71
Consultant Psychiatrists	96
Lay Members	79

The programme was evaluated positively, for example: “very relevant information”, “presentations and content excellent overall”, found this training most useful and comprehensive – on a practical level”.

Refresher Training for Legal Representatives

A refresher training programme for legal representatives was developed and delivered on three occasions during November and December 2011. A total of 102 legal representatives completed the refresher training. The core content included: case law, quality assurance (file reviews) and the role of the peer advocate. The programme was evaluated positively.

RULES, CODES AND GUIDANCE

Addendum to the Section 69 (2) Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint

The Commission issued an Addendum to the *Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint* which took effect in March 2011. The purpose of this amendment is to ensure that patients placed in seclusion are adequately observed for the duration of a seclusion episode.

Additional Updates to Commission Rules and Codes of Practice

The following Mental Health Commission documents were updated during 2011:

- ▶ Section 59 (2) *Rules Governing the Use of ECT*;
- ▶ Section 69 (2) *Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint*;
- ▶ *Code of Practice on the Use of ECT for Voluntary Patients*; and the
- ▶ *Code of Practice on the Use of Physical Restraint in Approved Centres*.

Seclusion and Restraint Reduction Strategy

The Commission completed a knowledge review with associated recommendations to comprise a Seclusion & Restraint Reduction Strategy during 2011. This was a follow up to our review and analysis of data on the use of restrictive interventions over a number of years. This was approved by the Commission with a commitment to undertake a wider consultation with services. It is envisaged that following the consultation

process, a number of key issues will be identified for implementation. It is planned to commence this consultation in early 2012.

ACTIVITY DATA

ADMISSION OF CHILDREN UNDER THE MENTAL HEALTH ACT 2001

The Mental Health Commission has been collecting and reporting on data in relation to the admission of children⁹ to approved centres since 2007. In particular, we monitor admissions of children to adult units and have consistently highlighted the lack of sufficient child and adolescent in-patient and day hospital facilities.

We acknowledge that there has been investment in child and adolescent in-patient facilities in recent years. In 2008 there were only three child units nationally, with a combined bed capacity of 28 beds as at 31.12.08. In 2011 there were six child units, with a combined bed capacity of 70 as at 31.12.11. Two purpose-built child and adolescent units opened in 2011; the Child and Adolescent In-patient Unit, Merlin Park University Hospital and Eist Linn, Child and Adolescent In-patient Unit, Cork.

The provision of additional child units has directly resulted in a decline in the number of admissions of children to adult units, however in 2011, almost a third of child admissions were still to adult units. Therefore, we maintain the view that the provision of age appropriate mental health services must be addressed as a matter of priority.

⁹ The Mental Health Act 2001 Section 2(1) defines a "child" as a person under the age of 18 years other than a person who is or has been married.

Admission of Children in 2011

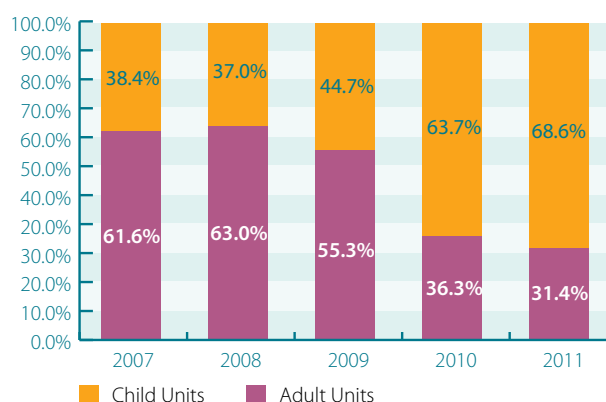
In 2011, the Commission was notified of 421 admissions of 326 children to approved centres¹⁰. This represents a 2.1% decrease on the overall number of admissions reported in 2010 (430¹¹).

Unit Type

There were 132 admissions to 27 adult units and 289 admissions to six child units in 2011. In 12/132, 9.1% of admissions to adult units the child was discharged from the adult unit and then admitted to a child unit.

Figure 7 shows that between 2007 and 2009 the majority of child admissions were to adult units, however, in 2010 and 2011 there was a marked decrease in the percentage of child admissions to adult units. The proportion of admissions to adult units in 2011 (31.4%) was half what it was in 2008 (63%). Conversely the proportion of admissions to child units increased each year since 2008.

Figure 7 – Percentage of Admissions of Children to Adult Units and Child Units, 2007-2011



¹⁰ Includes approved centres for adults (adult units), approved centres for children and adolescents (child units) and a child and adolescent unit in an approved centre which also admits adults (child unit).

¹¹ The number of admissions in 2010 has been updated since the publication the Mental Health Commission's 2010 Annual Report (June 2011).

Duration of Admission

The mean length of stay, for those who were admitted and discharged in 2011, was 34.7 days and the median length of stay was 21 days (see Table 9). The average length of stay was significantly longer in child units, at 47 days (median 38 days), than in adult units, at 10.4 days (median 5 days).

Table 9 – 2011 Duration of Admission of Children by Unit Type

Unit Type	Mean number of days	Median number of days
Adult Units	10.4	5
Child Units	47	38
TOTAL	34.7	21

Involuntary Admissions

There are provisions under Section 25 of the Mental Health Act 2001 in relation to the involuntary admission of children that require the HSE to make an application to the District Court.

In 2011, there were 21 Section 25 Orders for the involuntary admission¹² of 20 children to approved centres. This represents an increase in the number of Section 25 Orders notified to the Commission on the numbers reported in previous years as shown in table 10.

Eleven of the twenty children who were the subject of a Section 25 Order were 15 years of age or under, two were 16 years of age and seven were 17 years of age.

In four of the 21 (19%) involuntary admissions the child was initially admitted as a voluntary patient but their legal status changed to involuntary during their admission.

¹² If a child was transferred from one approved centre to another approved centre under a single Section 25 Order this was only reported as one involuntary admission. This occurred once in 2011.

Table 10 shows the number of involuntary admissions (under Section 25 Orders) by year and by unit type in the period from 2007 to 2011.

Table 10 – Involuntary Admissions of Children by Unit Type 2007-2011.

Year	Adult Units	Child Units	Total
2007	3	-	3
2008	6	2	8
2009	6	3	9
2010	2	11	13
2011	9	12	21
TOTAL	26	28	54

Age

In 2009, the Commission issued an *Addendum to the Code of Practice Relating to Admission of Children under the Mental Health Act 2001*. Section 2.4.1 b) of the Addendum came into effect in December 2010 and Section 2.4.1 c) came into effect in December 2011. The Addendum provides that:

“2.4.1 b) No child under 17 years is to be admitted to an adult unit in an approved centre from 1st December 2010; and

2.4.1 c) No child under 18 years is to be admitted to an adult unit in an approved centre from 1st December 2011.”

However, the admission of a child to an adult unit may occur in exceptional circumstances. In such circumstances, the approved centre is obliged to submit a detailed report to the Mental Health Commission.

Part b) of the addendum was applicable in the period from January to November 2011. In this period 16 adult units notified us of 42

admissions of children, in exceptional circumstances, under 17 years of age. In seven of the 42 admissions to adult units (16.7%), the children were transferred to a child unit and remained there until they were discharged. In the same period in 2010, there were 57 admissions of children under 17 years of age to 18 adult units.

Part c) of the addendum was applicable from 01 December 2011. There, however, were two admissions of children under 18 years of age to adult units, in exceptional circumstances, in December. Both children were 17 years of age and in each case the admission was for less than one week.

In 2011, the mean age of children admitted to adult units was 16.6 and the median age was 17, in child units the mean age was 15.3 and the median age was 16.

Table 11 summarises the total number of admissions by age and unit type from 2007 to 2011. It shows that in 2011, the number of admissions of children 15 years of age or under to adult units was much lower than in previous years. There was also a slight decrease in the number of admissions of 16 year olds and of 17 year olds to adult units in 2011 than in past years.

Table 11 – Numbers of Admissions of Children by Age and Unit Type for 2007-2011

Age	2007		2008		2009		2010		2011	
	Adult Unit	Child Unit	Adult Unit	Child Unit	Adult Unit	Child Unit	Adult Unit	Child Unit	Adult Unit	Child Unit
≤15 years of age	14	99	24	90	12	89	13	122	7	132
16 years of age	64	20	74	30	66	41	44	93	35	76
17 years of age	139	16	149	25	127	36	99	59	90	81
TOTAL (admissions by unit type)	217	135	247	145	205	166	156	274	132	289

Gender

In 2011, there were slightly more female admissions, 55.3% (n=233), than male admissions 44.7% (n=188). Table 12 shows that the majority (80%) of female admissions were to child units compared to just over half (54.8%) of male admissions.

Table 12 – Gender and Age of Children by Unit Type, Numbers and Percentages, 2011

Age	Female		Male	
	Adult Units	Child Units	Adult Units	Child Units
≤15 years of age	3 (6.4%)	84 (45.2%)	4 (4.7%)	48 (46.6%)
16 years of age	15 (31.9%)	51 (27.4%)	20 (23.5%)	25 (24.3%)
17 years of age	29 (61.7%)	51 (27.4%)	61 (71.8%)	30 (29.1%)
TOTAL (% of total gender admissions)	47 (20%)	186 (80%)	85 (45.2%)	103 (54.8%)

Service Provider

Table 13 provides a breakdown of admissions of children by service provider and unit type from 2007 to 2011. It shows the number of admissions and number of units that admitted children in this period.

Between 2010 and 2011 admissions to adult units decreased in all areas except HSE West; conversely admissions to child units increased in all areas except HSE South.

Table 13 – Number of Admissions of Children, Number of Units and Unit Type by Service Provider 2007-2011

Unit Type	2007		2008		2009		2010		2011	
	Admissions	Units	Admissions	Units	Admissions	Units	Admissions	Units	Admissions	Units
HSE Dublin Mid Leinster										
Adult	32	7	53	7	50	7	27	6	25	6
Child	46	1	42	1	44	1	37	1	39	1
HSE Dublin North East										
Adult	28	6	33	8	16	7	32	5	25	5
Child	(No child unit)		(No child unit)		29	1	34	1	42	1
HSE South										
Adult	71	10	71 ^a	9	65 ^a	8	49	8	35	7
Child	(No child unit)		(No child unit)		4	1 ^b	44	1 ^b	37	1 ^b
HSE West										
Adult	53	7	57	8	47	8	40	8	46 ^c	8
Child	20	1	34	1	33	1	33	1	38 ^d	1
Independent										
Adult	33	2	33	1	27	1	7	1	-	-
Child	69	1	69	1	56	1	126	3 ^e	133	2
National Forensic Service										
Adult	-	-	-	-	-	-	1 ^f	1	1 ^f	1
TOTAL Adult Units	217	32	247	33	205	31	156	29	132	27
TOTAL Child Units	135	3	145	3	166	5	274	7	289	6
TOTAL All Units	352		392		371		430		421	

^a Includes one admission where the child was the subject of a Care Order made under S18(1) of the Child Care Act 1991.

^b The child unit in HSE South was located in St Stephen's Hospital from 16 October 2009 until 11 March 2011 and then the service relocated to Eist Linn, Child and Adolescent Inpatient Unit, Bessborough.

^c Includes one admission where the child was the subject of an Interim Care Order S17(1) and one admission where the child was the subject of a Care Order S18(1) of the Child Care Act 1991.

^d Includes one admission where the child was the subject of a Care Order made under S18(1) of the Child Care Act 1991.

^e Includes The Haven Children's Residential Unit, which only admitted children in January 2010 and did not have any admissions for the remainder of the year, this approved centre closed in 2011.

^f Admissions to Central Mental Hospital – National Forensic Service were made under Section 15(2) of the Criminal Law Insanity Act 2006.

Note Regarding Child Admission Data

Under the terms of our Memorandum of Understanding with the Health Research Board, we cross reference our child admission data annually. If any discrepancies arise, approved centres are contacted for clarification and validation.

The number of admissions of children reported here may differ from those reported by the HRB for the following reasons:

- ▶ The HRB reports on the legal status of children on admission, whereas the Commission captures change in legal status from voluntary to involuntary throughout the period of admission and reports on such admissions once as an involuntary admission.
- ▶ The Commission's data on admissions of children only includes the admissions of children as defined in the Mental Health Act 2001. Section 2(1) states that "child" means a person under the age of 18 years other than a person who is or has been married. The HRB report on admissions of persons under 18 years of age as a child irrespective of their current or previous marital status.

NOTIFICATION OF DEATHS

Approved Centres

Approved Centres are required to notify the Commission of the death of any resident of an approved centre in accordance with Article 14(4) of the Mental Health Act 2001 (Approved Centres) Regulations 2006 and Section 2.2 of the *Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting*.

In 2011, 50 approved centres notified the Commission of 141 deaths. Based on the information reported to us, 18.4% of notifications (n=26) related to sudden, unexplained deaths. A breakdown of death notifications by service provider is provided in Table 14.

Table 14 – Number Approved Centre Death Notifications by Service Provider in 2008-2011

Service Provider	2008	2009	2010	2011
HSE Dublin Mid Leinster	21	22	16	18
HSE Dublin North East	40	32	30	26
HSE South	54	65	57	43
HSE West	32	23	25	23
National Intellectual Disability Service	5	6	6	4
National Forensic Service	-	-	1	-
Independent	27	24	27	27
TOTAL	179	172	162	141

Day Hospitals Day Centres and 24 Hour Staffed Community Residences

All sudden, unexplained deaths of persons attending a day hospital or a day centre, or living in 24 hour staffed community residences, should be notified to the Commission within 7 days of the death occurring (Section 2 (b) *Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting*).

In 2011, the Commission was notified of 88 deaths in this category (see table 15 for details). Based on the information provided, it was not apparent in all cases that a sudden unexplained death had occurred.

Table 15 – Number of Community Mental Health Service^a Death Notifications by HSE Area and Service Type 2008-2011

HSE Dublin Mid Leinster	2008	2009	2010	2011
24 Hour Staffed Residence	6	6	3	6
Day Centre	1	2	1	-
Day Hospital	4	5	2	8
Other Mental Health Service	5	6	15	5
TOTAL	16	19	21	19
HSE Dublin North East				
24 Hour Staffed Residence	7	7	2	7
Day Centre	1	1	3	1
Day Hospital	2	-	2	2
Other Mental Health Service	1	1	6	3
TOTAL	11	9	13	13
HSE South				
24 Hour Staffed Residence	10	8	9	10
Day Centre	4	2	1	5
Day Hospital	7	4	5	4
Other Mental Health Service	1	7	4	3
TOTAL	22	21	19	22
HSE West				
24 Hour Staffed Residence	20	17	10	8
Day Centre	3	8	5	4
Day Hospital	4	3	6	19
Other Mental Health Service	3	2	1	3
TOTAL	30	30	22	34

^a Community Mental Health Services includes Day Hospitals, Day Centres, 24-Hour Staffed Community Residences and Other Mental Health Services (includes out-patient departments, resource centres, group homes, out-reach teams and other service types).

Inspector of Mental Health Services

All death notifications are forwarded to the Inspector of Mental Health Services in accordance with our standard operating procedures. The Inspector of Mental Health Services examines all death notifications. In cases suggestive of suicide or violent death he requests that a review is carried out by the service and a copy sent to him. These reviews are analysed to identify opportunities for improvement in patient safety, care and treatment and to form part of the ongoing dialogue between the Inspectorate and services.

INCIDENT REPORTING

In accordance with the *Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting*, approved centres also provide the Commission with six-monthly summary incident reports. These reports are made available to the Inspectorate to inform inspections.

DATA ON THE USE OF ELECTRO-CONVULSIVE THERAPY (ECT), SECLUSION, MECHANICAL RESTRAINT AND PHYSICAL RESTRAINT

Approved Centres are required to return data on the use of ECT, seclusion, mechanical means of bodily restraint and physical restraint under the respective Rules and Codes of Practice issued in accordance with the Mental Health Act 2001. The Commission collects and reports on the above data, in annual activities reports. These reports provide a current picture of activity both within individual services and at national level and are intended to inform the quality improvement

process with mental health services. The 2010 reports are available on the Commission's website at www.mhcirl.ie.

REVIEW OF OPERATION OF THE MENTAL HEALTH ACT 2001

The Mental Health Commission Committee on the Review of the 2001 Act was assisted by the Executive in the preparation of the Commission's submission on the review of the 2001 Act to the Department of Health. The submission is available on the Commission's website at www.mhcirl.ie

CAPACITY LEGISLATION

In 2011, the Mental Health Commission continued in its ongoing commitment to highlight the urgent need for Capacity legislation in Ireland. Two key 'calls for submissions' helped facilitate the Commission in achieving this objective; (i) an invitation from the Joint Oireachtas Committee on Justice, Defence and Equality for submissions on promised Capacity Legislation (August 2011) and (ii) the Commission's submission to the Department of Health on the Review of the Mental Health Act 2001 (December, 2011). The Commission has highlighted the need for synergy between any revised mental health legislation and new capacity legislation. During 2011 the Commission has also maintained communication with the Department of Justice and Equality on the work that is being done to progress the legislation on the legislative programme for government.

STRATEGIC PRIORITY THREE 2009-2012

Quality Mental Health Services

- ▶ The scope and process of inspection and reporting is effective in enhancing both compliance and commitment to continuous quality improvements and is a catalyst for change.
- ▶ To facilitate and support implementation of the quality improvement standards for mental health services in Ireland. (Quality Framework for Mental Health Services in Ireland, MHC 2007).
- ▶ To continue to support mental health services research to build knowledge that leads to practical ways of improving services.
- ▶ To promote and support the development of a national mental health information system.

INSPECTOR OF MENTAL HEALTH SERVICES

Section 51, Mental Health Act 2001 specifies the functions of the Inspector of Mental Health Services. In 2011, in line with its statutory mandate the Inspectorate of Mental Health Services visited and inspected every approved centre and visited and inspected a number of other premises where mental health services were being provided and which were deemed appropriate to inspect. The Inspector's National Review of Mental Health Services 2011 begins on page 72 of this report. The inspection reports for 2011 are available on the accompanying CD ROM and on the Commission's website at www.mhcirl.ie.

REGISTER OF APPROVED CENTRES

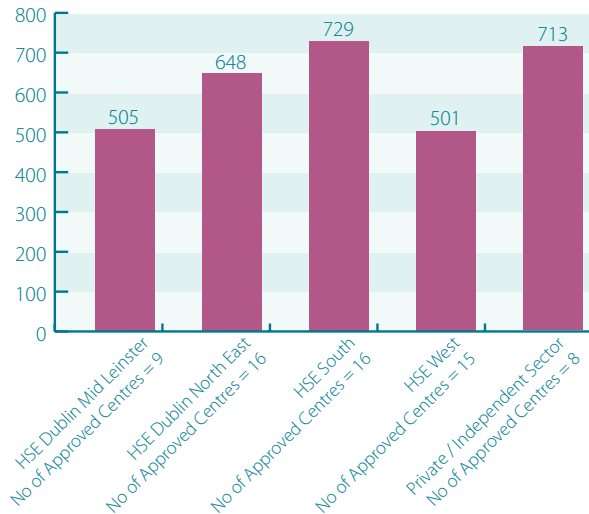
The Commission has been responsible for establishing and maintaining the *Register of Approved Centres* since 1st November 2006 (Section 64, Mental Health Act 2001).

Section 62 of the 2001 Act defines a centre as "a hospital or other in-patient facility for the care and treatment of persons suffering from mental illness or mental disorder" and a centre cannot operate unless registered with the Mental Health Commission (Section 63, Mental Health Act 2001).

The number of approved centres in the *Register of Approved Centres* on 31st December 2011 was 64. These 64 approved centres had a combined bed capacity of 3,096 beds. When compared to the figures as at 31st December 2010, these numbers represent a reduction of 5.9% (n= 4) in the number of approved centres and a reduction of 8.4% (n=282) in the combined bed capacity.

Figure 8 sets out the number of approved centres and the combined bed capacity in each Sector/ HSE Area as at 31st December 2011. The term 'centre' does not solely refer to acute admission units, and the combined bed capacity is not necessarily the number of beds available for acute admissions.

Figure 8 – Number of Approved Centres and Combined Bed Capacity per Sector/HSE Area, as at 31st December 2011



To maintain awareness of the legal requirement for facilities that meet the definition of ‘centre’ to register with the Commission, advertisements were placed in three national newspapers in April and September 2011.

A copy of the information held in the *Register of Approved Centres* as at 31st December 2011 is available in Appendix 1.

An up to date list of all approved centres entered in the Register of Approved Centres is available in the *Registration of Approved Centres* section of the Commission’s website, www.mhcirl.ie.

CHANGES TO THE REGISTER OF APPROVED CENTRES

During 2011, there were four new centres entered in the *Register of Approved Centres* and eight centres were removed.

The four new centres entered in the *Register of Approved Centres* during 2011 are as follows:

- O’Casey Room, Fairview Community Unit, Dublin 3. This centre was entered in the Register on 8th March 2011.
- Joyce Room, Fairview Community Unit, Dublin 3. This centre was entered in the Register on 13th September 2011.
- Hawthorn Unit, Connolly Hospital, Dublin 15. This centre was entered in the Register on 13th September 2011.
- Department of Psychiatry, Letterkenny General Hospital, Letterkenny. This centre was entered in the Register on 14th September 2011.

The eight centres removed from the *Register of Approved Centres* are detailed below:

- St. Anne’s Child & Adolescent Unit in Galway was removed from the Register on 21st January 2011. The mental health service in this centre was transferred to the Child & Adolescent Mental Health In-patient Unit, Merlin Park University Hospital.
- Child & Adolescent Mental Health In-patient Unit, St. Stephen’s Hospital in Cork was removed from the Register on 11th March 2011. The mental health service in this centre was transferred to Eist Linn Child & Adolescent In-patient Unit, in Bessborough, Cork.
- St. Loman’s Hospital, Palmerstown in Dublin 20 was removed from the Register on 8th April 2011. This facility was removed because it no longer operated as a ‘centre’.

- h) Palmerstown View, Stewart's Hospital in Dublin 20 was removed from the Register on 18th July 2011. This facility was removed because it no longer operated as a 'centre'.
- i) The Haven Children's Residential Unit in Co. Meath was removed from the Register on 26th August 2011. This facility was removed because it had closed.
- j) Orchard Grove in Ennis was removed from the Register on 31st August 2011. This facility was removed because it no longer operated as a 'centre'.
- k) Acute Psychiatric Unit, Carnamuggagh was removed from the Register on 19th September 2011. The mental health service in this centre was transferred to the Department of Psychiatry, Letterkenny General Hospital.
- l) St. Dymphna's Hospital in Carlow was removed from the Register on 1st October 2011. This facility was removed because it no longer operated as a 'centre'.
- ▶ Acute Mental Health Admission Unit, Kerry General Hospital
 - ▶ Acute Psychiatric Unit 5B, Midwestern Regional Hospital
 - ▶ Acute Psychiatric Unit, AMNCH (Tallaght) Hospital
 - ▶ Acute Psychiatric Unit, Cavan General Hospital
 - ▶ Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis
 - ▶ Adult Mental Health Unit, Mayo General Hospital
 - ▶ Blackwater House and Ward 15, St. Davnet's Hospital
 - ▶ Carraig Mór Centre
 - ▶ Central Mental Hospital
 - ▶ Centre for Mental Health Care & Recovery, Bantry General Hospital
 - ▶ Department of Psychiatry, County Hospital, Roscommon
 - ▶ Department of Psychiatry, Midland Regional Hospital, Portlaoise
 - ▶ Department of Psychiatry, Our Lady's Hospital, Navan
 - ▶ Department of Psychiatry, St. Luke's Hospital, Kilkenny
 - ▶ Department of Psychiatry, University Hospital Galway
 - ▶ Department of Psychiatry, Waterford Regional Hospital

EXPIRATION OF REGISTRATION

Under the provisions of the 2001 Act, a centre's period of registration shall be 3 years from the date of registration. Where the registered proprietor of a centre proposes to carry on the centre immediately after the period of registration expires, he/she must apply to the Commission for registration.

The period of registration of 42 approved centres expired during 2011 and all 42 centres applied for registration in accordance with Section 64(9) of the 2001 Act. The 42 centres were:

- ▶ Elm Mount Unit, St. Vincent's University Hospital
- ▶ Jonathan Swift Clinic
- ▶ Lakeview Unit, Naas General Hospital
- ▶ Newcastle Hospital
- ▶ Orchard Grove
- ▶ Sligo/Leitrim Mental Health In-patient Unit
- ▶ South Lee Mental Health Unit, Cork University Hospital
- ▶ St. Brendan's Hospital – Units O, 3A, 3B, & 8A
- ▶ St. Brigid's Hospital, Ballinasloe – Clonfert, Our Lady's, St. Dymphna's & St. Luke's Wards
- ▶ St. Finan's Hospital – O'Connor Unit (East & West Wings), St. Martin's Ward, St. Peter's Ward and St. Paul's Ward
- ▶ St. Gabriel's Ward, St. Canice's Hospital
- ▶ St. Ita's Hospital – Mental Health Services
- ▶ St. Joseph's Hospital – Aurora Unit, St. Brendan's Ward, & St. Mary's Ward
- ▶ St. Loman's Hospital, Mullingar – Male & Female Admission Wards, St. Brigid's Ward, St. Edna's Ward & St. Marie Goretti's Ward
- ▶ St. Luke's Hospital, Clonmel – St. Mary's, St. Paul's, & St. Teresa's Wards
- ▶ St. Michael's Unit, Mercy University Hospital
- ▶ St. Michael's Unit, South Tipperary General Hospital
- ▶ St. Otteran's Hospital
- ▶ St. Patrick's University Hospital
- ▶ St. Senan's Hospital
- ▶ St. Stephen's Hospital – Units 2, 3, 4, 5, and Unit 8 (Floors 2 & 3)
- ▶ St. Vincent's Hospital – St. Louise's, St. Mary's, St. Teresa's, & Psychiatry of Old Age Wards
- ▶ Unit One and St. Ita's Ward, St. Brigid's Hospital, Ardee
- ▶ Cappahard Lodge
- ▶ St. Anne's Unit, Sacred Heart Hospital
- ▶ Tearmann Ward and Curragour Ward, St. Camillus' Hospital.

Thirty nine of the centres listed above were registered on 1st March 2011. The remaining three centres; Cappahard Lodge; St. Anne's Unit, Sacred Heart Hospital; and Tearmann Ward and Curragour Ward, St. Camillus' Hospital, were registered on 1st October 2011.

CONTINUOUS QUALITY IMPROVEMENT

As part of the Commission's standard operating procedures, the Standards and Quality Assurance Division monitors compliance by approved centres with regulations, rules, and codes of practice made under the 2001 Act.

In previous years, where the Report of the Inspector of Mental Health Services identified areas of non-compliance, an implementation plan setting out

how and when these areas of non-compliance would be addressed was requested by the Commission from the Registered Proprietor. The Commission changed the procedures in 2011 for addressing areas of non-compliance with the articles of the regulations, rules, and codes of practice. Notification of the new procedures were issued to all registered proprietors and clinical directors on 26th May 2011.

The new procedures involved two processes:

1. Where the Report of the Inspector of Mental Health Services provided to the Commission showed that an approved centre was *Not Compliant* or had achieved *Minimal Compliance* with the regulations or rules made under the 2001 Act, a request for a meeting with the centre's senior management team was issued by the Commission. The purpose of the meeting was for the centre's senior management team to present a Statutory Compliance Report (SCR) to the Chief Executive and Director Standards and Quality Assurance on how full compliance would be achieved with the areas of non-compliance identified in the Inspector's Report. The SCR was also required to set out the timeframes for completion and the person responsible for achieving compliance.
2. Where the Report of the Inspector of Mental Health Services showed that an approved centre had achieved Substantial Compliance with the regulations or rules made under the 2001 Act, or identified areas of non-compliance with the codes of practice, the approved centre's senior management team was requested by the Commission to submit their SCR in writing to Director Standards and Quality Assurance.

The Standards & Quality Assurance Division received Inspector's Reports for 63 approved centres.

Of these, three approved centres achieved full compliance with all applicable articles of the regulations, rules, and codes of practice. The three centres were:

- a) St. Patrick's University Hospital,
- b) St. Edmundsbury Hospital, and
- c) Willow Grove Adolescent Unit, St. Patrick's University Hospital.

Two approved centres (St Dymphna's Hospital and Acute Psychiatric Unit, Carnamuggagh) were inspected before they ceased operating as centres.

Of the remaining 58, meetings under the new procedures outlined above were requested with the senior management teams of 23 approved centres to discuss their Statutory Compliance Reports, and the management team of 35 approved centres were requested to submit their Statutory Compliance Reports in writing.

CONDITIONS ATTACHED TO THE REGISTRATION OF APPROVED CENTRES

Under the provisions of Section 64(6) of the Mental Health Act 2001, the Commission may attach conditions to the registration of approved centres in relation to the carrying on of the centre concerned, and other such matters as the Commission considers appropriate. Sections 64(11) and 64(12) of the 2001 Act set out the process for attaching conditions.

In the first instance, the Commission notifies the registered proprietor in writing of its proposal to attach a condition, and the reason(s) for the proposal. The registered proprietor may make representations to the Commission within 21 days of receipt of the proposal and the Commission must take these representations into consideration before making a decision.

After the representations, if any, have been considered, notification of the decision is issued in writing. Under Section 65, the registered proprietor may also appeal the decision to the District Court within 21 days of receiving notification of said decision.

In 2011, the Commission attached conditions to the registration of 7 approved centres, as follows:

Approved Centre	Summary of Conditions Attached
St. Brendan's Hospital, Rathdown Road, Dublin 7.	<ol style="list-style-type: none"> 1. Admissions to Units 3A and 3B are only allowed for the purposes of rehabilitation/respice. 2. Admission to Units O and 8A are only allowed for the purposes of patient transfers under Sections 20 and 21 of the 2001 Act. <p>Both conditions were attached with effect from 1st March 2011.</p>
St. Finan's Hospital, Killarney, Co. Kerry	<ol style="list-style-type: none"> 1. The registered proprietor must submit a detailed closure plan for the centre to the Commission by no later than 31st May 2011. 2. Direct admissions to St Finan's Hospital must cease by 12th December 2011. 3. St. Martin's Ward of St. Finan's Hospital must permanently close by 31st January 2012. 4. The transfer of residents from Acute Mental Health Admission Unit, Kerry General Hospital to St. Finan's Hospital must cease by 31st January 2012. <p>Condition 1 was attached on 1st March 2011.</p> <p>Conditions 2, 3, and 4 were attached on 12th December 2011.</p>
St. Ita's Hospital, Portrane, Donabate, Co. Dublin.	<ol style="list-style-type: none"> 1. The admission of children is prohibited. 2. Unit 1 – Male and Unit 1 – Female must permanently close by 31st March 2011. 3. Unit 8 must permanently close by 31st March 2011. 4. Acute Unit Male and Acute Unit Female must permanently close by 18th September 2011. 5. The skill mix and complement of staff must be appropriate to the size and layout of the centre and the needs of the residents. 6. Refurbishment works on Willowbrook Unit must be completed by 30th June 2012. 7. Willowbrook Unit of St Ita's Hospital must permanently close by 31st December 2013. 8. The centre must submit quarterly updates on the full decommissioning of rehabilitation services in St Ita's Hospital. <p>Conditions 1 to 5 were attached with effect from 1st March 2011.</p> <p>Conditions 6, 7, and 8 were attached on 12th December 2011.</p>

Approved Centre	Summary of Conditions Attached
St. Loman's Hospital, Mullingar, Co. Westmeath.	<ol style="list-style-type: none"> 1. The refurbishment of toilet and bathing facilities of St. Brigid's Ward, St. Marie Goretti's Ward, and St. Edna's Ward must be completed by 31st May 2011. 2. St. Brigid's Ward and St. Marie Goretti's Ward of St. Loman's Hospital must permanently close by 31st March 2012. 3. St. Edna's Ward of St. Loman's Hospital must permanently close by 30th November 2012. <p>Conditions 1 and 2 were attached with effect from 1st March 2011. Condition 3 was attached with effect from 6th October 2011.</p>
St. Luke's Hospital, Clonmel, Co. Tipperary.	<ol style="list-style-type: none"> 1. The admission of residents to alleviate bed shortages in other centres is prohibited. 2. Occupational therapy must be provided to residents of St Paul's Ward of St Luke's Hospital. 3. Evidence of full compliance with Article 22 (Premises) is required by 31st May 2011. 4. The number of residents who can be accommodated must be reduced by 40 by 31st March 2012. <p>Conditions 1, 2, and 3 were attached with effect from 1st March 2011.</p> <p>Condition 4 was attached with effect from 26th August 2011.</p>
St. Michael's Hospital, South Tipperary General Hospital, Clonmel, Co. Tipperary.	<ol style="list-style-type: none"> 1. The transfer of residents to other approved centres to alleviate bed shortages is prohibited. 2. Seclusion rooms must not be used as bedrooms. 3. Evidence of full compliance with Article 22 (Premises) is required by 31st May 2011. 4. The number of residents who can be accommodated must be reduced by 20 by 31st October 2011. <p>Conditions 1, 2, and 3 were attached with effect from 1st March 2011.</p> <p>Condition 4 was attached on 26th August 2011.</p>
St. Senan's Hospital	<ol style="list-style-type: none"> 1. St. Clare's ward and St. Anne's Ward of St. Senan's Hospital must close by 31st May 2011. 2. The admission of children is prohibited. <p>Both conditions were attached with effect from 1st March 2011.</p>

Sections 64 (11) also makes provision for the revocation of conditions attached to an approved centre's registration. In 2011, the Commission revoked conditions attached to the registration of 8 centres, as follows:

Approved Centre	Summary of Conditions Revoked
<p>Child & Adolescent Mental Health In-patient Unit, Merlin Park University Hospital, Galway.</p>	<ul style="list-style-type: none"> ▶ The maximum number of residents who can be accommodated is 12 in the adolescent unit and 3 in the child unit. <p>This condition was revoked on 12th December 2011 following receipt of confirmation from the registered proprietor that sufficient staffing was in place to allow the remaining beds in the centre to be used as required.</p>
<p>St. Finan's Hospital, Killarney, Co. Kerry.</p>	<ul style="list-style-type: none"> ▶ The registered proprietor must submit a detailed closure plan for the centre to the Commission by no later than 31st May 2011. <p>This condition was revoked following receipt of a closure plan on 27th May 2001.</p>
<p>St. Ita's Hospital, Portrane, Donabate, Co. Dublin.</p>	<ul style="list-style-type: none"> ▶ The admission of children is prohibited. ▶ Acute Unit Male and Acute Unit Female must permanently close by 18th September 2011 ▶ Unit 1 – Male and Unit 1 – Female must permanently close by 31st March 2011. ▶ Unit 8 must permanently close by 31st March 2011. <p>These conditions were revoked on 6th October 2011 following receipt of confirmation from the registered proprietor that the units in question had closed as required and that the centre no longer offered an acute admission service.</p>
<p>St. Luke's Hospital, Clonmel, Co. Tipperary.</p>	<ul style="list-style-type: none"> ▶ Evidence of full compliance with Article 22 (Premises) is required by 31st May 2011. <p>This condition was revoked on 26th August 2011 following receipt of correspondence from the registered proprietor setting out the works completed and to be completed.</p>
<p>St. Michael's Hospital, South Tipperary General Hospital, Clonmel, Co. Tipperary.</p>	<ul style="list-style-type: none"> ▶ Evidence of full compliance with Article 22 (Premises) is required by 31st May 2011. <p>This condition was revoked on 26th August 2011 following receipt of correspondence from the registered proprietor setting out the works completed and to be completed.</p> <ul style="list-style-type: none"> ▶ The number of residents who can be accommodated must be reduced by 20 by 31st October 2012. <p>This condition was revoked on 30th November 2011 following receipt of confirmation from the registered proprietor that the number of residents who can be accommodated was reduced by 20. The Register of Approved Centres was also amended.</p>

Approved Centre	Summary of Conditions Revoked
St. Senan's Hospital	<ul style="list-style-type: none"> ▶ St. Clare's ward and St. Anne's Ward of St. Senan's Hospital must close by 31st May 2011. ▶ The admission of children is prohibited. <p>These conditions were revoked on 14th September 2011 following receipt of confirmation from the registered proprietor that St. Clare's Ward and St. Anne's Ward were closed and that St. Senan's Hospital no longer offered an acute admission service.</p>
Lois Bridges, Sutton, Dublin 13.	<ul style="list-style-type: none"> ▶ The maximum number of residents who can be accommodated is 6. ▶ Works, as notified to the Commission on 22nd December 2009, are carried out prior to the opening of the centre. <p>These conditions were revoked on 14th September 2011 following receipt of the Report of the Inspector of Mental Health Services which stated that the centre was in compliance with both conditions.</p>
St. Aloysius Ward, Mater Misericordiae University Hospital, Dublin 7.	<ul style="list-style-type: none"> ▶ Full compliance with the Rules Governing the Use of Mechanical Means of Bodily Restraint is required. <p>This condition was revoked on 30th November 2011 following receipt of correspondence from the Inspectorate of Mental Health Services stating the centre was in compliance with the condition.</p>

NATIONAL LEVELS OF COMPLIANCE WITH THE MENTAL HEALTH ACT 2001 (APPROVED CENTRES) REGULATIONS 2006

The Mental Health Act 2001 (Approved Centres) Regulations 2006 came into effect on 1 November 2006. Compliance with the regulations is linked with registration as an approved centre. Therefore approved centres are legally required to comply with the regulations.

In accordance with the 2001 Act, the Inspector of Mental Health Services reports on compliance with the articles of the regulations.

In 2011, the Inspectorate focused on assessing compliance with specific articles that approved centres were non-compliant in 2010. In addition, the Inspectorate re-inspected compliance against 9 articles as follows: 15 (Individual Care Plan); 16 (Therapeutic Services and Programmes); 17 (Children's

Education); 18 (Transfer of Residents); 19 (General Health); 20 (Provision of Information to Residents); 21 (Privacy); 22 (Premises); and 26 (Staffing).

Figures 9(a)-(c) inclusive provides a comparison of compliance with the aforementioned articles of the regulations in 2010 and 2011. Comparative analysis with the remaining 22 articles of the regulations is not available.

Figures 9(a)-(c) include a comparison of compliance in 2007 which was the first year approved centres were inspected against the regulations¹³.

¹³ In 2007, the Inspector reported compliance as follows: Yes or No. In 2010, the Inspector's reported compliance as follows: Fully Compliant, Substantially Compliant, Compliance Initiated, and Not Compliant. In 2011, the Inspector report compliance as follows: Fully Compliant, Substantially Compliant, Minimal Compliance, and Not Compliant. The Inspector inspected 61 approved centres in 2007, 67 approved centres in 2010, and 63 approved centres in 2011.

Figure 9(a) – Comparison of the National Levels of Full Compliance with Articles 15 to 17¹⁴ of the Regulations for 2007, 2010, and 2011

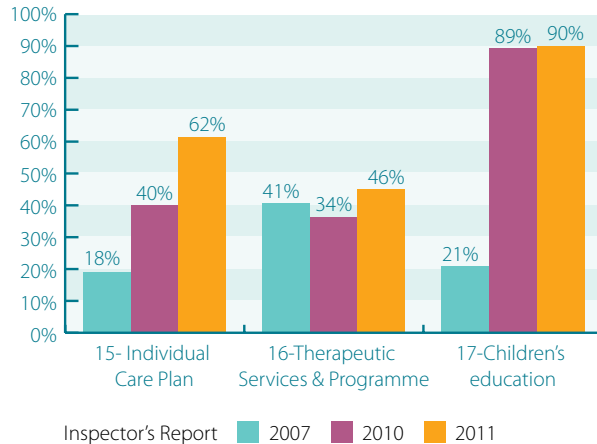


Figure 9(c) – Comparison of the National Levels of Full Compliance with Articles 21, 22, and 26 of the Regulations for 2007, 2010, and 2011

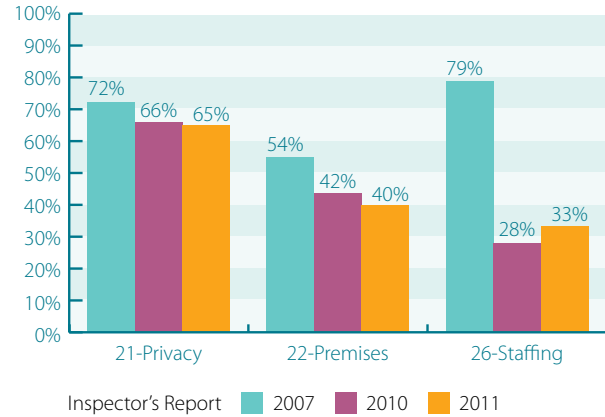
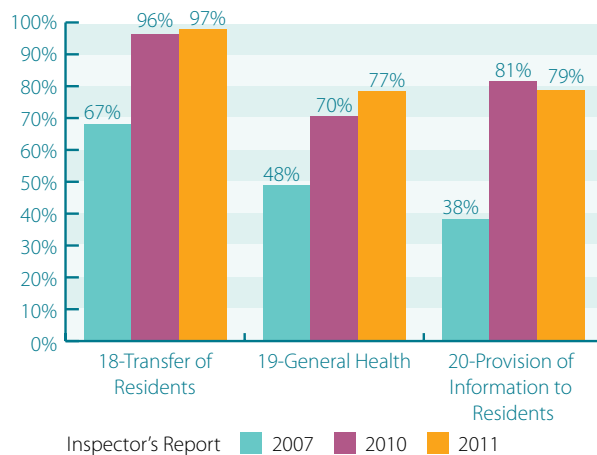


Figure 9(b) – Comparison of the National Levels of Full Compliance with Articles 18 to 20 of the Regulations for 2007, 2010, and 2011



NATIONAL LEVELS OF COMPLIANCE WITH RULES AND CODES OF PRACTICE

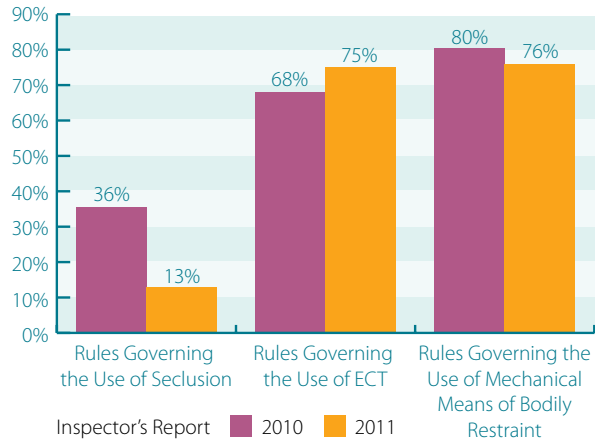
Pursuant to Sections 59(2), 69(2) and 33(3)(e) of the Mental Health Act 2001, the Commission has published a number of rules and codes of practice, as follows:

- ▶ Version 2 of the *Rules Governing the Use of Electro-Convulsive Therapy* came into effect on 1st January 2010.
- ▶ Version 2 of the *Rules on the Use of Seclusion and Mechanical Means of Bodily Restraint* came into effect on 1st January 2010 and were amended on 1st March 2011 by way of an addendum.
- ▶ The *Code of Practice Relating to the Admission of Children Under the Mental Health Act 2001* came into effect on 1st November 2006 and was amended on 1st July 2009 by way of an addendum.
- ▶ The *Code of Practice for Mental Health Services on Notification of Deaths & Incident Reporting* came into effect on 1st November 2008.

¹⁴ The levels of full compliance with Article 17 are based on 34 approved centres in 2007, 35 approved centres in 2010, and 29 approved centres in 2011.

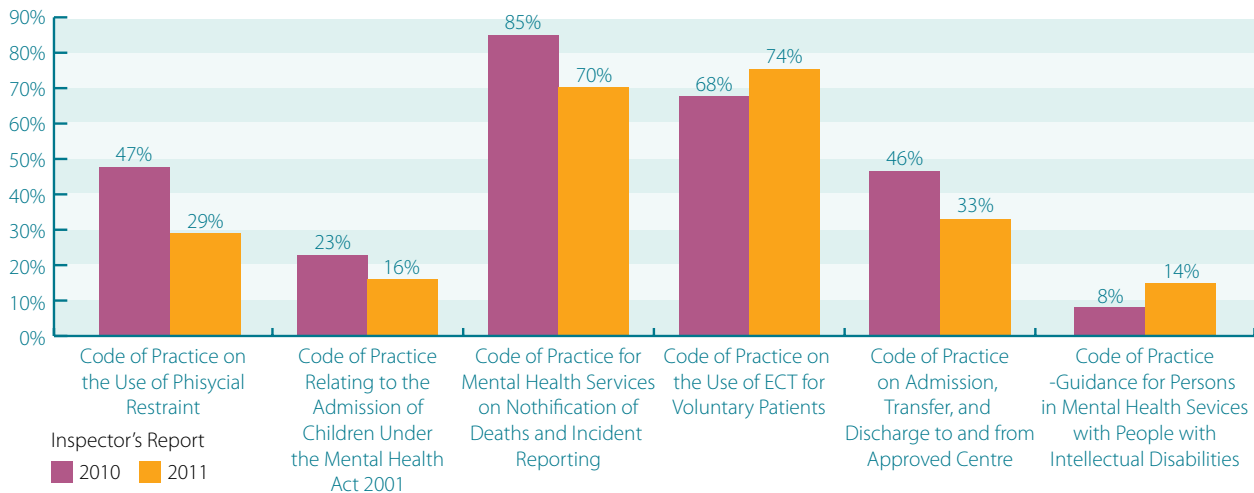
- ▶ The *Code of Practice on Admission, Transfer & Discharge* to and from an Approved Centre came into effect on 1st January 2010.
- ▶ The *Code of Practice – Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities* came into effect on 1st January 2010.
- ▶ Version 2 of the *Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients* came into effect on 1st January 2010. Version 2 of the *Code of Practice on the Use of Physical Restraint in Approved Centres* came into effect on 1st January 2010.

Figure 10(a) – Comparison of the National Levels of Full Compliance with the Rules^{15 16 17} for 2010 and 2011



Figures 10(a) & (b) provide a comparison of compliance with the aforementioned rules and codes of practices in 2010 and 2011.

Figure 10(b) – Comparison of the National Levels of Full Compliance with the Codes of Practice^{18 19 20 21} for 2010 and 2011



¹⁵ The levels of full compliance with the Rules Governing the Use of Seclusion are based on 28 approved centres in 2010 and 30 approved centres in 2011.

¹⁶ The levels of full compliance with the Rules Governing the Use of Electro-Convulsive Therapy are based on 19 approved centres in 2010 and 16 approved centres in 2011.

¹⁷ The levels of full compliance with the Rules Governing the Use of Mechanical Means of Bodily Restraint are based on 20 approved centres in 2010 and 21 approved centres in 2011.

¹⁸ The levels of full compliance with the Code of Practice on the Use of Physical Restraint are based on 47 approved centres in 2010 and 52 approved centres in 2011.

¹⁹ The levels of full compliance with the Code of Practice Relating to the Admission of Children Under the Mental Health Act 2001 are based on 35 approved centres in 2010 and 31 approved centres in 2011.

²⁰ The levels of full compliance with the Code of Practice on the Use of Electro-Convulsive Therapy are based on 22 approved centres in 2010 and 19 approved centres in 2011.

²¹ The levels of full compliance with the Code of Practice – Guidance for Persons Working in Mental Health Services with People With Intellectual Disabilities are based on 59 approved centres in 2010 and 58 approved centres in 2011.

SUPPORT & PROMOTION OF MENTAL HEALTH SERVICES RESEARCH

Since its establishment, the Mental Health Commission has been active in promoting the importance of mental health services research and its critical link to the development of high quality mental health services.

The Commission's first Research Strategy was published in 2005 and identified a four step action plan which needed to be addressed in order for mental health services research in Ireland to progress in the future. The four key areas for action identified were:

- ▶ Build capacity for mental health research
- ▶ Establishment of systems for recording and disseminating knowledge on best practice in mental health services.
- ▶ Create links in mental health research
- ▶ Setting the mental health research agenda

Research Projects Funded

In 2011 the Commission continued with its commitment to the mental health services research agenda. In a challenging fiscal environment, funding was provided for a number of research initiatives. One project which maintained funding under the Commission's earlier Research Scholarship Scheme, is a three year project being undertaken by Mr. Niall Turner. The project is entitled:

A clinical trial of supported employment (SE) and the Workplace Fundamentals Module (WFM) with people diagnosed with schizophrenia spectrum disorders

The Academic Host Institution for the above project is University College, Dublin.

Early 2011 also marked the commencement of a project funded under the Commission's Research Programme Grant Scheme. Professor Colm McDonald is the Lead Applicant for this project with University College Galway being the Host Institution. Professor McDonald's project is entitled:

A prospective evaluation of the operation and effects of the Mental Health Act 2001 from the viewpoints of service users and health Professionals

2011 represented the first year of this four year project.

Work also progressed in 2011 pertaining to a collaboration between the Mental Health Commission and the Royal College of Surgeons in Ireland in the establishment of a joint PhD Research Programme. Two Clinical Research Scientists were appointed Dr. Selena Pillay and Mr. Stephen Shannon to carry out the research for this programme. The research areas being addressed are:

The use of ECT and Seclusion in Clinical Mental Health Practice in Ireland

Work on the above project began in late 2011.

The Commission also made a part-funding contribution to two smaller projects in 2011. One study was undertaken by Dr. Brian O'Donoghue, Cluain Mhuire Services for his project to elicit service users' views on their admission to hospital. The second was a contribution towards a PhD research project being undertaken by Ms. Fiona Morrissey, NUIG, focused on the introduction of a Legal Framework for Advance Mental Health Directives in Ireland.

Research Projects Completed

Three studies issued their final reports to the Commission in 2011. Each of these studies had been funded under the Commission's Research Scholarship Programme which is now completed. They were as follows:

Dr. Siobhán Ní Bhráin (Academic Host Institution: Trinity College): *Measurement of needs in the HSE-SWA: A Measure of Needs and Correlation with Intervention in Home and Community-based Services in General Adult Psychiatry and Psychiatry of Later Life*

Professor Stiofán de Burca (Academic Host Institution: University of Limerick): *Adult Community Mental Health Teams: Determinants of Effectiveness*

Dr. Ena Lavelle (Academic Host Institution: Royal College of Surgeons in Ireland): *Rehabilitation and Recovery Services in Ireland: a multicentre study to investigate current service provision, characteristics of service users and 18 month outcomes for those with and without access to these services*

The reports of these projects can be accessed on the Commission's website at www.mhcirl.ie

Research Committee

Since its establishment in March 2005 the Research Committee's work has been focused on three key areas (i) making recommendations on the research to be commissioned or carried out by the Mental Health Commission (ii) reviewing research projects commissioned or carried out by the Mental Health Commission and (iii) considering any other matters that may be referred to the Research Committee from time to time by the Commission.

The Commission's research committee held one meeting in September 2011.

STRATEGIC PRIORITY FOUR 2009-2012

Wider Mental Health Domain

- The work of relevant state agencies and other organisations within the wider mental health domain is informed by the Commission's strategy and national government policy on mental health, *A Vision for Change*.

A VISION FOR CHANGE

2011 signified a six year milestone in the ten year implementation timeframe for '*A Vision for Change*', Ireland's national mental health policy. Although some progress was made in 2011, in particular, Government commitment of €35m for the development of community mental health services and a commitment to construct a new Central Mental Hospital and associated regional Intensive Care Rehabilitation Units, implementation remained slow.

During 2011 the Commission continued to use its statutory powers to support and facilitate progress with implementation. The Commission's actions have prompted the closure of several approved centres and resulted in conditions being attached to the registration of others under the provisions of Section 64, Mental Health Act 2001. This has been the outcome of the evidence provided in the reports by the Inspector of Mental Health Services highlighting the outdated environment of many of our mental health facilities. The Commission is committed in its work to the ethos enshrined in '*A Vision for Change*' i.e. the re-orientation of the delivery of mental health services from an institutional model of care to specialist community care and treatment based on the

biological, psychological and social factors that may contribute to a person's mental illness. In its submission to the Department of Health on the Review of the Mental Health Act 2001 (December 2011), the Commission proposed that the review provides an opportunity to consider underpinning our mental health policy in the provisions of revised mental health legislation.

The Commission continued in 2011 to highlight the urgent need for a National Mental Health Services Directorate to be established and welcomed the commitment of the Minister of State, Ms. Kathleen Lynch in 2011 to address this fundamental recommendation of '*A Vision for Change*'.

In April 2011 the Chair and Chief Executive of the Commission were invited to meet with Members of the Independent Monitoring Group for '*A Vision for Change*' which was a welcome opportunity to facilitate discussion and information sharing.

TRAINING PROGRAMMES FOR RELEVANT STAKEHOLDERS

The Commission engaged with relevant stakeholders during 2011 to identify training needs and deliver training programmes on topics such as

individual care planning, team working, key working and clinical audit.

The Mental Health Commission was invited by the College of Psychiatry of Ireland, faculties of Rehabilitation Psychiatry and Forensic Psychiatry, to participate in a workshop on care planning on 8th April 2011. The workshop was well attended and positive feedback received.

CROSS ORGANISATIONAL COLLABORATIVE WORKING

The Executive of the Commission were involved in several collaborative projects with other organisations and stakeholders in 2011 and participated on associated working groups. These included the following:

- ▶ Ombudsman 'healthcomplaints' initiative www.healthcomplaints.ie
- ▶ Health Information and Quality Authority (HIQA) National Standards for Child Protection and Welfare
- ▶ Mental Health Commission Child Admissions 'Exceptional Circumstances' Group
- ▶ HSE Integrated Discharge Planning Group

THE LINK BETWEEN ECONOMIC ADVERSITY AND MENTAL HEALTH

In September 2011 the Commission published its report 'The Human Cost' (MHC 2011), this report provided an overview of the evidence on economic adversity and mental health and included a number of recommendations for action by key stakeholders. The report was developed by the Commission's Mental Health Services Committee

who were concerned about an increase in the number of people experiencing mental health difficulties in a time of recession.

To assist in informing and developing the paper a workshop was held in February 2011 and was attended by a broad range of stakeholders, whose contribution on the day was extremely valuable. During the process the Commission also consulted with the Financial Regulator's Office, Banking Federation of Ireland, NGOs, MABS, and GP representatives, amongst others.

Although a number of initiatives were already in place, the report recommended further action including:

- ▶ Training for staff in dealing with people in serious financial difficulty. Priority for training staff in financial institutions be given to staff in arrears management units.
- ▶ Greater availability to all relevant staff of basic information on mental health and its connection with debt, and on dealing with vulnerable customers.
- ▶ The improvement of communication between financial institutions and voluntary sector support services to share information.

The full report is available on the Commission's website at www.mhcirl.ie or in hard copy from the Commission directly.

STRATEGIC PRIORITY FIVE 2009-2012

Social Inclusion & Active Citizenship

- ▶ To challenge the barriers experienced by people with a mental illness to social inclusion and active citizenship.

SEE CHANGE

The Mental Health Commission continued to be a 'partner organisation' with 'See Change' in 2011. At year-end, over 50 Voluntary, State Agencies, Universities and Youth Groups made up the See Change partnership. See Change is an alliance of organisations working together through the National Stigma Reduction Partnership to bring about positive change in public attitudes and behavior towards people with mental health problems.

See Change works in lots of locations and in different ways to maximize the effectiveness of the campaign. The campaign is based on five pillars; community and grassroots; in the workplace; partner activity; and public engagement.

The original aims and objectives of the See Change programme remained fundamental in 2011 and are:

1. Create an environment where people can be more open and positive in their attitudes and behaviour towards mental health.
2. Promote greater understanding and acceptance of people with mental health problems.

3. Create greater understanding and knowledge of mental health problems and of health services that provide support for mental health problems.
4. Reduce stigma associated with mental health problems and challenge discrimination.

Further information on the work of the 'See Change' campaign can be accessed at www.seechange.ie

MEDICATION SAFETY FORUM

The Mental Health Commission continues to be one of the stakeholders of the Medication Safety Forum established in 2008. The main aim of the Forum is to develop initiatives that will improve the safety of medication prescribing, dispensing and administration and improve the safe use of medicines in all hospital, community and home settings. To progress one of the Forums objective "*Safe use of Medicines – Initiatives addressing the safe use of medicines in high risk population*," the recommendations of the Medication Report published by the Inspector of Mental Health Services in 2010 was utilised. The

following recommendations were made by the Inspectorate in the report:

- ▶ The card index system of prescribing should be discontinued.
- ▶ Each approved centre should conduct regular audits of medication prescribing.
- ▶ Medical Council Registration Numbers should be used when signing prescriptions.
- ▶ PRN medication should be regularly reviewed.
- ▶ Indications for PRN medications should be documented.
- ▶ Training and education in safe prescribing should take place.

MEDICATION MANAGEMENT LEADERSHIP AND GOVERNANCE IN MENTAL HEALTH SERVICES CONSULTATION WORKSHOP

The State Claims Agency, HSE, Quality and Patient Safety Directorate (Medication Safety) and the Mental Health Commission hosted a consultation workshop on *'Medication Management: Leadership & Governance in Mental Health Services'* in Farmleigh House on the 5th October 2011. The aim of the workshop was to focus on medication management issues in mental health and work in collaboration to progress the recommendations of the Inspector of Mental Health Services, by initiating the standardisation of the medication prescription and administration record used in

mental health services and to promote governance and leadership requirements for medication management.

There were a total of 73 attendees at the event, which was evaluated very positively. The response rate to the evaluations was 73% (n=56). The event was found to be very relevant to extremely relevant by 93% of respondents. The top three learning points identified were as follows: "standardisation/national approach needed" (27%), need for audits" (25%) and "incorporating Pharmacists into the Multi-disciplinary team" (17%).

WORLD MENTAL HEALTH DAY 2011

World Mental Health Day takes place each year on October 10th. It is an international initiative which raises public awareness about mental health issues. The day aims to encourage open discussion on mental health, investment, prevention, promotion and care and treatment services. The theme for 2011 was 'The Great Push: Investing in Mental Health'. World Mental Health Day 2011 marked a time of unprecedented economic challenges on a global, country and individual level. Through a media initiative the Commission took the opportunity to highlight that the economic downturn had a double negative effect on mental wellbeing within society. Economic difficulty puts strain on individuals and may add to mental health problems. In addition, a difficult economic environment may lead Governments to postpone necessary investment in mental services. The Commission identified four steps that individuals could take to invest in their mental health and four steps that Government and healthcare providers could take towards this important investment as follows:

Four Steps for Individuals to take to Invest in Mental Health	Four steps Government and Healthcare providers to take to invest in Mental Health
<ul style="list-style-type: none"> ▶ Identify and try to remove causes of stress in your life ▶ Educate yourself about mental health issues and talk to you GP if you have concerns ▶ Maintain good nutrition and exercise ▶ Discuss feelings of stress and anxiety with people close to you. 	<ul style="list-style-type: none"> ▶ Ringfence funding for community care and treatment services, thus facilitating a reduction in in-patient care. ▶ Provide individual care and treatment plans for all patients ▶ Ensure a recovery-oriented approach to service delivery ▶ Promote and encourage steps to end stigma

In addition to the above a number of radio interviews took place to highlight the theme and a Facebook page to mark the day attracted over 270 visits.

STRATEGIC PRIORITY SIX 2009-2012

Efficiency of the MHC as an Organisation

- To maintain and enhance the Mental Health Commission's systems and processes to ensure the provision of a quality service by the Mental Health Commission.
- To continue to promote a culture within the organisation which reflects deep commitment to the Commission's stated values.
- To ensure that the Mental Health Commission is staffed by well trained, competent and committed people.
- To foster widespread understanding of the role and functions of the Mental Health Commission.

EXPENDITURE

The non-capital allocation to the Mental Health Commission for 2011 was €15 million which included €0.25 million in relation to the provision of accounting services to Office of the Disability Appeals Officer (ODOA). This figure was revised following discussion with the Department of Health during the year as projected levels of expenditure did not materialise due to cost efficiencies that were introduced and some delays in commencing projects as a result of reduced staff levels in a number of key areas. The provisional outturn for 2011 in the Mental Health Commission is €13.6 million.

Key areas of expenditure included Mental Health Tribunal activities, salaries, research, legal fees, office rental, ICT technical support and development. Third party support contracts continue to be managed to ensure value for money and service delivery targets were met.

The accounts for 2011 will be submitted to the Comptroller and Auditor General (C&AG) for

audit as per Section 47 of the Mental Health Act 2001. The annual audited financial statements of the Mental Health Commission will be made available on the Commission's website at www.mhcirl.ie upon receipt from the C&AG.

AUDIT COMMITTEE

The Mental Health Audit Committee met on four occasions in 2011 to conduct its business. Issues addressed by the Audit Committee include Governance Financial Statements for 2010, Budget 2011, Accounts Procedures, Report from Service, Training for Audit Committee, Risk Register, Rolling Budget Reports 2011, Mental Health Commission's Code of Business Conduct for Staff, Fraud Policy Overview, Review of Internal Financial Controls and the Audit Committee Quarterly Reports. The Chair of the Mental Health Commission met with the Chair of the Audit Committee on one occasion in 2011 in line with the Code of Practice for the Governance of State Bodies.

FREEDOM OF INFORMATION

During 2011 the Mental Health Commission received twenty three requests under the Freedom of Information Acts (1997 and 2003). Of these nineteen were granted, and one request was withdrawn, two were refused (one of these because the Mental Health Commission had no information on the matter) and one application remains open.

PARLIAMENTARY QUESTIONS

During 2011 the Commission responded to all Parliamentary Questions relevant to the organisation within the timeframes specified for reply. The Parliamentary Questions and replies were presented to the Members of the Commission at Commission meetings during 2011.

DATA PROTECTION

Two requests for information were received in 2011 under the Data Protection Act. One request was granted and one request was refused (no information available on the matter in the Mental Health Commission).

INFORMATION COMMUNICATION TECHNOLOGY

During 2011 the Mental Health Commission continued to enhance its existing ICT systems in order to improve the quality of data and increase efficiency in the area of Mental Health Tribunal scheduling and payments management

A project to replace out of warranty hardware for critical systems in the Mental Health Commission

was completed in 2011. Records management policy and procedures were further enhanced by the implementation of Sharepoint for the whole organisation.

ICT Security policies and procedures were revisited and rewritten to ensure applicability with new developments in technology and to ensure compliance with legislation or changes in legislation.

Disaster recovery plans were updated and tests successfully carried out to ensure the Mental Health Commission can fulfil its statutory mandate that in the event of an untoward incident rendering our systems in St. Martin's House inoperable.

Progress was made on the rollout of the Secure Messaging Centre to more Approved Centres in 2011.

SERVICE DEVELOPMENT

The Mental Health Tribunals Division made a number of enhancements to its IT systems in 2011 that improve efficiency and reduce costs in line with Government policy.

HEALTH & SAFETY

The Mental Health Commission has reviewed and updated its Health and Safety statement. The annual health and safety Inspection was carried by the Safety Representative and all recommendations made were completed in 2011.

STAFF DEVELOPMENT & TRAINING

In line with its strategic plan the Commission continue to support staff and ensure maximum

staff engagement; by maintaining a program of staff training and development in order to encourage learning and professional development for all staff.

The Commission utilized the Performance Management Development System (PMDS) in 2011 to highlight areas of good work practice. The PMDS was also used to identify personal development and training plans for staff. In 2011, 17.5% of the Commission staff received Study Assistance and/or personal development training.

SUPPORTS FOR STAFF WITH DISABILITIES

The Commission provides a positive working environment and, in line with equality legislation, promotes equality of opportunity for all staff. Staff census update forms were made available to all staff, to update the record on the number of staff with disabilities.

The census results were included in a report published by the National Disability Authority (NDA).

When necessary the Commission has provided specialist equipment and /or measures to staff that require same to assist in their work. It is the policy of the Mental Health Commission to ensure that relevant accessibility requirements for people with disabilities are included in all stages of tendering processes the Commission enters into.

In line with the Disability Act 2005, the Commission has in place an Access Officer. The Access Officer is responsible, where appropriate, for providing or arranging for and co-ordinating assistance and guidance to persons with disabilities accessing the services provided by the Commission.

ADDITIONAL INFORMATION

CONTACTING THE MENTAL HEALTH COMMISSION

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APPENDIX

Appendix 1 – Register of Approved Centres as at 31st December 2011

The table below reproduces the information that was entered in the Register of Approved Centres as at 31st December 2011. Section 64(2)(a) of the Mental Health Act 2001 sets out the information that shall be entered in the Register as follows:

64 (2) (a) *There shall be entered in the Register in respect of each centre registered therein the name of the person by whom it is carried on, the address of the premises in which it is carried on, a statement of the number of patients who can be accommodated in the centre, the date on which the registration is to take effect (referred to subsequently in this section as “the date of registration”) and such other (if any) particulars as may be prescribed*

Patient in this instance refers to a person to whom an admission or renewal order relates, i.e. a person who is involuntarily admitted pursuant to Section 14 of the 2001 Act. This does not include a person under the age of 18, unless that person is, or has been, married.

Approved Centre	Registered Proprietor	Approved Centre Address	Number of patients who can be accommodated	Date of Registration
Acute Mental Health Admission Unit, Kerry General Hospital	Health Service Executive	Rathass, Tralee, Co. Kerry.	44	1st March 2011
Acute Psychiatric Unit 5B, Midwestern Regional Hospital	Health Service Executive	Dooradoyle, Limerick.	50	1st March 2011
Acute Psychiatric Unit, AMNCH (Tallaght) Hospital	Health Service Executive	Tallaght, Dublin 24.	52	1st March 2011
Acute Psychiatric Unit, Cavan General Hospital	Health Service Executive	Cavan, Co. Cavan.	25	1st March 2011
Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis	Health Service Executive	Ennis, Co. Clare.	39	1st March 2011
Adolescent In-patient Unit, St Vincent's Hospital	Mr Edward Byrne	Richmond Road, Fairview, Dublin 3.	0	29th January 2009
Adult Mental Health Unit, Mayo General Hospital	Health Service Executive	Castlebar, Co. Mayo.	32	1st March 2011
An Coillín	Health Service Executive	Westport Rd, Castlebar, Co. Mayo.	29	17th May 2010
Blackwater House, St Davnet's Hospital	Health Service Executive	Armagh Road, Monaghan, Co. Monaghan.	22	1st March 2011
Bloomfield Care Centre - Donnybrook, Kylemore, Owendoher & Swanbrook Wings	Bloomfield Care Centre Ltd	Stocking Lane, Rathfarnham, Dublin 16.	15	17th May 2010

Approved Centre	Registered Proprietor	Approved Centre Address	Number of patients who can be accommodated	Date of Registration
Cappahard Lodge	Health Service Executive	Tulla Road, Ennis, Co Clare.	35	1st October 2011
Carraig Mór Centre	Health Service Executive	Shanakiel, Cork.	39	1st March 2011
Central Mental Hospital	Health Service Executive	Dundrum, Dublin 14.	94	1st March 2011
Centre for Mental Health Care & Recovery, Bantry General Hospital	Health Service Executive	Bantry, Co. Cork.	18	1st March 2011
Child & Adolescent Mental Health In-patient Unit, Merlin Park University Hospital	Health Service Executive	Merlin Park, Galway.	0	9th December 2010
Department of Psychiatry, Connolly Hospital	Health Service Executive	Blanchardstown, Dublin 15.	49	7th December 2009
Department of Psychiatry, County Hospital, Roscommon	Health Service Executive	Co Roscommon.	22	1st March 2011
Department of Psychiatry, Letterkenny General Hospital	Health Service Executive	Circular Road, Letterkenny, Co Donegal.	34	14th September 2011
Department of Psychiatry, Midland Regional Hospital, Portlaoise	Health Service Executive	Portlaoise, Co. Laois.	49	1st March 2011
Department of Psychiatry, Our Lady's Hospital, Navan	Health Service Executive	Navan, Co. Meath.	25	1st March 2011
Department of Psychiatry, St Luke's Hospital, Kilkenny	Health Service Executive	Freshford Road, Kilkenny.	44	1st March 2011
Department of Psychiatry, University Hospital Galway	Health Service Executive	Newcastle Road, Galway.	43	1st March 2011
Department of Psychiatry, Waterford Regional Hospital	Health Service Executive	Dunmore Road, Waterford.	44	1st March 2011
Eist Linn Child & Adolescent In-patient Unit	Health Service Executive	Bessborough, Blackrock, Cork.	0	22nd December 2010
Elm Mount Unit, St Vincent's University Hospital	Health Service Executive	Elm Park, Dublin 4.	39	1st March 2011
Hampstead Private Hospital	Dr Denis Eustace	Hampstead, Glasnevin, Dublin 9.	45	25th May 2010
Hawthorn Unit, Connolly Hospital	Health Service Executive	Blanchardstown, Dublin 15.	6	13th September 2011
Highfield Private Hospital	Dr Denis Eustace	Swords Road, Whitehall, Dublin 9.	48	25th May 2010
Jonathan Swift Clinic	Health Service Executive	St James's Hospital, James's Street, Dublin 8.	51	1st March 2011

Approved Centre	Registered Proprietor	Approved Centre Address	Number of patients who can be accommodated	Date of Registration
Joyce Rooms, Fairview Community Unit	Health Service Executive	Griffith Court, Philipsburgh Avenue, Dublin 3.	24	13th September 2011
Lakeview Unit, Naas General Hospital	Health Service Executive	Naas, Co. Kildare.	29	1st March 2011
Lois Bridges	Ms Melanie Wright	3 Greenfield Road, Sutton, Dublin 13.	6	19th January 2010
Newcastle Hospital	Health Service Executive	Greystones, Co. Wicklow.	55	1st March 2011
O'Casey Rooms, Fairview Community Unit	Health Service Executive	Griffith Court, Philipsburgh Avenue, Dublin 3.	25	8th March 2011
Sligo/Leitrim Mental Health In-patient Unit	Health Service Executive	Sligo/Leitrim Mental Health Services, Clarion Road, Ballytivnan, Sligo.	52	1st March 2011
South Lee Mental Health Unit, Cork University Hospital	Health Service Executive	Wilton, Cork.	46	1st March 2011
St Aloysius Ward, Mater Misericordiae University Hospital	Mr Brian Conlan	Eccles Street, Dublin 7.	15	17th May 2010
St Anne's Unit, Sacred Heart Hospital	Health Service Executive	Castlebar, Co Mayo.	12	1st October 2011
St Brendan's Hospital - Units O, 3A, 3B, & 8A	Health Service Executive	Rathdown Road, Dublin 7.	56	1st March 2011
St Brigid's Hospital, Ballinasloe - Clonfert, Our Lady's, St Dympna's & St Luke's Wards	Health Service Executive	Creagh, Ballinasloe, Co Galway.	53	1st March 2011
St Edmundsbury Hospital	Mr Paul Gilligan	Lucan, Co. Dublin.	10	25th May 2010.
St Finan's Hospital - O'Connor Unit (East & West Wings), St Martin's Ward & St Peter's Ward	Health Service Executive	Killarney, Co. Kerry.	53	1st March 2011
St Finbar's Hospital	Health Service Executive	Douglas Road, Cork.	21	17th May 2010
St Fintan's Hospital	Health Service Executive	Portlaoise, Co. Laois.	32	17th May 2010
St Gabriel's Ward, St Canice's Hospital	Health Service Executive	Dublin Road, Kilkenny.	30	1st March 2011
St Ita's Hospital - Willowbrook & Woodview Units	Health Service Executive	Portrane, Donabate, Co. Dublin	83	1st March 2011
St John of God Hospital Limited	St John of God Hospital Ltd	Stillorgan, Co. Dublin	51	17th May 2010

Approved Centre	Registered Proprietor	Approved Centre Address	Number of patients who can be accommodated	Date of Registration
St Joseph's Hospital - Aurora Unit, St Brendan's Ward, & St Mary's Ward	Health Service Executive	Mulgrave Street, Limerick.	42	1st March 2011
St Joseph's Intellectual Disability Services	Health Service Executive	St Ita's Hospital, Portrane, Donabate, Co Dublin.	159	17th May 2010
St Loman's Hospital, Mullingar - Male & Female Admission Wards, St Brigid's Ward, St Edna's Ward & St Marie Goretti's Ward	Health Service Executive	Delvin Road, Mullingar, Co. Westmeath.	104	1st March 2011
St Luke's Hospital, Clonmel - St Mary's, St Paul's Ward, & St Teresa's Wards	Health Service Executive	Western Road, Clonmel, Co. Tipperary	53	1st March 2011
St Michael's Unit, Mercy University Hospital	Health Service Executive	Grenville Place, Cork.	50	1st March 2011
St Michael's Unit, South Tipperary General Hospital	Health Service Executive	Clonmel, Co. Tipperary.	29	1st March 2011
St Otteran's Hospital	Health Service Executive	John's Hill, Waterford.	70	1st March 2011
St Patrick's University Hospital	Mr Paul Gilligan	James's Street, Dublin 8.	31	1st March 2011
St Senan's Hospital	Health Service Executive	Enniscorthy, Co. Wexford.	10	1st March 2011
St Stephen's Hospital - Units 2, 3, 4, 5, and Unit 8 (Floor 2)	Health Service Executive	Sarsfield's Court, Glanmire, Co. Cork.	26	1st March 2011
St Vincent's Hospital - St Loiuise's, St Mary's, St Teresa's, & Psychiatry of Old Age Wards	Mr Edward Byrne	Richmond Road, Fairview, Dublin 3.	63	1st March 2011
Sycamore Unit, Connolly Hospital	Health Service Executive	Blanchardstown, Dublin 15.	34	6th June 2010
Teach Aisling	Health Service Executive	Westport Road, Castlebar, Co. Mayo.	8	31st May 2010
Tearmann Ward and Curragour Ward, St Camillus' Hospital	Health Service Executive	Shelbourne Road, Limerick.	28	1st October 2011
Unit One and St Ita's Ward, St Brigid's Hospital, Ardee	Health Service Executive	Kells Road, Ardee, Co Louth.	50	1st March 2011
Warrenstown Child & Adolescent Inpatient Unit	Health Service Executive	Blanchardstown Road North, Blanchardstown, Dublin 15.	0	14th December 2009
Willow Grove Adolescent Unit, St Patrick's University Hospital	Mr Paul Gilligan	James's Street, Dublin 8.	0	30th April 2010





**Report of the Inspector of
Mental Health Services 2011**

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Hospital, Portlaoise
Elm Mount Unit, St. Vincent's University Hospital
Jonathan Swift Clinic, St. James's Hospital
Jonathan Swift Clinic, St. James's Hospital – *Night
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Lakeview Unit, Naas General Hospital
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HSE Dublin North East

Acute Psychiatric Unit, Cavan General Hospital
Blackwater House and Ward 15, St. Davnet's
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Department of Psychiatry, Our Lady's Hospital, Navan
O'Casey Wing, St. Vincent's Hospital, Fairview
St. Aloysius Ward, Mater Misericordiae University
Hospital
St. Aloysius Ward, Mater Misericordiae University
Hospital – *Re-Inspection*
St. Brendan's Hospital
St. Brendan's Hospital – *Re-Inspection*
St. Brigid's Hospital, Ardee
St. Ita's Hospital – Mental Health Services
St. Joseph's Intellectual Disability Services
St. Vincent's Hospital
Sycamore Unit, Connolly Hospital

HSE South

Acute Mental Health Admission Unit, Kerry General
Hospital
Carraig Mór Centre
Carraig Mór Centre – *Re-Inspection*

Centre for Mental Health Care and Recovery, Bantry
General Hospital
Department of Psychiatry, St. Luke's Hospital
Kilkenny
Department of Psychiatry, Waterford Regional
Hospital
South Lee Adult Mental Health Unit, Cork University
Hospital
St. Dymphna's Hospital
St. Finan's Hospital
St. Finbarr's Hospital
St. Gabriel's Ward, St. Canice's Hospital
St. Luke's Hospital, Clonmel
St. Michael's Unit, Mercy Hospital Cork
St. Michael's Unit, South Tipperary General Hospital
St. Otteran's Hospital
St. Senan's Hospital
St. Stephen's Hospital

HSE West

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Roscommon
Department of Psychiatry, University Hospital
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Lisdarn Lodge, Cavan
Lismore, Kilkenny
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Skibbereen)
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Community Mental Health Centre, Green Road,
Mullingar
Community Mental Health Centre, Bridge Street,
Portlaoise

Day Centres

Loughrea, Galway
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Day Hospitals

Alorstar, Portumna
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NATIONAL REVIEW OF MENTAL HEALTH SERVICES 2011

MENTAL HEALTH ACT, 2001, SECTION 51:

The principal functions of the Inspector shall be:

- (b) In each year, after the year in which the commencement of this section falls, to carry out a review of mental health services in the state and to furnish a report in writing to the Commission (The Mental Health Commission) on –
 - (i) the quality of care and treatment given to persons in receipt of mental health services,
 - (ii) what he or she has ascertained pursuant to any inspections carried out by him or her of approved centres or other premises where mental health services are being provided,
 - (iii) the degree and extent of compliance by approved centres with any code of practice prepared by the Commission under *section 33(3)(e)*, and
 - (iv) such other matters as he or she considers appropriate to report on arising from his or her review.

1. INTRODUCTION

This is the final year in the term of current Board of the Mental Health Commission.

The Inspectorate of Mental Health Services, in its role of reporting to the Commission, welcomes the opportunity to point out some of the changes which have taken place during this term.

When appointed in early 2007, inspections of approved centres with respect to compliance with Rules, Regulations and Codes of Practice had just begun.

The initial shock, disbelief and confusion among many services has long subsided and although compliance is still by no means perfect, there are positive signs that services appreciate the benefit of utilising these instruments as guidelines towards better quality services and the consequent improvement in the healthcare experience of service users/patients.

Mental Health Tribunals were first introduced in November 2006 and over the past five years have, without undue fuss, become an accepted part of the mental health landscape and are widely recognised as safeguarding the human rights of individuals involuntarily committed.

In 2007, the housing of a large number of long-term service users/patients in unsuitable, decrepit buildings was still taking place. In addition, several of these former asylums were admitting service users/patients on an acute basis.

By the end of 2011, largely due to conditions imposed by the Commission, no service users/patients were being acutely admitted to these hospitals and overall, the number of residents has steadily decreased.

The concept of recovery in Ireland was still rudimentary at the beginning of this Board's term. Considerable, but by no means sufficient, progress has been made in the understanding if not yet in the implementation of this important concept which offers hope to those with serious mental conditions.

There is little doubt that further progress would have been made during this Board's term in the communitisation of services, improvements in governance and in the overall quality of care and treatment within the mental health services had the current financial crisis not descended on the nation.

Providing services to the seriously mentally ill in a caring, humane, hopeful and optimistic manner is very difficult with fewer resources especially with the catastrophic reduction in staffing numbers.

Welcome, however, is the proportionately less decrease in the mental health budget and the continuing commitment of the government to ring-fence €35 million of the health budget for the development of community services.

The current Commission has consistently called for the appointment of a National Director of Mental Health Services with executive and budgetary powers; sadly, this is not yet the case.

However, the recent announcement of the Department of Health's intention to establish a Mental Health Directorate is most welcome.

2. BASIS OF THIS REVIEW

This review is based on the work of the Inspectorate throughout 2011. This is presented in tabular form in the appendix to this report.

THE INSPECTION PROCESS:

All approved centres were visited, inspected and reported upon during the year according to the Act. All inspections were unannounced in order to encourage services to provide a consistently high quality of care and treatment throughout the year and not just a dressed-up “Potemkin” version of their services for an announced Inspector’s visit.

A number of approved centres were re-visited when various issues of non-compliance were identified. These included non-compliance with the Regulation on individual care planning, non-compliance with Section 60 (second opinion for those receiving medication unwillingly), ECT procedure irregularities and others.

Areas of immediate concern were communicated directly to the Mental Health Commission Executive for immediate action.

In all cases, draft reports were sent to the services for factual correction after which the final report was prepared.

In order to promote and recognise community services, inspections other than approved services were also conducted (see Table 2 Appendix).

National Reviews were conducted on:

- 1) Service user and carer advocate views of the mental health services.
- 2) Forensic mental health services.
- 3) Rehabilitation and recovery mental health services.
- 4) Addiction mental health services.

Following submission of all reports to the Mental Health Commission, all reports were placed on the Mental Health Commission website http://www.mhcirl.ie/Inspectorate_of_Mental_Health_Services/

The Inspectorate has developed certain targets with respect to publication of reports arising out of the principle that the earlier the feedback and the earlier the reports are publicised, the more impact the findings will have on services and the more likely are changes to occur.

While inspecting services, inspection team members enter into dialogue with clinicians and service providers and see their role as that of “mentor/catalyst”.

3. DEVELOPMENTS NOTED IN 2011

- 3.1 New Ministers for Health and Mental Health were appointed in February 2011. The Programme for Government committed €35 million of the health budget to be ring-fenced for the development of community mental health services.

Comment: *This commitment and its confirmation in the recent budget are most welcome.*

- 3.2 A Director/Directorate of Mental Health Services still has not been appointed.

Comment: *This structure is vitally important for the proper development and governance of Ireland's mental health services.*

The Director/Directorate should have executive and budgetary powers equivalent to the current Regional Directors of Operations.

Mental health services are qualitatively different to those of physical health services and should be managed differently and separately.

There has been historic neglect and abuse of human rights of those receiving services.

Serious mental illnesses can and should mainly be treated in the community setting, although some phases of illness will require the most restrictive treatment environment of involuntary hospitalisation.

Since the development of the HSE, there has been a lack of distinct focus

with respect to clinical and financial governance of mental health services.

In the past year, governance with respect to mental health services has again been re-organised and the former "super catchments" of approximately 300,000 population (as in Vision for Change) have been reorganised to become coterminous with the integrated service areas. This is utterly confusing and frustrating for staff.

It is likely that a well-organised, cohesive and visionary Mental Health Services Directorate would both improve quality of care and reduce financial wastage.

No increase in expenditure would be required to appoint such a Directorate, many members of which would merely be re-deployed from other health service activities.

- 3.3 Staffing:

The enormous loss of staffing (especially nursing, but also other clinical disciplines including non-consultant hospital doctors (NCHDS)) has continued and is expected to worsen in February 2012.

Comment: *This, as expected, has had a significant effect on the way services are delivered and their quality.*

We are aware that staff re-deployment has taken place from the community to inpatient units and staff, formerly allocated to therapeutic activities, have been transferred to duties more custodial in nature.

With the reduction in nursing staff, it is essential that the skill-mix of all staff is re-balanced and re-assessed.

Nurses should not be doing work that could be more efficiently done by nursing aides.

3.4 Morale

Whereas in the earlier stages of resource reduction considerable anger was noted among service providers, this anger appears now to have given way to a sense of resignation and, in some cases, apathy.

3.5 Number of Residents in Old Asylums

The number of residents in the old asylums continues to decrease. There are now no acute admissions to these institutions.

Comment: *It is difficult for staff in a penal-type custodial setting to think in terms of treatment and recovery.*

3.6 Mental Health Commission Conditions

The conditions imposed by the Mental Health Commission including those on three hospitals, St. Senan's, St. Brendan's and St. Ita's, have been effective.

Comment: *As a result of the Mental Health Commission's commitment to hold the line on important matters of principle, the reduction in bed numbers in these hospitals has been accelerated (except for St. Fintan's Hospital Portlaoise where the numbers have recently increased).*

3.7 Incident Reporting

All deaths within services are reported to the Mental Health Commission and the Inspectorate. Services are asked to

conduct reviews and the reviews are analysed by the Inspectorate.

Comment: *We have a number of concerns with respect to the lack of a standardised approach to these reviews. We recommend that incidents are carefully categorised and an appropriate level of review applied to the level of seriousness of the incident. In addition, there should be standardised timeframes within which the review should be completed. It is vitally important that family members affected by these incidents be kept fully informed at all stages of the review.*

Each review should contain a specific section where lessons learned can be identified. These should be disseminated to staff and form part of ongoing training.

3.8 Announcement of the relocation of the Central Mental Hospital from Dundrum to the St. Ita's campus where a new hospital will be purpose-built

Comment: *This is a most welcome development. The Inspectorate has consistently pointed out the unsuitability of the current building for dignified human habitation and for providing individualised appropriate care for female service users/patients.*

It is to be hoped that the regional Intensive Care Rehabilitation Units (ICRU's) as recommended in Vision for Change will also soon be built such that a comprehensive national forensic service can emerge.

3.9 Compliance with rules, regulations and codes of practice

Overall, this continues to improve, in particular, with respect to individual care planning (see Table 6 Appendix). However, certain services which were previously compliant with various articles, have regressed.

Comment: *This may be an indication of “compliance fatigue”, poor governance or lack of staffing.*

- 3.10 Full Compliance
St. Patrick’s Hospital, St. Edmundsbury Hospital and Willow Grove Child and Adolescent Mental Health Unit (all under the governance of St. Patrick’s Hospital) achieved full compliance in 2011. The commitment of all clinical and administrative staff in achieving this status is highly commended.

The St. Patrick’s Hospital organisation has shown itself to be progressive with respect to modernisation of mental health services and development of community services.

The Hospital has submitted a quality improvement project (as also have St. Stephen’s Hospital which also achieved full compliance in 2010) as part of the “next step” towards improving quality.

- 3.11 Seclusion
Seclusion continues to be used frequently. Increases have been seen in the use of continuous seclusion over 72 hours or frequent seclusions over a 1-week period. Some seclusion rooms are unsuitable and lack facilities required by the rules on seclusion.

Comment: *In the context of*

monitoring seclusion rates, following discussions, the Central Mental Hospital conducted an audit of all coercive practices. This is an important development and it is only by measurement and awareness of these practices that trends can be ascertained and more appropriate measures employed.

- 3.12 It is noted that the College of Psychiatry of Ireland (the professional body representing Consultant and some trainee psychiatrists) has developed a service users forum.
Comment: *This development is welcomed. It is encouraging to see this body recognise the importance of service user’s views regarding services.*

In the 2010 Inspector’s Report, Consultant Psychiatrists were encouraged to adopt a more assertive leadership role with respect to compliance, human rights, recovery and emphasis on community-based services. A productive meeting was held between the College of Psychiatry of Ireland and the Inspectorate during 2011 to explore these areas.

- 3.13 Training
We have noted a lack of much-needed training among clinicians of the mental health services.
Comment: *This may also be a victim of financial cutbacks. There is a need for improved training of all clinicians in matters relating to day-to-day practice. Examples include:*

- ▶ Training in the Operation of the Mental Health Act

- ▶ How to Organise Multi-disciplinary Teams Such that Effective Individual Care Planning is Realised
- ▶ Protocols for Dealing with the Disturbed Service user/patient
- ▶ How to Reduce the Use of Seclusion
- ▶ How to Ensure the Human Rights of Service User/Patient
- ▶ Recovery
- ▶ Criteria for Admission
- ▶ Criteria for Discharge

and many others. Overall, there needs to be a re-balancing of training in favour of these areas of day-to-day practice over and above a purely academic approach.

3.14 Children and Adolescent Mental Health Services

An HSE audit of these services was published again this year and this is welcomed.

Also welcomed is the development of state-of-the art inpatient units at Merlin Park Galway and at Eist Linn Cork.

Comment: *Despite adequate staffing (see Table 7 Appendix) insufficient beds are currently being utilised and it appears that the staff and their skills are under deployed.*

It is strongly recommended that child and adolescent mental health services, on a national level, organise for the admission (only where absolutely necessary) of

children to appropriate non-adult units. It is likely that a reasonable solution to this problem could be found regionally perhaps by allocating some current beds for the exclusive use of acute under-age admissions.

3.15 Intellectual Disability Palmerstown View at Stewart's Hospital voluntarily ceased operation as an Approved Centre during 2011.

Comment: *The result is that there is now only one approved centre for the intellectually disabled, i.e., St. Joseph's in Portrane.*

Of note, there is no specific unit providing for the acute treatment of intellectually disabled people with serious mental health problems.

3.16 Relationship Between Neighbouring Services

The imposition of conditions on St. Senan's, St. Brendan's and St. Ita's Hospitals with respect to acute admissions has caused administrators to seek the assistance of neighbouring services.

In Wexford, this has proved quite productive and the Wexford and Waterford services now work closely together unified under the Executive

Clinical Director. In addition, the service at Newcastle, Co. Wicklow, has assisted by providing an admission service for the North Wexford area.

Acute admissions at St. Brendan's Hospital have discontinued by

admitting the service user/patients to the acute unit at Connolly Hospital. Both these services are under the same Executive Clinical Director.

Ceasing acute admissions at St. Ita's Hospital necessitated the use of beds in a proposed community nursing unit at the neighbouring service in St. Vincents Hospital, Fairview and also the use of beds in Connolly Hospital. In addition, certain service users/patients were placed in other locations.

These arrangements required much negotiation and cooperation.

Comment: *This type of cooperation is to be commended. Although the super catchment size of around 300,000 population is suitable for the provision of most services and for comparing services with respect to performance and quality from a governance perspective, there is still scope for services to be coordinated from a regional or national basis.*

Despite predictions that chaos would ensue with the reorganisation of these services, this was not the case. "The sky did not fall."

The reduction in acute beds has had the effect of concentrating minds and focusing on objective criteria for admission (rather than as a default position).

3.17 Documents/Records

We have observed the increasingly poor quality of clinical records both in respect of the quality of clinical entries

and the maintenance of the records themselves.

Comment: *This is an important area where clinical governance should apply and is one of the fundamental principles of quality service. Poor record-keeping leads to unclear communication and poor teamwork and potentially impacts on the safety of service users/patients.*

3.18 Electronic Records

No significant progress has been made in this area. The Wisdom Project has not been continued. There are some suggestions that the excellent electronic record at St. John of God Hospital will be employed throughout the HSE at least initially on a pilot basis.

Comment: *If this is the case, it is most welcome. Particularly in mental health services where community involvement is paramount, ease of communication between different treatment locations is vital.*

However, caution should be exercised with respect to psychiatric units in general hospitals where the records of psychiatric service users/patients may be available to large numbers of general hospital staff thereby causing a risk to confidentiality. Implementing appropriate security measures to safeguard confidentiality is essential and should occur at the beginning of any such project.

3.19 We have noted an increased effectiveness and coordination among various mental health voluntary groups including Irish Advocacy Network (IAN), National Service Users Executive (NSUE), Mental Health Reform, Shine

and Amnesty. The now annual survey of service users by NSUE is again welcomed.

3.20 We note the HSE Clinical Care Programme for Mental Health under the direction of Dr. Ian Daly and we welcome the emphasis on early intervention and the proposal to emulate the highly-regarded DETECT Programme throughout the country on a super-catchment basis.

3.21 High Support Hostels/Residences
There are approximately 150 high support hostels throughout the country staffed on a 24-hour basis largely occupied by former long-term residents of the large mental hospitals. Conditions with respect to premises, therapeutic and recreational activities, mental health care and treatment and governance have been noted to be quite variable.

Comment: *While these 24-hour residences provide individuals with a greater degree of freedom and greater involvement in their community, it is important that these and their successors (community nursing units) do not become mini-institutions with custodial attitudes.*

The Inspectorate consider the inspection of these residences as important and has for several years attempted to inspect as many as possible, most recently at a rate of approximately 10 to 20 per year.

This level of inspection is inadequate and we would point out that there is no guarantee that isolated incidents of abuse, poor practice or deficits in quality

can always be detected with the current level of inspection. Moreover, the Mental Health Commission has little power to regulate this sector.

3.22 ECT

We note the increasing practice of approved centres transferring service users/patients for ECT to more specialised centres.

Comment: *There is a danger in this type of practice that documentation will be lost. Safeguards must be put in place such that these transfers have adequate protocols and that the nature and purpose of the transfer is adequately communicated to service users and families.*

3.23 A number of other developments are welcomed:

- ▶ The opening of the 34-bed acute mental health unit in Letterkenny, Co. Donegal
- ▶ The “turning of the sod” of the new acute psychiatric unit at Beaumont Hospital.
- ▶ The reorganisation of the mental health services in the Kilkenny/ Tipperary super-catchment area.
- ▶ The award-winning Recovery Service in West Cork.
- ▶ The award-winning Recovery Service in East Galway.
- ▶ The co-location of primary care services and mental health services at Mallow Primary Care

Centre (though caution should be observed that funds for serious mental illnesses are not leaked to primary care services).

The development of community services in the Wexford/Waterford super catchment area.

4. SUMMARY OF CONCLUSIONS

- 1) Ireland's mental health services in 2011, not unexpectedly, have been adversely affected by the current economic conditions.
- 2) This is particularly so in terms of staffing.
- 3) The less than proportionate reduction in mental health financial allocations by government and the ring-fencing of €35 million for the development of community mental health services are justified by the social importance of high quality national mental health services, the historical legacy of neglect and the vulnerability of individuals to mental health difficulties as a result of economic hardship.
- 4) Attitudes of clinical staff with respect to the concept of recovery, the centrality of the service user/patient and the importance of collaborative care planning are all improving gradually.
- 5) Acute admissions to the old mental hospitals have ceased.
- 6) The winding down of the old mental hospitals continues. A final push with a target of closure within 2 years is now required.
- 7) Ireland's mental health services could be better organised, more efficiently governed and have more emphasis on psychosocial/self-help aspects if under the remit of a National Director/ Directorate of Mental Health Services with executive and budgetary powers.
- 8) Despite the "doom and gloom", there is still cause for optimism due to the tireless commitment and enthusiasm among pockets of clinicians throughout the country and the admirable, ceaseless commitment of advocacy and support voluntary agencies.

ACKNOWLEDGEMENTS

The major task of completion of the 2011 Inspection reports was only achieved by the dedication and commitment of all members of the Inspectorate team, inspecting and administrative, whose contribution is greatly appreciated. Thanks are also due to all staff members of mental health services both clinical and administrative without whose cooperation the inspection reports would not have been achieved and to all staff of the Mental Health Commission.

Particular thanks are due to Colette Ryan, Senior Administrator of the Inspectorate.



Dr. Patrick Devitt

Inspector of Mental Health Services
MCN: 04321

January 2012

APPENDIX

Table 1 – Approved Centres Inspections 2011

Approved Centre	Date of Inspection	Date of Night Inspection	Date of Re-Inspection
Acute Psychiatric Unit, Kerry General Hospital	11 October 2011	–	–
Acute Psychiatric Unit 5B, Midwestern Regional Limerick	26 July 2011	25 July 2011	–
Acute Psychiatric Unit, AMNCH	30 May 2011	–	–
Acute Psychiatric Unit, Carnamuggagh*	23 August 2011	–	–
Acute Psychiatric Unit, Cavan General Hospital	16 February 2011	–	–
Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis	19 July 2011	18 July 2011	25 October 2011
Adolescent In-Patient Unit, St. Vincent's Hospital	28 September 2011	–	–
Adult Mental Health Unit, Mayo General Hospital	23 March 2011	–	–
An Coillín	22 March 2011	–	–
Bloomfield Care Centre – Donnybrook, Kylemore, Owendoher and Swanbrook Wings	27 April 2011	–	18 August 2011
Cappahard Lodge	25 October 2011	–	–
Carraig Mór Centre	9 August 2011	–	29 November 2011
Central Mental Hospital	17, 18 and 19 May 2011	–	–
Centre for Mental Health Care and Recovery	30 May 2011	–	–
Child and Adolescent Mental Health In-patient Unit, Merlin Park University Hospital Galway	8 November 2011	–	–
Department of Psychiatry, Connolly Hospital	19 April 2011	–	–
Department of Psychiatry, County Hospital, Roscommon	22 March 2011	–	–
Department of Psychiatry, Midland Regional Hospital, Portlaoise	22 February 2011	–	–
Department of Psychiatry, Our Lady's Hospital, Navan	15 February 2011	–	–
Department of Psychiatry, St. Luke's Hospital, Kilkenny	25 October 2011	–	–
Department of Psychiatry, Waterford Regional Hospital	16 June 2011	–	–
Eist Linn, Bessborough, Cork	27 September 2011	–	–
Elm Mount Unit, St. Vincent's University Hospital	13 May 2011	–	–

Approved Centre	Date of Inspection	Date of Night Inspection	Date of Re-Inspection
Hampstead Private Hospital	19 May 2011	–	–
Highfield Private Hospital	19 May 2011	–	–
Jonathan Swift Clinic	4 May 2011	3 May 2011	–
Lakeview Unit, Naas General Hospital	3 May 2011	–	–
Lois Bridges	28 April 2011	–	–
Newcastle Hospital	12 April 2011	–	–
O'Casey Rooms, Fairview Community Unit	24 June 2011	–	–
Psychiatric Unit, University College Hospital Galway	15 March 2011	–	–
Sligo/Leitrim Mental Health In-Patient Unit	10 November 2011	–	–
South Lee Mental Health Unit, Cork University Hospital	9 August 2011	–	–
St. Aloysius Ward, Mater Misericordiae University Hospital	4 May 2011	–	19 October 2011
St. Anne's Unit, Sacred Heart Hospital	24 March 2011	–	–
St. Brendan's Hospital	5 April 2011	–	20 December 2011
St. Brigid's Hospital, Ardee	15 February 2011	–	–
St. Brigid's Hospital, Ballinasloe	30 May 2011	–	–
St. Canice's Hospital	26 August 2011	–	–
St. Davnet's Hospital –Blackwater House	16 February 2011	–	–
St. Dympna's Hospital*	24 February 2011	–	–
St. Edmundsbury Hospital	15 November 2011	–	–
St. Finan's Hospital	13 and 14 September 2011	–	–
St. Finbarr's Hospital	10 August 2011	–	–
St. Fintan's Hospital, Portlaoise	22 February 2011	–	–
St. Ita's Hospital-Mental Health Services	1 March 2011	–	–
St. John of God Hospital Limited	7 and 8 September 2011	–	–
St. Joseph's Hospital, Limerick	26 July 2011	–	–
St. Joseph's Intellectual Disability Services	1 March 2011	–	–
St. Loman's Hospital, Mullingar	15 March 2011	–	–
St. Luke's Hospital, Clonmel	22 June 2011	–	–
St. Michael's Unit, Mercy University Hospital	9 August 2011	–	–
St. Michael's Unit, South Tipperary General Hospital	21 June 2011	–	–
St. Otteran's Hospital	16 June 2011	–	–
St. Patrick's Hospital	22 and 23 November 2011	–	–

Approved Centre	Date of Inspection	Date of Night Inspection	Date of Re-Inspection
St. Senan's Hospital	20 September 2011	–	–
St. Stephen's Hospital	5 July 2011	–	–
St. Vincent's Hospital, Fairview	20 April 2011	–	–
Sycamore Unit, Connolly Hospital	19 April 2011	–	–
Teach Aisling	22 February 2011	–	–
Tearmann Ward and Curragour Ward, St. Camillus' Hospital	24 March 2011	–	–
Warrenstown Child and Adolescent In-Patient Unit	13 October 2011	–	–
Willow Grove Adolescent Unit, St. Patrick's University Hospital	27 September 2011	–	–

Following receipt of correspondence by the Mental Health Commission the following Approved Centres ceased operation on the dates indicated below:

1. St. Anne's Child and Adolescent Unit, Galway – 21 January 2011
2. Child and Adolescent Mental Health In-Patient Unit, St. Stephen's Hospital – 11 March 2011
3. St. Loman's Hospital, Palmerstown – 8 April 2011
4. Palmerstown View, Stewart's Hospital – 18 July 2011
5. The Haven – 26 August 2011
6. Orchard Grove – 31 August 2011
7. Acute Psychiatric Unit, Carnamuggagh – 19 September 2011*
8. St. Dymphna's Hospital, Carlow – 1 October 2011*

Table 2 – Other Mental Health Services Inspections 2011

Other Mental Health Service	Name	Date of Inspection
24 Hour Nurse Staffed Community Residence	Beaufort House, Tallaght	31 May 2011
24 Hour Nurse Staffed Community Residence	Birchwood House, Co. Offaly	23 February 2011
24 Hour Nurse Staffed Community Residence	Callow Hill, East Galway	31 May 2011
24 Hour Nurse Staffed Community Residence	Lisdarn Lodge, Cavan	17 February 2011
24 Hour Nurse Staffed Community Residence	Mount Sion, South Tipperary	19 May 2011
24 Hour Nurse Staffed Community Residence	Oropesa, Cluain Mhuire, Stillorgan	12 May 2011
24 Hour Nurse Staffed Community Residence	Springmount House, Waterford	18 May 2011
24 Hour Nurse Staffed Community Residence	Riverside Drive, Kilkenny	15 June 2011
24 Hour Nurse Staffed Community Residence	Altamount, Kilkenny	26 October 2011
24 Hour Nurse Staffed Community Residence	Lismore, Kilkenny	26 October 2011
24 Hour Nurse Staffed Community Residence	*Carlton House, Dublin North	7 July 2011
24 Hour Nurse Staffed Community Residence	Ferndale, Limerick	27 July 2011
24 Hour Nurse Staffed Community Residence	Ivernia, Limerick	27 July 2011
24 Hour Nurse Staffed Community Residence	Tulla View, East Galway	1 June 2011
24 Hour Nurse Staffed Community Residence	Radharc na Sléibhte, Donegal	24 August 2011
24 Hour Nurse Staffed Community Residence	Rowanfield, Donegal	24 August 2011
24 Hour Nurse Staffed Community Residence	Gougane Barra House, Cork	1 September 2011
24 Hour Nurse Staffed Community Residence	Ardrealt, Bantry, West Cork	31 May 2011
24 Hour Nurse Staffed Community Residence	Saol Nua, Skibbereen, Cork (including The Bungalows, Skibbereen)	31 May 2011
24 Hour Nurse Staffed Community Residence	Kilarden House, Kerry	11 October 2011
Home Based Treatment Team	Tallaght, Dublin	1 June 2011
Home Based Treatment Team	Portumna, Galway	31 May 2011
Home Based Treatment Team	West Cork	3 June 2011
Day Hospital	Alorstar, Portumna	31 May 2011
Day Hospital	Bury Quay, Tullamore	12 April 2011
Day Hospital	Mullingar	16 March 2011
Day Hospital	Portlaoise	5 May 2011
Day Hospital	St. Columba's Day Hospital, Crumlin	21 April 2011
Day Hospital	Kilrush Day Hospital, Clare	20 July 2011
Day Hospital	Loughrea	1 June 2011
Day Hospital	Maryville, New Ross	26 May 2011
Day Hospital	Block 7, St. Mary's Orthopaedic Hospital, Cork	1 September 2011
Day Hospital	Sector 2, Ballina	22 March 2011
Day Hospital	St. Canice's, Kilkenny	25 August 2011
Day Hospital	Willowdale, Limerick	27 August 2011

Other Mental Health Service	Name	Date of Inspection
Day Hospital	Sheaf House, Tallaght	30 May 2011
Day Hospital	Droumleigh Resource Centre, West Cork	2 June 2011
Day Centre	Loughrea	1 June 2011
Day Centre	Shannon View, Portumna	31 May 2011
Day Centre	Sheaf House, Tallaght	30 May 2011
Outpatient Department	Loughrea	1 June 2011
Outpatient Department	Portumna	31 May 2011
Outpatient Department	West Tallaght	31 May 2011

* A revisit inspection took place at Carlton House, 24 hour nurse staffed community residence on 6 December 2011.

Table 3 – Whole Service Evaluations 2011

Whole Service Evaluations	Dates of Inspections
East Galway	30 May to 1 June 2011
Tallaght, Dublin	30 May to 1 June 2011
Bantry, West Cork	30 May to 1 June 2011

Table 4 – National Overview Meeting Reports 2011

National Overview Meetings	Date of Meeting
Service User, Family/Carer and Advocacy Group Involvement in mental health Services	28 June 2011
Addiction Mental Health Services	6 September 2011
Rehab and Recovery Mental Health Services	30 August 2011
Forensic Mental Health Services	18 October 2011

Table 5 – Themed Reports 2011

Themed Reports
Inspectorate Acute In-Patient Survey 2011**
Prescribing Practices in 24 Hour Nurse Staffed Community Residences
Under the Clock Tower – An Overview of Remaining 19th Century Public Psychiatric Hospitals Due for Closure
Child and Adolescent Mental Health Services Staffing to Bed Ratio (see Table 7)
Compliance with Article 15, Mental Health Act 2001 (Approved Centres) Regulations 2006 (see Table 6)

** The results of this survey are contained in the National Overview report for Service User, Family/Carer and Advocacy Groups involvement in Mental Health Services.

Table 6 – Individual Care Planning Compliance 2010/2011

Table: Comparison of 2011 with 2010 compliance with Article 15 (Individual Care Planning)

Total 63 Approved Centres

	2010		2011	
Compliance	Number	Percentage	Number	Percentage
Fully compliant	21	33.3%	39	61.9%
Substantially compliant	22	34.9%	5	7.9%
Minimal compliance	11	17.5%	2	3.2%
Non compliance	5	7.9%	17	27%
Not Applicable	4*	6.4%	0	0

* Centres not registered in 2010

Table 7 – Child And Adolescent Services Mental Health Services – Staff And Bed Numbers

Mental Health Service	Eist Linn, Child and Adolescent In-Patient Unit, Cork	Warrenstown, Child and Adolescent In-Patient Unit, Dublin	Child and Adolescent Mental Health Unit, Merlin Park, Galway	St. Vincent's Hospital Fairview Dublin	Willow Grove Adolescent Unit, St. Patrick's University Hospital Dublin
Bed numbers	12*	6	20	6**	14
Total 24-hour nursing on duty on day of inspection (all grades)	13	4.5	19-21	9	11
Total nursing WTE (all grades)	31	13	37.2	16	19
Ratio beds:staff	1:2.58	1:2.16	1:1.86	1:2.66	1:1.35

* Total bed number 20. Mental Health Commission condition: maximum number of residents 12. Awaiting 8 nursing staff.

** Plan to double number of beds.



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