mhc
coimisiún meabhair - shláinte
mental health commission

Mental Health Commission Annual Report 2024

Including the report of the Inspector of Mental Health Services and the report of the Director of the Decision Support Service

More Information

www.mhcirl.ie
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TABLE OF CONTENTS

This report may be cited as follows: 'Mental Health Commission 2024 Annual Report (2025), Mental Health Commission, Dublin, Ireland.'

CHAIRPERSON'S STATEMENT

It is my privilege to introduce the Mental Health Commission's (MHC) Annual Report for 2024 - a year in which the role, impact, and responsibilities of the MHC have continued to expand in line with our mandate to uphold the rights, dignity, and wellbeing of all those who use mental health and decision support services in Ireland.

During 2024 - the second year of our strategic plan, Supporting Change 2023-2027 - the MHC further embedded its core objectives and values across every aspect of our work. This strategy has provided a clear and principled framework to guide the MHC through a period of significant legislative reform, service transformation, and rising public expectation.

The MHC continued preparations for the broadening of our statutory responsibilities, as we await the implementation of the reformed Mental Health Act. The MHC has responded to this challenge with purpose and professionalism, delivering on its functions to match the demands of a modern, rights-based landscape.

The year 2024 marked the first full year of operation of the Decision Support Service (DSS) and saw it successfully embrace and champion the principles of the Assisted Decision-Making (Capacity) Act 2015 - empowering people to make decisions about their lives in a manner that respects their will, preferences, and rights. This service, along with our broader regulatory functions, represents a vital part of a more inclusive, responsive, and accountable system of support. In collaboration with and supported by the Department of Children, Equality, Disability, Integration and Youth, this pioneering service puts Ireland to the forefront of vindicating human rights. The DSS ensures that all people who may need support in making decisions have a service that is focused on their will and preferences.

I wish to acknowledge the deep commitment and skill of the MHC executive team and staff, whose tireless work continues to enhance the organisation's regulatory rigour, operational excellence, and public engagement. The MHC is also fortunate to benefit from a capable and experienced Board, whose governance and oversight ensures that the organisation remains strategic, accountable, and effective.

None of this work could be achieved in isolation. I would like to extend my sincere thanks to the many service providers, healthcare professionals, departments of state, and non-governmental organisations who supported the MHC throughout the past year. Your collaboration and shared commitment to service quality and human rights are vital to building a system that meets the needs of all who rely on it.

The MHC is unwavering in its support for Sharing the Vision, Ireland's national policy for mental health, and continues to play a key role in its implementation. We acknowledge the significant leadership of Minister Mary Butler, whose work has brought much-needed focus and momentum to mental health and capacity reform at national level.

On behalf of the MHC, I also want to acknowledge and thank the former Minister for Children, Equality, Disability, Integration and Youth, Deputy Roderic O'Gorman; and the former Minister of State for Disability, Senator Anne Rabbitte, (who were the responsible office holders during the period covered by this report), and their departmental teams for their responsiveness and support for the work of the DSS since the implementation of the Assisted Decision-Making (Capacity) Act 2015. I look forward to working with Minister Norma Foley T.D. and Minister of State Hildegarde Naughton T.D., who have already expressed their commitment to the success of the Act in taking up their new roles.

To implement our expanding statutory mandates, the MHC continues to operate to the highest corporate governance standards. I want to thank the members of our Human Rights Committee and our Finance, Audit and Risk committee who assist the Board to both support and hold our executive to account. This ensures that we are an effective, cohesive and transparently governed organisation that is independent in function and at all times acts in the public interest.

In closing, I am proud of what the MHC has achieved in 2024, but I am equally mindful of the work that remains. The MHC will continue to play its part, with vigilance, with purpose, and with a deep respect for those we are here to serve.

Dr John Hillery
Chairperson

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CHIEF EXECUTIVE'S REVIEW

I am pleased to present the Mental Health Commission's Annual Report for 2024 — a year that has seen considerable advancement in the regulation and delivery of mental health and decision support services in Ireland.

I would like to thank all the staff of the Mental Health Commission (MHC), our Board Members and all people throughout Ireland who work continually to improve mental health and decision support services at a time of great change in Irish society.

Guided by our strategic plan, *Supporting Change 2023–2027*, the MHC has remained steadfast in its mission to promote and uphold the rights of people who use mental health services, and to ensure that care is delivered in safe, high-quality, and rights-based settings. This year has brought us closer to a more equitable and accountable system, particularly through ongoing preparations for the implementation of the new Mental Health Act - a reform that will, for the first time, enable comprehensive regulation across all mental health services, including those in the community and for children and adolescents.

In parallel, the Decision Support Service (DSS) has continued to grow in impact and reach since its launch in 2023, offering practical and legal supports to individuals who may face difficulties in making decisions independently, either now or in the future. The DSS embodies our values of autonomy, respect, and empowerment, and is a vital component of a modern framework for supported decision-making in Ireland.

Once again, this year's report transparently sets out the work of the MHC. The report highlights many positive developments which we should be optimistic about. The continued decline in the use of restrictive practices represents one of the most notable human rights advances in mental health care in Ireland. These advances demonstrate how regulation can drive important human rights improvements and result in key behavioural change in the way services are delivered. Staff in mental health services must be commended for these efforts.

At the service level, six approved centres achieved 100% compliance with the regulations, demonstrating unwavering commitment to high quality care. The Inspector of Mental Health Services also highlighted a number of approved centres which have responded positively to poor inspection findings. These services have demonstrated that poor levels of compliance can be reversed and service delivery restored to a focus on quality improvement and good outcomes. While there is much to commend, low compliance persisted across several fundamental regulations - including premises, risk management, staffing, and individual care planning - areas that are essential to

delivering safe, person-centred care. In 2024, the number of non-compliances rated as high and critical increased on previous years, indicating concerning attitudes to compliance in a relatively small number of HSE services. In response, the MHC was compelled to take 31 enforcement actions to safeguard service users and drive immediate improvements. These actions reflect our strengthened commitment to regulatory vigilance, but they also highlight deficiencies that must be addressed by the HSE leadership.

Despite these difficulties, there are strong examples across the country of services delivering excellence. We continue to meet dedicated staff and clinicians committed to human rights based, person-centred care. Their work is the foundation on which real, lasting change can be built.

I extend my sincere thanks to our staff, partners, stakeholders, and, most importantly, the people who use services and their families. Their experiences and voices remain central to everything we do. Together, we move forward - committed to a future where rights-based and high-quality mental health and decision support services are a reality for all.

Mr John Farrelly
Chief Executive

> Once again, this year's report transparently sets out the work of the MHC. The report highlights many positive developments which we should be optimistic about. The continued decline in the use of restrictive practices represents one of the most notable human rights advances in mental health care in Ireland.

2024 in Brief

2,604
registered inpatient beds in 65 approved centres

31
enforcement actions related to 20 approved centres

6
centres achieved 100% compliance with regulations

71%
of all approved centres achieved an 80% rate of compliance or higher with the regulations

9
regulations were fully complied with by all 65 approved centres

22
individual regulations had a compliance rate of 80% or higher compared to 21 regulations with a compliance rate of 80% or higher in 2023

The Code of Practice on ECT compliance rate dropped to **87.5%** in 2024, compared to 100% in 2023.

There was a **16.8%** decrease in the number of reported episodes of seclusion compared to 2023.

There was a **18.6%** decrease in the number of reported episodes of physical restraint when compared to 2023.

7
instances of overcapacity compared to 46 instances in 2023

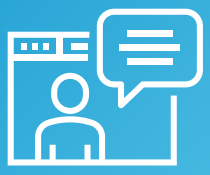
5
child admission to 5 adult units. This compares to 14 admissions to 11 adult units in 2022

3,586
orders for Mental Health Tribunal hearings

At year end, there were
36
registration conditions attached to 20 approved centres

557
admissions notified to the MHC went from voluntary to involuntary

1,981
admission orders from the community



82
presentations to DSS stakeholder organisations involving thousands of people

30
complaints about decision supporters and decision support arrangements received

1,413
Enduring powers of attorney registered

60
Co-decision-making agreements registered

705
Decision-making representation orders registered

49
Decision-making assistance agreements notified

FIGURES AND TABLES

List of Figures

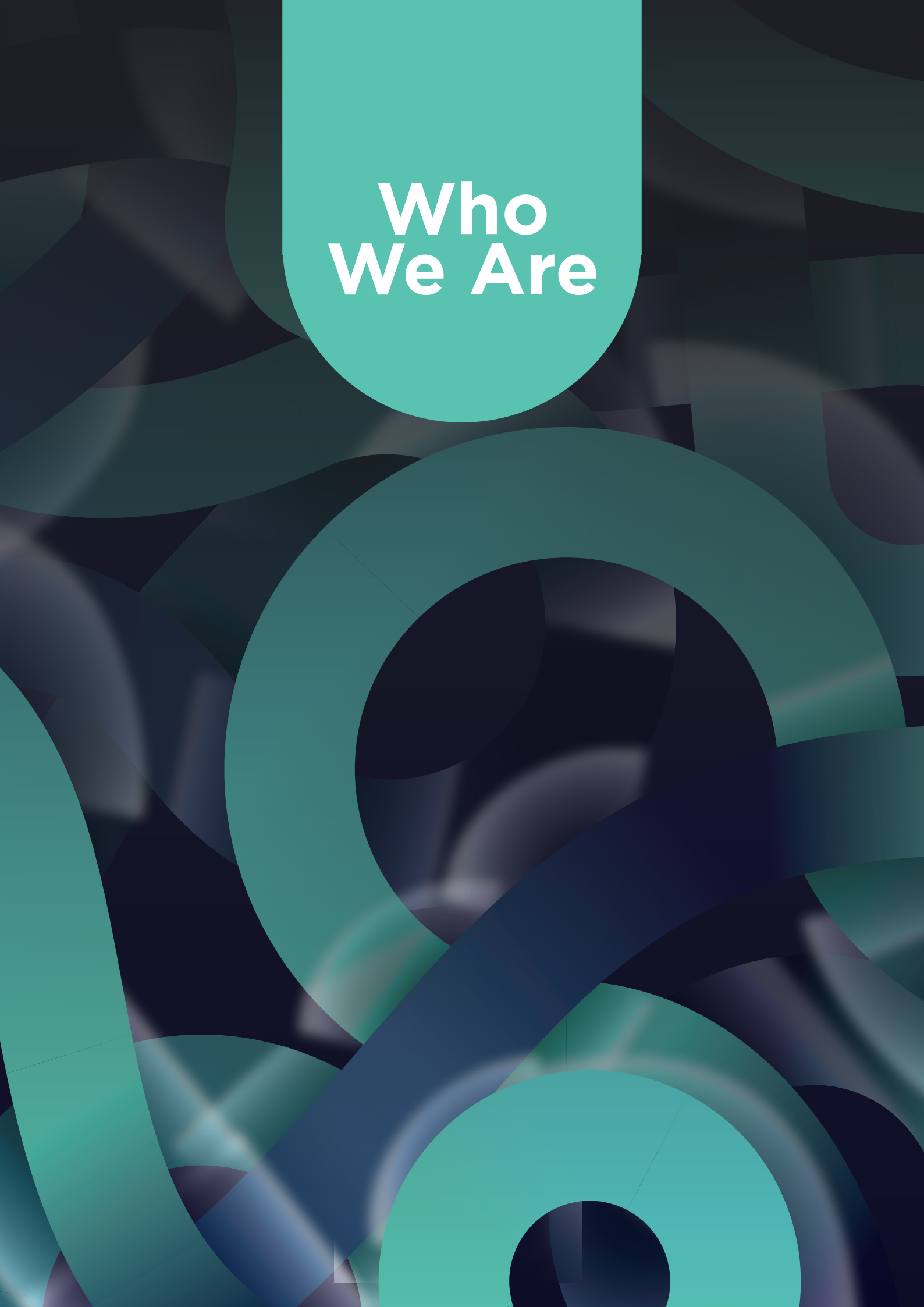
List of Tables

Appendix 4 Mental Health Tribunal Information

List of Tables

List of Figures

Who We Are



Vision, mission and values

The Mental Health Commission is an independent statutory body established under the provisions of the Mental Health Act 2001. The remit of the MHC incorporates the broad spectrum of mental health services for all ages in all settings.

In addition, under the provisions of the Assisted Decision-Making (Capacity) Act 2015, the MHC is responsible for the Decision Support Service to support decision making by and for adults with capacity difficulties.

Our Vision 2024-2027

Equity of access to person-centred mental health services and decision support services that deliver high-quality care and support.

Our Mission 2024-2027

Promotion and vindication of human rights in relation to mental health services and decision support services.

Our Values 2024-2027

Person-centred
We believe in person-centred support; empowering individuals, and their supporters, to be co-creators in their care, recovery and decision-making.

Human Rights
Human rights underpin our approach to everything we do, the services we provide and the services we regulate.

Quality
We commit to carrying out our functions to the highest standards and in accordance with our legal mandates.

Independence and Accountability
To successfully achieve our mission and vision we must be independent, transparent and accountable to our stakeholders and the public on whose behalf we work.

Dignity and Respect
Everyone should be treated with dignity and respect. We demonstrate this value through our interactions both within the MHC and with our external stakeholders.

Expertise
We value and respect the expertise of our team and those professionals we engage with, thereby ensuring our work is evidence-based and in line with best practice.

Strategic Priorities 2023-2027

Strategic Priority 1:
Continue to be a leading voice in relation to mental health services and assisted decision-making.

Strategic Priority 2:
Effective and accessible communication and engagement, emphasising and promoting the voice of the person.

Strategic Priority 3:
Continue to drive standards, improve quality and safeguard persons in relation to mental health services that are regulated by the MHC.

Strategic Priority 4:
Promote and support assisted decision-making in society by embedding the Decision Support Service as a respected public service.

Strategic Priority 5:
Be an effective, cohesive, transparently governed and agile organisation acting in the public interest.

Mental Health Commission Members April 2022 – April 2027

The Members of the Mental Health Commission (MHC) are known as the MHC Board and are the governing body of the organisation. The MHC Board has 13 Members, including the Chairperson, who are appointed by the Minister for Health. Section 35 of the Mental Health Act 2001 (the 2001 Act) provides for the composition of the MHC Board. In December 2015, the MHC's remit was extended to include the establishment of the Decision Support Service (DSS) under the provisions of the Assisted Decision-Making (Capacity) Act 2015 (as amended) (the 2015 Act).

Details of the MHC Board's membership and meeting attendance for 2024 can be found in Appendix 1, 2 and 3 on page 119.

During 2023, the MHC Board had three standing committees. These were the Finance, Audit and Risk Committee, the Legislation Committee (which has ceased) and the Human Rights Committee (newly formed).

Details of committees can be found in Appendix 2 and 3 on page 119.

John Hillery (Dr)

First Appointed 02/11/2020
End of Term 04/04/2022
Reappointed 05/04/2022
End of Term 04/04/2027
Position Type: Reappointed as Chairperson
Basis of Appointment: Nominated by the College of Psychiatrists in Ireland. Appointed by the Minister of State for Mental Health and Older People.

Rowena Mulcahy

First Appointed 26/09/2017
End of Term 04/04/2022
Reappointed 05/04/2022
End of Term 04/04/2025
Position Type: Member
Basis of Appointment: Nominated and appointed by the Minister for Health following Public Appointments Service (PAS) Process.

Michael Drumm (Dr)

First Appointed 05/04/2017
End of Term 04/04/2022
Reappointed 05/04/2022
End of Term 04/04/2025
Position Type: Member
Basis of Appointment: Nominated by the Psychological Society of Ireland. Appointed by the Minister of State for Mental Health and Older People.

Margo Wrigley (Dr)

First Appointed 05/04/2017
End of Term 04/04/2022
Reappointed 05/04/2022
End of Term 04/04/2025
Position Type: Member
Basis of Appointment: Nominated by the Irish Hospital Consultants Association. Appointed by the Minister for Health.

Fionn Fitzpatrick

First Appointed 12/02/2021
End of Term 04/04/2022
Reappointed 05/04/2022
End of Term 04/04/2027
Position Type: Member
Basis of Appointment: Nominated by the Voluntary Sector. Appointed by the Minister of State for Mental Health and Older People.

John Cox (Dr)

First Appointed 12/02/2021
End of Term 04/04/2022
Reappointed 05/04/2022
End of Term 04/04/2027
Position Type: Member
Basis of Appointment: Nominated by the Irish College of General Practitioners. Appointed by the Minister of State for Mental Health and Older People.

Ray Burke

First appointed: 05/04/2022
End of Term: 04/04/2027
Position Type: Member
Basis of Appointment:
Nominated by PAS; appointed by the Minister of State for Mental Health and Older People.

Joseph Duffy (Dr)

First appointed: 05/04/2022
End of Term: 04/04/2027
Position Type: Member
Basis of Appointment:
Nominated by Jigsaw; appointed by the Minister of State for Mental Health and Older People.

Tammy Donaghy

First appointed: 05/04/2022
End of Term: 04/04/2027
Position Type: Member
Basis of Appointment:
Nominated by Spunout; appointed by the Minister of State for Mental Health and Older People

Orla Healy (Dr)

First appointed: 05/04/2022
End of Term: 04/04/2027
Position Type: Member
Basis of Appointment:
Nominated by the HSE; appointed by the Minister of State for Mental Health and Older People.

Martina McGuinness

First appointed: 05/04/2022
End of Term: 04/04/2027
Position Type: Member
Basis of Appointment:
Nominated by the Psychiatric Nurses Association (PNA); appointed by the Minister of State for Mental Health and Older People.

Linda Curran

First appointed: 05/04/2022
End of Term: 04/04/2027
Position Type: Member
Basis of Appointment:
Nominated by the Irish Association of Social Workers (IASW); appointed by the Minister of State for Mental Health and Older People.

Catherine Cocoman

First appointed: 05/04/2022
End of Term: 04/04/2027
Position Type: Member
Basis of Appointment:
Nominated by Nursing & Midwifery Board of Ireland; appointed by the Minister of State for Mental Health and Older People.

Additional Roles

Secretary to the Commission: Orla Keane

Chair of Finance, Audit & Risk Committee (FARC):
Orla Healy (Dr) (appointed as Chair in May 2022)

Chair of Legislation Committee:
Michael Drumm (Dr) (appointed as Chair in July 2021)

Chief Risk Officer: Brian Gillespie

Senior Leadership Team at the MHC

Chief Executive
John Farrelly

General Counsel for the MHC (DSS)
Orla Keane

Inspector of Mental Health Services
Prof Jim Lucey

Director, Decision Support Service
Áine Flynn

Director of Regulation
Gary Kiernan

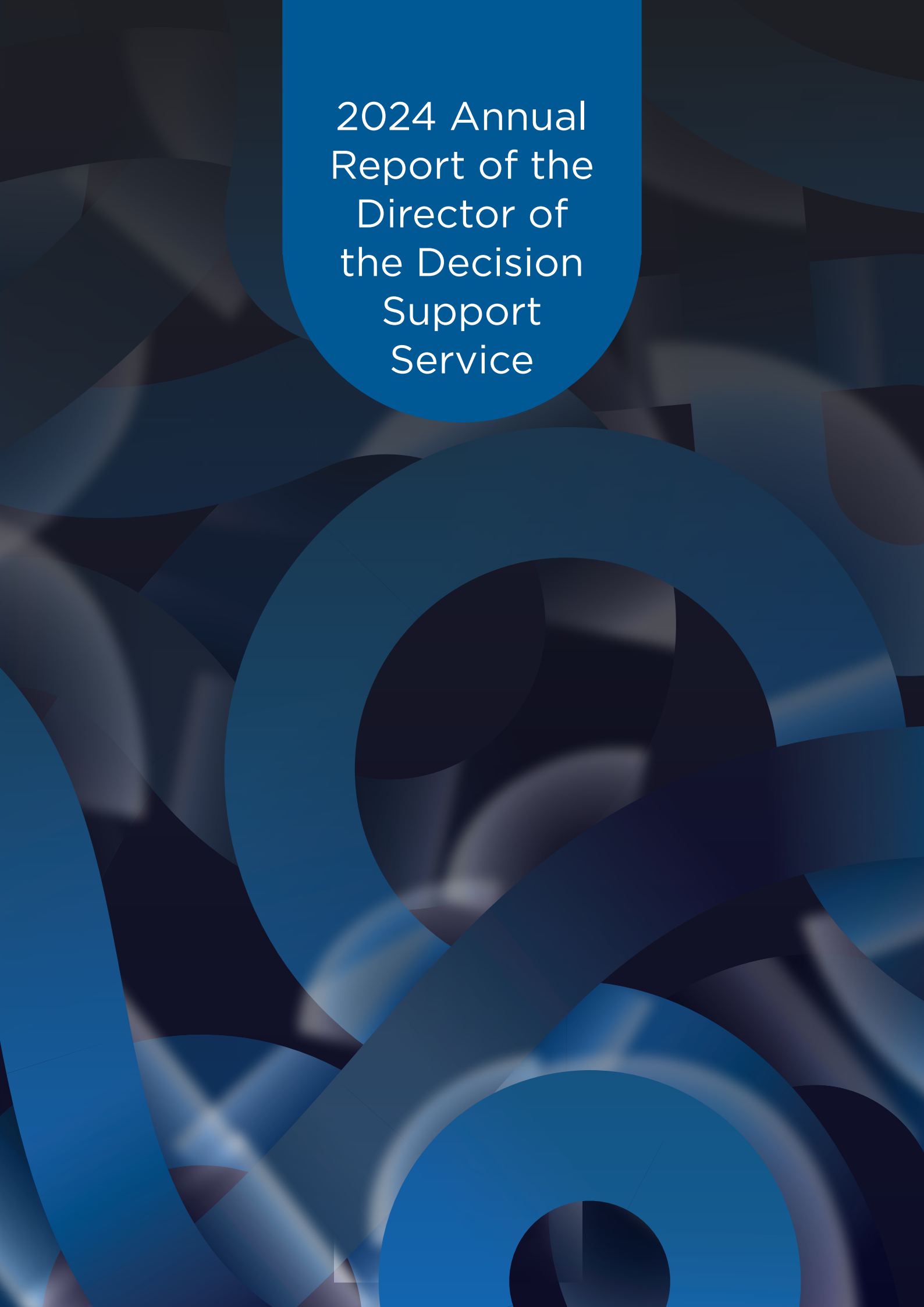
Chief Operations Officer
Brian Gillespie

What We Do

Our work includes regulating inpatient mental health services; protecting the interests of people who are involuntarily admitted; and setting standards for high quality and good practices across mental health services.

In addition, under the provisions of the Assisted Decision-Making (Capacity) Act 2015, the MHC is responsible for the Decision Support Service to support decision-making by and for adults with capacity difficulties.

2024 Annual Report of the Director of the Decision Support Service



Annual Report of the Director of the Decision Support Service

Table of Contents

Director's Foreword

This report under section 102(1) of the Assisted Decision-Making (Capacity) Act 2015 (as amended) (the '2015 Act') is the first to cover a full calendar year of the Director's activities since the Act's commencement in April 2023.

These have been a busy and varied 12 months. The Decision Support Service (DSS) has continued to expand as a service, establishing and adapting ways of working while contending with the challenges of being a new public-facing service with new functions under a new legislative framework.

The DSS is a statutory service within the Mental Health Commission, delivering the functions assigned to the Director under the 2015 Act. The service comprises five core teams aligned to these functions and each is headed by an Assistant Principal who is a member of the Decision Support Service Management Team.

The five teams are:

- Registration
- Supervision
- Complaints and Investigations
- DSS Panels
- Information Services

In this report, the head of each division has provided an overview and data on their activities during 2024. The report also summarises the communication and stakeholder engagement activities of the DSS which forms a central part of our functions under the 2015 Act.

As the DSS progressed from project mode to the early phase of business as usual, it has been useful to reflect on the principles that informed our service design:

- put the needs of the person first
- establish an empowered and skilled workforce
- adopt a digital first approach
- promote a performance driven culture
- respond to changing needs of those who use our service

During 2024, the DSS has expanded from 67 to over 100 full time equivalent members of staff. In all our activities we are supported by our colleagues in the wider MHC including the Legal, Financial, HR IT, Operations, Procurement and Communications teams. The training and continuing development of our team has been a priority. It has been rewarding to see the confidence and developing expertise of DSS colleagues, facilitated by shared learning and a collaborative approach across our separate functions.

The functions of the DSS took on a new cross-border dimension in 2024 as we became the Central Authority for the purposes of the Hague Convention on the International Protection of Adults, and we are grateful to our legal colleagues for their preparatory work and continuing support.

A key enabler of service delivery has been the 'digital first' principle of the DSS, which has been to the fore in 2024. Although interaction with the DSS primarily takes place via our online portal, we have never been 'digital only'. In July 2024, the DSS published its Accessibility Policy. The objective of the policy is to ensure that resources are targeted to provide the right level of individualised support where it is most required. The application of the Accessibility Policy has so far been transformative, and its operation will be kept under close review.

During 2024, we also established our enduring power of attorney (EPA) helpdesk as part of our already very busy Information Services team. This is a dedicated team available to provide direct support to applicants and professionals at every stage of the EPA process and it has been a key driver of the significant increase in EPA registrations.

The DSS is mandated to promote public awareness and confidence around the 2015 Act and the role of the DSS to provide

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information and guidance and to identify and make recommendations for change. This report summarises the extensive public-facing engagements undertaken by the DSS in 2024. We have presented at events for healthcare professionals, legal professionals, banking and financial services providers and their representative bodies, disability services, NGOs, and regulators. We have also established useful bilateral meetings with representatives of the Courts Service and in the banking and healthcare sectors. This engagement has provided helpful insights into the operation of the Act in practice. The DSS emphasises that it is for individual sectors to deliver training and develop their own best practices, but that the DSS will offer support and guidance within its remit.

As a priority, the DSS seeks to be available to audiences of potential users of its service and their families and carers to provide clear information, and sometimes reassurance. It has been important to communicate the guiding principles of the 2015 Act and that that the formal support framework is not imposed but to be relied on when required. We also continue to work with our stakeholder forum of experts by experience facilitated by Inclusion Ireland. Its members have provided essential feedback on the DSS system, resources, and policy and their role will continue.

Our public information campaign with the theme - 'My Decisions, My Rights' - featuring our DSS champions continued in the early part of 2024. Before year end, we moved to our second major campaign to promote advance planning and this remains our theme for 2025, in collaboration with other like-minded organisations.

In our communications as in so many other ways, the work of the DSS is made possible by the support of others. I am most grateful to my DSS team, my MHC colleagues, the MHC Senior Leadership Team, the Chief Executive and the Board of the MHC and to our Ministers and their Department officials for their commitment to the DSS.

As a public-facing service, it is important for the DSS to draw on all its learning to promote continuous improvement and to ensure that we are designed and resourced to succeed. In this way we seek to deliver on our first design principle of putting the person and their rights at the centre of all that we do.

Áine Flynn
Director of the Decision Support Service

2024 by the numbers

2,587
applications submitted

30
complaints received

201
requests for nominations from the panel of decision-making representatives

60
co-decision-making agreements registered

705
decision-making representation orders registered

49
acceptance of notification of decision-making assistance agreements

1,413
enduring powers of attorney registered

31
enduring powers of attorney notified

18,089
queries on our dedicated phoneline

7,952
queries managed by email

1,047
decision supporters under supervision

285
statutory reports reviewed

14,675
verified accounts created on MyDSS

10
general visitors requested

19,512
average unique visits to DSS website each month

Information services

During 2024, we answered queries and provided information to the public on a wide range of matters through our dedicated Information Services team.

We operated a dedicated phoneline 01 211 9750 Monday to Friday 9am-4pm.

During 2024, following feedback from our Stakeholder Forum, the DSS phone line was made a free phone line. This means any person who contacted the DSS was not billed for their call.

Our Information Services team provided information on a wide range of matters relating to DSS services and the 2015 Act. The most common queries related to:

- Current arrangement applications
- General information about the 2015 Act
- Information on accessing forms
- Requests for information or support for the MyDSS portal
- Requests for materials
- Requests for stakeholder engagement

We maintained and updated our website decisionsupportservice.ie with important information about the DSS and how to access our services. We received a total of 234,202 unique visitors to our website throughout 2024.

We maintained our online portal MyDSS, through which members of the public can create an account and access DSS services.

While the majority of account holders created and verified their accounts using a MyGovID, we also verified accounts using an alternative process.

During 2024, we specified one statutory form, with the consent of the Minister of the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) relating to supervision procedures.

We also updated and published guidance relating to a range of our functions, including how-to guides, guidance materials and videos.

Queries managed by our Information Services team

- 18,089 phone queries
- 7952 email queries
- 826 queries received by post

As set out in **Figure 1**, October to December was the busiest period for the DSS Information Services team based on calls received,

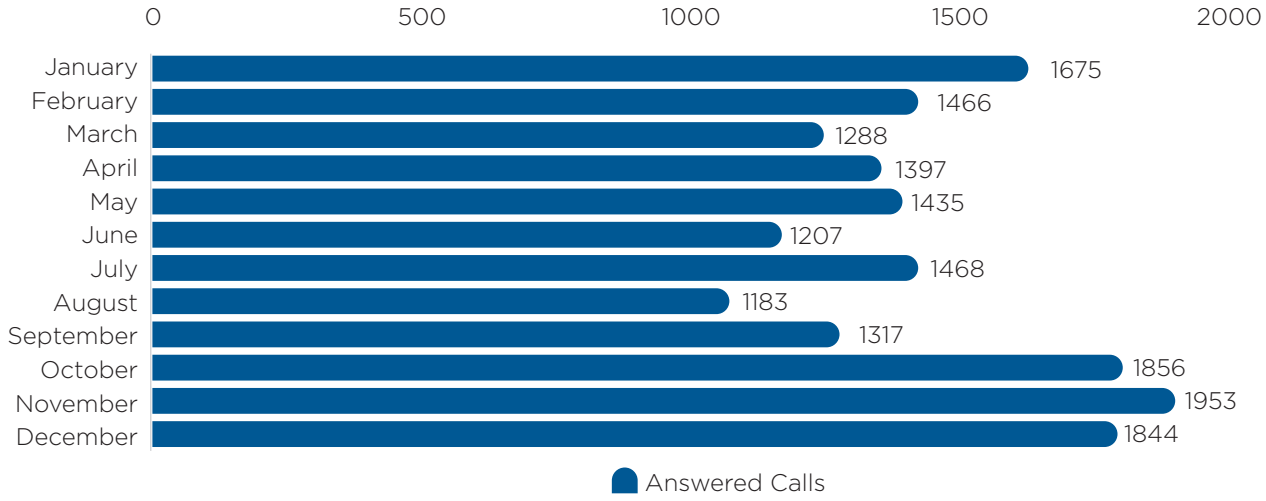


Figure 1 *Calls answered by DSS information services per month in 2024*

MyDSS accounts

- 14,675 new verified accounts
- 10,537 verified by MyGovID
- 20,944 verified MyDSS accounts were active at the end of 2024

Table 1 shows that 27% of people chose to verify themselves directly with the DSS rather than use a MyGovID single login for government services.

Table 1: *Verification method for fully verified DSS accounts*

Verification method	2024	All time	%
MyGovID	10537	15195	73%
Manual	4138	5749	27%
Total	14675	20944	-

Profile of DSS account holders

As set out in **Tables 2-6**, a DSS account holder is more likely to be an Irish female over the age of 50 and based in county Dublin.

Table 2: *Gender of persons who have completed identity verification and have a DSS account*

Gender	2024	All time	%
Female	6146	9042	43%
Male	4626	6841	33%
Not given	3906	5063	24%
Other	<5	<5	-
Total	14680	20948	

Table 3: *Age profile of persons who have completed identity verification and have a DSS account*

Age range	2024	%	All time	%
Over 90	688	5%	976	5%
80-89	2872	20%	4156	20%
70-79	2638	18%	3792	18%
60-69	2290	16%	3258	16%
50-59	3070	21%	4256	20%
40-49	2063	14%	2894	14%
30-39	731	5%	1101	5%
Under 30	281	2%	419	2%
Not stated	58	<1%	88	<1%

Table 4: *Top 10 countries of current residence for DSS account holders*

Country	All time	2024
Ireland	20205	14102
United Kingdom (excl NI)	443	348
United States of America	69	56
Northern Ireland	50	34
Australia	33	30
France	18	15
Canada	18	15
Germany	14	12

Table 5: *Irish counties of current residence for DSS account holders*

County	All Time	2024
Dublin	7919	5515
Cork	2119	1414
Galway	1069	758
Kildare	1032	727
Wicklow	804	608
Meath	797	549
Limerick	602	430
Kerry	551	389
Tipperary	533	377
Waterford	504	370
Wexford	499	344
Louth	494	354
Clare	441	308
Mayo	423	288
Donegal	401	253
Kilkenny	307	214
Westmeath	304	205
Offaly	226	150
Sligo	209	145
Laois	208	158
Roscommon	183	123
Cavan	155	112
Carlow	149	108
Monaghan	133	97
Longford	89	71
Leitrim	66	42
Not Given	727	566
Total	20944	14675

Table 6: *Ethnicity of DSS account holders*

Ethnicity	Count
Irish	13588
Any other white background	522
Other	65
African	48
Indian	31
Any other Asian background	28
Arab	25
Pakistani	25
Mixed	24
Irish traveller	8
Bangladeshi	5
Any other black background	<5
Chinese	<5
Roma	<5
Not Given	6565

Specified forms

- Annual report for Attorneys

Guidance materials, procedures and forms published

- Revised Complaints Procedures
- Accessibility Policy
- Revised Identity Verification Form (IDVF)
- MyGovID video
- 'How to create an EPA' video series
- EPA top tips
- EPA application stages
- EPA timeline
- Letter of Authority template
- Pre-approval form – Remuneration from assets of relevant person
- Pre-approval form – Remuneration from DSS
- Pre-approval form – Excess remuneration
- Reporting requirements of a decision-making representative leaflet
- Revised Guidelines for completing an Initial Report for decision-making representatives
- Revised Guidelines for completing an Initial Report for attorneys
- Checklist for supporting documentation for an Initial Report
- Revised Guidelines for completing an Annual Report for decision-making representatives
- Revised Guidelines for completing an Annual Report for attorneys

Accessibility

During 2024, we developed and published an Accessibility Policy to ensure people using DSS services - and in particular those with specific accessibility requirements - interact with us in the way that best meets their needs.

During the early months of 2024, a higher than anticipated uptake in manual paper applications contributed to a delay and backlog in processing enduring power of attorney (EPA) registration applications.

During 2024, 53% of manual paper applications had a legal practitioner associated with the application with the remaining 47% being made by individuals without professional representation.

Manual applications and processes are resource intensive and often contain applicant errors.

In July, following the implementation of the Accessibility Policy, we issued and accepted manual applications directly from persons unable to use our online portal for reasons linked to disability, lack of digital ability or connectivity, or in other exceptional circumstances that prevent digital access.

This was to ensure that those who required manual applications received all necessary supports, and that their applications were processed with service levels comparable to a digital application.

EPA helpdesk

As part of our commitment to ensuring people can access our services and in particular plan ahead to make an EPA, we launched a temporary dedicated EPA helpdesk in September 2024 with the team taking their first phone calls in October 2024.

The purpose of the EPA helpdesk was to provide an enhanced level of support to donors, attorneys and professionals acting on their behalf, thereby providing a comprehensive, responsive, and proactive service to address queries, issues and perceived barriers relating to the EPA process.

The EPA helpdesk was resourced to take approximately 60% of calls from our existing Information Services team. Given the volume and complexity of calls relating to EPA applications, the dedicated team was able to quickly develop the expertise to manage and resolve queries, without call transfers. **Figures 2 and 3** highlight the improvements in service levels as a result of this new team, including increased calls answered and reduced call wait time.

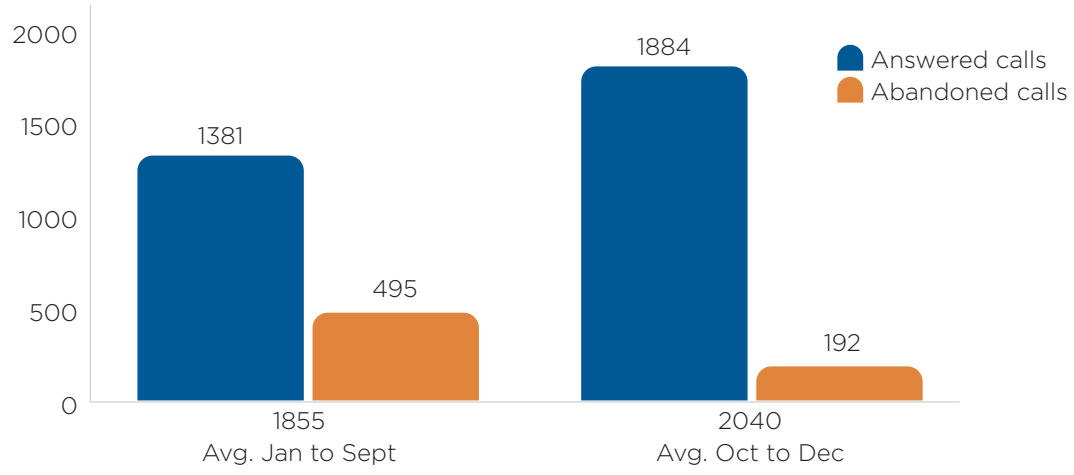


Figure 2: *Comparison of calls received, and calls answered before and after the introduction of the EPA helpdesk*

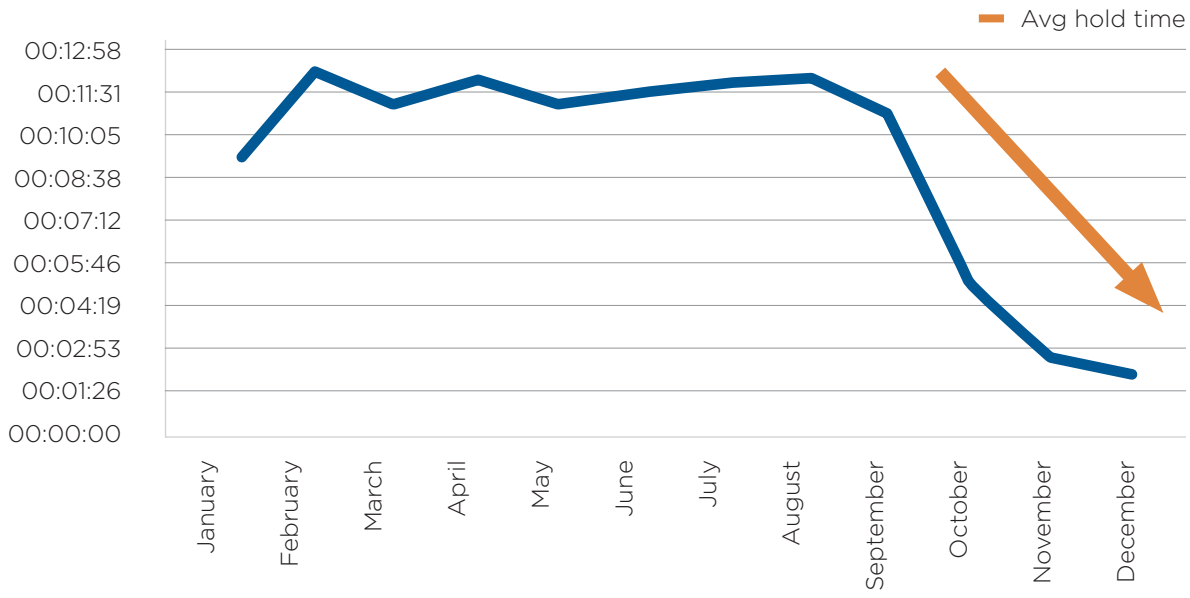


Figure 3 *Call hold performance as a monthly average 2024. Displayed as HH:MM:SS*

Impact of Accessibility Policy

Between July and December, 47 requests for manual application forms were received and assessed against our Accessibility Policy. Thirty-one were approved and provided with a manual form and the support needed to complete the form.

As a result of the Accessibility Policy, by the end of 2024 the average processing time experienced by those submitting a manual application had decreased by four months. This is expected to reduce further in 2025.

Manual application service levels

Upon the implementation of the Accessibility Policy from July onwards, additional temporary staff were recruited to address service levels for manual applications.

At year end, the manual application team managed i.e. processed onto the digital portal, submitted, registered, cancelled due to non-response within timeframes, over 1,900 applications:

- 1,040 paper applications that were manually submitted to the DSS were processed by the DSS onto the online portal to enable registration and entry onto the register.
- Of those, 229 applications manually processed were registered or notification accepted.
- The remainder of manual applications (860) were being managed by the DSS, had voluntarily moved to a digital application, or were closed out due to non-response to requests for further information

Registration

During 2024, we registered enduring powers of attorney, decision-making representation orders and co-decision-making agreements. In addition, decision-making assistance agreements were notified to us to be given legal effect and registered enduring powers of attorney were notified to us to be activated.

Each decision support arrangement submitted to us was reviewed to ensure it met the statutory requirements set out in the 2015 Act.

Each decision support arrangement has specific requirements relating to:

- Information about the parties
- Content of the arrangement
- Signing and witnessing
- Notice parties
- Supporting statements

We also reviewed objections made to the registration of co-decision-making agreements and enduring powers of attorney, as well as to the notification of enduring powers of attorney.

During 2024, we maintained registers of the following decision support arrangements:

- Co-decision-making agreements
- Decision-making representation orders
- Enduring powers of attorney

These registers were searched by prescribed professionals and prescribed organisations, as well as by members of the public who demonstrated a legitimate interest in searching the register.

Queries to our Registration team

- 2,787 incoming phone queries
- 5,176 outgoing phone calls
- 7,099 incoming email queries
- 10,004 outgoing emails
- 512 phone and email queries referred to the Registration team from other DSS teams

Applications received

- 91 submitted applications to notify decision-making assistance agreements
- 100 submitted applications to register co-decision-making agreements
- 2,587 submitted applications to register an enduring power of attorney

Arrangements registered

- 60 co-decision-making agreements
- 705 decision-making representation orders
- 1,413 enduring powers of attorney

Notified arrangements accepted

- 49 decision-making-assistant agreements
- 31 enduring powers of attorney

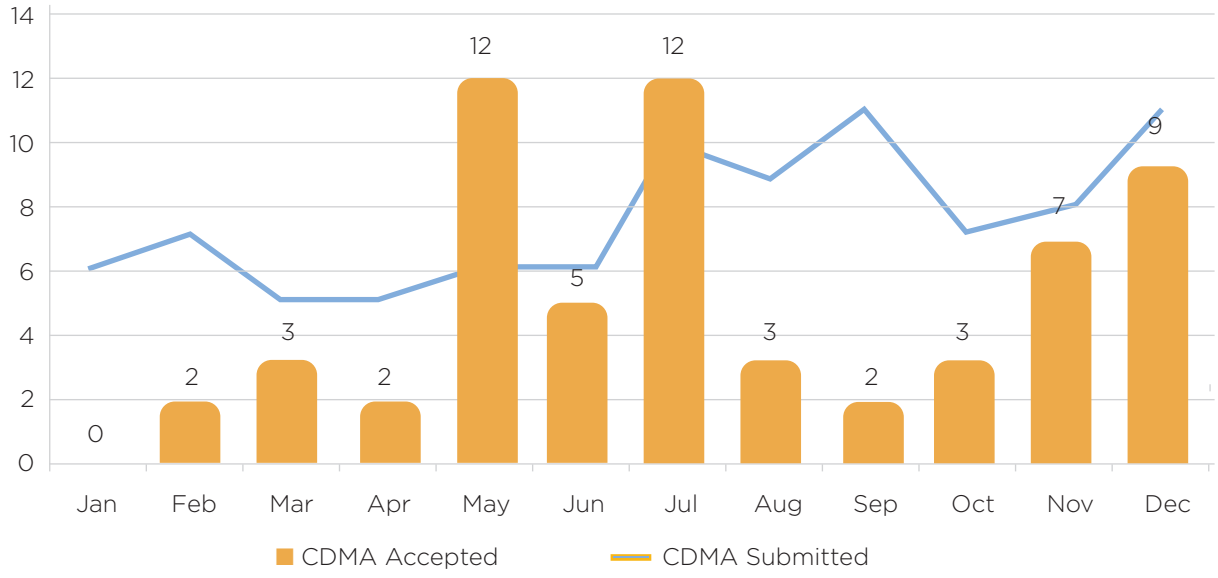


Figure 4 *Number of co-decision-making agreements registered and submitted by month*

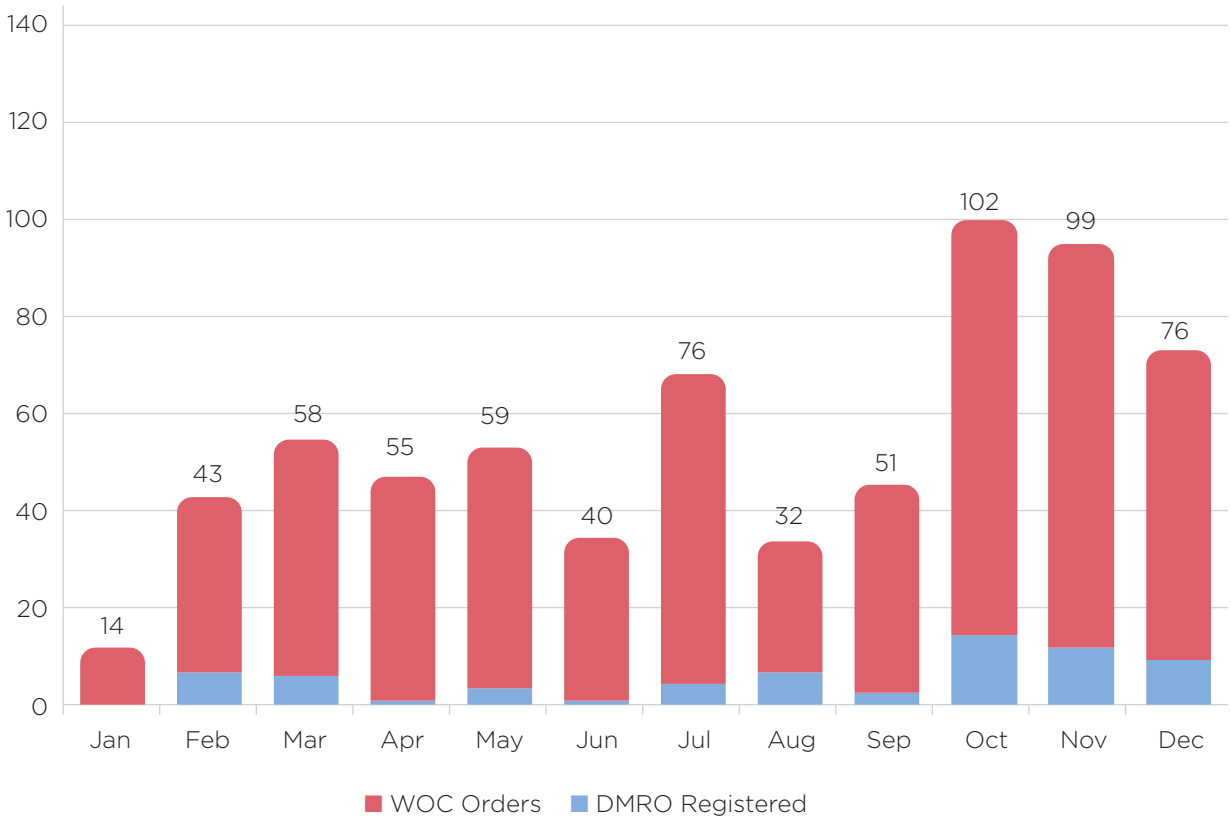


Figure 5 *Number of decision-making representatives registered by month – total and Wardship Court*

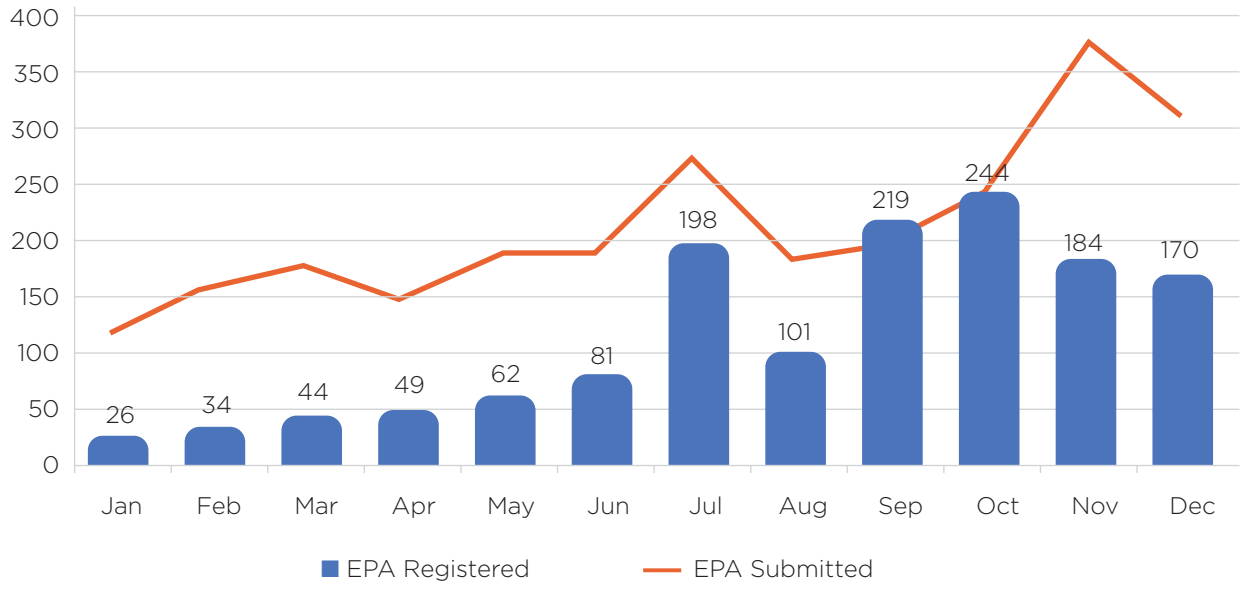


Figure 6 *Number of enduring powers of attorney registered and submitted by month*

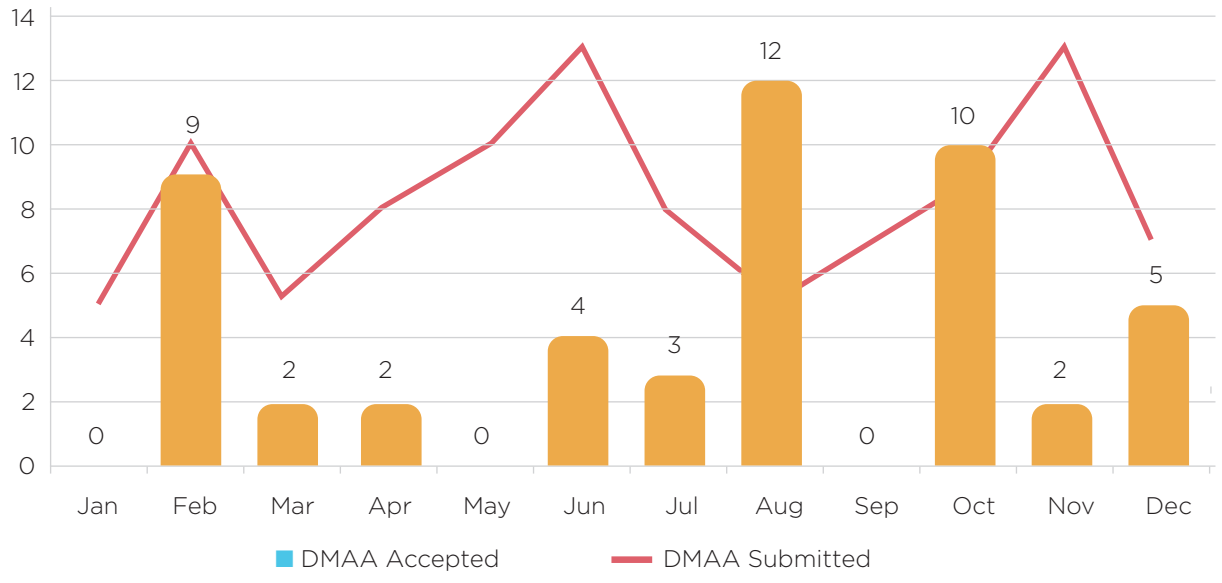


Figure 7 *Number of decision-making assistance agreements submitted and notifications accepted by month*

Enduring powers of attorney

74% of donors appointed a replacement attorney

99% EPAs gave general authority

2,587 EPA applications submitted

52% of donors appointed more than one main attorney

31 EPAs notified

64% Attorneys were donor's children

91% Attorneys were immediate family members

Multiple attorneys' authority:
52% jointly and severally
45% jointly
3% jointly, and jointly and severally

1,413 EPAs registered

106 Oldest donor

26 Youngest donor

Co-decision-making agreements

60 CDMAs registered

91 CDMA applications submitted

70% applications cover both personal welfare and property and affairs decisions

95% of co-decision-makers were immediate family members

Decision-making assistant agreements

100 applications submitted

49 DMAA notifications accepted

88% applications cover both personal welfare and property and affairs decisions

95% of decision-making assistants were immediate family members

Decision-making representation orders

705 DMROs registered

12% DMROs Part 6 Wardship Court

912 decision-making representatives were appointed

27% appointed more than one decision-making representative

68% decision-making representatives were immediate family members

Profile of applicants

As set out in **Tables 7-10** below, the most common age range for applicants creating decision-making assistance agreements, co-decision-making agreements and enduring power of attorneys is 80-89.

Table 7: *Age profile of appointers for decision-making assistance agreements by number and percentage*

Age range	Number	%
Over 90	18	20%
80-89	30	33%
70-79	17	19%
60-69	6	7%
50-59	10	11%
40-49	<5	-
30-39	<5	-
Under 30	<5	-

Table 8: *Age profile of appointers for co-decision-making agreements by number and percentage*

Age range	Number	%
Over 90	7	7%
80-89	33	33%
70-79	13	13%
60-69	15	15%
50-59	10	10%
40-49	7	7%
30-39	7	7%
Under 30	8	8%

Table 9: *Age profile of donors for enduring powers of attorney by number and percentage*

Age range	Number	%
Over 90	172	7%
80-89	1026	40%
70-79	877	34%
60-69	373	14%
50-59	93	4%
40-49	27	<1%
30-39	17	<1%
Under 30	<5	-

Current residence for applicants

Tables 10-11 below set out the counties where applicants created decision-making assistance agreements, co-decision-making agreements and enduring power of attorneys.

Table 10: *Applicant residence for a decision-making assistance agreement, co-decision-making agreement and enduring power of attorney by county*

County	DMAA	CDMA	EPA
Dublin	41	38	1040
Cork	<5	7	276
Galway	<5	7	128
Kildare	<5	<5	128
Meath	<5	<5	104
Kerry	<5	<5	97
Limerick	<5	<5	78
Waterford	<5	<5	78
Tipperary	<5	<5	74
Wicklow	<5	5	73
Mayo	<5	<5	57
Louth	<5	<5	54
Clare	<5	<5	54
Wexford	<5	<5	53
Donegal	5	7	51
Kilkenny	<5	<5	45
Westmeath	<5	6	42
Offaly	<5	<5	36
Sligo	<5	<5	22
Laois	<5	<5	22
Cavan	8	<5	20
Carlow	<5	<5	17
Roscommon	<5	<5	14
Longford	<5	<5	10
Monaghan	<5	<5	7
Leitrim	<5	<5	6
Other	<5	<5	<5

Table 11: *Registered decision-making representation orders by Court*

Circuit	Number	%
Dublin Circuit	279	40%
Eastern Circuit	88	12%
High Court	88	12%
Cork Circuit	59	8%
South Eastern Circuit	51	7%
South Western Circuit	43	6%
Western Circuit	38	5%
Midland Circuit	37	5%
Northern Circuit	22	3%

Objections

During 2024, we received 54 objections.

- 74% of submitted objections related to enduring powers of attorney
- 26% of submitted objections related to co-decision-making agreements

Register search requests

During 2024, we launched access to an online Register.

We actively engaged with members of the healthcare sector to provide limited access to a limited number of organisations as part of a focused launch at the end of 2024.

The online functionality to create a request to search the Register under a legitimate interest search also became available through the MyDSS portal at the end of 2024.

Supervision

During 2024, we supervised co-decision-making agreements and decision-making representation orders that were newly registered or remained registered with the DSS. We also supervised enduring powers of attorney (EPAs) made under the 2015 Act that had been notified and brought into effect.

We contacted all co-decision-makers and decision-making representatives following their appointment and all attorneys appointed under an EPA following the notification of the EPA. This first contact was primarily made by phone but followed up by email or post if contact could not be made.

We provided each decision supporter information about:

- their role and function
- relevant codes of practice
- relevant guidance material
- their reporting requirements

We reviewed the schedule of assets and liabilities, and statement of projected income and expenditure (the initial report) submitted by decision-making representatives and attorneys authorised to manage property and affairs.

We reviewed annual reports, and where relevant, annual accounts, submitted by co-decision-makers, decision-making representatives and attorneys.

We requested General Visitors to undertake general assurance visits to check in with decision supporters and ensure the decision support arrangement is operating the way it should be.

During 2024, we reviewed applications for pre-approval for remuneration and non-travel expenses from decision-making representatives appointed from the DSS panel.

We also reviewed invoices for decision-making representatives remunerated by the DSS pursuant to section 42(3)(c) of the 2015 Act.

We received and responded to phone and email queries from decision supporters as well as financial and healthcare organisations. Some common queries and issues arising included:

- The scope of authority to make a specific decision
- Whether the decision supporter is authorised to make gifts
- Payments for third-party services and professionals
- The authority to open and manage a bank account

Decision-making representatives appointed

- 940 decision-making representatives supervised
- 729 decision-making representation orders made*
- 258 initial reports approved
- 20 annual reports approved
- 17% of appointments were from the DSS panel
- 40% of panel DMRs were remunerated by the DSS

**Please note this refers to the date of court appointment and not the date of registration by the DSS.*

Co-decision-makers appointed

- 59 co-decision-makers appointed in respect of 59 co-decision-making agreements
- 37 appointed in respect of property and affairs and personal welfare decisions
- 3 annual reports approved

Attorneys appointed and active

- 48 attorneys supervised in respect of 31 notified EPAs
- 15 EPAs with multiple attorneys, of which 60% appointed to act jointly for all decisions
- 97% appointed for personal welfare and property and affairs decisions
- 100% of attorneys acting under a general authority
- 4 initial reports approved

Detailed calls and requests for further information

- 467 first contact calls completed
- 182 requests for further information issued in respect of statutory reports

Remuneration pre-approvals

- 20 for payment from estate of relevant person
- 27 for payment by DSS
- 11 pre-approvals for excess remuneration

Profile of supporters

As set out in **Tables 12-14** below, the most common age range for decision supporters under supervision is 50-59.

As set out in **Tables 15-17** below, the most common relationship of the decision supporter to the relevant person is an adult child supporting a parent for a decision-making representative and attorney under an EPA, and a sibling for a co-decision-making agreement.

Table 12: *Age profile of decision-making representatives by number and percentage*

Age range	Number	%
Over 90	<5	-
80-89	39	4%
70-79	91	10%
60-69	207	22%
50-59	356	38%
40-49	177	19%
30-39	28	3%
Under 30	8	1%
Not stated	32	3%

Table 13: *Age profile of co-decision-makers by number and percentage*

Age range	Number	%
Over 90	0	0
80-89	<5	-
70-79	<5	-
60-69	19	32%
50-59	21	36%
40-49	12	19%
30-39	<5	-
Under 30	0	0

Table 14: *Age profile of attorneys for notified EPAs by number and percentage*

Age range	Number	%
Over 90	0	0
80-89	<5	-
70-79	<5	-
60-69	10	21%
50-59	17	35%
40-49	14	29%
30-39	<5	-
Under 30	<5	-

Table 15: *Relationship of decision-making representative to relevant person by number and percentage*

Relationship	Number	%
Child	477	48%
Panel member	170	17%
Spouse/partner	98	10%
Brother/sister	83	8%
Niece/nephew	80	8%
Not stated	38	4%
Parent	34	3%
Cousin	14	1%
Friend/neighbour	5	0.5%
Foster carer	<5	-
Grandchild	<5	-
Solicitor	<5	-

Table 16: *Relationship of co-decision-maker to appointer by number and percentage*

Relationship	Number	%
Sibling	16	27%
Child	14	24%
Spouse/partner	8	14%
Parent	8	14%
Niece/nephew	7	12%
Aunt/uncle	<5	-
Friend	<5	-
Cousin	<5	-
God child	<5	-
Grandchild	<5	-

Table 17: *Relationship of attorney to donor by number and percentage*

Relationship	Number	%
Child	36	75%
Spouse/partner	9	19%
Niece/nephew	<5	-
Friend	<5	-

Complaints and investigations

During 2024, we received 30 complaints about decision supporters and decision support arrangements. This was in addition to the 11 complaints under investigation from the previous year.

Table 18 provides a breakdown of the source of the 30 complaints received.

Table 18: *Source of complaints received*

Source of complaint	Number
Family members	16
Social workers	4
Independent advocates	2
Nursing homes	3
Relevant person	2
DSS (Supervision Team)	3

Figure 8 provides a breakdown of the 30 complaints received by arrangement type.

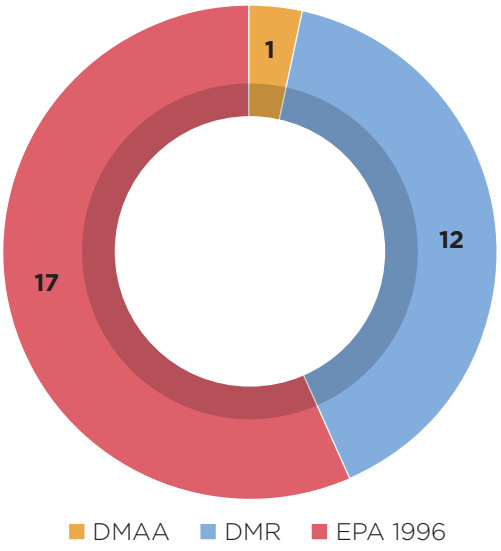


Figure 8: *Complaints received by arrangement type*

Table 19 shows the status of complaints active or received during 2024 as at the end of the year.

Table 19: *Status of complaints received as at 31 December 2024*

Status	Number
Investigation stage	7
Outside remit	9
Discontinued (investigation)	1
Discontinued (screening)	2
Withdrawn (investigation)	1
Withdrawn (screening)	1
Complaint not well founded	8
Complaint well founded	1

Not all the complaints we received were within our remit to investigate. Of the 30 complaints received during 2024, 9 were screened out because there was no decision support arrangement in place. The Complainants in these cases were signposted to the HSE Safeguarding and Protection Team in the area where the relevant person lived.

Internal review

During 2024, we received six requests for an internal review of our decision. Four were reviewed (by a more senior member of the team not involved in the original investigation) and the decision was not overturned. One did not meet any of the grounds for an internal review, and one was submitted after the 10-working day timeframe so was not accepted.

Ways to make a complaint

Anyone can make a complaint to us by sending us any of the following:

- a completed Complaints Form from our website
- an email to: complaints@decisionsupportservice.ie
- by way of a letter

Table 20: *Method of complaints submitted*

Method	Number
Complaints form (website)	24
By email	5
Letter	1
DSS portal*	0

**Only available from December 2024*

In December 2024, the DSS Portal became available for anyone who wished to submit a complaint to us.

Director's powers when investigating a complaint

As part of the investigation process, we can:

- Summon witnesses to attend before us
- Examine witnesses under oath
- Require a witness to produce any document in their power or control
- By notice, in writing, require any person to provide written information that we consider necessary to enable us to carry out our functions
- Seek resolution of complaints informally, as is considered appropriate and reasonable
- Investigate using "own initiative" powers
- Conduct investigations other than in public

Complaints and Investigations Procedures

During 2024, we published revised Complaints and Investigations Procedures which set out detailed information about our complaints process, including the types of complaints we can investigate.

How we investigate complaints:

When we receive a complaint, we review it to ensure that it relates to one or more of the grounds that we can investigate. Where a complaint is within our remit, we must investigate it and form a view as to whether it is well-founded.

During the investigation process, we engage with the complainant, the relevant person, the decision supporter(s) complained of and any other person who can provide relevant information.

In situations where a complaint is well-founded, we can refer the matter to court for a determination. However, we have discretion to try to resolve the complaint informally, where appropriate, and to ensure that the resolution is implemented. If the resolution is not implemented, we can refer the matter to court.

Case studies

Anonymised examples of complaints received in 2024

An example of a well-founded complaint that was informally resolved

A decision-making assistance agreement had been set up covering all decisions relating to the relevant person's (RP's) property and affairs and personal welfare. The complainant alleged that the RP could not have understood the significance of signing the agreement, as they didn't have sufficient capacity to make decisions for themselves. They also alleged that the decision-making assistant was taking decisions on behalf of the RP.

When we visited the RP to discuss the complaint with them, they said that they didn't know what a decision-making assistance agreement was, and didn't know why they might need one. During the investigation, we also engaged with the decision-making assistant, the RP's GP, their Geriatrician, and their solicitor.

We notified the parties that the complaint was in our view, well-founded. In this instance, we believed the complaint could be resolved informally. We provided clarification to the decision-making assistant about their role and how an arrangement of this nature was required to be initiated by the RP.

An example of a not-well-founded complaint

A Decision-Making Representative (DMR) was appointed by the court to make decisions about where the RP should live. The complainant alleged that the DMR was refusing to tell the complainant where the RP was living and was disregarding the RP's preferences regarding proposed place of residence. They also alleged the DMR was obstructing communication and visits to the RP.

During the investigation of this complaint, we collected information from various parties, including family members and staff involved in the RP's care. We visited the RP and had phone conversations, meetings and email exchanges with relevant parties and witnesses.

We found no evidence to support the allegations made by the complainant and viewed the allegations as being not-well-founded.

DSS panels

During 2024, we maintained three panels to support the delivery of a number of our key functions.

We maintained a panel of:

- Decision-making representatives
- General visitors
- Special visitors

Decision-making representatives

We maintained a panel of decision-making representatives who were nominated to be appointed by the Circuit Court and Wardship Court to make certain decisions on behalf of a relevant person when there was no other suitable person willing and available and able to do so or where it was the will and preference of the relevant person to have an independent representative.

During 2024, our panel of decision-making representatives included persons from diverse professional backgrounds including legal, health and social care, medical and finance.

To reflect the new and often complex nature of the decision-making representative role, a monthly newsletter, updates to case law and relevant information and guidance were issued to panel members through our panel member portal. Moodle, an eLearning platform, is available to all panel members and it contains training videos and training material. A refresher training day was held in July.

We launched a recruitment campaign in September 2024 for more panel members for our panel of decision-making representatives due to increasing numbers of requests from the Circuit Court and the Wardship Court for nominations. We expect to onboard the new panel members in June 2025.

General visitors

During 2024, we requested 10 visitors from our panel of general visitors to undertake visits as part of a programme of general assurance in line with our supervisory functions. A general visitor is a person with relevant qualifications or other expertise or experience to assist with these functions.

Special visitors

During 2024, we maintained a panel of special visitors with knowledge, expertise and experience in relation to undertaking a capacity assessment. We did not request any special visitors to undertake a visit.

Decision-making representatives

- 104 panel members on the panel
- 201 requests from the panel
- 7 different professions

Table 21: *Panel of decision-making representatives by profession*

Profession	Number
Solicitor	60
Social Worker	22
Barrister	13
Nurse	3
Accountant	2
Occupational Therapist	2
Doctor	2

Requests from the Circuit Court

- 134 requests for nominations from panel of decision-making representatives
- Of the total requests 67% were from the Circuit Court
- 12% of appointments from the Circuit Court used a panel member

Table 22: *Circuit Court requests by area*

Court Circuit	Requests
Dublin Circuit	51
Cork Circuit	21
Eastern Circuit	9
Midland Circuit	17
Northern Circuit	2
South-Eastern Circuit	11
South-Western Circuit	13
Western Circuit	10

Requests from Wardship Court

- 67 requests for panel member nominations from panel of decision-making representatives
- 33% were from the Wardship Court
- 69% of appointments from the Wardship court used a panel member

General visitors

- 53 on the panel of general visitors
- 10 requests for general visitors

Special visitors

- 38 on the panel of special visitors
- 0 requests for special visitors

Promoting Public Awareness

One of the principal statutory functions of the DSS is to promote public awareness and confidence in the 2015 Act and the services of the DSS.

In 2024, the Mental Health Commission refocused its public information campaign on advance planning in an effort to ensure that as many organisations, families and individuals as possible were aware of the sections of the Act, the DSS services and the decision-making advance planning tools available to those who may require support with decision-making in the future.

Knowing our audience

To better understand and target our audience, we conducted research on their media habits and preferences, their favoured social media channels and where they normally obtained their news. We consulted with healthcare and disability services, people with mental health difficulties and disabilities, representative organisations, and with families. We established a stakeholder forum whose members were experts-by-experience and who provided essential feedback throughout the year.

Stakeholder engagement

We recognised that we could reach more people in a shorter period if we collaborated with key stakeholders. We engaged with a range of likeminded organisations, including the Irish Hospice Foundation, Age Friendly Ireland, the Courts Service and the HSE, to coordinate resources, communications' plans, and key messages to ensure that any public relations work, events and social media messaging would complement the efforts of our advertising campaign.

Strategic choices

With a limited budget, we concentrated our communication messages on adults in the age cohort of 35 to 65. That is, on those who were currently making significant life decisions such as buying houses, opening life insurance policies, starting families and generally planning for their futures.

Developing assets

In 2023, we had developed a range of communication assets (ads, videos, posters, audio ads, animation etc) for the information campaign that focused on the launch of the new service. In 2024, following an analysis of the 2023 campaign, we added to those tools and imagery to incorporate advance planning and ensure we reached and resonated with as wide an audience as possible.

Investing in advertising

We developed a comprehensive advertising campaign by choosing our channels according to our objectives and audiences. The campaign ran from November 2024 to January 2025.

We used regional and national radio which our research indicated was the medium most listened to by our audience cohort. We delivered 1,574 total spots on radio across six weeks, reaching 3.27 million unique adults. We designed our social campaign around the concept of younger people embracing their older selves with the message 'Make a decision your future self will thank you for'. The social media aspect of the campaign exceeded expectations, securing a total of 5,360,324 impressions combined across Meta and TikTok.

Provision of information

We produced 10 step-by-step videos which took people through all the stages of creating an enduring power of attorney (EPA). We published an EPA checklist and held a series of information events in conjunction with the Irish Hospice Foundation and Age Friendly Ireland around the country called 'Putting Your House in Order'. We also ran a series of events for bar associations in Mayo, Galway, Clare and the Midlands to assist legal professionals to support their clients to register their EPAs online.

Publications

During 2024, the Director published articles about the 2015 Act and the role of the DSS in a range of publications including the Senior Times, the Law Gazette, Irish Country Living and a range of healthcare and human rights newsletters.

PR and Public affairs

We continued to promote the new service across national, regional and trade media; by publishing articles and information about the 2015 Act and the role of the DSS in appropriate publications and on digital channels; by regularly meeting with relevant groups and organisations to provide information; and by responding to parliamentary questions.

We collaborated on several public events to provide information about the 2015 Act and to promote advance planning. We also met regularly with our stakeholder forum with Inclusion Ireland who provided us with important feedback about our services. As part of our engagement activities, we held an advance planning event – *Start your Enduring Power of Attorney (EPA) Journey* in Galway and worked with the HSE and UCC to jointly host a national event - *Assisted Decision-Making (Capacity) Act 2015 – Reflections, Challenges and Opportunities* – that heard directly from people with lived experience and professionals. We worked closely with the Irish Hospice Foundation and Age Friendly Ireland to stage a number of advance planning events called 'Putting Your House in Order' in Cavan, Ballina, Castlebar, Galway City, Ballinasloe, Oughterard, and Kinsale.

Stakeholder engagement

During 2024, the DSS met with a range of organisations and provided information sessions about the Assisted Decision-Making (Capacity) Act 2015 and DSS services in-person or online to the following groups:

Ability West	Cope Foundation, Cork
Active Retirement Group, Newbridge	Disability Peer Support Group
ADM Senior Management Group, Brothers of Charity	Disability Special Interest Group Conference
ADM Social Workers in Primary Care, Wexford	Donegal Down Syndrome
Adult Intellectual Disability Special Interest Support Group - Portlaoise	DSS Stakeholder Forum
Age Friendly Louth County Council	Enable Ireland
Alzheimer's Dementia Cafe, Galway	Failte Community Services, Brothers of Charity, Galway
Ballyshannon & District Active Retirement Association	Haven Bay Care Centre, Cork
Baltinglass and District Active Retirement Group	Healthy Age Friendly Homes Programme
Bloomfield Hospital	HIQA
Bluestack Special Needs Foundation	Homeless Action Team, Tipperary County Council
Brothers of Charity	HSE ADM Leads Conference, Mansion House
Brothers of Charity Southern Services	HSE Disability Services, Kilkenny
Ceile Care Annual Conference	HSE Disability Services, Waterford
Cheeverstown Service	HSE Safeguarding Teams
CHIME (Association for the Deaf)	HSE Sligo - Mental Health Service
Citizen Information Service	HSE Sligo Leitrim Community Inclusion Training Service
Clare Bar Association	Inclusion Ireland

Irish League of Credit Unions, Tullamore
Irish Social Policy Association
Larchfield Park Care Centre
Laura Lynn Service
Law Society of Ireland
Mayo Bar Association
Moorehaven Services
National Advocacy Service
National Annual Convention of Older Peoples Councils, Waterford
New Directions - Voices Together: • Carlow • Meath
New Ross Active Retirement Group
Older People's Council - Meath County Council
Oranmore Galway Bar Association
Patients for Patient Safety
Peer Advocates in Mental Health
Peer Support Group in Mental Health, Dublin City University
Prosper Day Services
Quality Customer Service Network- DPER
Rehab (Families)
Roscommon Mental Health Services
Safeguarding Ireland
SOS Kilkenny
South Inner-City Drug and Alcohol Task Force
St Aidan's Service, Wexford
St James Hospital
St Vincent's Hospital, Fairview
Stewarts Care
TCD School of Law
Tusla South Tipperary Aftercare Steering Group
UCD Law Library
University College Hospital Galway
VHI
Waterford Older Person's Council

Regulation of Approved Centres

Regulatory Process

One of the core functions of the MHC is to regulate and regularly inspect inpatient mental health facilities known as 'approved centres'.

In line with our strategic plan 2023-2027, we endeavour to promote standards, improve quality and safeguard persons in relation to mental health services regulated by the MHC, ensuring a rights-based approach to service provision for service users. Our regulatory process includes a cycle of registration, inspection, compliance, monitoring, and enforcement to ensure high standards and good practices in the delivery of care and treatment to service users. We take a risk-based and intelligence-led approach to our regulatory practices.

We uphold the principles of responsive regulation including being consistent, transparent, targeted, proportionate, and accountable.

We promote capacity-building and self-assessment within services and aim to use our enforcement powers as a last resort following a stepped approach to escalation.

Figure 9: *MHC model of regulation*

Registration

All inpatient facilities that provide care and treatment to people who have a mental illness or disorder - as defined in section 62 of the Mental Health Act 2001 - must apply to be registered by the MHC as an approved centre.

Registration as an approved centre lasts for a period of three years, after which the centre must apply to re-register if it wishes to continue to operate.

As part of a registration application, the MHC considers information about how the facility is governed, the profile of residents, how it is staffed and how the staff are recruited and trained. The application also seeks information about the premises and the types of services that are provided.

The MHC registers and regulates a wide range of inpatient services, including:

- Acute adult mental health care
- Continuing mental health care
- Psychiatry of later life
- Mental health rehabilitation
- Forensic mental health care (NFMHS)
- Mental health care for people with intellectual disability (ID)
- Child and adolescent mental health care (CAMHS)
- Eating disorder treatment care

At the end of 2024, there were 65 approved centres registered with the MHC. During the year there were no new registrations, one approved centre closure (Owenacurra Centre – 30 January 2024), while 11 applications for re-registration were approved.

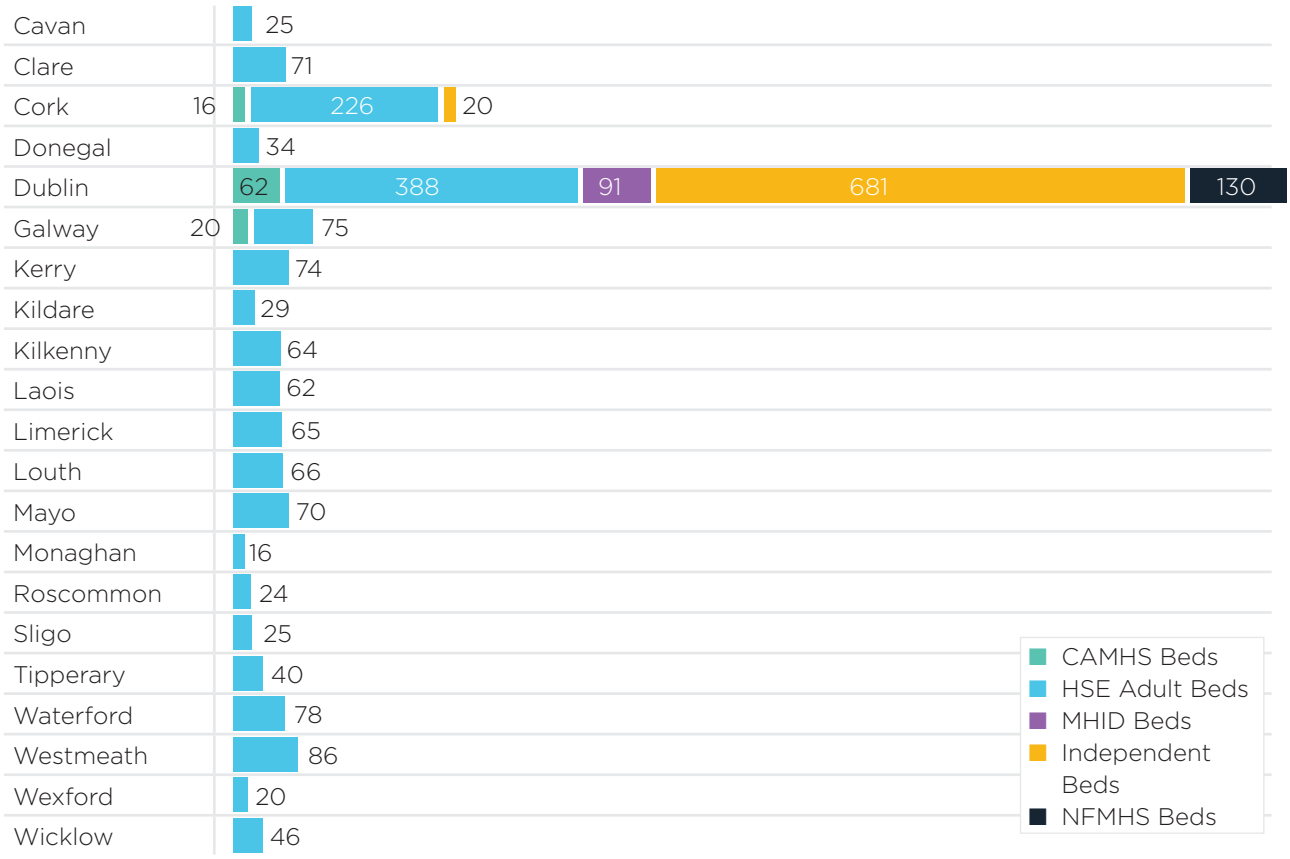
At the end of 2024, there were 2,604 registered inpatient beds in 65 approved centres across the country. During 2024, 13 approved centres notified the MHC of temporary changes to their operational beds. Approved centres reported that this was necessary due to building and refurbishment works and restriction of admissions.

- There were 98 CAMHS beds nationally, 62 in Dublin, 20 in Galway, and 16 in Cork.
- There were 701 adult beds in the independent sector, of which 681 were in Dublin.
- Of those registered adult inpatient beds, 69% were HSE beds and 31% were independent beds.
- There were also 130 registered forensic beds (NFMHS) and 91 mental health intellectual disability (MHID) beds. These beds were located in Dublin, with a national catchment area.

Table 23: *Registered beds per sector and region 2024*

	Dublin	Cork	Galway	Other Areas	Total
HSE/HSE Funded Adult Inpatient Beds	388	226	75	895	**1584**
CAMHS beds	62	16	20	0	**98**
Independent Beds	681	20	0	0	**701**
NFMHS Beds	130	0	0	0	**130**
ID Beds	91	0	0	0	**91**
		Total Beds All Areas			**2,604**

**Note that registered beds may differ across the year if there is a change to the maximum bed capacity of a centre at re-registration.*



**Note that registered beds may differ across the year if there is a change to the maximum bed capacity of a centre at re-registration. HSE CHO 9 includes both St Vincent's Hospital, Fairview, and St Aloysius Ward, Mater Misericordiae University Hospital.*

Figure 10: *Registered Beds per County 2024*

Details of all approved centres and their location are available on the MHC website: Approved Centres | Mental Health Commission.

Inspection

The Inspector of Mental Health Services visits and inspects every approved centre at least once each year. The Inspector prepares a report on their findings following the inspection. Each approved centre is given an opportunity to review and comment on any content or findings prior to publication.

On inspection, in 2024, the Inspector rated the compliance against:

- 31 Regulations
- Three Statutory Rules
- Part 4 of the Mental Health Acts 2001-2018
- Four Codes of Practice

Based on compliance with the relative legislative requirements, the Inspector makes a compliance rating of 'Compliant' or 'Non-Compliant' Additionally, based on the centre's adherence to the criteria set out in the Judgement Support Framework, the Inspector may comment on quality initiatives identified during inspections and in published reports, as a means of recognising and highlighting areas of good practice.

In 2023, the MHC devised and published the National Quality Framework: Driving Excellence in Mental Health Services (2023) facilitating a return to reporting on quality measures across approved centres in 2024. The JSF 2024 reintroduced the quality assessments to 10 regulations, including Individual Care Planning, General Health, Staffing, Risk Management Procedures and Provision of Information to Residents.

The 'Compliance Monitoring' section discusses compliance findings for 2024 in more detail.

Compliance Monitoring

The MHC collects, monitors and analyses compliance data by individual approved centres, by sector/CHO area, and nationally to identify areas of good practice and areas of concern.

The MHC uses the Judgement Support Framework (JSF) as a key document to guide how compliance is assessed on inspection. The Judgement Support Framework is reviewed and updated as required in advance of each annual inspection cycle to provide a consistent and up to date inspection framework for assessing compliance with regulatory requirements across the year. The JSF requires an assessment of compliance against the strict wording of the regulations. The MHC inspected 65 of the 66 registered approved centres in 2024, as Owenacurra Centre was registered for just one month in 2024, prior to closure on 30 January 2024.

To access copies of individual approved centre inspection reports please go to the MHC website www.mhcirl.ie.

Key Compliance Findings

84% **Overall compliance figures remained generally static when compared with 2023 (83.14% in 2024 compared to 83.57% in 2023)**

6 **Some centres (6) continue to achieve full compliance with regulations**

↑ **There was an increase in the number of high and critical non-compliances in 2024.**

81% **Overall compliance across HSE funded adult centres in 2024 was just under 81%.**

89% **Overall compliance across independently run adult centres was 88.5%.**

The data for 2024 show that - while a small number of approved centres continued to achieve 100% compliance - compliance levels with all legal requirements in 2024 were similar to the previous year, averaging 83.14% across all centres in 2024, in comparison with 83.57% in 2023. The compliance rate with the 31 regulations at 85% is equal to the figure reported in 2023 when it was also 85%.

The compliance rate in 2024 with the three statutory rules and Part 4 of the Mental Health Act 2001 was 60%, a decrease on average compliance of 64% in 2023.

The compliance rate in 2024 with Codes of Practice was 69%, a decrease on the 70% compliance observed in 2023. The MHC initiated a number of enforcement actions in response to findings from inspections.

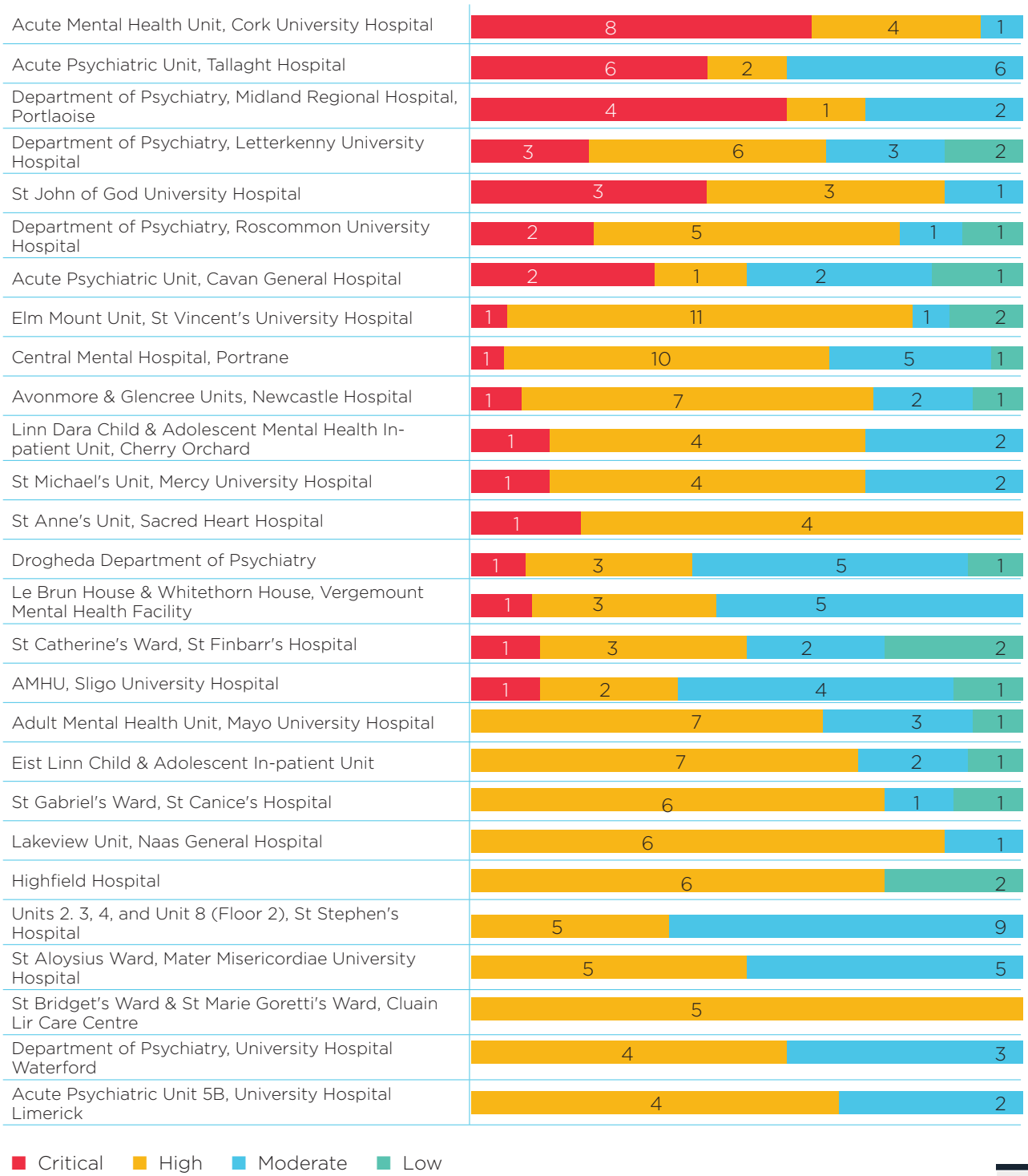
Six centres achieved 100% compliance with regulations, and 71% of all approved centres achieved an 80% rate of compliance or higher with the regulations in 2024. This proportion was 67% of approved centres in 2023, and 86% of centres in 2022. A total of 19 approved centres had a compliance rate lower than 80% in 2024, and one individual centre had a compliance rate lower than 60%. In comparison, 22 approved centres had a compliance rate lower than 80% in 2023, and nine approved centres had a compliance rate lower than 80% in 2022.

In relation to compliance with the three Statutory Rules, governing the use of ECT, seclusion, and mechanical restraints, and Part 4 of the Mental Health Act 2001 (consent to treatment), average compliance across all relevant approved centres was 60%. In 2023, compliance with the Statutory Rules and Part 4 of the 2001 Act averaged at 64%. It should be noted that the Statutory Rules may not be applicable in some of the approved centres.

Compliance rates with all four Codes of Practice averaged 69% in 2024, down one percent on the average compliance of 70% reported for 2023. The Codes relate to the use of Physical Restraint, ECT for Voluntary Patients, Child Admission to an Adult Unit and Admission, Transfer and Discharge to and from an Approved Centre. Again, these Codes of Practice may not be applicable to all approved centres.

There was a marked difference in levels of compliance achieved across the HSE's Community Healthcare Organisations (CHOs) which were still in operation in 2024. Overall average compliance across all adult centres within a HSE CHO was just under 81% in 2024. CHO 3 (89.61%) had the highest compliance rate with regulations, Rules and Codes of Practice on average across each of its approved centres, and CHO 6 had the lowest average compliance rate (64.65%). The average compliance rate across adult approved centres operated by independent providers was 88.54%.

Where non-compliance is found, the level of risk is assessed by the Inspector. The risk rating is calculated by assessing the impact of the non-compliance against the likelihood of the non-compliance reoccurring and is rated accordingly with a risk rating of low, moderate, high or critical. In 2024, 9.56% non-compliances were rated as low risk, 34.15% as moderate risk, 45.92% as high risk and 10.38% as critical risk. **Figure 11** highlights the proportional risk identified on inspection in 2024 by approved centre.



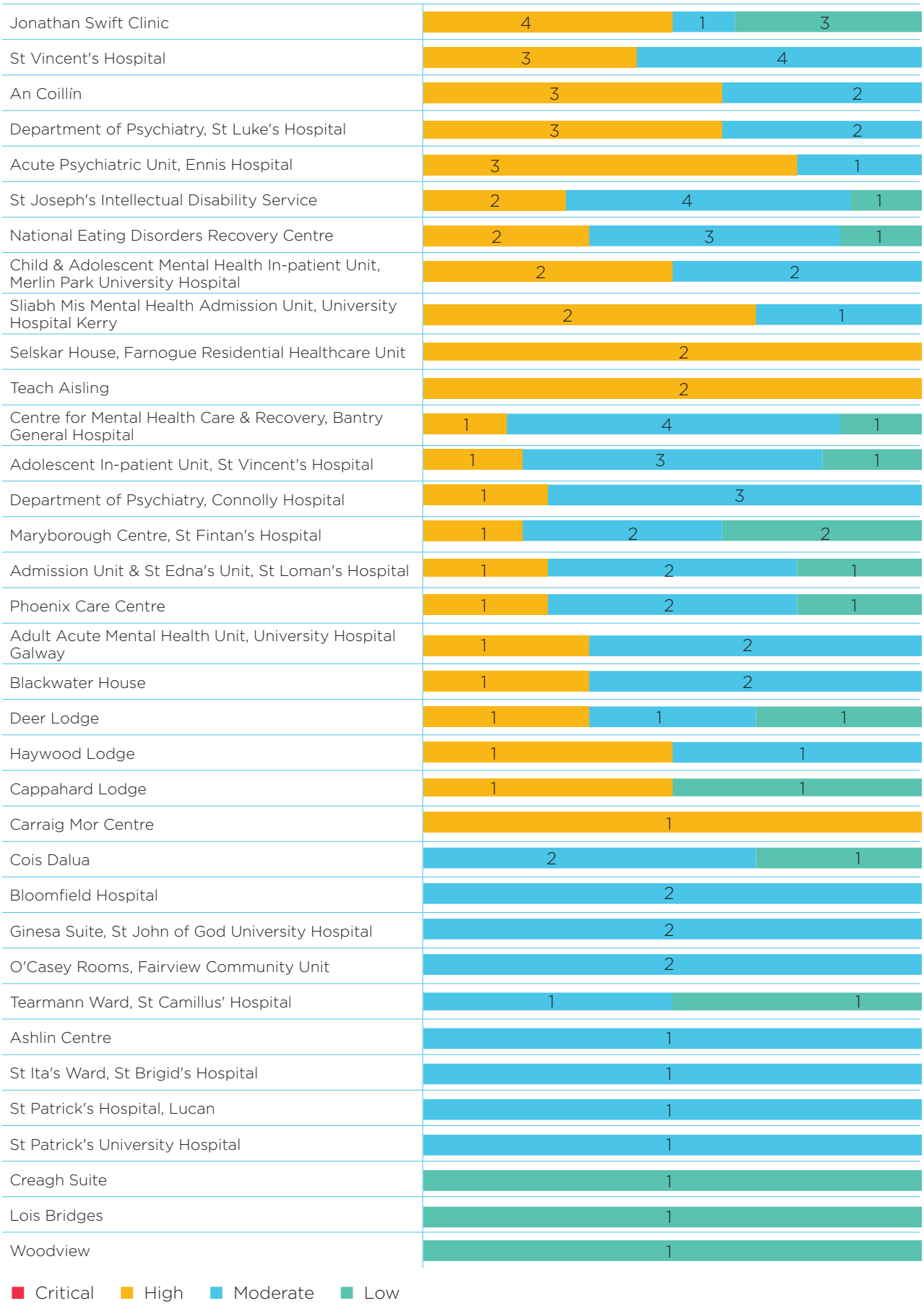


Figure 11: *2024 Proportional Non-Compliance Risk by Approved Centre*

Areas of Good Practice

In 2024, 22 of the 31 regulations had an approved centre compliance rate of 80% or higher. Nine regulations were fully complied with by all 65 approved centres in 2024, including Health & Safety, Communication, Care of the Dying and Recreation. In comparison, 21 individual regulations had an approved centre compliance rate of 80% or higher in 2023, while in both 2022 and 2021, 25 regulations had a compliance rate of 80% or higher. Although figuratively representing a decrease, 2024 showed a continued high rate of compliance with Part 4 of the Mental Health Act 2001 which relates to consent to treatment. In 2024 the compliance rate for Part 4 was 93.1%, and in 2023, the rate was 97%.

Thirty-three approved centres achieved 100% compliance with all Codes of Practice representing 51% of all centres inspected under same in 2024. Twenty-three approved centres achieved 100% compliance with all Rules and Part 4 of the Mental Health Act 2001, representing 44% of all centres inspected under same in 2024.

Compliance with the revised Code of Practice governing the use of physical restraint improved in 2024, rising from 48% in 2023 to 52.83% in 2024. While the rate remains relatively low, the improvement is commendable due to the system changes made by approved centres in response to changes introduced with the revised code. The MHC anticipates that approved centre compliance with the code will continue to improve.

Areas of Concern

Several regulations were identified as having poor compliance rates. In 2024, regulations with compliance rates below 80% included Ordering, Prescribing, Storing and Administration of Medicines (76.92%) and Privacy (67.69%). The MHC notes this finding with some concern given the potential for poor outcomes for residents if privacy and medication practices are not well managed.

A further four regulations had compliance rates lower than 60%. These were Risk Management Procedures (50.77%), Individual Care Plans (ICP) (58.46%), Staffing (50.77%) and Premises (32.31%). While the compliance rates for Staffing and Premises have increased in 2024 on the 2023 rates of 39.39% and 27.27% respectively, compliance with the regulation regarding Premises has continued to be low over the past number of years, with an average compliance rate over the past four years of 29.8%.

The annual reports have for a number of years noted low levels of compliance with these same four regulations. The data show that there is considerable variance in compliance levels across the HSE regional areas regarding these four regulations.

In 2023, the MHC found that the average compliance rate for these four regulations was below 61% across all CHO areas providing adult approved centres, averaging at 38.5% across all CHO areas. However, due to increased compliance in some CHOs on ICP, Staffing and Risk Management Procedures we have seen the average for all four regulations in 2024 rise to 44%, with the rate below 69% across all CHO adult sectors, as illustrated in **Table 24**. Of note, in 2024 CHO 6 had the lowest average compliance rate across the four regulations, with an average compliance rate of 16.7%. In comparison, CHO 3 had an average compliance rate of 68.75%, followed by the CAMHS sector which had a compliance rate of 58.34% across these four regulations. The independent sector compliance rate across these four regulations in 2024 was 59.38%.

In relation to Codes of Practice, the compliance rate with the Code of Practice on ECT has dropped to 87.5% in 2024, compared to 100% in 2023.

With the introduction of new Rules and Code of Practice relating to restrictive practices, namely mechanical restraint, physical restraint and seclusion - in place from 1 January 2023 - compliance with these revised Rules and Code of Practice is not strictly comparable to that achieved in previous years. However, changes in compliance rates for physical restraint and seclusion are provided figuratively as broadly indicative of the general compliance pattern.

The revised Rule on the use of mechanical restraint introduced in 2023 newly differentiates between use for immediate threat of serious harm (Part 3) and for enduring risk of harm (Part 4) mechanical restraint. In 2024, just one approved centre was inspected on the use of Part 3

mechanical restraint and was found non-compliant and compliance on Part 4 averaged at 63.64% both of which fall below the 2023 rate of 65.38%.

Compliance with the rule on seclusion across all applicable centres was 28.57% in 2024, which is a further decrease on the 32.14% compliance reported in 2023 and the 61% compliance reported in 2022.

A total of seven approved centres were inspected on the Code of Practice relating to the Admission of Children to adult approved centres in 2024, and all seven were found to be non-compliant with it. Reasons for non-compliance included approved centres not providing age-appropriate facilities and a programme of activities appropriate to age and ability. The MHC continues to closely monitor the admission of children and young people under the age of 18 to adult inpatient approved centres.

Critical Risks

In 2024, there were 17 approved centres with instances of non-compliance that received a critical risk rating. This means that there was a high likelihood of continued non-compliance and a high impact on the safety, rights, health or wellbeing of residents.

The critical risks included those related to:

- Regulation 5: Food and Nutrition
- Regulation 15: Individual Care Plan
- Regulation 16: Therapeutic Services and Programmes
- Regulation 19: General Health
- Regulation 21: Privacy
- Regulation 22: Premises
- Regulation 26: Staffing
- Regulation 27: Maintenance of Records
- Regulation 32: Risk Management Procedures
- Rules: Seclusion

The MHC follows up on all areas of concern and critical risks through our enforcement process. Please refer to the Enforcement section of this report for details of actions taken where critical non-compliances are identified.

Table 25 demonstrates the levels of risk found where Rules, Regulations or Codes of Practice were found non-compliant on inspection in 2024.

Table 24: *CHO/Sector compliance with ICP, Premises, Staffing and Risk Regulations*

CHO/Sector	No. of Approved Centres	ICP	Premises	Staffing	Risk	Lowest	Highest	Average
HSE CHO 1	4	50.00%	25.00%	25.00%	50.00%	25.00%	50.00%	37.50%
HSE CHO 2	8	62.50%	37.50%	25.00%	50.00%	25.00%	62.50%	43.75%
HSE CHO 3	4	75.00%	25.00%	75.00%	100.00%	25.00%	100.00%	68.75%
HSE CHO 4	8*	50.00%	25.00%	50.00%	50.00%	25.00%	50.00%	43.75%
HSE CHO 5	7	71.43%	42.86%	85.71%	57.14%	42.86%	85.71%	64.29%
HSE CHO 6	3	33.33%	0.00%	33.33%	0.00%	0.00%	33.33%	16.67%
HSE CHO 7	3	33.33%	0.00%	33.33%	33.33%	0.00%	33.33%	25.00%
HSE CHO 8	6	83.33%	33.33%	16.67%	16.67%	16.67%	83.33%	37.50%
HSE CHO 9	6	50.00%	33.33%	83.33%	66.67%	33.33%	83.33%	58.33%
INDP	8	50.00%	50.00%	75.00%	62.50%	50.00%	75.00%	59.38%
Forensic	1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
CAMHS	6	66.67%	50.00%	50.00%	66.67%	50.00%	66.67%	58.33%
MHID	1	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%	25.00%

*Owenacurra Centre closed 30/01/2024

Table 25: *Proportion of Non-Compliance by Area of Concern*

Reg/COP/Rule/Part 4	Critical	High	Moderate	Low
Reg 16: Therapeutic Services	29.41%	47.06%	23.53%	0.00%
Rules: Seclusion	25.00%	50.00%	25.00%	0.00%
Reg 19: General Health	23.53%	35.29%	35.29%	5.88%
Reg 32: Risk Management Procedures	18.75%	59.38%	18.75%	3.13%
Reg 21: Privacy	14.29%	52.38%	28.57%	4.76%
Reg 22: Premises	13.64%	63.64%	20.45%	2.27%
Reg 26: Staffing	12.50%	56.25%	28.13%	3.13%
Reg 27: Maintenance of Records	10.00%	25.00%	55.00%	10.00%
Reg 05: Food and Nutrition	9.09%	36.36%	54.55%	0.00%
Reg 15: Individual Care Plan	7.41%	44.44%	48.15%	0.00%
Rules: Part 3 Mechanical Restraint	0.00%	100.00%	0.00%	0.00%
Part 4: Consent to Treatment	0.00%	100.00%	0.00%	0.00%
Reg 13: Searches	0.00%	50.00%	0.00%	50.00%
Rules: Part 4 Mechanical Restraint	0.00%	62.50%	25.00%	12.50%
Reg 23: Medication	0.00%	60.00%	26.67%	13.33%
COP: Admission, Transfer, Discharge	0.00%	53.33%	33.33%	13.33%
Reg 31: Complaints Procedures	0.00%	50.00%	50.00%	0.00%
Rules: ECT	0.00%	50.00%	50.00%	0.00%
COP: Physical Restraint	0.00%	36.00%	36.00%	28.00%
Reg 29: Policies	0.00%	28.57%	28.57%	42.86%
Reg 08: Residents' Property	0.00%	28.57%	14.29%	57.14%
Reg 25: CCTV	0.00%	25.00%	75.00%	0.00%
Reg 11: Visits	0.00%	20.00%	60.00%	20.00%
Reg 06: Food Safety	0.00%	20.00%	40.00%	40.00%
COP: Children	0.00%	14.29%	85.71%	0.00%
Reg 28: Register of Residents	0.00%	11.11%	66.67%	22.22%
Reg 07: Clothing	0.00%	0.00%	100.00%	0.00%
Reg 20: Information	0.00%	0.00%	100.00%	0.00%
Reg 18: Transfer of Residents	0.00%	0.00%	50.00%	50.00%
COP: ECT	0.00%	0.00%	50.00%	50.00%
Reg 34: Certificate of Registration	0.00%	0.00%	0.00%	100.00%

80+% Compliant
60-80% Compliant
Less than 60% Compliant

Table 26: *Approved Centre Compliance with Regulations*

Approved Centre	CHO/Sector	% Compliance
Aidan's Residential Healthcare Unit	HSE CHO 5	100.00%
Ashlin Centre	HSE CHO 9	100.00%
Carraig Mor Centre.	HSE CHO 4	100.00%
Grangemore Ward, St Otteran's Hospital	HSE CHO 5	100.00%
St Patrick's University Hospital	Independent	100.00%
Willow Grove Adolescent Unit, St Patrick's University Hospital	CAMHS	100.00%
Bloomfield Hospital	Independent	96.67%
Child & Adolescent Mental Health In-patient Unit, Merlin Park University Hospital	CAMHS	96.67%
Teach Aisling	HSE CHO 2	96.55%
Cappahard Lodge	HSE CHO 3	96.43%
Creagh Suite	HSE CHO 2	96.43%
Lois Bridges	Independent	96.43%
St Ita's Ward, St Brigid's Hospital	HSE CHO 8	96.43%
St Patrick's Hospital, Lucan	Independent	96.43%
Woodview	HSE CHO 2	96.43%
Department of Psychiatry, Connolly Hospital	HSE CHO 9	93.33%
Ginesa Suite, St John of God Hospital	CAMHS	93.33%
Sliabh Mis Mental Health Admission Unit, University Hospital Kerry	HSE CHO 4	93.33%
Maryborough Centre, St Fintan's Hospital	HSE CHO 8	93.10%
O'Casey Rooms, Fairview Community Unit	HSE CHO 9	93.10%
Blackwater House	HSE CHO 1	92.86%
Haywood Lodge	HSE CHO 5	92.86%
Selskar House, Farnogue Residential Healthcare Unit	HSE CHO 5	92.86%
Tearmann Ward, St Camillus' Hospital	HSE CHO 3	92.86%
Adult Acute Mental Health Unit, University Hospital Galway	HSE CHO 2	90.00%
Deer Lodge	HSE CHO 4	90.00%
Phoenix Care Centre	HSE CHO 9	90.00%
Cois Dalua	Independent	89.66%
Acute Psychiatric Unit, Ennis Hospital	HSE CHO 3	86.67%
Admission Unit & St Edna's Unit, St Loman's Hospital	HSE CHO 8	86.67%
An Coillín	HSE CHO 2	86.67%
Department of Psychiatry, St Luke's Hospital	HSE CHO 5	86.67%
Lakeview Unit, Naas General Hospital	HSE CHO 7	86.67%
Adolescent In-patient Unit, St Vincent's Hospital	CAMHS	86.21%
Acute Psychiatric Unit 5B, University Hospital Limerick	HSE CHO 3	83.33%
AMHU, Sligo University Hospital	HSE CHO 1	83.33%
Centre for Mental Health Care & Recovery, Bantry General Hospital	HSE CHO 4	83.33%
Department of Psychiatry, Midland Regional Hospital, Portlaoise	HSE CHO 8	83.33%
Linn Dara Child & Adolescent Mental Health In-patient Unit, Cherry Orchard	CAMHS	83.33%
Acute Psychiatric Unit, Cavan General Hospital	HSE CHO 1	82.76%

Approved Centre	CHO/Sector	% Compliance
St Anne's Unit, Sacred Heart Hospital	HSE CHO 2	82.76%
St Bridget's Ward, & St Marie Goretti's Ward, Cluain Lir Care Centre	HSE CHO 8	82.76%
St Joseph's Intellectual Disability Service	IDS	82.76%
Department of Psychiatry, University Hospital Waterford	HSE CHO 5	80.00%
St John of God Hospital	Independent	80.00%
St Michael's Unit, Mercy University Hospital	HSE CHO 4	80.00%
Highfield Hospital	Independent	79.31%
Jonathan Swift Clinic	HSE CHO 7	79.31%
National Eating Disorders Recovery Centre	Independent	78.57%
St Gabriel's Ward, St Canice's Hospital	HSE CHO 5	78.57%
Drogheda Department of Psychiatry	HSE CHO 8	76.67%
Department of Psychiatry, Roscommon University Hospital	HSE CHO 2	75.86%
St Vincent's Hospital	HSE CHO 9	75.86%
St Catherine's Ward, St Finbarr's Hospital	HSE CHO 4	75.00%
Avonmore & Glencree Units, Newcastle Hospital	HSE CHO 6	73.33%
Eist Linn Child & Adolescent In-patient Unit	CAMHS	73.33%
Adult Mental Health Unit, Mayo University Hospital	HSE CHO 2	73.33%
St Aloysius Ward, Mater Misericordiae University Hospital	HSE CHO 9	72.41%
Le Brun House & Whitethorn House, Vergemount Mental Health Facility	HSE CHO 6	71.43%
Acute Psychiatric Unit, Tallaght Hospital	HSE CHO 7	70.00%
Units 2. 3, 4, and Unit 8 (Floor 2), St Stephen's Hospital	HSE CHO 4	66.67%
Department of Psychiatry, Letterkenny University Hospital	HSE CHO 1	63.33%
Elm Mount Unit, St Vincent's University Hospital	HSE CHO 6	62.07%
Acute Mental Health Unit, Cork University Hospital	HSE CHO 4	60.00%
Central Mental Hospital, Portrane	NFMHS	56.67%

Table 27: *CHO/Sector Compliance with Regulations in 2024*

CHO/Sector	No. of Approved Centres	Average Compliance	Lowest Rate	Highest Rate
HSE CHO 1	4	80.57%	63.33%	92.86%
HSE CHO 2	8	87.25%	73.33%	96.55%
HSE CHO 3	4	89.82%	83.33%	96.43%
HSE CHO 4	8*	81.04%	60.00%	100.00%
HSE CHO 5	7	90.14%	78.57%	100.00%
HSE CHO 6	3	68.94%	62.07%	73.33%
HSE CHO 7	3	78.66%	70.00%	86.67%
HSE CHO 8	6	86.49%	76.67%	96.43%
HSE CHO 9	6	87.45%	72.41%	100.00%
INDP	8	89.63%	78.57%	100.00%
NFMHS	1	56.67%	56.67%	56.67%
CAMHS	6	88.81%	73.33%	100.00%
MHID	1	82.76%	82.76%	82.76%

*Owenacurra centre closed 30/01/2024

Table 28: *Compliance by Regulation in 2024*

Regulation	Proportion of centres compliant
Reg 04: Identification	100.00%
Reg 09: Recreation	100.00%
Reg 10: Religion	100.00%
Reg 12: Communication	100.00%
Reg 14: Care of the Dying	100.00%
Reg 17: Children's Education	100.00%
Reg 24: Health and Safety	100.00%
Reg 30: Tribunals	100.00%
Reg 33: Insurance	100.00%
Reg 07: Clothing	98.46%
Reg 20: Information	98.46%
Reg 34: Certificate of Registration	98.46%
Reg 13: Searches	96.92%
Reg 18: Transfer of Residents	96.92%
Reg 31: Complaints Procedures	93.85%
Reg 06: Food Safety	92.31%
Reg 11: Visits	92.31%
Reg 08: Residents' Property	89.23%
Reg 29: Operating Policies and Procedures	89.23%
Reg 25: CCTV	88.24%
Reg 28: Register of Residents	86.15%
Reg 05: Food and Nutrition	83.08%
Reg 23: Medication	76.92%
Reg 16: Therapeutic Services	73.85%
Reg 19: General Health	73.85%
Reg 27: Maintenance of Records	69.23%
Reg 21: Privacy	67.69%
Reg 15: Individual Care Plan	58.46%
Reg 26: Staffing	50.77%
Reg 32: Risk Management Procedures	50.77%
Reg 22: Premises	32.31%

Table 29: *Compliance with Statutory Rules and Part 4 of the Mental Health Act 2001 in 2024*

Rule	% Compliance
Part 4: Consent to Treatment	93.10%
Rules: ECT	80.00%
Rules: Part 4 Mechanical Restraint	63.64%
Rules: Seclusion	28.57%
Rules: Part 3 Mechanical Restraint*	0.00%

*Only one centre required inspection in relation to Part 3 Mechanical Restraint in 2024 and was found non-compliant.

Table 30: *Compliance with Codes of Practice in 2024*

Code of Practice	% Compliance
COP: ECT	87.50%
COP: Admission, Transfer, Discharge	76.92%
COP: Physical Restraint	52.83%
COP: Children*	0.00%

*Seven approved centres were inspected in relation to adult centres which admit children, and all seven were found to be non-compliant with the code of practice. Please refer to the Areas of Concern section for more information.

Enforcement

Enforcement action is taken when the MHC is concerned that the care and treatment provided in an approved centre may be a risk to the safety, health and wellbeing of residents, or where there has been a failure by the provider to address an ongoing area of non-compliance.

All critical risk issues are considered by the MHC's Regulatory Management Team. Enforcement actions commonly arise from inspection findings, quality and safety notifications, and compliance monitoring.

Enforcement actions available to the MHC are set out in **Figure 12**. Enforcement actions range from requiring a corrective and preventative action plan (at the lower end of enforcement) to removing an approved centre from the register and/or pursuing prosecution.

Enforcement actions

The MHC took 31 enforcement actions in response to incidents, events and serious concerns arising in 2024. These actions related to 20 approved centres, and the maximum enforcement actions initiated against any one approved centre was five.

This compares with:

- 52 enforcement actions in 2023
- 45 enforcement actions in 2022
- 42 enforcement actions in 2021
- 17 enforcement actions in 2020

During 2024, enforcement actions included:

- 21 Immediate Action Notices, relating to 40 regulatory risks rated as critical or high
- 8 Regulatory Compliance Meetings
- Two proposals to attach a condition to the approved centre's registration arising from an enforcement process

In addition, the MHC requested 62 Corrective and Preventive Action plans on foot of the findings during the inspection cycle.

Approximately 61% of the 2024 Immediate Action Notices and Regulatory Compliance Meetings arose from regulatory inspections conducted by the Inspectorate division. However, many were initiated on foot of notifications to the MHC.

Enforcement actions related to core areas of service provision that impacted the safety, wellbeing or human rights of residents.

They included:

- Maintenance of premises at the approved centre
- Risk management procedures at the approved centre
- Appropriate staffing at the approved centre
- The provision of therapeutic services and programmes
- Other service provision areas

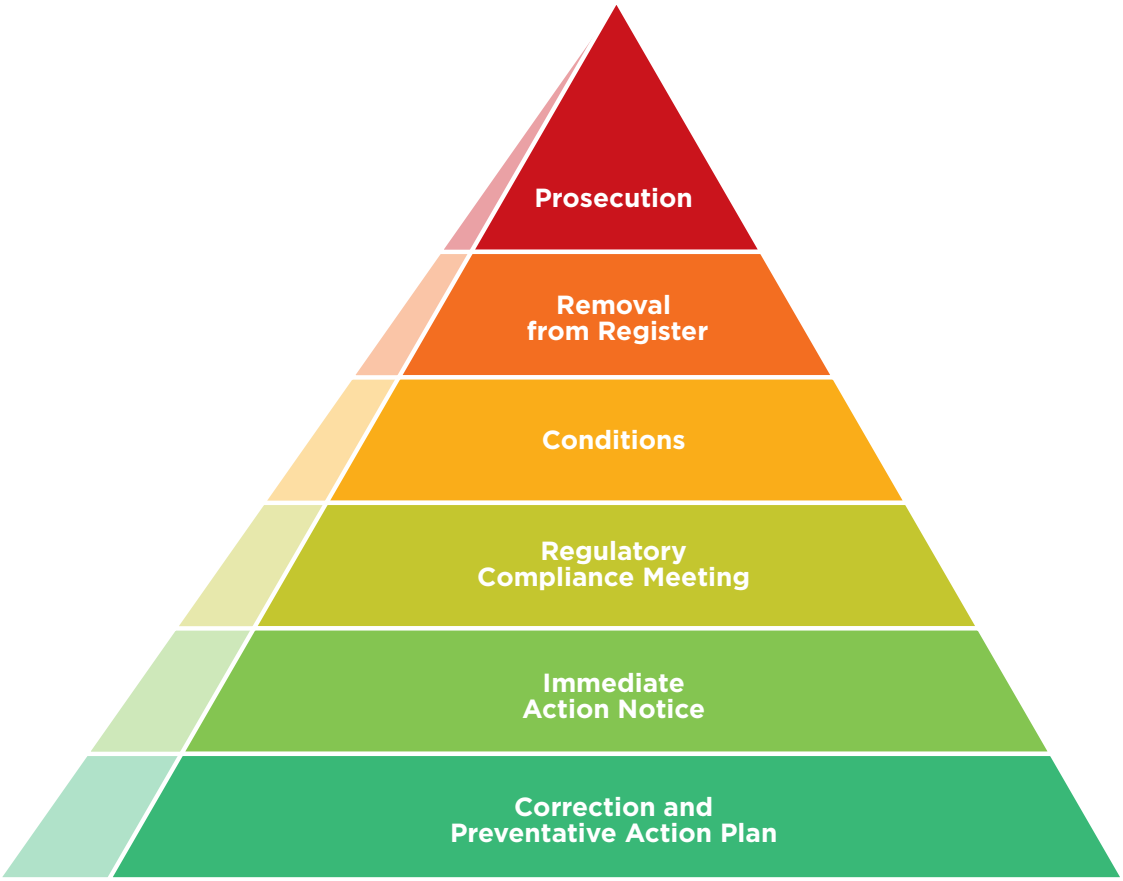


Figure 12: *MHC Enforcement Model*

Registration Conditions

The MHC may attach conditions to an approved centre's registration from time to time. The most common reason to attach conditions to the registration of an approved centre is continued non-compliance with regulations The MHC uses conditions to closely monitor and ensure action is taken in respect of areas of concern. It is an offence to breach a condition of registration.

Conditions Attached

In 2024, 4 **new** conditions were attached to the registration of 2 approved centres, relating to risk management, premises, compliance and quality improvement. This compares to 25 new conditions attached to 13 approved centres in 2023, and 14 new conditions attached to 12 approved centres in 2022.

At the end of 2024, there were 36 conditions attached to 20 approved centres in total, compared to 39 conditions attached to 25 approved centres at end of 2023, and 84 conditions attached to 37 approved centres at end of 2022. The reduction in the number of conditions in 2024 can be linked to the registration cycle, such that only a small number of approved centres applied for re-registration in 2024. The most common conditions attached are presented in **Table 31**.

- 11 centres applied for re-registration in 2024, compared to 34 in 2023, and 20 in 2022.
- Conditions remain in place for the duration of the three-year registration cycle, where issues of poor compliance have not been fully addressed.

Most conditions require that monthly or quarterly reports be submitted to the MHC, which allows for regular monitoring. In 2024, 109 condition-monitoring reports were submitted, compared to 79 condition-monitoring reports submitted in

2023 and 428 in 2022. The number of conditions reduced in 2024 as only 11 approved centres applied for and were granted new registration periods. Not all new registration periods had conditions attached to them and therefore the number of conditions attached to approved centres was reduced.

Table 31: *Registration Conditions in force in 2024*

Condition Area	Number of Conditions Attached
Premises	19
Risk Management	3
Staffing & Staff Training	2
Others	12

Quality & Safety Notifications

Approved centres and other community mental health services are required to record and submit Quality and Safety Notifications to the MHC via the Comprehensive Information System. There are a range of Quality and Safety Notification categories, which relate to incidents and adverse events and regulated practices, including:

- Child Admissions
- Deaths
- Electro-Convulsive Therapy
- Incident Reporting
- Overcapacity
- Operational Bed Capacity
- Restrictive Practices
- Serious Reportable Events

All notifications received are reviewed by the Standards and Quality Assurance (S&QA) division of the MHC, to ensure quality, safety of care, dignity and human rights practices are adhered to in the provision of mental health services in approved centres, and in other community mental health services as defined by the MHC pursuant to the 2001 Act.

The S&QA division closely monitors and reviews these notifications and may request further information from a service in relation to a notification, to ensure that specific actions have been taken to safeguard the wider resident group or that relevant learnings have been incorporated into service practice.

The MHC also analyses notifications for trends and uses these data to inform its regulatory practices. The MHC also produces annual activity reports on some regulated practices, which can be found on the MHC's website.

Adverse Events

Deaths

In 2024, the MHC clarified the notification requirements of community residents with respect to deaths noting that submission to the MHC via CIS is no longer required by community services following the enactment of the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023. Data reported for death notifications in 2024 will not include details of community reported deaths but is retained from previous years.

Approved Centres are required to notify the MHC of resident deaths that occur within the centre and also those that occur within four weeks post discharge from an approved centre. In 2024, 143 resident deaths were reported to the MHC by approved centres.

This compares to:

- 529 deaths in 2023; 149 related to residents of approved centres and 380 related to other community mental health services.
- 498 deaths in 2022; 147 were residents in approved centres and 351 related to other community mental health services.
- 471 deaths in 2021; 174 were residents in approved centres and 297 related to other community mental health services.
- 586 deaths in 2020; 207 were residents in approved centres and 379 related to other community mental health services.

A total of 92 (63%) deaths reported by approved centres in 2024 related to males. The average age of death was 68 years. The youngest was 16 years, and the oldest was 94 years.

Death by suicide may only be determined by a Coroner's inquest, which may take place several

months after the death. However, in 2024, 28 total deaths were reported to the MHC by approved centres as a 'suspected suicide'. This compares to 2023, where 35 related to residents of approved centres.

It should be noted that deaths notified to the MHC include those that are reported within four weeks of a resident's discharge. A breakdown of the deaths reported to the MHC is provided in **Table 32**.

Table 32: *Breakdown of deaths notified to the MHC*

Type of Death*	Approved Centre Deaths
Death was Sudden	48
Death was Not Sudden	95
Death was Suspected Suicide	28
Cause of Death Unknown	37

*A resident death may be reported under more than one Type of Death category

Serious reportable events

All approved centres are required to notify the MHC of Serious Reportable Events that occur in their service (Serious Reportable Events (SREs), HSE 2015).

- In 2024, 124 SREs were reported to the MHC involving 38 approved centres.
- In 2023, 94 SREs were reported involving 30 approved centres.
- In 2022, 51 SREs were reported involving 23 approved centres.
- In 2021, 42 SREs were reported involving 23 approved centres.
- In 2020, 36 SREs were reported involving 19 approved centres.

Table 33 shows the number of reported SREs by category in 2024, broken down by SRE category as reportable to the MHC. The highest reported SRE category was Criminal Events 6C (61.3%), followed by Environmental Events 5D (18.6%), and Other (7.3%). In relation to the Criminal Events 6C (Sexual Assault) category, there was another marked annual increase in the number of approved centre incidents reported in 2024 (76) compared to 2023 (42) and 2022 (12). The MHC engaged with each approved centre that reported a category 6C Criminal Event to ensure the safety of each resident and to require assurances regarding the wider safeguarding arrangements in place. It should be noted that during 2022 and 2023, the MHC issued communications to approved centres requesting that they review and update their arrangements for identifying, recording and responding to safeguarding and sexual assault allegations.

Table 33: *Serious Reportable Events reported in 2024 by Category*

SRE Category	Description	Number Reported	%
Criminal Events (6C)	Sexual assault	76	61.29%
Environmental Events (5D)	Serious disability associated with a fall	23	18.55%
Other	Other event	9	7.26%
Patient Protection Events (3C)	Sudden or unexplained deaths or injuries which result in serious disability of a person who is an inpatient/resident	8	6.45%
Care Management Events (4I)	Stage 3 or 4 pressure ulcers	4	3.23%
Patient Protection Events (3B)	Serious disability associated with a patient absconding from a healthcare service	2	1.61%
Criminal Events (6D)	Serious injury/disability resulting from a physical assault	2	1.61%
	Total	**124**	

Table 34 provides a breakdown of SRE by CHO and Sector. CHO 7 (18.6%) reported the highest number of SREs in 2024. The IDS sector reported the lowest proportion of SREs in 2024 at only 1.6%. It should be noted that some approved centres may be more likely to report a specific type of SRE based on the profile of residents that they support, for example, falls and pressure ulcers are associated with older adults in care.

Fifty three percent of SREs reported by approved centres related to female residents. The average age of a resident who was the subject of an SRE was 49 years of age. The youngest resident was 16 years old and the oldest was 96 years.

Regulated Practices

The MHC produces annual activity reports on the use of ECT and restrictive practices, the latter of which includes seclusion, physical restraint and mechanical restraint. We provide here a high-level overview of the information which will be presented in greater detail when the 2024 instances of these reports are published later in 2025. The data presented are therefore provisional. The final figures for 2024 and additional information will be included within the 2024 activity reports.

ECT

Electro-Convulsive Therapy (ECT) is a medical procedure in which an electric current is passed briefly through the brain via electrodes applied to the scalp to induce generalised seizure activity. The person receiving treatment is placed under general anaesthetic and muscle relaxants are given to prevent body spasms. Its purpose is to treat specific types of major mental illnesses.

The use of ECT in Ireland is regulated by the 2001 Act and approved centres must notify the MHC of all programmes of ECT.

Notifications reported to the MHC as completed show:

- In 2024 there were 316 programmes of ECT notified for 235 individuals in 16 approved centres.
- In 2023 there were 271 programmes of ECT notified for 205 individuals.
- In 2022 there were 265 programmes of ECT notified for 206 individuals.
- In 2021 there were 296 programmes of ECT notified for 219 individuals.
- In 2020 there were 300 programmes of ECT notified for 239 individuals.

Of the individuals who were administered ECT in 2024, 85.76% were voluntary patients attending an approved centre at the time of commencement of the ECT programme, compared to 77% in 2023.

In 2024, 73.19% of individuals underwent a single programme of ECT, while 26.81% of individuals received between two and four ECT programmes. In 2024, 63.6% of ECT recipients were female,

Table 34: *Serious Reportable Events reported by CHO*

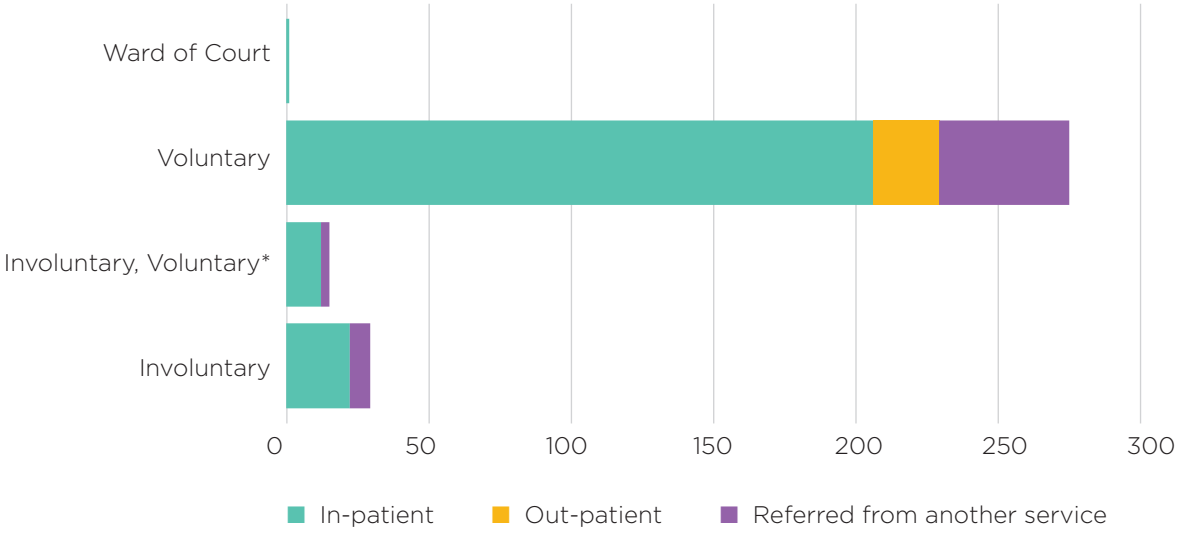
SRE Category	CAMHS	HSE CHO 1	HSE CHO 2	HSE CHO 3	HSE CHO 4	HSE CHO 5	HSE CHO 6	HSE CHO 7	HSE CHO 8	HSE CHO 9	IDS	INDP
Care Management Events (4I)		1			1	1						1
Criminal Events (6C)	3	9	5	3	9	2	10	19	8	2	<5	4
Criminal Events (6D)		1										1
Environmental Events (5D)		1	6	1	2	3	1	1	1	2		5
Other					4				3			2
Patient Protection Events (3B)							1		1			
Patient Protection Events (3C)			1		3			3	1			
Sector Proportional Total	**3**	**12**	**12**	**4**	**19**	**6**	**12**	**23**	**14**	**4**	**<5**	**13**

compared to 66% in 2023. The average age of a patient at initiation of ECT in 2024 was 65.2 years, in 2023 the average age was 63 years. The youngest ECT recipient in 2024 was 21 years of age and the oldest recipient was 89 years at the outset of treatment.

A single ECT programme may involve up to 12 individual treatments. Ninety-four programmes (29.75%) of ECT involved the full 12 treatments in 2024, with an average of 11 treatments per recipient. There were administered a total of 2,582 individual ECT treatments in 2024, compared to 2,233 in 2023.

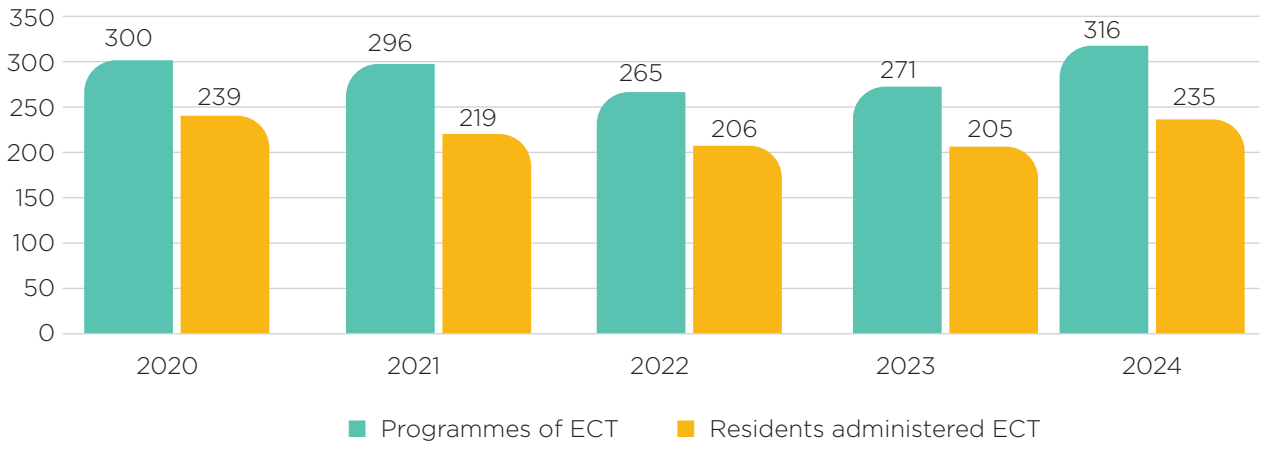
In 2024, 2,348 ECT treatments (90.9%) took place with the recipient's consent, compared to 1,844 (82.6%) in 2023. Thirty-eight programmes of ECT (12%) in 2024 included at least one treatment without consent, both a numerical and proportional decrease on the figure of 52 (19%) notified in 2023.

Figure 13: *2024 ECT Programmes by Patient Legal and Resident Status*



**An individual's legal status may change across the course of a programme of ECT*

Figure 14: *ECT Programmes per year 2020-2024*



Seclusion

Seclusion refers to the placing or leaving of a person in any room, at any time, day or night, such that the person is prevented from leaving the room by any means.

In 2024, there was a decrease of 16.87% in the number of reported episodes of seclusion when compared to those reported in 2023. There were 744 episodes of seclusion reported as having concluded in 2024, involving 434 residents in 27 approved centres. The shortest episode reported lasted 2 minutes, while the longest episode lasted 2,976 hours or 124 days. This long-running seclusion, which was specific to the NFMHS started in June 2024 and ended in October 2024. Services are required to notify the Inspector of Mental Health Services if a resident is secluded for a period exceeding 72 hours. The MHC received 67 notifications from 11 approved centres of episodes of seclusion that lasted longer than 72 hours in 2024.

In comparison, noted within the 2023 annual activity report there were 895 episodes of seclusion involving 473 residents in 27 approved centres, and reported within the 2022 annual report there were 1,364 episodes of seclusion involving 620 residents in 26 approved centres.

While there is variance in both the numbers of centres - and numbers of centres with seclusion rooms from sector to sector - CHO 9 accounted for 20.16% of seclusion episodes notified as ending in 2024, followed by CHO 5 which accounted for 19.62%, and CHO 7 which accounted for 12.90%. The MHID sector reported the lowest number of seclusion episodes in 2024, accounting for 0.13% of 2024 reported episodes.

In 2024, 69.4% of residents who were secluded were male. The average age of secluded residents at start of episode was 36 years. The youngest secluded resident was 15 years old and the oldest was 77 years of age. The majority of residents (68.4%) were secluded only once. The average number of episodes per secluded resident was 1.7, the median number of episodes per resident is one.

In order to increase the protections provided to people who experience seclusion and other restrictive practices, the MHC published updated rules and codes of practice governing these practices in 2022. The new rules and codes of practice came into effect on 1 January 2023.

Physical Restraint

Physical restraint refers to the use of physical force for the purpose of preventing the free movement of a resident's body.

In 2024, there was a decrease of 18.6% in the number of reported episodes of physical restraint when compared to those reported in 2023. There were 2,092 episodes of physical restraint involving 844 residents in 51 approved centres notified to the MHC in 2024. This compares to annually reported activity figures of 2,572 episodes of physical restraint involving 879 residents in 52 approved centres in 2023, 2,945 episodes of physical restraint involving 1,078 residents in 48 approved centres in 2022, 3,460 episodes of physical restraint involving 1,145 residents in 47 approved centres in 2021, and 3,990 episodes involving 1,211 residents in 48 approved centres in 2020. The average episode of physical restraint in 2024 lasted for four minutes. The shortest episode of physical restraint lasted for less than one minute, while the longest duration was 65 minutes. Renewal orders are required for episodes of physical restraint that last longer than 10 minutes. In 2024, 2% of all notified physical restraints were of a duration longer than 10 minutes.

CHO 7 reported the highest number of physical restraints, accounting for 15.30% of all reported episodes in 2024. CHO 4 accounted for 11.52% of physical restraint episodes in 2024, followed by CHO 9 at 11.28%, and CHO 5 at 10.56%. It should be noted that there is a variance in the number of acute centres per sector. The highest number of physical restraint episodes reported by a single approved centre was the Acute Psychiatric Unit at Tallaght Hospital (145), which accounted for just under 7% of all 2024 notified episodes.

Of those residents physically restrained in 2024, 53% were notified as male. The average age of residents who were physically restrained was 40. The youngest resident who was physically restrained was 12, and the oldest was 86. The average number of episodes per physically restrained resident in 2024 was just over two, and the median one.

Mechanical Restraint Part 3: Use of Mechanical Means of Bodily Restraint for Immediate Threat of Serious Harm to Self or Others

Mechanical restraint refers to the use of devices or bodily garments for the purpose of preventing or limiting the free movement of a person's body when they pose an immediate threat of serious harm to themselves or others.

In 2024, there were 10 episodes notified of mechanical restraint involving five residents under Part 3 of Rules Governing the Use of Mechanical Means of Bodily Restraint for Immediate Threat of Serious Harm to Self or Others. All 10 episodes of mechanical restraint were reported by the Central Mental Hospital. The total duration of mechanical restraint under Part 3 in 2024 was 22 hours and 15 minutes. The average episode of mechanical restraint lasted for two hours and 13 minutes. The shortest episode lasted 25 minutes, and the longest episode was four hours.

In 2023, nine episodes of Part 3 mechanical restraint involving six residents were reported to the MHC as outlined in the activity report The Use of Restrictive Practices in Approved Centres 2023.

Mechanical Restraint Part 4: Use of Mechanical Means of Bodily Restraint for enduring risk of harm to self or others

The use of mechanical means of bodily restraint on an ongoing basis for enduring risk of harm to self or others may be appropriate in certain clinical situations but must be used only to address an identified clinical need and/or risk.

A total of 18 approved centres reported the use of mechanical restraint for the purposes of clinical need as having occurred up to the end of 2024. These notifications reported the use of Buxton chairs for the safety of nine residents, the use of lap belts for 88 residents, and the use of bed rails for the safety of 295 residents. In addition, in 2024, 15 residents were restrained by other means such as a bed wedge or a table attached to a chair.

Areas that the MHC closely monitors

Overcapacity

An approved centre is at overcapacity if the number of residents accommodated in the unit at 12am on that day exceeds the registered number of beds in the approved centre. In 2024, there were seven instances of overcapacity reported by approved centres. There were 46 reported instances of overcapacity in 2023, and 33 in 2022.

Overcapacity in 2024 related to the following five approved centres:

- Drogheda Department of Psychiatry
- Adult Acute Mental Health Unit, University Hospital Galway
- Adult Mental Health Unit, Mayo University Hospital
- Central Mental Hospital, Portrane
- Department of Psychiatry, Letterkenny University Hospital

The Drogheda Department of Psychiatry reported the highest number of overcapacity notifications (3) representing 42.86% of 2024 notifications while the Adult Acute Mental Health Unit at University Hospital Galway, the Department of Psychiatry at Letterkenny University Hospital, the Adult Mental Health Unit at Mayo University Hospital and the Central Mental Hospital all reported just one instance each of overcapacity in 2024.

The MHC requires additional information and assurances from all centres reporting overcapacity to ensure patient safety and dignity, request evidence of surge management plans and require that they address the systemic causes of overcapacity.

All instances of overcapacity notified in 2024 were reported to have occurred due to emergency involuntary admissions.

Figure 15: *Overcapacity reported per annum 2020-2024*

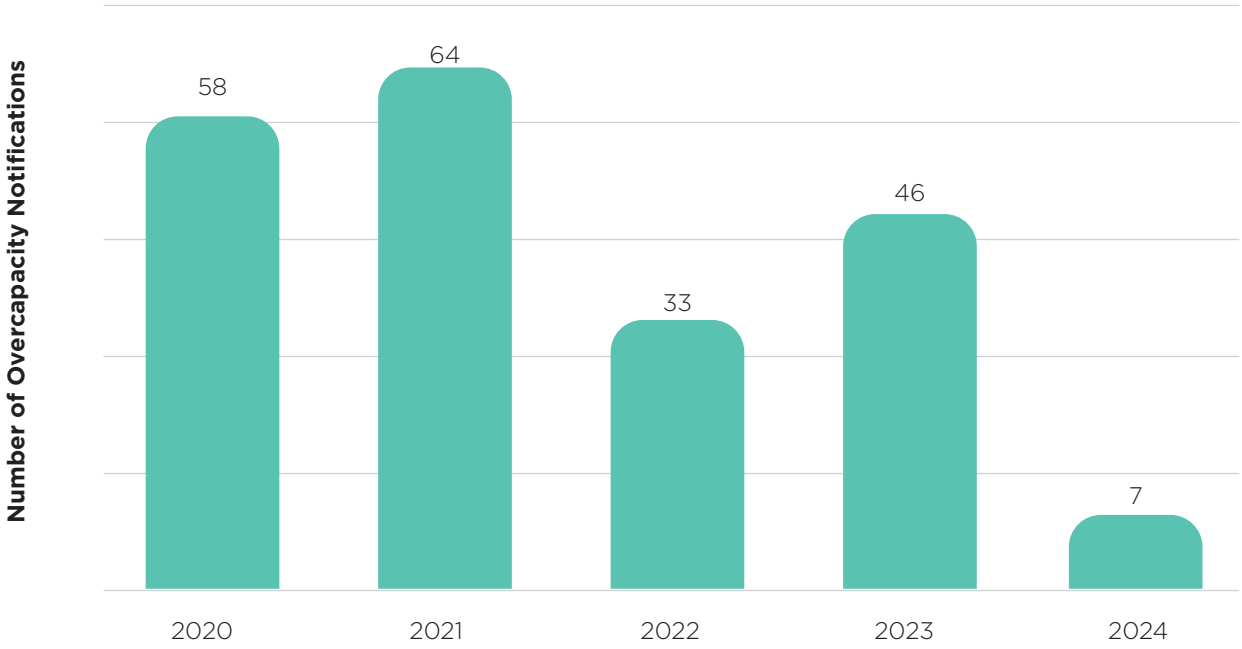
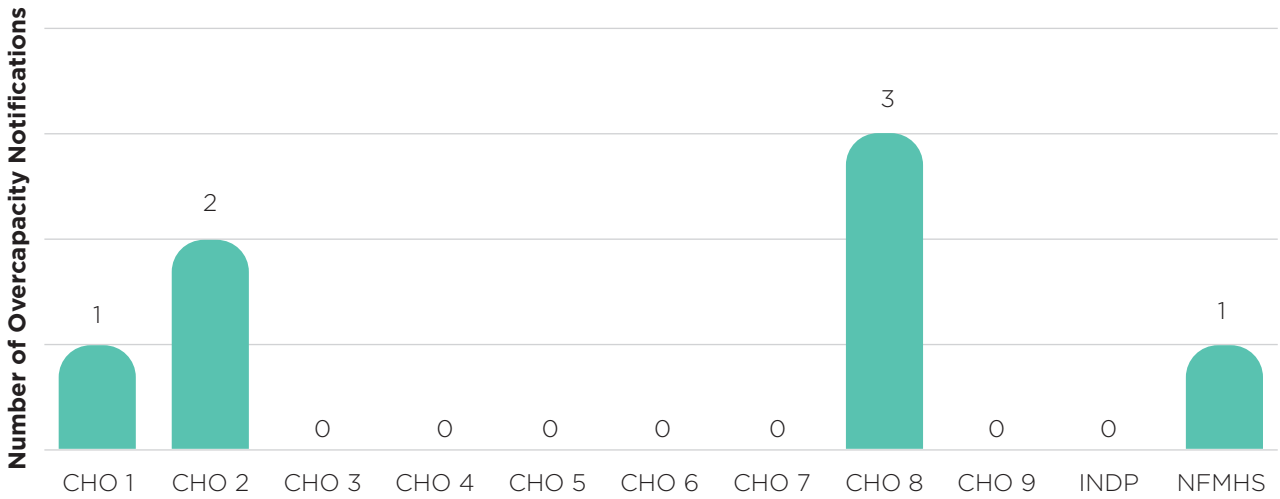


Figure 16: *Overcapacity reported in 2024 by Sector*



Child Admissions

The MHC closely monitors the admission of children and young people under the age of 18 to inpatient mental health approved centres.

The total number of all admissions of young people to approved centres in 2024 was 332. This compares with a total of 323 admissions in 2023, and 366 admissions in 2022.

Admissions to adult approved centres

The frequency and duration of the admission of children to adult approved centres continued to decrease in 2024. Children and young people should not be admitted to adult units except in exceptional circumstances. The most common reasons for admissions to adult units are:

- Immediate risk to the young person or others
- Lack of a bed in a specialist CAMHS unit

Residential CAMHS units are located only in three counties nationally. Due to the unavailability of CAMHS beds, children and young people in crisis may be left with the unacceptable 'choice' between an emergency department, general hospital, children's hospital, or an adult inpatient unit.

In 2024, there was a further decrease in the number of children admitted to adult units, when compared with the previous two years. There were five admissions to five adult units in 2024. This compares with 14 admissions to 11 adult units in 2023 and 20 admissions to 11 adult units in 2022. Four of those admissions of children to adult units in 2024 were for less than 48 hours.

Children admitted to adult approved centres were generally reported to have been admitted because of immediate risk to themselves or others, or due to no availability of a bed within a CAMHS facility.

In 2024, 1.5% of all child admissions were to adult units. This figure is lower than in 2023, when 4.3% of child admissions were to adult units, and 2022, when 5.2% of child admissions were to adult units.

Figure 18 presents child admissions to adult and CAMHS approved centres over the past five years.

Figure 17: *Duration of Stay – Child Admissions to Adult Units*

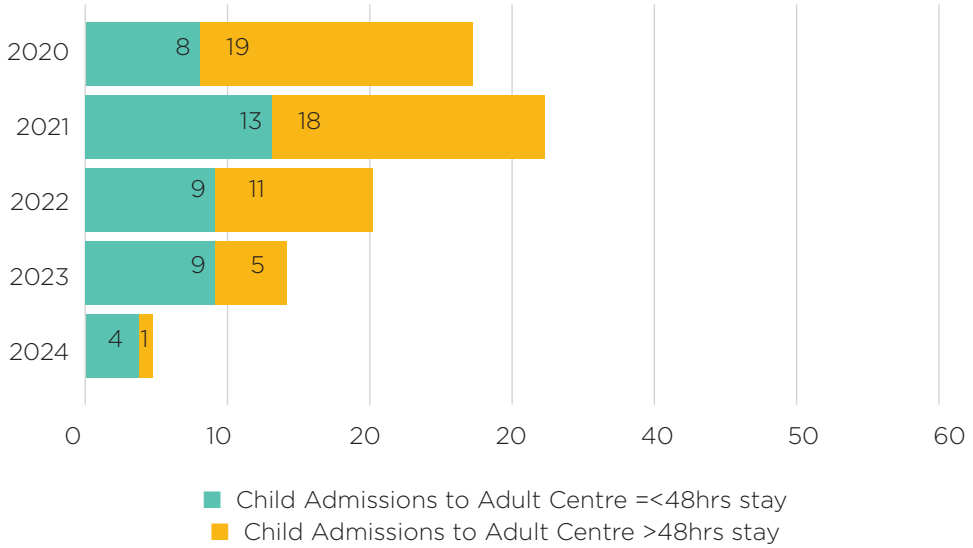


Figure18: *Child Admissions to Adult and CAMHS approved centres for the past five years*

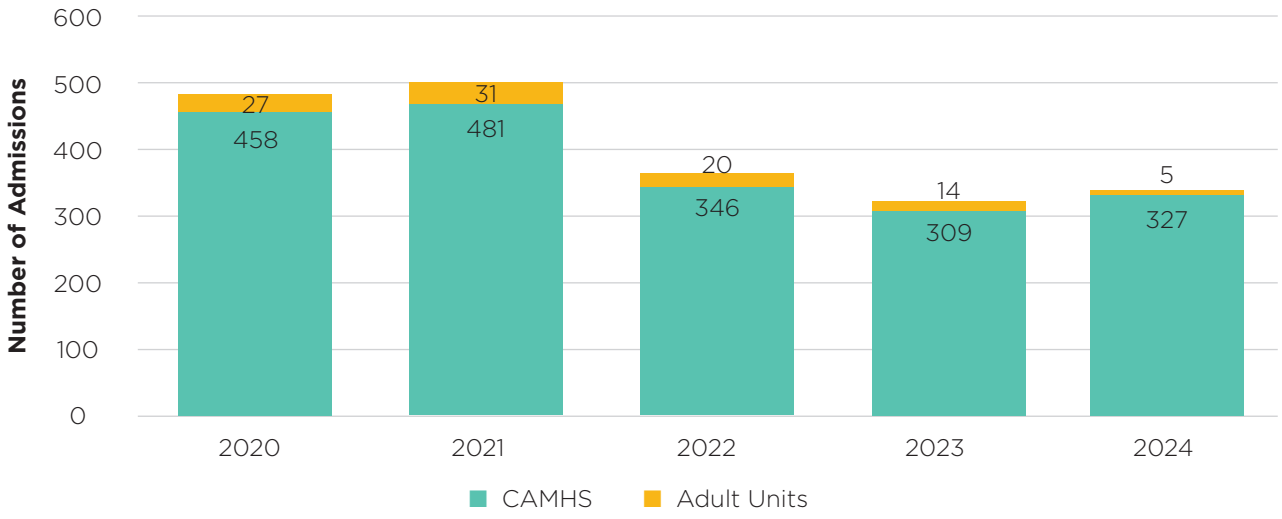


Table 35: *Child Admissions to Adult Units 2024*

Rank	CHO/Sector	No. Admissions
1	HSE CHO 5	1
1	HSE CHO 6	1
1	HSE CHO 7	1
1	HSE CHO 8	1
1	HSE CHO 9*	1
	Total	**5**

*HSE CHO 9 includes both St Vincent's Hospital, Fairview, and St Aloysius Ward, Mater Misericordiae University Hospital due to their being HSE funded.

Admissions to child and adolescent approved centres

There are six specialist CAMHS units nationally; four are in Dublin, one in Cork and one in Galway. Of the four CAMHS units in Dublin, two are private. In 2024, there were 327 admissions to CAMHS units nationally. The average duration of admission was 51 days, based on discharge information provided for 320 admissions. The shortest admission duration was less than one day, and the longest admission duration was 300 days. These data include admissions that were discharged after 31 December 2024.

Involuntary child admissions

The District Court is required to authorise the involuntary admission of a child. In 2024, there were 27 involuntary admissions orders of children to approved centres, pursuant to section 25 of the 2001 Act. This included:

- Two orders to an adult unit
- Twenty-five orders to CAMHS units

In addition, there were:

- Three admissions of a Ward of Court to a CAMHS unit
- No admissions of a Ward of Court to an adult unit

Age and gender of child admissions

In 2024, 66.36% of child admissions to CAMHS units were female. In comparison, 40% of child admissions to adult approved centres were female. In 2024, 66.3% of all child admissions related to female residents. The average age of a service user in 2024 was 15.6 years. The youngest resident was 11 years of age. A breakdown of admission by age is presented in **Table 36**. Eighty-nine percent of children admitted to CAMHS and adult units

in 2024 were admitted only once, with 9.2% of residents admitted twice and 1.4% admitted more than twice in that period.

Table 36: *Admissions to Adult and CAMHS approved centres by age in 2024*

Age	Adult	CAMHS
17	3	103
16	2	95
15	0	62
14	0	38
13	0	20
12	0	7
11	0	2

Quality Improvement

Quality Improvement

The MHC has a mandate to foster high standards and good practice in the delivery of mental health care. We encourage the delivery of recovery-based, person-centred services which promote and uphold the human rights of those receiving care and treatment.

We contribute to a culture of continuous quality improvement by conducting analysis, issuing guidance, and developing evidenced-based standards, guidance, rules, and codes of practice to improve service delivery and the experience of those accessing services.

We also utilise quality improvement methodologies in the review of our own internal processes. During 2024, our key activities under our quality improvement functions included:

- Publication of the Headspace Toolkit and accompanying Headspace Support Tools which provide an age-appropriate guide to children and adolescents who are receiving inpatient mental health care in Ireland.
- The ongoing development of standards for community mental health services.
- Embedding the National Quality Framework (NQF) in mental health services. In 2024, the MHC hosted a number of remote and in-person NQF information and training sessions for services.

Publications

The MHC published several documents throughout 2024:

- The Headspace Toolkit: Your Guide as an Inpatient, and accompanying Headspace Support Tools
- How to Put National Standards into Practice: An Implementation Guide for Health, Mental Health and Social Care Services (MHC and HIQA publication)
- The Use of Restrictive Practices in Approved Centres: Activity Report 2024
- The Administration of Electro-Convulsive Therapy in Approved Centres: Activity Report 2024.
- The use of restrictive practices in approved mental health centres in Ireland: consideration of five years of national data. *Irish Journal of Psychological Medicine*. Published online 2024:1-6. doi:10.1017/ipm.2024.32

Headspace Toolkit and Support Tools

In August, the MHC launched the Headspace Toolkit and Support Tools, and accompanying webpage, at the YAP (Youth Advocacy Programme) annual conference in Croke Park. This toolkit was originally published in 2009 and provides an age-appropriate guide to young people who are receiving inpatient mental health care in child and adolescent (CAMHS) approved centres. Its function is to empower young people by giving them practical information on rights, relevant legislation, and how to self-advocate.

It was revised following an extensive consultation process which included interviews and focus groups with young people who had previously used the toolkit, their families, YAP advocates, staff who work with young people in approved centres, and other key stakeholders.

We contribute to a culture of continuous quality improvement by conducting analysis, issuing guidance, and developing evidenced-based standards, guidance, rules, and codes of practice to improve service delivery and the experience of those accessing services.

The documents are available in all CAMHS inpatient mental health services and have been translated into 14 languages. The webpage can be accessed at www.mhcirl.ie/headspace

How to Put National Standards into Practice: An Implementation Guide for Health, Mental Health and Social Care Services

In October, the MHC and HIQA published a practical guidance document entitled "How to Put National Standards into Practice: An Implementation Guide for Health, Mental Health and Social Care Services".

The guide acts as a supporting resource for service providers, helping them to understand what national standards are, what they mean for their service and how to put national standards into practice in their own service setting, using a collaborative approach.

It was informed by a range of stakeholders with experience of delivering and using health, mental health and social care services. The guide outlines a self-appraisal process to support services to put national standards into practice and improve quality and safety. It includes topics for reflection, tools, templates and resources throughout.

The use of restrictive practices in approved mental health centres in Ireland: consideration of five years of national data.

Irish Journal of Psychological Medicine. Published online 2024:1-6. doi:10.1017/ipm.2024.32

In 2024, the MHC published an article in the Irish Journal of Psychological Medicine which detailed a substantial reduction in the use of physical restraint and seclusion in Irish approved centres over the period 2018 to 2022 inclusive. The Director of Regulation presented the paper at the European Congress on Violence in Psychiatry in Poland in November.

The Director also presented on the theme of restrictive practices and a human rights approach to regulation at the European SINC (International Innovation Network for Health and Care Regulators) conference held in Dublin in September 2024.

Standards Development Work

Community Standards

In 2024, the MHC's regulatory remit encompassed 65 approved centres providing inpatient treatment to persons with a mental health difficulty. However, under the Mental Health Bill 2024, that remit is expected to significantly expand to include the regulation of community mental health services. In 2024, we built on the work carried out in previous years and progressed the following initiatives:

- The dissemination of a public consultation survey to inform the standards which received 121 responses from services users who had received care and treatment in a community residence, their family/friends/carers, staff working in community residences and organisations.
- Site visits to a variety of community residences (e.g. 24-hour staff, low support residences) across most counties in Ireland.
- Focus groups and interviews with service users who are currently receiving care and treatment in a community residence.
- The establishment of an advisory group to inform the development of the standards which met three times over the course of 2024. Members of the group include staff working in community residences across the disciplines of nursing, occupational therapy, social work, psychiatry and clinical psychology. Among others, an academic with expertise in the area, a housing coordinator and peer support worker are also represented on the group.

Work will continue to progress and publish the standards for community residential mental health services in 2025.

In 2024 the MHC commenced developing *Guidance for Mental Health Service Providers on the Care and Treatment of LGBTQIA+ People* which will be published and launched alongside a learning resource in June 2025. The MHC also commenced work on a guidance document for staff working in mental health services with people with intellectual disabilities.

Guidance for staff working in mental health services on the care and treatment of LGBTQIA+ people

In late 2024, the MHC commenced the development of guidance for staff working in mental health services on the care and treatment of LGBTQIA+ people.

A human rights-based approach is crucial for improving the standard of mental health care in Ireland. The MHC is committed to raising these standards by promoting and protecting human rights.

Following a tender process, the MHC commissioned Trinity College Dublin to undertake an in-depth evidence review of contemporary national and international literature, best practice and policy to inform the guidance.

In quarter four, the MHC undertook an extensive public consultation process to inform the document. This included:

- A public consultation survey which received 98 responses from individuals and organisations.
- Focus groups and interviews with LGBTQIA+ service users, their family members, staff working in mental health services and advocacy organisations.
- MHC staff attendance at an in-person training workshop delivered by an LGBTQIA+ advocacy organisation.

The purpose of the guidance is to raise awareness in relation to the rights of LGBTQIA+ people and promote positive and equitable experiences for people identifying as LGBTQIA+ who access mental health services. It provides an overview of the main issues facing LGBTQIA+ people who are accessing mental health services in Ireland and was developed to provide practical guidance for staff working with LGBTQIA+ service users across all mental health services.

A learning module to accompany the guidance will be developed. Both the guidance and the module will be published in June 2025.

Guidance for Persons Working in Mental Health Services with People with Intellectual Disabilities

The MHC commenced work on a guidance document for staff working in mental health services with people with intellectual disabilities.

The guidance will aim to ensure that staff in mental health services across the country have access to current evidence and best practices that will help ensure that they are providing the most appropriate person-centred care and support for people with intellectual disabilities.

An in-depth evidence review by Trinity College Dublin was undertaken and this, alongside a consultation process will inform the guidance which is due to be published in 2025.

Collaborative Working

Implementing a human rights approach in Irish mental health services

A human rights-based approach is crucial for improving the standard of mental health care in Ireland. The MHC is committed to raising these standards by promoting and protecting human rights. In line with this commitment, the MHC has undertaken to develop guidance on implementing a human rights-based approach in Irish mental health services.

This guidance will provide a framework and practical steps to integrate human rights principles into everyday mental health service delivery. By aligning with national and international human rights frameworks, it ensures that mental health services uphold dignity, independence, and fair access for all.

The guidance will apply to all professionals involved in mental health care in Ireland, including service providers, policymakers, and practitioners across public, voluntary, and independent sectors. The primary aim is to safeguard service users' rights, autonomy, and dignity while ensuring that care remains person-centred, respectful, and inclusive.

To support this initiative, the MHC engaged Munster Technological University (MTU) to conduct a comprehensive consultation and evidence review on implementing a human rights-based approach in mental health services. MTU carried out the public consultation phase of this

work to assess current awareness, practices, and experiences of human rights in Irish mental health services.

This phase involved distributing surveys to service users and providers with lived experience of mental health services. In addition, targeted interviews and focus groups were held with other key stakeholders. Over 500 individuals participated in the consultation process, providing valuable insights. The information gathered was analysed during 2024 to inform the development of the guidance and training materials which will be launched in 2025.

Participation in Working Groups

During 2024, the MHC participated in several working groups and project groups to promote good practices in mental health services:

The MHC was represented on, and participated in, the following groups:

1. **Sharing the Vision: Recommendation 27 Working Group**

   The MHC was represented on the National Mental Health Strategy's Sharing the Vision Recommendation 27 working group aimed at ensuring the co-production of recovery-focused individual care plans for all users of specialist mental health services.

2. **Sharing the Vision Workstream: Quality Assurance Framework**

   The MHC participated in the Sharing the Vision Workstream: Quality Assurance Framework and the working group pertaining to recommendations 83 and 84.

3. **The National Mental Health Experience Survey**

   Alongside the HSE and HIQA, the MHC is a member of the governance group which informs the development of the National Mental Health Experience Survey which, in turn, will provide people with the opportunity to share their experiences of Ireland's inpatient mental health services from admission and discharge, though to follow-up care. During 2024, the MHC participated in a number of meetings and contributed to the development and oversight of the national survey which is due to go live in late 2025.

4. **CHUMS Project**

   The MHC also participated in a working group for Dublin City University's CHUMS (Cultural HUmility in Mental health Services) Project. The group aims to co-produce actionable knowledge in support of strengthening cultural humility in Irish mental health services.

5. **Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023**

   Following the enactment of the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023, the MHC put a project team in place which worked with the Department of Health, HSE, HIQA and the State Claims Agency to ensure that the MHC and mental health services were prepared for full commencement of the Act. This included work to develop the systems that needed to be put in place so that the MHC can receive notifications of all notifiable incidents under the 2023 Act.

The systems to enable the MHC to receive notifications of notifiable incidents went online on 26 September 2024.

MHC/HIQA Joint Initiatives

Draft Overarching National Standards for the Care and Support of Children using Health and Social Care Services

In 2024, the MHC continued to collaborate with HIQA to progress the development of child-friendly resources to accompany the Draft Overarching National Standards for the Care and Support of Children using Health and Social Care Services. These comprise an easy-read guide and a video animation which explains the standards.

Stakeholder Engagement

Service Provider Engagement Days

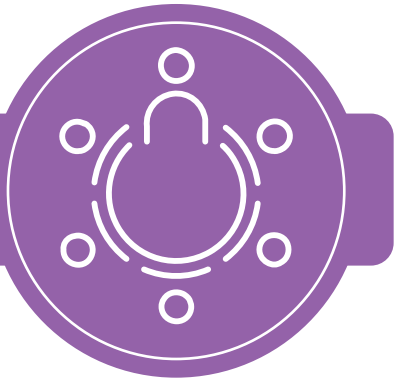
The Standards and Quality Assurance and Inspectorate Teams hosted two full day in-person service provider engagement days in Limerick and Athlone in October 2024.

Hosted by the Director of Regulation and the Inspector of Mental Health Services, over 300 leaders, managers and staff of approved centres and community mental health services attended these information days.

The agenda included trends in the use of restrictive practices, an interactive presentation on identifying and reducing unregulated restrictive practices, the Patient Safety (Notifiable Incidents and Open Disclosure) Act and the Assisted Decision-Making (Capacity) Act 2015 for mental health services. Leading experts presented on safeguarding in mental health services, a service user provided their experience of using mental health services, and the MHC Inspectorate Team presented on service user engagement within the inspection process. Round table discussions focused on individual care planning and safeguarding in services.

Mental Health Tribunals

Mental Health Tribunals



Over 90% of mental health services are provided in the community. Of those that are provided in inpatient settings, a significant majority of these are provided on a voluntary basis[1]. Therefore less than 10% of individuals accessing mental health services receive treatment in an acute inpatient facility either on a voluntary or involuntary basis. According to the Health Research Board there were 15,631 admissions to adult psychiatric units and hospitals in 2023. The percentage of those detained involuntarily (16%) is low. However, given that these individuals are detained against their will, there is an even greater onus on the State to ensure that they are detained in accordance with the law and their rights are respected and vindicated. The MHC has been given the statutory role under the Mental Health Acts 2001-2018 (2001 Act) to ensure that the detention of those detained is reviewed within 21 days of admission and every order of three / six months thereafter and to ensure that those reviews are carried out in accordance with the law.

Key issues from 2024

Court Decision

A decision was issued by the High Court in July 2024; AA v the Ashlin Centre 2024 IHEC 408 which was appealed, and the decision of the Court of Appeal was issued in February 2025 IECA 30. The case reminded consultant psychiatrists of the importance of clearly setting out the basis for the detention of the person as provided for in the statutory forms and in accordance with the definition of mental disorder. As noted above, the basis for the detention must be clear and in accordance with the law. However, in outlining the obligation of consultant psychiatrists, the Court of Appeal noted that *"It is important that psychiatrists are not placed under an overly onerous duty...There is no obligation to write a detailed report... Because the definition of mental disorder has a number of components, the grounds for their opinion in respect of each component must be identified. The grounds need not make explicit reference to the statutory definition... it is sufficient if the informed reader can imply from the grounds that each aspect of the statutory definition has been considered..."*.

It is noteworthy that in March 2024, the Mental Health Tribunals (MHT) team commenced a review of a number of statutory forms (which has been done regularly since 2006) including those to be completed by consultant psychiatrists to detain a person or continue the detention. As part of that review process, the team sought submissions from various parties including all the MHT panel members (which exceed 450 people). A number of useful recommendations were made, including the provision of more space on the forms for consultant psychiatrists to set out fully the basis for the detention and the team took this into consideration. The amended forms were issued in or about the same time as the decision of the High Court.

Respecting the voting rights of those detained

In the 2023 Annual Report, it was noted that the Electoral Act 1992 was amended by the Electoral Reform Act 2022 and one of the reasons for the amendments involved a case brought by an involuntarily detained person who was unable to vote as they were in an approved centre. The MHT team established a working group to produce practical ways to highlight this right for both those involuntarily detained and staff in approved centres and to ensure a system was implemented for the elections and referenda held in 2024.

This was implemented on three occasions in 2024 for all those persons involuntarily detained, for the referendums on Family and Care in March, second for the local and European Elections in June and

1. Minister Mary Butler PQ35144/35 September 2024

thereafter for the general election in November 2024. The MHT team want to thank the approved centres for their support and assistance to ensure any person in an acute or residential facility was supported to vote on these occasions.

Impact of Assisted Decision-Making Capacity Act 2015 (as amended)

The relevance of the amendments for tribunals is that if a person is detained under Section 3(1)(a) or Section 3(1)(a) and (b) of the 2001 Act they are not entitled to the benefits of the 2015 Act.[2] If a person is detained under Section 3(1)(b) they are entitled to the benefits of the 2015 Act. Therefore, if they have a decision support arrangement in place it may be relevant in terms of their detention and /or the mental health tribunal. The arrangements are: Decision making Assistance Agreements, Co-decision Making Agreements, Decision-Making Representation Orders, Enduring Powers of Attorney, and Advance Healthcare Directives. As of 31 December 2024, there have been a limited number of tribunals where support arrangements were in place and were not deemed to be relevant to the two matters to be decided at the hearing.

From 1 January 2024 to 31 December 2024 the following was noted in relation to the detention orders:

- 5% of orders were made indicating detention based on section 3(1)(a)
- 71% of orders were made indicating section (3)(1)(b)
- 24% of orders were made indicating section (3)(1)(a) and (3)(1)(b)

The figures for 26 April 2023 to 31 December 2023 are the same as those above.

Table 1 in Appendix 4 provides further detailed information.

What is a mental health tribunal?

Under the 2001 Act, every adult who is involuntarily detained in an approved centre has their detention order referred to an independent tribunal to be reviewed. This is a core requirement in vindicating and upholding a detained person's human rights.

The 2001 Act sets out how this mandatory system of independent review operates. The independent review must be carried out by a tribunal within **21 days** of the making of the order. The tribunal is made up of three people; a solicitor/barrister as chair; a consultant psychiatrist; and another person, often referred to as a lay person.

The issues to be considered by the tribunal are:

1. Whether the person has a mental disorder as of the date of tribunal, and

2. If there has been compliance with certain specified sections of the 2001 Act, or not, and if not, does that non-compliance affect the substance of the order or not.

Having considered the above issues, the tribunal must affirm or revoke the order. Currently, the decision of a tribunal is not published. However, it is proposed under the Mental Health Bill 2024, published in July 2024, that every tribunal decision will be published in an anonymised version. In preparation for this, all tribunal decisions are now delivered in typed, not handwritten, format.

As part of this process, the MHC assigns each detained person a legal representative (covered by legal aid) but, if they so wish, the person may seek to have another solicitor from the MHC's panel appointed to them and the person may also appoint their own private solicitor.

The MHC also arranges for the detained person to be reviewed by an independent consultant psychiatrist, whose report is provided to their legal representative and the tribunal.

Other people who may attend a tribunal, in addition to the tribunal members, are the detained person (who may not always attend), the person's legal representative (if the person wants them to attend) and the person's treating consultant psychiatrist.

2. The MHC believes that this issue shall be addressed in the Mental Health Bill before it becomes law.

Involuntary Detention (admission and renewal orders)

A person can only be admitted to an approved centre and detained there if he or she is suffering from a mental disorder (as defined in section 3 of the 2001 Act).

An involuntary admission of an adult can occur in two ways: an involuntary admission from the community, or the re-grading of a voluntary patient in an approved centre to an involuntary patient.

In such cases, the admission order is made by a consultant psychiatrist on a statutory form (Form 6 or 13). If the person is detained on a Form 6, the form must be accompanied by other statutory forms which includes an application form (Forms 1, 2, 3A, 3B or 4) and a recommendation form signed by a registered medical practitioner (Form 5).

Please note that admissions (and discharges) represent episodes (or events) of admission rather than persons. Therefore, one person may have several admissions during a year and each admission is recorded separately as an episode.

The initial order detaining an individual, known as an **admission order**, is for a maximum of **21 days**. The detention can be extended by a further order, known as a **renewal order**, the first of which can be for a period up to three months (but can be for a lesser period) and the second for a period up to six months (and again this can be for a lesser period).

A renewal order **can only be made** after the consultant who is responsible for the detained person reviews the individual not more than one week before the making of the order and states that he or she is still suffering from a mental disorder. Please note that this period has been reduced in the Mental Health Bill which is accordance with the person-centred approach being adopted by the Department of Health.

A consultant psychiatrist, when making an order for up to three or six months, does not have to make it for the full period and must use their clinical judgement to decide what is the appropriate period. Each of these renewal orders are sent to a tribunal to be reviewed. Please also note that at the time of publication there is no provision for six-month orders under the Mental Health Bill 2024.

In 2024, the following orders were made:

- 1,981 admissions orders from the community
- 557 admissions orders by way of re-grading
- 839 renewal orders for a period up to three months
- 209 renewal orders for a period up to six months

From 2023 to 2024, there was a 1% increase in admission orders and a 7% decrease in renewal orders.

Figures 1-3 and **Table 2** in Appendix 4 provide detailed information on admission and renewal orders.

Additional Reviews

Since October 2018, the maximum period for which an order can be made to involuntarily detain a person is six months. If a person is detained for longer than three months during that six-month order, the person is entitled to an additional review by a tribunal. **This is an extra safeguard for detained persons.** The additional review only considers the issue of mental disorder; it does not address any issues related to compliance which are addressed at the initial hearing for the order.

In 2024, there were 235 detained persons who were eligible to seek an additional review. Of these, 205 did not seek an additional review. Thirty detained persons did seek an additional review, of which:

- Four orders were revoked before the hearing took place.
- Two requests were withdrawn before the hearing took place.
- Twenty-four hearings took place with 22 orders being affirmed and two orders being revoked.

The positive message from the above is that 28 detained persons had an opportunity to have their detention reviewed before the end of the

six-month order and six of those had their orders revoked either before or at the hearing as they did not have a mental disorder.

The MHC has expressed its concern since 2020 that despite its best efforts in taking additional measures to address the low uptake - to include preparing and distributing a dedicated leaflet regarding a detained person's right to an additional review, addressing the issue in other information leaflets, placing an automatic reminder for legal representatives on our ICT (CIS) system to contact their client if three months of the six month order has elapsed and addressing the issue with legal representatives at our seminars - the low uptake continues. The MHC made a submission to the Department of Health with supporting data that the Bill should only include admission orders and renewal orders up to three months with no additional reviews and no orders up to six months. The Department carefully considered the submission made and agreed with the proposal and this has been reflected in the Mental Health Bill 2024. Once again this reflects the person-centred approach being adopted by the Department in relation to the Bill allowing for more regular reviews and not placing the onus on the detained person to seek a review.

Tribunal Hearings

3,586 orders were made in 2024 of which:

- 1,880 orders were revoked before hearing – 52%
- 1,735 orders went to hearing – 48%

Of the 1,735 orders that went to hearing, 233 were revoked at hearing – 13.4%

Orders revoked before tribunal:

A consultant psychiatrist responsible for a detained person must revoke an order if he/she becomes of the opinion that the person is no longer suffering from a mental disorder.

In deciding whether to discharge a detained person, the consultant psychiatrist must balance the need to ensure that the person is not inappropriately discharged with the need to ensure that the person is only involuntarily detained for so long as is reasonably necessary for their proper care and treatment.

Where the responsible consultant psychiatrist discharges a detained person under the 2001 Act, they must give the person concerned, and his or her legal representative, written notice to this effect. In 2024, it was noted that this was not always done or done promptly. When a detained person's order is revoked, they may leave the approved centre, or they may agree to stay to receive treatment on a voluntary basis. All of this must be explained to the person by the responsible consultant psychiatrist and other members of the person's treating team.

Please refer to **Figure 4** in Appendix 4.

Orders revoked at tribunal:

A total of 1,735 orders were reviewed by a tribunal and, of those, 233 orders were revoked at hearing. Revocations for 2024 increased to 13.4% from 12.3% in 2023 (the figure for 2022 was 13.5%; 2021 and 2020 were both 11%).

In relation to these revocations please note:

No	Issues	Number of Revocations	% of Revocations
1	No mental disorder (section 3 not met)	90	39%
2	Errors with sections 9 to 12 (applications and recommendations for involuntary admission) and the related Forms	34	15%
3	Errors with sections 14 and 15 (admission and renewal orders for involuntary admission) and the related Forms	57	24%
4	Patient Notification Form issues (information to be provided to the detained person from the admission and renewal orders)	17	7%
5	Errors with sections 23 and 24 (admission form where someone is regraded) and the related Form	10	4%
6	Other non-compliance issues to those referred to above	5	2%
7	No mental disorder (section 3 not met) and non-compliance issues	20	9%
	Total	**233**	

39% of cases were revoked because of mental disorder (did not meet the criteria in section 3 of the 2001 Act) and 52% solely for reasons of non-compliance with statutory provisions (No. 2-6 above) with 9% being revoked for a combination of both. This is a significant change from 2023 where 61% of cases were revoked because of mental disorder, 35% for non-compliance reasons and 4% for a combination of both.

It should be noted that the number of revocations for non-compliance up to 30 June 2024 had significantly reduced in comparison to that in 2023, all stakeholders having taken on board issues which were raised with them at training. However, the decision of the High Court in A.A. v The Ashlin Centre, referred to above, is the main reason for the significant increase in non-compliance from July 2024 to December 2024. While the impact of this decision was mostly addressed in 2024, there are still some issues continuing in 2025. The MHC issued the A.A. decision to all members on its Panel on receipt, it provided a summary to its panel members and liaised with the HSE in relation to the impact of the decision.

In addition to the above, please also note that:

- A number of cases were revoked due to errors by An Garda Síochána in completing the application forms for detention. The MHC is working with An Garda Síochána to address this.
- It is also important to note that not all section 9 applications are made by An Garda Síochána. In 2024, a small number of orders were revoked due to non-compliance by family members and authorised officers when completing the applications.
- There were non-compliance issues (other than the AA Case) relating to the completion of the admission (Form 6) and renewal orders (Form 7) and the associated patient notification form (PNF) by the responsible consultant psychiatrist. Separate to the issue in the AA case, non-compliance has improved but we need to continue training to address this.

Further information on revoked decisions is provided in **Figure 5** in Appendix 4.

Length of stay

Ninety per cent of individuals who were involuntarily detained in 2024 also had their order revoked in 2024. Of the orders that were revoked in 2024

- 15% occurred within one week of admission.
- 55% were revoked between one week and four weeks of admission.
- 28% were revoked between 1 month and 6 months of admission
- 2% of revocations were for individuals detained for six months or longer.

The average length of stay for individuals who had their order revoked in 2024 was 45 days. When revocations of one or more years were excluded (1% of revocations), the average length of stay was 30 days.

Figure 6 in Appendix 4 provides a detailed breakdown of revocations.

Lapsed Orders

In 2024, 46 orders were allowed to lapse. This occurs where an order is affirmed by a mental health tribunal and subsequently the responsible consultant psychiatrist does not either revoke the order or renew the order before it expires. The MHC proposes in 2025 to write to the approved centres to seek confirmation that the consultant psychiatrist has met with the person detained and explained to them that their order has lapsed and that their change in status has been appropriately explained to them.

Tribunals for transfers to the Central Mental Hospital (CMH)

No proposals were received in 2024 to seek the transfer of a detained person to the CMH in 2024. This has been an ongoing issue for the last number of years due to the lack of beds in the CMH. The MHC is hopeful now that the new CMH has been opened that there shall be more beds available to those detained in other approved centres where it would be for the benefit to the detained person or that it is necessary for the purpose of obtaining special treatment for such persons.

> The MHC in its submission to the Department of Health in March 2020 sought for section 28 to be reviewed to assist persons involuntarily detained, those representing them and the tribunal members.

Section 28 tribunals:

If an order is revoked before a tribunal, the individual concerned can still proceed to have a tribunal. This is commonly referred to as a Section 28 tribunal. Of the 1,880 orders revoked before hearing, there were 26 requests for Section 28 tribunals of which 12 proceeded to an actual hearing. This is a very small percentage (<1%) of the orders revoked before hearing.

The MHC in its submission to the Department of Health in March 2020 sought for section 28 to be reviewed to assist persons involuntarily detained, those representing them and the tribunal members. This matter has been dealt with to some degree in the Mental Health Bill. A case was made to the Court of Appeal concerning section 28, which was heard in 2024, and judgement is awaited.

Admissions from the community

There were 1,981 admission orders from the community in 2024. One of the issues which the MHC considers each year is who makes these applications.

The key changes in the 2024 figures compared to 2023 are:

- applications by family members are down by 1%.
- applications by authorised officers (AOs) remain the same as 2023.
- applications by An Garda Síochána remain the same as 2023.
- applications by 'any other person' are up by 1%[3]

Please refer to **Figure 7** and **Figure 8** in Appendix 4.

The MHC notes the following in relation to these findings:

- The continued decrease in applications by family members.
- It is very disappointing that the number of applications by authorised officers for the HSE has not changed from 2023 given the many discussions over the last number of years.
- As a result of the continuing low number of applications made by the HSE, the applications made by An Garda Síochána have not decreased.
- It is difficult to assess fully the applications by other persons as these include doctors in Emergency Departments, which would in many cases be considered appropriate, albeit the call on Emergency Departments is at a critical point.

The MHC welcomes the continued commitment by the Department of Health in the Mental Health Bill that applications shall not be made by An Garda Síochána. However, we are disappointed with the change that all applications shall not be made by authorised officers but can be made by other persons except where the person

(a) is a child,

(b) has an interest in the payments (if any) to be made in respect of the taking care of the person concerned in the registered acute mental health centre concerned,

(c) is a member of the governing body or staff of the registered acute mental health centre concerned,

(d) is a spouse or relative of any of the persons specified in paragraphs (b) and (c), or

(e) is a member of An Garda Síochána acting in the course of his or her duties.

The MHC has written to the Department asking for this matter to be reviewed again.

Voluntary to Involuntary

If a voluntary patient indicates a wish to leave an approved centre, they can be involuntarily detained if a specific member of staff is of the

3. Other person is very wide and can include a doctor in an A&E department.

opinion that the individual is suffering from a mental disorder. A detailed process must be undergone before this can happen, which includes that the patient must be reviewed by the person seeking to detain them, a second consultant psychiatrist and finally their responsible consultant psychiatrist. The order detaining the person will also be reviewed by a tribunal.

As noted above, there were 557 such admissions notified to the MHC in 2024.

Age and Gender

Analysis of age and gender for episodes of involuntary admission in 2024 can be found at **Tables 3, 4 and 5** in Appendix 4 and four of the key findings are as follows:

- 23% of the admissions related to people aged 35-44 (the same as 2023).
- 53% of the admissions were male.
- 68% of admissions in the 18 – 24 age group were male.
- There were more female admissions than male in the age groups over 45.

Quality Improvement

The MHT undertakes audits across three main areas:

- The work of the MHT team
- The decisions of the tribunals
- Issues arising in approved centres of which we are aware

Audit on the work of the MHT team:

The team conducts 11 audits on the services provided by the team and by panel members who are assigned to tribunals. Some items of interest from these audits are-

- From a sample of 180 tribunals, 100% were scheduled within 12 days of the making of an order.
- People may choose a different solicitor from the MHC's panel of legal representatives than the one that was assigned to their case. Eleven people chose to be represented by another legal representative from the panel.
- People are also entitled to be represented by their own private solicitor or represent themselves under the Constitution. No-one sought to be represented by their own private solicitor.
- One person chose to represent themselves (in addition to those who sought to do so directly at the tribunal and without notice to the MHC).

Audit of the tribunal decisions:

This audit relates to affirmed decisions and covers a number of issues. Some of the key findings are as follows:

1. 120 decisions over a 12-month period were reviewed.
2. 29 of the 120 (24%) detained persons did not attend the hearing (this does not take into account those that do not attend for the decision).
3. 14 of the 120 decisions of tribunals (12%) did not separately address the issues of compliance and mental disorder as required in section 18(1) of the 2001 Act. This will be specifically addressed at training with the panel members in 2025.

Audit relating to the approved centres:

This audit is done on a quarterly basis following which reports are sent to the individual approved centres.

One hundred and three issues were logged. Of note:

1. 77% of the issues were in relation to revocations of orders that were signed and received on the day of the detained person's tribunal hearing, **several** at the time that the tribunal was due to commence.
2. 12% related to Forms received outside the statutory 24-hour timeline, with consequences for the validity of the detention in some of those cases.
3. Some of the other issues that arose included the receipt of
   a. partial or incomplete orders
   b. orders with contradictory information
   c. multiple, overlapping orders for the same individual
   d. non-tribunal related information

e. transfer forms when individuals had not transferred to another approved centre
f. unencrypted forms received by email

However, it is very important to acknowledge and recognise the work done by approved centres given that the number of issues has reduced from 151 in 2023 to 103 in 2024.

High Court cases in 2024

There were ongoing legal challenges brought by involuntarily detained persons in 2024, primarily against approved centres by way of Article 40 applications, several against the decisions of tribunals by way of judicial review and some ongoing cases in which the MHC is a notice party. All written decisions of the courts in 2024 relating to these matters have been summarised and form part of the Summary of Judgments on the MHC website.

Circuit Court Appeals

Detained persons can appeal the decision of a tribunal to the Circuit Court. However, the appeal does not consider the decision of the tribunal. The Circuit Court only considers the issue of mental disorder as of the date of the appeal. The role of the Circuit Court will be expanded under the Mental Health Bill to also consider issues of non-compliance.

The Supreme Court held that a renewal order extends the life of an admission order. Therefore, when someone has appealed the decision of a tribunal in relation to an admission order, which is then extended by a renewal order, the appeal can still proceed as the court will consider whether the detained person is suffering from a mental disorder as of the date of the appeal. If the order is revoked by the court, this will extend to the renewal order even it is not specifically the subject of the appeal to the court, the entire detention shall come to an end.

The MHC was notified of 167 Circuit Court appeals in 2024. This is an increase from 2023 (152 appeals) and 2022 (146).

Of the 167 appeals received in 2024:

- 148 appeals did not proceed to full hearing
- 19 appeals proceeded to full hearing
- 19 were affirmed by the Court
- No orders were revoked by the Court
- Some cases that were appealed in 2024 had not gone to hearing by 31 December 2024.

As previously noted, in 2023, a case was made to the Court of Appeal that in summary was seeking to ascertain whether an order, revoked, before or at a tribunal hearing may be appealed to the Circuit Court. The case was heard in 2024, and judgement is awaited.

Training

The MHC is committed to maintaining and improving the standard and quality of mental health tribunals and ensuring that the detained person at the centre of the process is detained in accordance with the law and that their rights are vindicated. The Tribunals team undertook an extensive programme of training and information sessions for both internal and external stakeholders in 2024. Some of the events organised included in-person training and information seminars for the panel of Tribunal Chairpersons and the panel of Tribunal Lay Members. There were also a number of online seminars for all panel members including topics such as updated case law and the Mental Health Bill.

The MHC also collaborated with the HSE in the provision of information and training sessions for Consultant Psychiatrists and Mental Health Act Administrators.

The Legal team undertook the recruitment, vetting and training of twenty-five solicitors to act as legal representatives for detained persons. This expansion of the panel of legal representatives took effect in 2025.

Stakeholder Engagement

In 2024, the Tribunals team engaged regularly with external stakeholders. This engagement both informs the work of the team and enhances our understanding of the lived experience of individuals who have been involuntarily detained.

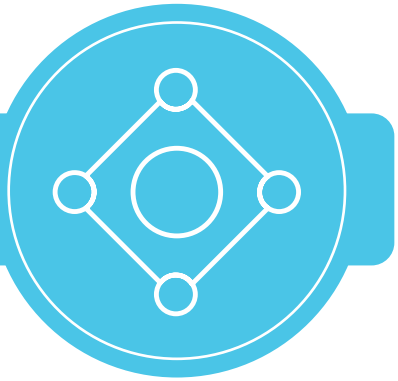
As referred to in Quality Improvement section of this Report work commenced in 2024 by the National Care Experience Programme on the National Mental Health Experience Survey, a nationwide survey that offers people the opportunity to share their experiences of Ireland's in-patient services from admission, and discharge through to follow-up care. The Tribunals team

is represented on both the Advisory Group and Working Group for the survey. The origin of this survey came from an item in the Tribunals' team Business Plan in 2020 for a survey for those in approved centres. The Chief Executive pursued the idea, and it was taken up by the NCEP. This has ensured that gathering comprehensive feedback on the experience of involuntarily detained persons, regarding the mental health tribunals process, is central to the survey. The survey is expected to proceed in the latter half of 2025 and the feedback should improve quality, patient experience and outcomes.

Again, as per the Quality Improvement section of this Report, the Tribunals team participates in a stakeholders' forum facilitated by Mental Health Reform that commenced in 2024. This forum offers an opportunity to meet with individuals with lived experience and discuss the work of the team. These discussions have informed several initiatives undertaken by the team in 2024 and will continue to do so in 2025.

Communication and Stakeholder Engagement

Communications and Stakeholder Engagement



The objective of the communications team is to proactively contribute towards the realisation of the organisation's strategic objectives by helping to drive awareness of the Mental Health Commission, and by effectively communicating about the Assisted Decision-Making (Capacity) Act 2015 and the Decision Support Service.

We realise these objectives through general press and media engagement; engaging with the public and public representatives; the transparent publication of reports; public awareness campaigns; the promotion of our work through digital media; and via internal communications.

The communications team continued to generate a high volume of traditional media activity during the year. This activity was based upon some key publications, such as the annual report, a new 'Headspace' toolkit for young people accessing mental health services, and key activity and reports by the regulatory team, which the communications team published and publicised across the political, media and public arenas.

On the digital front, the team continued to increase engagement across both the MHC and DSS websites, on all social media channels, and generated a significant rise in subscriptions to both the MHC and DSS newsletters.

To further promote the services of the Decision Support Service, we ran a public information campaign that focused on advance planning. The campaign reached 3.72 million unique adults across a wide range of national and regional radio and reached millions more across digital audio, digital display, and social media.

The communications team continued to facilitate stakeholder engagement presentations at MHC Board meetings with Board Members hearing from experts by experience with lived experience of illness, including representatives from Shine, Huntington's Disease Association of Ireland, and Pieta House. The team also organised consultative stakeholder forums for both mental health and decision support services with the objective of engaging with experts by experience to inform our ongoing work.

In 2025, the communications team will continue to proactively engage with all stakeholders on issues that concern or relate to mental health and decision support services to help ensure that the strategic objectives of the MHC are being delivered.

4
consultations held with the public

68
inspection reports published

2
activity reports published

33
press releases issued

More than
450,000
unique visitors to our two websites

Almost
8,000
individuals and 150 organisations consulted across events, projects and forums

Over
20,000
followers on social media

8
external newsletters issued

4
editions of staff e-zine circulated

19
parliamentary questions responded to

MHC Chief Executive, John Farrelly; Minister of State for Disability, Anne Rabbitte; DSS Director, Áine Flynn; and Chairperson of the MHC Board, Dr John Hillery at an event to mark the first anniversary of the Decision Support Service

MHC Chief Executive, John Farrelly; Inspector of Mental Health Services, Professor Jim Lucey; Director of Regulation at the MHC, Gary Kiernan at one of our mental health service provider engagement days

Development Officer Mid West ARIES Cillian Keane; MHC Chief Executive, John Farrelly; and Mid West ARIES Manager, Mick O'Neill at a MHC mental health service provider engagement day

Gary Kiernan, Director of Regulation at the MHC Mental Health Services Provider Engagement Day

Prof Jim Lucey, Inspector of Mental Health Services at the MHC Mental Health Services Provider Engagement Day

MHC Assistant Inspector, Marianne Griffiths speaking with Assistant Director of Nursing, Waterford/Wexford Mental Health Services, John Fitzgerald, at the MHC Mental Health Services Engagement Day

Staff of the MHC meeting mental health service providers at the engagement day in Athlone

DSS Director, Áine Flynn at a joint stakeholder event with the Cork Cope Foundation, where she was joined by DSS 'Champion', Florin Nolan

Decision Support Service Head of Registration, Aoife McMahon, at the DSS Advance Planning event in Galway

MHC staff, and experts-by-experience, at one of our mental health stakeholder forums

MHC Director of Regulation, Gary Kiernan; Inspector of Mental Health Services, Professor Jim Lucey; YAP Ireland Chief Executive, Siobhán O'Dwyer; YAP mental health advocate, Danielle O'Sullivan; and MHC Chief Executive, John Farrelly at the launch of the MHC Headspace Toolkit in Croke Park

MHC Head of Regulation, Gary Kiernan; Inspector of Mental Health Services, Prof Jim Lucey; Shine Service User, Claire; Shine Chief Executive Officer, Nicole Byrne; Shine Service User, Rachel; MHC Board Member, Dr John Cox; and DSS Director, Áine Flynn, at an MHC Board stakeholder engagement session

MHC Mental Health Services Provider Engagement Day in Limerick

Mental Health Commission staff members attending our 2024 Annual Staff Conference

MHC staff members, Seamus Lawlor and Carly Detzner at the Staff Annual Conference

MHC staff members, Dr Gillen Motherway, Mark Byrne, Mathew Morenigbade and Kevin Foley at the Staff Annual Conference

Gillian O'Brien, EY; Mike O'Neill, Manager Mid West ARIES Recovery Education Service; MHC Chief Executive, John Farrelly; MHC Director of Regulation, Gary Kiernan; and Irish Hospice Foundation Chief Executive, Paula O'Reilly at the Staff Annual Conference

MHC Assistant Inspectors, Marianne Griffiths and Damien Lanigan at the Mental Health Services Engagement Day

Decision Support Service Staff with the Irish Hospice Foundation, Cavan County Council, and Age Friendly Cavan at a 'Putting Your House in Order' event

MHC Chief Executive, John Farrelly; Pieta House Service User Rebecca Griffin; Pieta House Clinical Director, Emma Dolan; MHC Board Member and Pieta House Advocacy and Public Engagement Manager, Ray Burke; and MHC Chair, Dr John Hillery at an MHC Board Stakeholder Engagement Initiative

Siobhán Bigley, Kate Frowein, Áine Flynn, Gary Kiernan, Dave Williams and Aoife McMahon at the Annual Staff Conference

MHC Director of Regulation, Gary Kiernan, presenting to his European colleagues at a packed conference in Poland

Prof. Mary Donnelly, UCC School of Law; Decision Support Service Director, Aine Flynn; and HSE Programme Manager for the National Office for Human Rights and Equality Policy, Caoimhe Gleeson, at a collaborative HSE/UCD/DSS conference to discuss the 2015 Act

Chief Executive of The Regulation and Quality Improvement Authority (Northern Ireland), Briege Donaghy; MHC Chairperson, Dr John Hillery; MHC Chief Executive, John Farrelly; and National Programme Manager for the National Office for Human Rights and Equality Policy in the HSE, Caoimhe Gleeson at an MHC Board Meeting

Ellie Dunne from the DSS with Dorothy Rennison from Limerick and Brenda Fagan from the DSS at a DSS Advance Planning Roadshow

MHC General Counsel, Orla Keane, with the Chief Inspector of Prisons, Mark Kelly, and representatives from the EU Commission at the launch event for more effective and resilient National Preventive Mechanisms.

MHC staff, and experts by experience, at the final DSS stakeholder forum of 2024 in the MHC offices

MHC General Counsel, Orla Keane, DSS Director, Áine Flynn; and DSS staff member, Jack Smith attending the 2024 Dublin Pride Parade

Governance

2016 Code of Practice for the Governance of State Bodies

The MHC is committed to attaining and maintaining the highest standard of corporate governance within the organisation.

The 2016 Code of Practice for the Governance of State Bodies (the 2016 Code) (as amended) is the definitive corporate governance standard for all commercial and non-commercial state bodies in Ireland. The 2016 Code consists of one main standard and four associated code requirements and guidance documents. The 2016 Code was updated in November 2017 with a Guide for Annual Financial Statements, in September 2020 with an Annex on Gender Balance, Diversity, and Inclusion and in June 2021 in relation to specific superannuation and remuneration proposals.

The MHC has procedures in place to ensure compliance with the provisions of the Code. All reporting requirements for 2024 have been met.

As required under the 2016 Code, the MHC has a formal schedule of matters specifically reserved for decision by the MHC Board to ensure the direction and control by the Board. These reserved functions include planning and performance functions, MHC Board committees, financial transactions, internal controls, executive assurances and risk management. The reserved functions are reviewed by the MHC Board every second year or as otherwise required. In addition to this, the MHC Board also has a Scheme of Delegation in place to ensure that the organisation can carry out all its statutory functions effectively and that senior management are confident that they have the delegated authority to carry out their statutory functions and make decisions.

The MHC Board is responsible for the governance of the MHC. In that regard it is supported by the Chief Executive, the Chief Operations Office and General Counsel / Secretary to the Board.

- The following governance matters were addressed by the MHC Board at its meetings in 2024
- *Skills Matrix for the Board (January 2024)*
- Finance, Audit and Risk Committee Charter – March 2024
- Terms of Reference of Communications Working Group – March 2024
- Customer Charter – May 2024
- Media and Communications Policy and Media and Communications Procedures – May 2024
- Scheme of Delegation – June 2024
- Reserved Functions – June 2024
- Climate Action Roadmap – June 2024
- Terms of Reference of the Human Rights Committee – June 2024
- Work Plan of the Human Rights Committee – June 2024
- MHC Protocol for appearing before an Oireachtas Committee – June 2024
- Social Media and Online Messaging Policy – June 2024
- Risk Management Policy and Risk Appetite Statement – September 2024
- FARC Workplan 2025

Key Governance activities undertaken in line with the 2016 Code

Board effectiveness

In line with good governance, the MHC Board undertook a self-assessment survey for 2024. This was considered by the MHC Board at its meeting in January 2025.

The Finance, Audit and Risk Committee (FARC) also undertook a self-assessment for 2024.

The Human Rights Committee as a new Committee in 2024 did not undertake a self-assessment in 2024.

Gender balance in the MHC Board membership

As of 31 December 2024, the MHC Board had 5 (38%) male and 8 (62%) female members. The MHC Board complied with the statutory requirements of the Mental Health Acts, which is no less than 4 women or no less than 4 men. The MHC Board also meets the Government target of a minimum of 40% representation of women but is just below the 40% requirement for men. This latter point has been noted to the Department of Health in relation to future appointments, of which there will be three in 2025[4].

4. The tenure of three members ended in April 2025. These members were replaced in accordance with the Mental Health Acts, including any amendments in the interim.

Code of conduct, ethics in public office, additional disclosures of interest by Board members and protected disclosures

For the year end 31 December 2024, the MHC Board confirms that a code of conduct was in place, updated and adhered to. Furthermore, all MHC Board Members and relevant staff members declared that they were in full compliance with the relevant statutory responsibilities under the Ethics in Public Office legislation.

Committees

In 2024, the Human Rights Committee, a newly established committee, met on three occasions - in May, June and September.

The core areas of focus for the Human Rights Committee were:

- The Mental Health Bill
- Human rights guidance and training in mental health services
- Adult safeguarding
- Protection of liberty safeguards

The FARC (Finance, Audit and Risk Committee) held four meetings in 2024, and its annual report was provided to the MHC Board in March 2024.

The report considered the following:

- Membership and Meetings in 2024
- Stakeholder Relationships
- External Audit (C&AG - Mazars)
- Annual Financial Statements for 2023
- Internal Audit
- Management Accounts and Budget for 2024
- Risk Management System and Strategic Risk and Opportunities Register
- ICT
- Governance and Internal Control / Internal Financial Control
- Protected Disclosures
- FARC Performance Management

There were six internal audit reports approved by the FARC in 2024 as follows:

- 2023 Annual Assurance Report (March 2024 – conducted in Q4 2023)
- Review of Cyber Security (March 2024 – conducted in Q4 2023)
- Review of Workforce Management and Development (March 2024 – conducted in Q4 2023)
- Review of Risk Management Framework (June 2024)
- Review of Stakeholder Communication (November 2024)
- Review of S&QA – Registration of Approved Centres (November 2024)

One further audit was commenced in 2024, as the draft report was not made available until 2025 to management for consideration in 2024.

- Review of Fraud

Risk Management

The effective management of organisational risk requires robust internal control processes to be in place to support the senior leadership team in achieving the MHC's objectives and in ensuring the efficiency and effectiveness of operations.

In carrying out its risk management responsibilities in 2024, the MHC adhered to three main principles of governance:

1. Openness
2. Integrity
3. Accountability

A significant part of the work programme of the FARC is the oversight role it plays in the risk management process for the organisation.

The Strategic Risk and Opportunities Register ("SROR") was considered quarterly by the senior leadership team, which was in turn reviewed by the FARC, who then presented it to the MHC Board. Risk was a standing item on the agenda for each MHC Board meeting and the Chief Risk Officer reported on any significant events affecting the working environment of the MHC Board at each meeting.

Business and financial reporting

The Department of Health's allocation to the MHC for 2024 was €19.366m. The amount drawn down was €19.366m.

Key areas of expenditure related to the statutory functions as set out in the 2001 Act; primarily the provision of Mental Health Tribunals and the regulation of approved centres.

The Department of Children, Equality, Disability, Integration and Youth allocation for the Decision Support Service for 2024 was €9.075m. The amount drawn down was €9.075m. Registration fees of €0.094m were earned in 2024.

Other expenditure related to staff salaries, rent, professional fees, ICT, and related technical support. Third party support contracts continue to be managed to ensure value for money and the achievement of service delivery targets.

The MHC Board approved the draft unaudited Annual Financial Statements (AFS) and agreed that they represent a true and fair view of the MHC's financial performance and position at their meeting in March 2025. It is expected that the final audited AFS shall be presented to the MHC Board at the June Board meeting in 2025, subject to the conclusion of the external audit.

The MHC has included a Statement on the System of Internal Control in the format set out in the 2016 Code in the unaudited financial statements for 2024.

The unaudited annual financial statements for 2024 were submitted to the Comptroller and Auditor General (C&AG) as per Section 47 of the Mental Health Act 2001 and the 2016 Code. At the time of publication the MHC is undergoing its external audit for 2024. The 2024 annual audited financial statements of the MHC will be published on the website as soon as they are available. This will depend on when the C&AG audit is completed.

Relations with Oireachtas, Minister and Department of Health

Department of Health – Governance meetings between the Department and the Executive took place in March, June, September, and December 2024. Oversight and performance delivery agreements were signed for 2024. Minutes of all meetings are recorded and retained.

The MHC Board approved the draft unaudited Annual Financial Statements (AFS) and agreed that they represent a true and fair view of the MHC's financial performance and position at their meeting in March 2025.

Department of Children, Equality, Disability, Integration and Youth – Governance meetings between the Department and the Executive took place in March, June, September, and December 2024. An addendum to the Governance and Service Level Agreement signed in 2023 was agreed and signed in 2024.

The MHC had no legal disputes with any other state agency or government body, save in its role as a regulator of approved centres.

Progress on the MHC Strategic Plan Supporting Change 2023-2027 during 2024.

The MHC annually provides an account of the implementation progress of the strategic priorities in the MHC Strategic Plan *Supporting Change*.

Below is a summary with key areas of progress under each priority as set out below with some examples.

The number of actions under each Strategic Objective **increased** in the 2024 Business Plan from the 2023 Business Plan.

Table 37: *Progress on the MHC Strategic Plan Supporting Change 2023-2027 during 2024*

Strategic Priorities	Actions achieved during 2024	Examples of actions achieved
Strategic Priority 1 Continue to be the leading voice in relation to mental health services and assisted decision making.	The MHC continues to promote a rights-based approach to service provision and published standards, guidance and data-driven insights in implementing our legislative mandate. **Office of the CE:** 6 actions **Inspectorate:** 1 actions **S&QA:** 5 actions **MHT:** 23 actions	We promoted the rights of persons in inpatient mental health services to vote and to ensure that they were supported to do so. We published a report on the five-year review of restrictive practices in the Irish Journal of Psychological Medicine and presented the findings at an international conference in Krakow. The Inspector conducted an overview of mental health services in hospital emergency departments between March and December.
Strategic Priority 2 Effective and accessible communication and engagement, emphasising and promoting the voice of the person	The MHC continues to include the voice of the person with lived experience using the services across all our work programmes. **Office of the CE:** 2 actions **DSS:** 13 actions **Legal:** 1 actions **Inspectorate:** 4 actions **S&QA:** 4 actions **MHT:** 8 actions	We have established a public sector working group that produced an implementation plan, which was approved, to ensure that we demonstrate real and practical impact on human rights requirements and ensure compliance with the Irish Human Rights and Equality Act 2014 (section 42). We continued our collaboration and consultation with our mental health and DSS stakeholder forums to ensure the voice of the person was incorporated into our work. The forums provided important insights and recommendations, including, for example, advising that our DSS information services phone line be free of charge for callers. We produced and published the MHC Headspace Toolkit and microsite for young people who are inpatients of mental health services.
Strategic Priority 3 Continue to drive standards, improve quality and safeguard persons in relation to mental health services that are regulated by the MHC.	The MHC developed and published papers and reports based on evidence, supported by international experience and continued to develop new standards, Codes of Practice and guidance for services. **Legal:** 7 actions **Regulatory:** 3 actions **S&QA:** 6 actions **MHT:** 5 actions	We commenced the development of new LGBTQIA+ guidance and the development of Standards for Community Mental Health Residences and rehabilitation teams. We published our 2024 Judgement Support Framework to support service providers to understand their obligations under the regulatory framework and compliance criteria. We undertook an audit of the tribunals processes and decisions to ascertain areas that required improvement, provided training to relevant parties where required and ensure ongoing monitoring was in place.

Strategic Priorities	Actions achieved during 2024	Examples of actions achieved
Strategic Priority 4 Promote and support assisted decision-making in society by embedding the Decision Support Service as a respected public service.	The DSS continued to engage directly with all stakeholders, invested in two public information campaigns increasing awareness of assisted decision-making among the general public. **Office of the CE:** 2 actions **DSS:** 21 actions **Legal:** 3 actions	We continued to promote our 'Your Decisions, Your Rights' general DSS and 2015 Act public awareness campaign, and we developed and promoted a second campaign around advance planning. We presented at more than 80 events around the country to provide information and promote awareness of the DSS and the 2015 Act. We staged specific EPA information sessions and in-person clinics, providing practical supports to persons thinking about making an EPA. We developed and implemented an accessibility policy to ensure people with specific accessibility requirements could interact with the DSS in the way that best meets their needs.
Strategic Priority 5 Be an effective, cohesive, transparently governed and agile organisation acting in the public interest.	The MHC continues to engage with experts by experience at all levels of the organisation and conducted reviews of Governance arrangements and organisational structures **Corps Ops:** 29 actions **DSS:** 6 actions **Legal:** 2 actions **Inspectorate:** 1 action **Secretary to the Board:** 8 actions **S&QA:** 2 actions	We established a Human Rights Committee to align with the MHC's legislative mandate, consisting of three representatives from the Board together with external persons with relevant experience and expertise relating to the MHC's functions. We established an 'EPA helpdesk' to enhance supports for EPA applicants navigating a new process and new system. We introduced a new Human Resources Information System which streamlined many HR functions and allowed for monitoring and reporting on high-level metrics. Our Business Continuity Plan was tested, reviewed and updated. We completed all actions required by the 'Climate Action Plan', including the updating of our climate action roadmap.

Note: *Mental Health Tribunals (MHT), Decision Support Service (DSS) Standards and Quality Assurance (S&QA), Office of the Chief Executive (Office of the CE), Regulatory (combined S&QA and Inspectorate teams) and Corporate Operations (Corp Ops)*

Data Protection

The MHC is fully committed to the protection of the rights and freedoms of individuals whose personal data it holds. Throughout the year, it convened an Information Governance Group to address information matters on behalf of the MHC – including issues pertaining to Data Protection and Freedom of Information.

Access Requests

In 2024, nine Data Subject Access requests were made under data protection legislation.

Erasure Requests

In 2024, two requests for erasure were made under data protection legislation. As of the end of the year, decisions had been issued in relation to both. One request was granted, and one request was not granted.

Freedom of Information

Under the Freedom of Information Act 2014, the MHC is designated as an FOI body. In compliance with this legislation, it provides its Freedom of Information Publication Scheme on the organisation's website and processes requests for information on a continuing basis.

Requests

In 2024, the MHC received 65 requests under the Freedom of Information Act 2014.

Of the 65 requests received in 2024, three were granted in full, nine were part-granted, 27 were withdrawn, none were transferred, 20 were refused and one was handled outside of FOI. At year-end, five cases remained open.

Of the 65 requests received in 2024, 51 were personal requests, 12 were non-personal requests and two were a mix of personal and non-personal requests.

Almost all the personal requests under the Freedom of Information Act 2014 were from persons who were seeking medical records or records held by the MHC specifically for themselves or someone on whose behalf they were acting.

The details of non-personal requests have been published on the Mental Health Commission website under the Freedom of Information Publication Scheme. https://www.mhcirl.ie/freedom-information-publication-scheme

Health Act 2007 (Part 14) and Protected Disclosures Act 2014[5]

Under Section 22 of the Protected Disclosures Act 2014, a public body is required to publish an annual report outlining the number of protected disclosures received in the preceding year and any actions taken in response to such disclosures.

For the year ended 31 December 2024, the MHC had procedures in place for the making of protected disclosures in accordance with the relevant legislative requirements.

There were 13 reports made under the MHC's protected disclosure (external) policy to the MHC during 2024 and none under the internal policy.

All reports were assessed under the MHC's Protected Disclosure (external) policy. Eight reports were assessed as requiring further follow up, four reports were referred to a more relevant procedure, one report was closed because of a lack of information, and one was awaiting assessment at the end of the year

The MHC has published its annual report for 2024 at this link https://www.mhcirl.ie/about/corporate-operations/protected-disclosures

Children First

The Children First Act 2015 was commenced on 11 December 2017. The MHC is not a "relevant service" as defined in the 2015 Act. However, the MHC may still employ "mandated persons" as defined in the 2015 Act. A register of mandated persons within the MHC is maintained and was updated during 2024. The MHC's policy for reporting of child protection and welfare concerns has been in place since January 2018 and has been updated regularly. No events were reported to the MHC during 2024.

5. The Protected Disclosures Amendment Act 2022 came into effect on 1 January 2023. The MHC has updated its Protected Disclosures Policies to comply with the amending legislation and will comply with all requirements under the amended Act

Section 42 of the Irish Human Rights and Equality Act 2014

Section 42(1) of the Irish Human Rights and Equality Act 2014 places a legal obligation on all public bodies in Ireland to have regard to the need to promote equality, prevent discrimination and protect the human rights of their staff, members and service users.

In addition, all public bodies are obliged to report on their assessment of the human rights and equality issues relevant to its functions and how these issues shall be addressed.

In 2023, the MHC included reference to its obligations in its Strategic Plan - "Supporting Change, 2023-2027". Each Annual Report takes account of this duty and reports on this assessment by way of reference to an annually published MHC Implementation Plan. The plan sets out the issues, actions and progress for the preceding year and has been reviewed by the Senior Leadership Team and published on the MHC website; this can be seen at this link: https://www.mhcirl.ie/about/public-sector-equality-and-human-rights-duty

The MHC set up a Public Sector Duty Working Group in 2019 which was restructured. The working group is committed to the ongoing implementation by the MHC of its duty. The working group reports to the MHC's Human Rights Committee on a quarterly basis, which in turn reports to the MHC Board.

The working group is made up of a representative from each division of the MHC, who monitor the ongoing assessment of the relevant human rights and equality issues and report these annually in the Implementation Plan together with the actions that are being taken to address the issues. The working group promotes staff awareness of the duty, consultations with service users and staff to inform the issues that may need to be addressed, and consideration of the duty when new policies and procedures are being developed.

Climate Action

The MHC fulfils its reporting requirements under S.I. 426 of 2014 by reporting through the SEAI Monitoring and Reporting System.

In line with Government guidelines and the obligations on all public bodies, the MHC is fully committed to achieving its targets and reducing its carbon footprint.

- 51% Reduction in greenhouse gas (GHG) emissions by 2030
- 50% improvement in energy efficiency by 2030
- Update Climate Action Roadmaps annually within 6 months of the publication of the Climate Action Plan.

The latest results available relate to 2023 data (see **Table 37**). These indicate that the MHC is on track to achieve the 2030 targets. 2024 data was not available at time of publication. The Climate Action Roadmap will be updated with this information once available.

The Climate Action Roadmap is a document that communicates how the MHC plans to meet the requirements of the Public Sector Mandate. The first iteration of our Climate Action Roadmap was implemented in March 2023. The Climate Action Roadmap is updated annually in line with the

Table 38: *2023 Climate Action Reduction Targets*

ENERGY PERFORMANCE				GREENHOUSE GAS EMISSIONS							
2023 energy consumption		Energy Performance Indicator		Fossil CO_2 emissions				Total CO_2 emissions			
Final GWH	Primary GWH	2030 target	Change since EE Baseline	GHG baseline tCO_2	2023 tCO_2	2030 target tCO_2	Change since GHG baseline	GHG baseline tCO_2	2023 tCO_2	2030 target tCO_2	Change since GHG baseline
0.1	0.2	-50%	-67%	23.2	10.9	11.4	-53%	59.4	30.5	19.3	-49%

updated Public Sector Climate Action Mandate with the latest update implemented in June 2024.

The Climate and Sustainability Champion of the organisation submitted the Statement on Compliance with the 2023 Climate Action Mandate.

- Actions Implemented – 21
- Partially Implemented – 0
- Not Applicable – 9

The MHC undertook the following sustainability activities.

- Climate Leadership Training completed by the Board and the Senior Leadership Team
- The Green Team completed the Green Team National Programme
- Information and training for employees on Green Public Procurement
- Participated in the Reduce Your Use Campaign
- Invited employees to provide suggestions and feedback on green initiatives
- Introduced additional bins for the Deposit Return Scheme to encourage recycling
- Digitisation projects implemented to reduce paper and postage usage
- Processes introduced to measure paper usage and food waste
- Office needs assessment including an M&E survey completed to establish and consider ways in which energy, operational and environmental efficiency could be improved
- Arranging seminars accessible to public transport

In compliance with Circular 1/2020: The MHC makes a payment to the Fund Manager of the statutory Climate Action Fund to offset its greenhouse gas emissions in respect of official air travel.

Table 39: *Offsetting Emissions Relating to Air Travel*

Offsetting Emissions Relating to Air Travel				
Year	**CO2 KG's**	**Tonne**	**Cost per Tonne**	**Cost**
2022	628.6	0.6286	€41.00	€25.77
2023	1339.6	1.3396	€48.50	€64.97
2024	3153	3.153	€56.00	€176.57

Prompt Payment of Account Legislation

The MHC complied with the requirements of the Prompt Payment of Accounts legislation and paid 95.88% of valid invoices within 15 days of receipt. To meet this target, strict internal timelines are in place for the approving of invoices. Details of the payment timelines are published on the website.

Maastricht Returns

In 2024, the MHC complied with the requirement to submit Maastricht Returns to the CSO.

Procurement

In 2024, MHC undertook no EU tendering processes, three mini competitions under OGP Frameworks and thirteen competitions that were below €50k plus VAT value thresholds[6]. Twenty-eight contract extension notices were agreed as permitted under the agreed terms of contract or in accordance with relevant exclusion requirements.

Two mini competitions, valued over national procurement threshold limits, incorporated green public procurement (GPP). One OGP framework did not contain GPP criteria.

The MHC Corporate Procurement Plan for 2024 was approved by FARC on 13 March 2024. The MHC Procurement and Contracts Manager worked with all MHC divisions to ensure forecasting and planning for the procurement of goods and services in line with best practice guidelines and the MHC Procurement & Contracts Policy.

6. Per the revised Circular 05/2023

During 2024, the MHC has taken a proactive approach to cybersecurity with both network intrusion prevention systems in place and third-party network monitoring.

Information and Communications Technology (ICT)

The key focus for ICT within the MHC is to provide a resilient and secure framework of information services to support all aspects of the MHC's activities. This includes the implementation and configuration of corporate ICT systems, as well as supporting the underlying technology.

During 2024, the MHC has taken a proactive approach to cybersecurity with both network intrusion prevention systems in place and third-party network monitoring. MHC is conducting on going cyber security staff training and will continue to keep MHC systems under review and up to date. MHC is currently upgrading its server systems to further improve the recovery of systems and data in the event of a disaster. MHC is putting in place a secondary fibre failover system to build robustness and reliability into its network infrastructure. Both the primary and secondary fibre lines will be connected to the Government Networks WAN to facilitate secure and reliable communications.

Acht na dTeangacha Oifigiúla

The MHC comes under the remit of the Official Languages Act 2003 and the Official Languages (Amendment) Act 2021 (the Acts) to provide a statutory framework for the delivery of services through the Irish language.

The MHC continues to work towards fulfilling its obligations under the Official Languages Acts. In 2024, we continued this obligation with additional actions including the appointment of a senior manager for responsibility to oversee performance of our obligations under the Act, procuring translation services for the organisation and training for senior managers. The MHC submitted its 2024 annual report on the compliance portal on advertising requirements for Section 10A to An Coimisinéir Teanga in line with the legislative timelines.

In accordance with the Acts, this Annual Report is published in both Irish and English.

Human Resources

The Human Resources function plays a significant role in fostering a positive culture and improving employee engagement and productivity. Treating our employees fairly and providing them with opportunities to grow assists the MHC with the realisation of its strategic objectives.

As of 31 December 2024, the MHC had 163 employees plus 30 agency staff.

Performance Management

The Performance Management and Development System (PMDS) was successfully carried out in 2024 with a focus on upskilling people managers to look for opportunities for staff development when conducting performance evaluations.

Employee Assistance Service

The MHC's Employee Assistance Programme (EAP), provided by an external provider on a 24/7/365 basis offers a free, professional service for employees and their families to resolve personal or work-related concerns.

Blended Working

The MHC continued with a Blended Working Policy as part of its commitment to embracing opportunities for remote and blended working and to build a more dynamic, agile and responsive organisation, while sustaining strong standards of performance and high levels of productivity. The policy provides a procedure for staff employed by the MHC to apply for blended working arrangements.

Supports for Employees with Disabilities

The HR team provides an Access Officer to ensure a progressive working environment and, in line with equality legislation, promotes equality of opportunity for all employees. The National Disability Authority (NDA) has a statutory duty to monitor the employment of people with disabilities in the public sector on an annual basis. In line with Government commitment to increasing the public service employment target for persons with disabilities on an incremental basis from a minimum of 3% to a minimum of 6% by 2025, HR is responsible for the statutory reporting, both quantitatively and narratively, to the NDA. In 2024, the MHC reported a rate of 9.82% of their employee base as having a disability.

Training and development

In 2024, training activities were delivered to build competence in job functions and work practices and to encourage professional development.

Recruitment

There has been a strong focus on recruitment. Thirteen recruitment competitions were run in 2024. With the additional staffing requirements of the DSS, this has given the MHC the opportunity to attract new talent while also providing further career development opportunities to existing staff.

2024 ANNUAL REPORT OF THE INSPECTOR OF MENTAL HEALTH SERVICES

Prof Jim Lucey
MD (Dub) PhD (Lond) FRCPI FRCPsych

Report of the Inspector of Mental Health Services

Table of Contents

Introduction

This is my second annual report as Inspector of Mental Health Services at the MHC. The majority of approved centres is largely compliant with minimum standards; however, persistent high volumes of non-compliance in a small cohort of HSE approved centres is obscuring this national picture and the positive image that lies beneath.

Evidence of progress in human rights-based standards of mental healthcare

Real progress is being made in many approved centres across the country. During inspection, I have found uplifting examples of quality services, where compassionate care is given by professionals with kindness and skill to those with acute mental health difficulty.

The majority of approved centres is substantially compliant, and many are making progress towards genuine human rights-based standards of mental healthcare. Underneath the headline figures there are many signs that a new generation of humane, justified, therapeutic mental healthcare professionals is emerging.

Through annual unannounced nationwide inspections and subsequent corrective and preventative action plans (CAPAS) coordinated by the MHC we are witnesses to restored levels of compliance and timely resolution of breaches in many approved centres.

The best example of this is to be found in the steady and sustained reduction in the use of restrictive practices in approved centres in Ireland. There are good reasons to be uplifted by this progress which is indicative of widespread positive change in Irish mental healthcare. Evidence of this development can be found within many approved centres and throughout the MDT, for example, in nurse practice development, where training has moved away from old punitive methods of institutional care, towards more enlightened trauma-informed, human rights-based clinical practice.

This active re-constructive process was found in several approved centres in 2024, for example, in the achievement of full compliance with Regulation 22: Premises in Bloomfield Hospital because of a successful programme of ligature reduction, and in restored compliance with Regulation 32: Risk Management Procedures in the Acute Psychiatric Unit Ennis because of improved fire safety measures and the replacement of fire doors. Both deficits were identified by the MHC inspectorate on inspection and corrected promptly by the approved centre and so we acknowledge and celebrate this timely response.

The DOP Drogheda restored full compliance with Regulation 16: Therapeutic Services and Programmes in 2024 by improving access to occupational therapy in the approved centre to support delivery of therapeutic groups and programmes. This HSE centre's corrective action plans ensured greater recovery opportunities for residents through horticultural and art therapy, with recovery tools and peer education. The approved centre intends to maintain this progress through its MDT therapeutic committee and via timetabled events ensuring it continues to meet resident's individual needs.

Full compliance with Regulation 5: Food and Nutrition was restored in 2024 in Avonmore and Glencree Units, at HSE Newcastle Hospital in Co. Wicklow, where vegetarian options are now offered to residents at all meals and a dedicated dietetic staff is on site.

The Ashlin Centre in Dublin achieved full compliance with Regulation 15: Individual Care Plan. Following an inspection in 2023 this HSE centre's leadership formed an ICP working group with administrative support and participation from all members of the MDT to develop a digital individual care plan. The assistant inspectors in 2024 commented favourably on the resulting ICP which we found to be 'informative and comprehensive and reflective of resident needs and their expressed wishes...The language (of the ICP) was recovery oriented ...and gave the reader a very accurate picture of current care and had the feeling that it belonged to the resident.'

Positive changes at leadership and management level were made in 2024 to greatly improve the atmosphere of APU Limerick 5B. The approved centre embraced positive behaviour support and trauma-informed care at all levels of service

delivery and as a result the culture, of this HSE approved centre, has become less restrictive, and more person-centered.

Developments in each of these centres are encouraging. Inspecting these centres, I found compelling evidence of young, highly enthusiastic and dedicated staff being motivated by senior experienced health professionals and encouraged to be ambitious for therapeutic forms of mental healthcare practice. This new generation of professional carers will surely become the advocates for human rights-based healthcare in our country.

Restoration of compliance with minimum standards

Improving compliance with minimum standards is indicative of improving levels of care. Several approved centres including centres led by the HSE with high levels of acute demand performed well in 2024. Six approved centres achieved full compliance on inspection and many HSE centres that struggled in the past to meet minimums have made progress towards full compliance in 2024. Among these improving HSE approved centres with commendable turnarounds in compliance are Connolly Hospital in Dublin and in Aidan's Residential Health Care Unit in Wexford.

In Cappahard Lodge in Ennis, we found eight non-compliances in 2023, but in 2024 this HSE approved centre had only two breaches and all issues found non-compliant at Cappahard Lodge in 2023 were resolved by 2024. This included resolution of breaches rated critical regarding premises and privacy.

The largest positive turnarounds in one year, made at HSE-led services, were in The Mental Health Admission Unit, Sliabh Mis, University Hospital Kerry, moving from 11 non-compliances in 2023 to three non-compliances in 2024 (a delta of -8) and at St Loman's, Mullingar with the number of breaches falling from 13 in 2023 to four in 2024 (a delta of -9).

Examples of non-compliance with minimum standards.

Unfortunately, there was a total 366 non-compliances in 2024.

Breaches of Regulations, Rules or Codes of Practice are never satisfactory. All non-compliances are risk-assessed as either low, moderate, high or critical. A critical rating indicates that the breach is of a very serious nature and the potential for grave consequence is very likely to recur.

This year, the total number of non-compliances rated 'low' has fallen from 38 in 2023 to 35 in 2024, and the number of non-compliances rated 'moderate' has also fallen from 136 in 2023 to 125 in 2024.

However, the number of non-compliances rated 'high' has risen from 156 in 2023 to 168 in 2024, and those number of non-compliances rated 'critical' has risen from 32 in 2023 to 38 in 2024.

The largest volume of these non-compliances was concentrated in just five HSE approved centres each with a total of thirteen or more breaches of minimum standards. The National Forensic Mental Health Service (NFMHS) was the highest with 17 breaches. Other HSE approved centres in Elm Mount in Dublin had 15; and Tallaght University Hospital, Dublin; St Stephen's Hospital, Cork; and the Department of Psychiatry, Letterkenny each had 14 breaches. Cork University Hospital had a total of 13 breaches.

Positive experience of the cycle of inspection and regulatory enforcement in approved centres elsewhere shows that constructive change is possible where the leadership is enlightened and committed to supporting such progress.

Non-compliance rated Critical

Non-compliances rated critical were found in largest volume in five HSE approved centres and one independent provider. Cork University Hospital was the highest with eight non-compliances rated critical, followed by Tallaght University Hospital in Dublin which had six critical and Portlaoise Hospital which had four non-compliances rated critical. The Department of Psychiatry in Letterkenny and the independent sector provider St John of God Hospital in Stillorgan Co Dublin each had three non-compliances rated critical.

Approved Centres with high levels of non-compliance and non-compliance rated critical

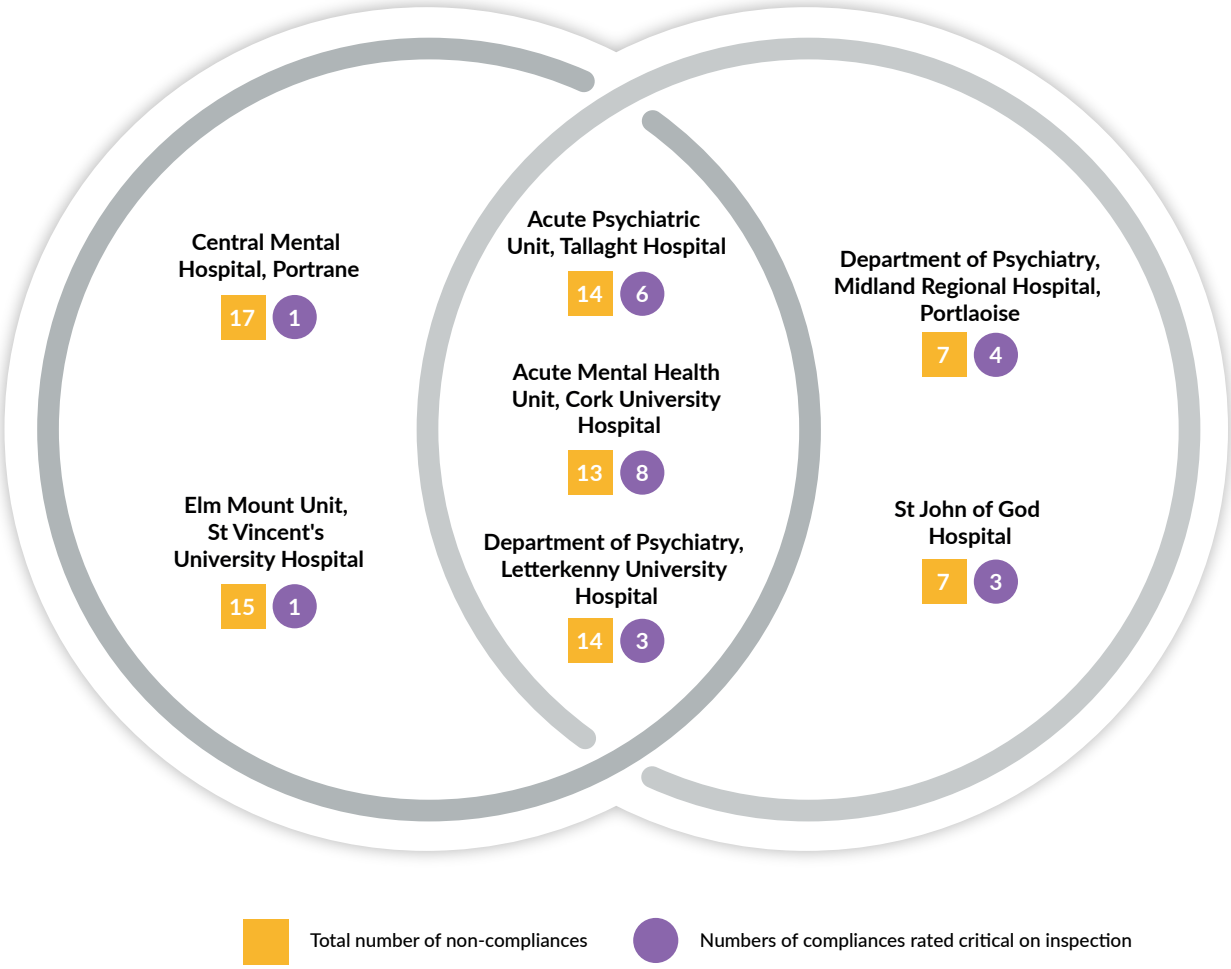


Figure: 19 *Approved Centres with high levels of non-compliance and non-compliance rated critical on inspection*

Non-compliances at this level are very serious matters and the MHC require immediate actions to address and resolve non-compliances rated critical with corrective measures being implemented without delay.

For the record, the proprietors of approved centres typically respond to negative findings at this level with assurances and corrective action plans, but in a minority of centres breaches at a critical level persist despite assurances given year-on-year. The result is evidence of decline in service, the opposite of circumstances where services are improving.

Persistent findings of critical non-compliance indicate a high likelihood of risk. Their increasing volume in a small number of approved centres is a substantial concern. As a result of persistent non-compliance rated at this critical level, enhanced regulatory procedures with increased levels of enforcement have been put in place. Sadly, the work of enforcement has been intensified in these locations, and this will continue until such time as full compliance is achieved.

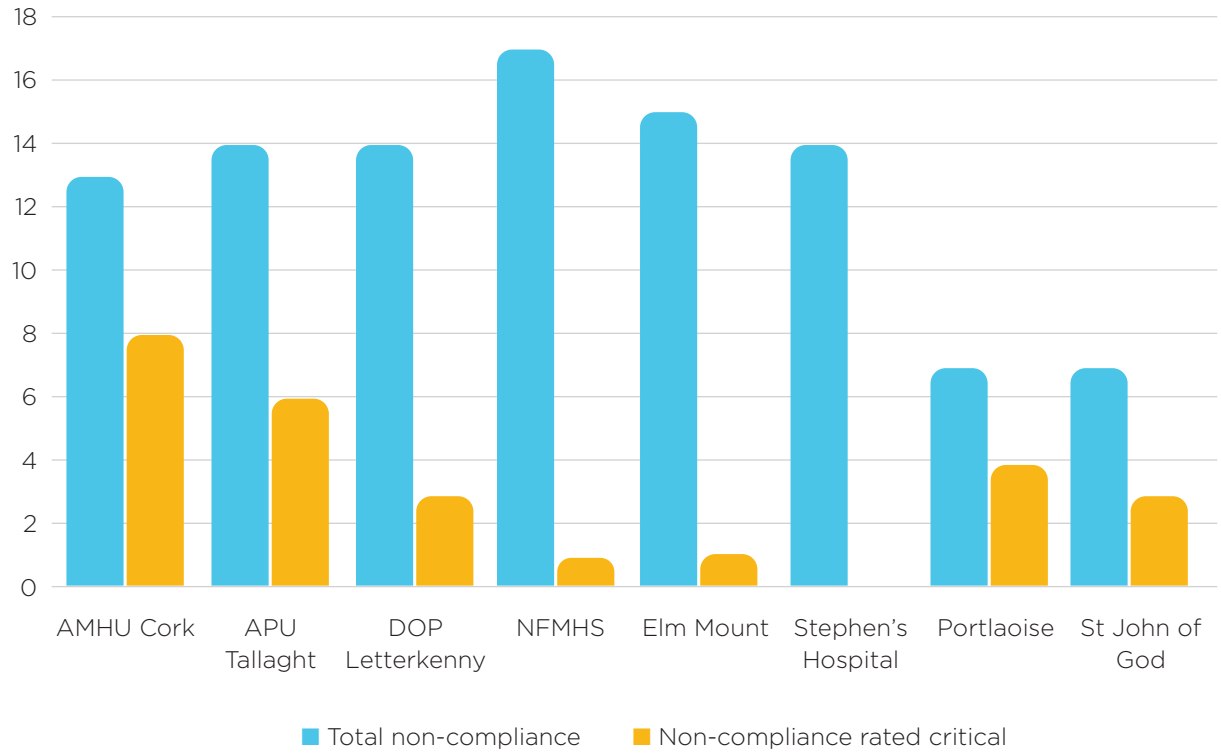


Figure 20: *Approved centres with substantial levels of non-compliance*

Standards related to Capital and Quality of Care

Standards relating to the capital (physical and human) of approved centres are frequently breached. Two of these standards, Regulation 22: Premises and Regulation 26: Staffing, are perennially in breach at a critical level in several HSE-led approved centres. Despite assurances given year on year and promises to resource these un-met needs, sufficient progress has not been made.

As Inspector, I welcome the commitments renewed this year to enhance the capital programme for mental health. The need for this investment is inarguable. The data are compelling. In 2024, Regulation 22: Premises was breached at a critical level in six centres and at a high level in 28 approved centres. Regulation 26: Staffing was breached at a critical level in four centres and at a high level in 18 centres.

Neither the staff nor the residents of these approved centres can reliably mitigate these deficits in physical or human capital resource, and yet professionally they adapt to the consequences arising from years of under-investment. The staff and the residents in these approved centres have my respect and support for their continuing good work. The sources of these breaches in capital (both physical and human) are funding deficits beyond the influence of residents and outside the scope of staff. It is clear to this Inspector that substantial capital investment will be needed to implement commitments made in documents such as Sharing the Vision and Slainte Care.

Non-compliance with regulations is also common regarding Regulation 16: Therapeutic Services and Programmes. Put simply, in 17 approved centres there was a demonstrable failure to deliver minimum standards of therapeutic service in 2024. The impact for resident care was rated critical in five approved centres. Regulation 19: General Health was breached in 17 approved centres and in four of those the breach was rated at a critical level. Regulation 32: Risk Management Procedures was breached with a rating at a critical level in 32 approved centres and Regulation 21: Privacy was breached with a rating at a critical level in 21 approved centres.

Regulations regarding therapeutic services and programmes, general health, risk management procedures and privacy are matters of human rights and dignity and they are central to the recovery experience of service users. The fact that these humanistic care standards are breached so persistently in some HSE approved centres and at this level is a matter of great concern to the Inspector.

The Inspector has no choice but to emphasise the importance of breaches rated at this level and no choice but to call them out for what they are, as matters in need of urgent redress. Substandard levels of staffing, and persistent neglect of approved centre premises, are not matters to be minimised. Timely resolution will take more than 'incremental' investment. Full compliance must not be postponed

Thematic Analyses and Overviews

In addition to annual inspections, the office of the Inspector of Mental Health Services reports on other matters relevant to mental healthcare in Ireland.

Restrictive Practices Approved Centres

In 2024 the inspector completed a thematic analysis on the use of restrictive practices (physical restraint and seclusion) in approved centres in Ireland.

This report welcomed the steady fall in the use of these restrictive practices in Irish approved centres evident over a five-year period from 2018 to 2022. The results of this study have already been published via Mental Health Commission channels, and they are also available also in the 'open access' literature space.[2]

To increase the protections provided to people who experience restraint and seclusion in approved centres, the MHC published revised rules and codes governing their use in 2022. These revised rules and codes of practice came into effect on 1 January 2023.

In 2024 we re-examined the data on the use of restrictive practice over the two years since the introduction of these revisions.

I am happy to report that the number of restraints and the number of people restrained continues to fall. In 2024 there were 2092 restraint episodes affecting 844 residents. This compares with 2572 episodes of restraint involving 879 residents in 2023.

In short, the downward trend evident since 2019 has been maintained since the implementation of the revised rules in 2023. Indeed, the rate of its decline has increased since the rules were revised. The Inspector welcomes this progress seeing it as evidence of an increasingly human rights-based standard of care in approved centres throughout the country.

For those residents who are restrained, the compliance with the code of practice on physical restraint remains low. Only 53% of those approved centres inspected in 2024 against the Code of Practice on the Use of Physical Restraint were compliant. Although compliance here is still low it is nonetheless an improvement in 2023. Compliance with the revised Code of Practice governing the Use of Physical Restraint rose from 48% in 2023 to 52.83% in 2024. This improvement is commendable in the context of changes made by approved centres in response to the revised code. The MHC anticipates that compliance with this code will continue to improve.

The number of episodes of seclusion and the number of residents secluded has also fallen since the introduction of the revised rules and this too is welcome. In 2024 there was a decrease of nearly 17% in the number of episodes of seclusion compared to those reported in 2023. There were 744 episodes of seclusion concluded in 2024, involving 434 residents in 27 approved centres.

Regrettably, for those who have been secluded, compliance with the Rules on Seclusion is also still low. In 2024, the rules on seclusion were breached at a critical level in 25% of centres inspected under the rules governing the use of this restrictive practice and breached at a high level in 50%. The Inspector looks forward with growing confidence to full compliance with the Rules Governing the Use of Seclusion and other restrictive practices in the years to come.

Access to Unscheduled Mental Healthcare in Emergency Departments

In 2024 the Inspector conducted an overview of mental health service in hospital emergency

departments. The Inspector's report noted that an estimated 51,000 people in mental health crisis present annually to emergency departments in Ireland. Managers of emergency departments throughout Ireland reported to the Inspector on their experience of increasing mental healthcare demand.

The data reveal a high degree of variation in mental healthcare service in Irish hospital emergency departments. Substantial variations exist in the timing and nature of mental health assessment, care planning and in the response to children who present in crisis. Inconsistency of this scale is having a negative impact on access to unscheduled care.

The report recommends greater investment in community alternatives to emergency departments for urgent and unscheduled mental healthcare. The Inspector's report reiterates concerns expressed previously by the MHC regarding deficits in unscheduled mental health service for children in Ireland. This overview was published via the Commission channels and editorialised in the 'open access' space[3].

Submitted Issues of Concern

As I go to the approved centres and I meet residents, I hear them commending their carers and at other times rightly demanding better standards of mental healthcare. I hear their calls for services fit for their needs and fully fit for a modern Ireland. Their insights will in time I believe be heard in every community, in our homes and in our workplaces.

As Inspector at the MHC, I do not have the legal power to investigate complaints. However, when an issue of concern is received by the MHC about a mental health service, this is referred to the Submitted Issues of Concern (SIC) Committee and a response is provided. The Committee consists of the Inspector of Mental Health Services, the Director of Regulation and an administration team. People may submit issues of concern through any communication medium, and each concern is considered separately by the SIC Committee.

An issue of concern is a report from any member of the public relating to the health, wellbeing or safety of a person in receipt of mental health services. Each issue is considered, and where appropriate these may be taken under consideration during the next annual inspection of that service.

The Submitted Issues of Concern Committee received 438 individual concerns and 1,113 further communications regarding these concerns in 2024. Responses may involve an MHC request for information from the relevant mental health service, or information as to where and how the person may make an official complaint, or seek information regarding support organisations, or about contacting other regulatory bodies.

Figure 21: *Total Number of Concerns received 2024*

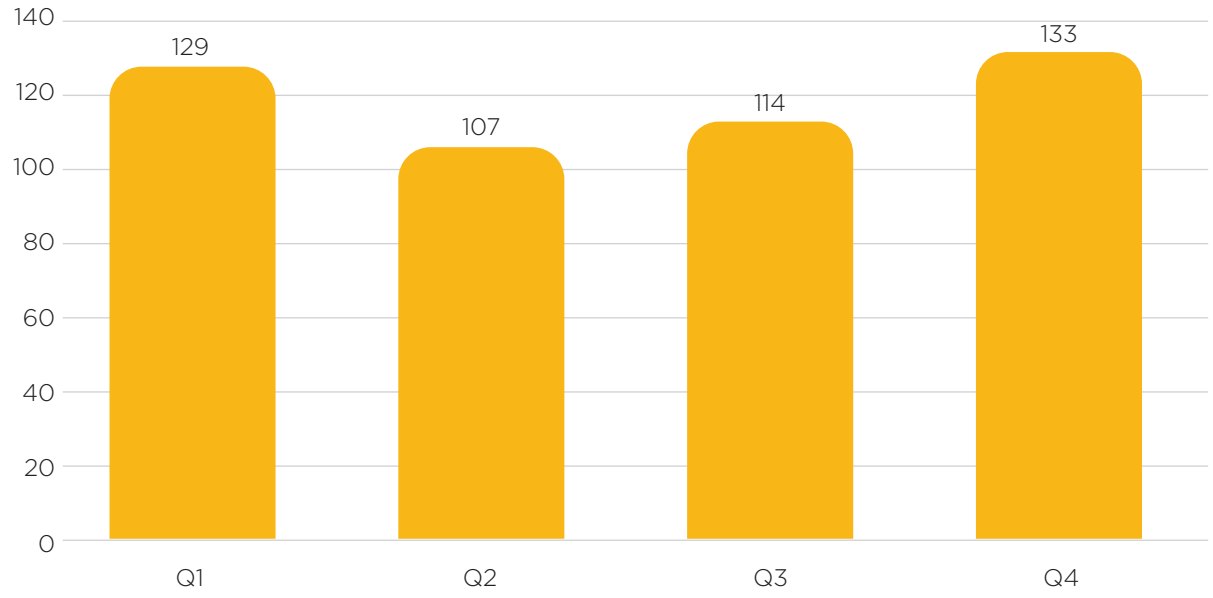


Table 40: *The Number of Concerns received per CHO*

CHO	Overall*	Individual**
CHO 1	30	19
CHO 2	47	30
CHO 3	34	15
CHO 4	35	21
CHO 5	23	19
CHO 6	11	7
CHO 7	39	23
CHO 8	64	40
CHO 9	31	20
CAMHS	18	15
Independent	70	35
Forensic	12	7
NIDS	3	2
Non-specific	280	190

**Overall refers to the total count of concerns raised, including instances where the MHC was contacted multiple times regarding the same concern.*

***Individual refers to the number of distinct individuals who raised a concern with the MHC.*

There has been a notable increase in the submission of concerns into the MHC over the past three years. This increase is likely due to the increasing awareness of peoples' right to a quality mental health service leading to action.

The most common themes related to experience with approved centres, concerns for a family member or friend, comments about clinicians, access to mental healthcare and follow ups (individual writing back to the MHC with the same concerns).

Table 41: *Common Themes of Issues of Concern 2024*

Theme	Overall*	Individual**
24-hour Residence	4	3
Access to Mental Health Care	53	47
Access to records	8	7
Approved Centre	196	130
Care and Treatment	44	37
CAMHS	38	28
Community Mental Health	21	17
Concern for client	3	3
Concern for family/ friend	116	88
Drug & Alcohol Treatment Centres	2	2
Doctors/Nurses	54	45
Follow ups (repeat of same concern)	104	49
GP	8	6
Homelessness	2	2
HSE complaint	2	2
Medication	7	6
Mental Health in Ireland	3	1
Mental Health in the UK	7	3
Mental Health Tribunals	21	17
Miscellaneous	15	14

**Overall refers to the total count of concerns raised, including instances where the MHC was contacted multiple times regarding the same concern.*

***Individual refers to the number of distinct individuals who raised a concern with the MHC.*

We welcome views, comments and concerns about mental health services and the process for contacting us is set out on our website www.mhcirl.ie.

Conclusions

In this, my second annual report as Inspector, I wish to acknowledge the cooperation of the proprietors and staff in approved centres throughout the country. Without this level of synergy, it would be impossible to complete these statutory regulatory tasks.

In 2024 the Inspector and his assistant inspectors carried out 65 unannounced on-site inspections, with a further two focused inspections and one visit to a community residence. We published 65 inspection reports in 2024.

My sincere gratitude extends to all the providers and to all residents in the approved centres for their patience and generosity throughout the past year. This year the Inspector's annual report is written in anticipation of a new mental health act and in the hope of a progressive era in mental healthcare in Ireland. We continue to work in concert with our colleagues in the MHC, the HSE and the Independent sector, to promote compliance with human rights-based standards of mental healthcare in Ireland. We will ensure completion of the required annual cycle of inspection and review of every approved centre.

Our inspection reports concern the quality of care and treatment given to persons in receipt of mental health services in approved centres, including the degree and extent of compliance by approved centres with regulations, rules and codes of practice. These reports are intended to highlight good practice and to shine greater light on areas of non-compliance in need of correction and amendment.

We strive to ensure that these reports are written factually, conscious of the need for clarity, consistency and transparency. This year we introduced short summaries in plain English to open each report intended to enhance the quality of our communication regarding levels of good clinical practice in approved centres in Ireland.

In my short time as Inspector, I have been taught many home truths, acquired not just through careful study but tellingly by listening to those whom I have met on inspection. These meetings are always useful. Each one brings a new insight. And so, despite some worrying data, it is even clearer to me that this is a time for hope, born out of our connectedness to each other. This is a time to listen to all sides, most especially to those who deliver our services and to those who use them.

Mental health services are about people. They exist for people, and they are delivered by people. No healthcare development in any sphere can be effective without support for people enabled to deliver modern therapeutic mental healthcare services.

While breaches of minimum standards are increasing, and the number of breaches rated critical is also rising the bulk of these is concentrated in a small number of HSE-led services. Other HSE approved centres with similar levels of demand achieve compliance at high levels and so it is time to ask the question; why does non-compliance persist in some HSE centres and not in others?

Comparisons may be odious, but as Inspector I must report the findings objectively and fairly. And I must listen to all sides. I find it increasingly necessary to ask this question. Why do some HSE centres persistently operate with poor levels of compliance?

It is impossible for me to ignore the calls for more consistent standards of mental healthcare across the country. The HSE is going through a period of organisational restructuring. This is an opportunity for progress in mental healthcare that should not be missed. It is time for the HSE to carry out a focused examination of approved centres persistently found in breach at critical levels. Closer attention to these underperforming approved centres would transform the national picture.

In the meantime, it is for us to continue and to renew our fellowship around our mental health. This is after all our biggest unmet health need. Our awareness of its priority has never been greater.

In this report I have described many hopeful signs of progress while noting several approved centres moving in the right direction. With the anticipated changes promised in legislation I look forward with fresh enthusiasm to a new era, a time of transformation in Irish mental healthcare.

References

1. Mental Health Acts 2001-2018
2. Lucey JV, Kiernan G, Farrelly J, Downey A, Stepala P. Use of restrictive practices in approved mental health centres in Ireland: consideration of five years of national data. *Irish Journal of Psychological Medicine*. 2025;42(1):15-20. doi:10.1017/ipm.2024.32
3. Lucey JV. Mental Health Service in Emergency Departments in Ireland. Irish Medical journal 2025 April

Glossary

Approved Centres

An approved centre is a 'hospital or other in-patient facility for the care and treatment of persons suffering from mental illness or mental disorder'. The Inspector is given 'all such powers as are necessary or expedient for the performance for his/her functions', including powers 'to visit and inspect at any time', and 'to require persons to furnish information, and 'to examine and take copies of documents', to 'require persons to attend' and even where necessary 'to take evidence under oath'.1

The Mental Health Commission

The Mental Health Commission is the statutory regulator of mental health care in Ireland whose role is 'to regulate and engage, to promote, support and uphold the rights, health and well-being of all people who access mental healthcare'. Together we work towards an Ireland where everyone's human rights, including those with mental health problems and difficulties, are respected and protected.

The Inspector of Mental Health Services

The Inspector of Mental Health Services, based at the Mental Health Commission, is required by law 'to visit and inspect every approved centre' where mental health services are being provided 'at least once in each year' and to 'furnish reports to the commission on the quality of care and treatment given to persons in receipt of mental health service'[1].

Minimum Standards of Mental Healthcare

Wherever breaches of minimum standards are found on inspection, these are made public in our reports, following consultation and with due respect for fair processes including 'right of reply' and evidence of 'corrective action'.

Appendices

Appendix 1 – *Mental Health Commission Membership and Meeting Attendance 2024*

No	Name	18/01	08/02	22/02	21/03	16/05	27/06	18/07	19/09	17/10	21/11	12/12	Total
1	Dr John Hillery	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	**10/11**
2	Rowena Mulcahy	Y	Y	Y	Y	Y	Y	N	Y	Y	N	Y	**9/11**
3	Dr Margo Wrigley	Y	Y	N	Y	Y	Y	Y	Y	Y	N	Y	**9/11**
4	Dr Michael Drumm	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	**10/11**
5	Fionn Fitzpatrick*	N	N	N	N	N	N	Y	Y	Y	N	N	**3/11**
6	Dr John Cox	Y	N	Y	Y	Y	Y	Y	Y	N	Y	Y	**9/11**
7	Ray Burke	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	**10/11**
8	Dr Joseph Duffy	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	**9/11**
9	Tammy Donaghy	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	**9/11**
10	Dr Orla Healy	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	**9/11**
11	Martina McGuinness	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	**11/11**
12	Linda Curran	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	**11/11**
13	Catherine Cocoman	Y	N	Y	N	Y	Y	Y	N	Y	Y	Y	**8/11**

*This member was on longterm sick leave.

Appendix 2 – *FARC Membership and Meeting Attendance 2024*

Committee Member	13/03	19/06	09/09	29/11	Total
Dr Orla Healy (Chair) (MHC Board)	Y	Y	Y	Y	4/4
Dr John Cox (MHC Board)	Y	Y	Y	Y	4/4
Martina McGuinness (MHC Board)	Y	Y	Y	Y	4/4
Kevin Roantree (EM)	Y	Y	Y	Y	4/4
Audrey Houlihan (EM)	Y	Y	Y	Y	4/4
Cliff O'Keeffe (EM)	N	Y	Y	Y	3/4
Dearbhla Fitzsimons (EM)	Y	Y	Y	N	3/4
Josephine O'Reilly (EM)	Y	Y	Y	Y	4/4

(EM = External Member)

Appendix 3 – *Human Rights Committee Membership and Meeting Attendance 2024*

Committee Member	07/05	14/06	30/09	Total
Dr Michael Drumm (Chair) (MHC Board)	Y	Y	Y	3/3
Catherine Cocoman (MHC Board)	Y	Y	N	2/3
Linda Curran (MHC Board)	Y	N	Y	2/3
Mary Donnelly (EM)	Y	Y	Y	3/3
Catherine Carty (EM)	Y	N	Y	2/3
Blezzing Dada (EM)	Y	Y	N	2/3
Charles O'Mahony (EM)	Y	Y	Y	3/3
Claire Hendrick (EM)	Y	N	N	1/3

(EM = External Member)

Appendix 4 Mental Health Tribunal Information

Table 1: *Breakdown of Mental Disorder on admission/renewal as defined in section 3 of the 2001 Act for the period 1 January 2024-31 December 2024*

Category	Form 6	%	Form 13	%	Form 7	%	Total	%
3(1)(a) only	137	7%	38	7%	19	2%	194	5%
3(1)(b) only	1301	66%	318	57%	848	81%	2467	71%
3(1)(a) and 3(1)(b)	543	27%	201	36%	181	17%	925	24%
Total	1981		557		1048		3586	

The Consultant Psychiatrist gives their opinion that the patient continues to suffer from a mental disorder where:

3(1)(a) because of the illness, disability or dementia, there is a serious likelihood of the person concerned causing immediate and serious harm to himself or herself or to other persons,

OR

3(1)(b)(i) because of the severity of the illness, disability or dementia, the judgement of the person concerned is so impaired that failure to admit the person to an Approved Centre would be likely to lead to a serious deterioration in his or her condition or would prevent the administration of appropriate treatment that could be given only by such admission,

AND

3(1)(b)(ii) the reception, detention and treatment of the person concerned in an Approved Centre would be likely to benefit or alleviate the condition of that person to a material extent.

OR 3(1)(a) (as above) and 3(1)(b) (as above).

Figure 1: *Monthly Involuntary Admissions 2024*

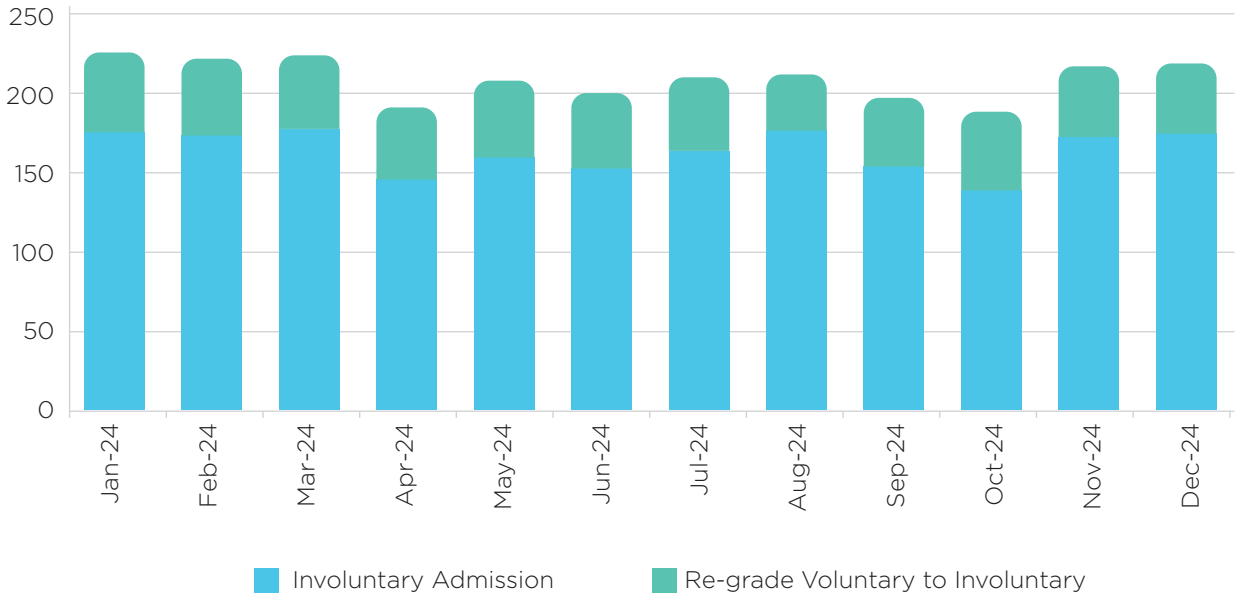


Figure 2: *Comparisons of total involuntary admissions 2020-2024*

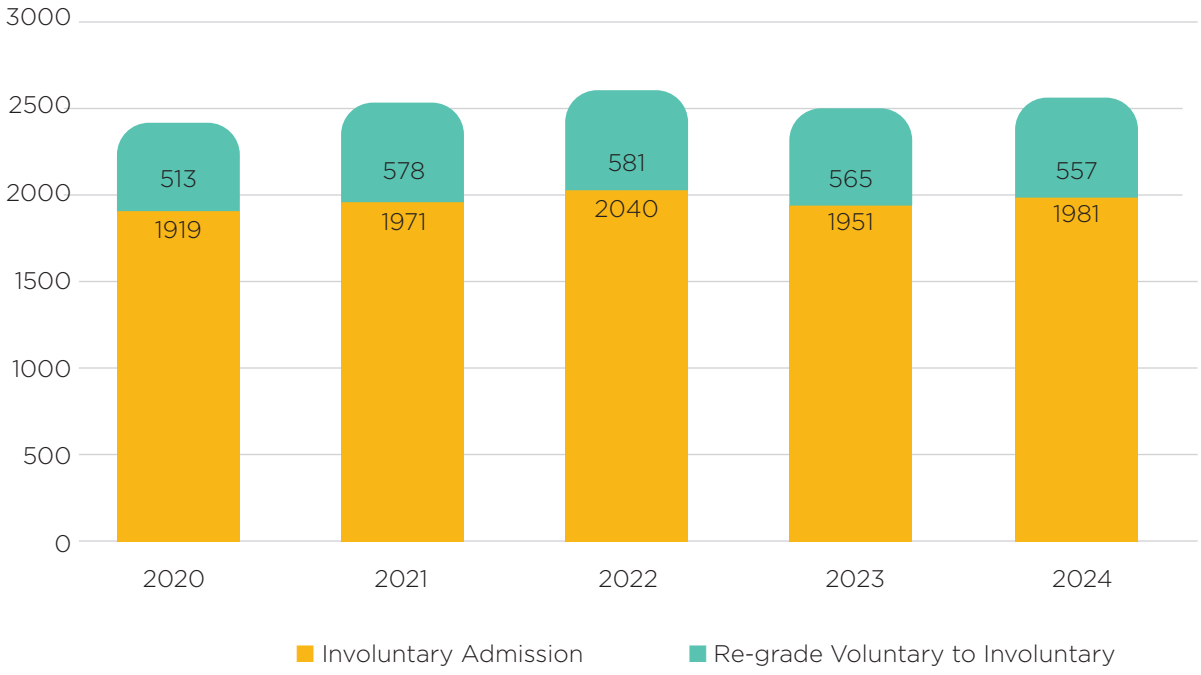


Figure 3: *Comparison of renewal orders 2020-2024*

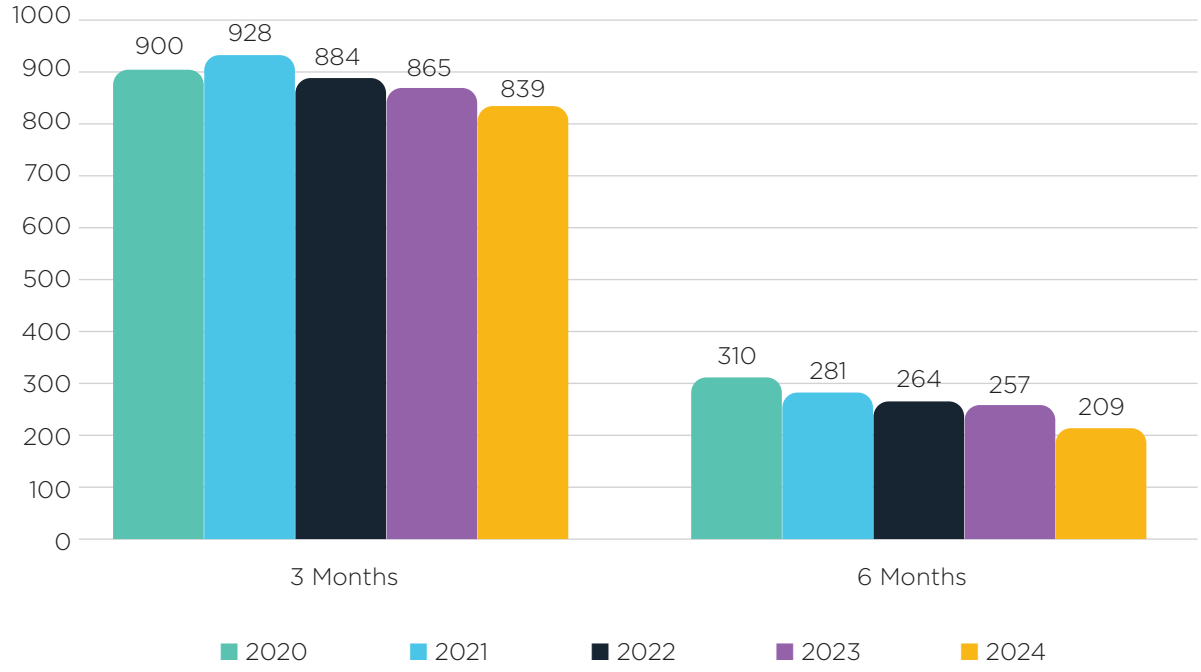
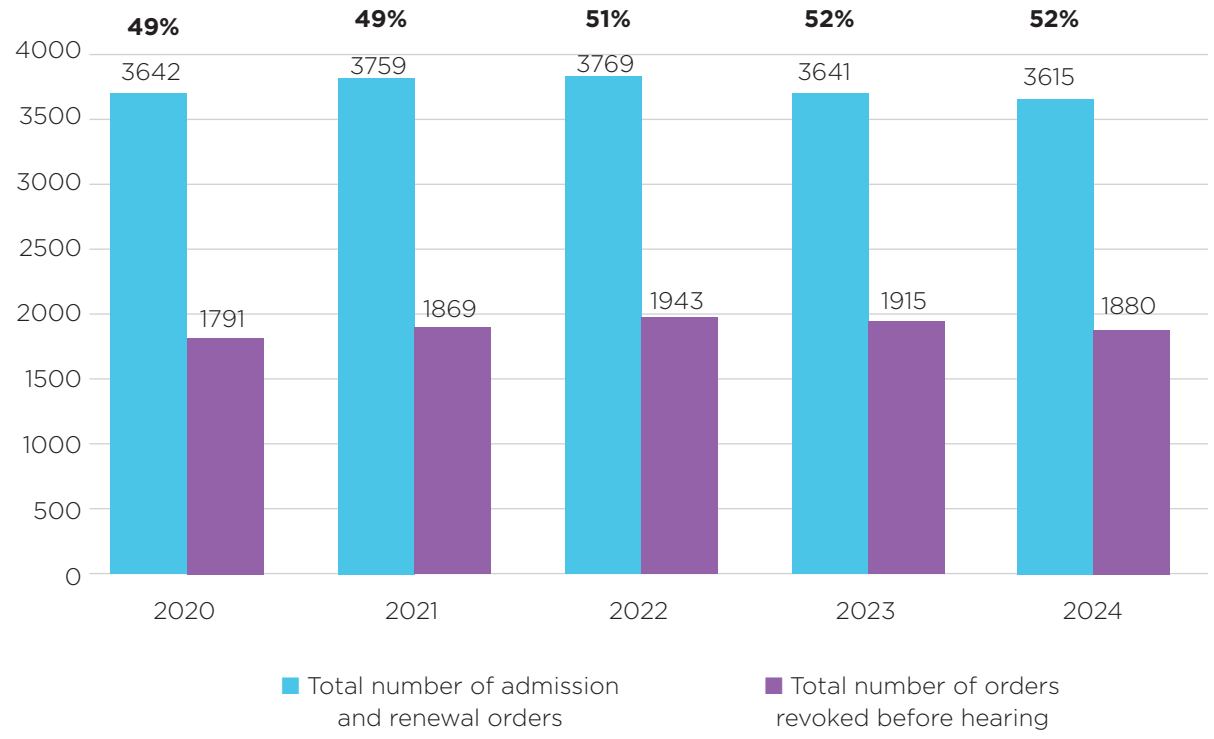


Table 2: *Involuntary Admission Rates for 2024 (Adult) by CHO Area and Independent Sector*[7]

	Involuntary Admissions	Re-grade Voluntary to Involuntary	Total Involuntary Admission Rate
CHO1	198	38	236
CHO2	187	44	231
CHO3	123	33	156
CHO4	299	113	412
CHO5	199	54	253
CHO6	146	25	171
CHO7	277	69	346
CHO8	188	44	232
CHO9	286	68	354
Independent Sector	78	69	147
TOTAL (Exclusive of Independent sector)	1,903	488	2,391
TOTAL (Inclusive of Independent sector)	1,981	557	2,538

Figure 4: *Number of Orders Revoked before Hearing by Responsible Consultant Psychiatrists for Years 2019 to 2023*



7. There are eight independent approved centres

Table 3: *Summary of Revoked Decisions*

No	Issues	Number of Revocations	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	No mental disorder (section 3 not met)	90	11	6	11	8	7	8	2	11	9	6	5	6
2	Errors with sections 9 to 12 (applications and recommendations for involuntary admission) and the related Forms	34	2	2	0	3	4	4	2	5	2	3	4	3
3	Errors with sections 14 and 15 (admission and renewal orders for involuntary admission)) and the related Forms	57*	5	4	0	1	2	3	17	7	6	3	6	3
4	Patient Notification Form issues (information to be provided to the patient from the admission and renewal orders)	17	2	1	1	3	5	0	1	2	1	0	1	0
5	Errors with sections 23 and 24 (admission form where someone is regraded) and the related Form	10	0	0	1	0	0	0	3	1	2	1	2	0
6	Other non-compliance issues to those referred to above	5	0	0	1	0	0	0	0	2	2	0	0	0
7	No mental disorder (section 3 not met) and non-compliance issues	20	3	0	3	0	0	0	4	1	1	6	1	1
	Total	233	23	13	17	15	18	15	29	29	23	19	19	13

In 12 decisions from July 2024 to December 2024 there were errors on other Forms in addition to the errors in the admission Forms

Figure 5: *Length of stay for individuals revoked in 2024*

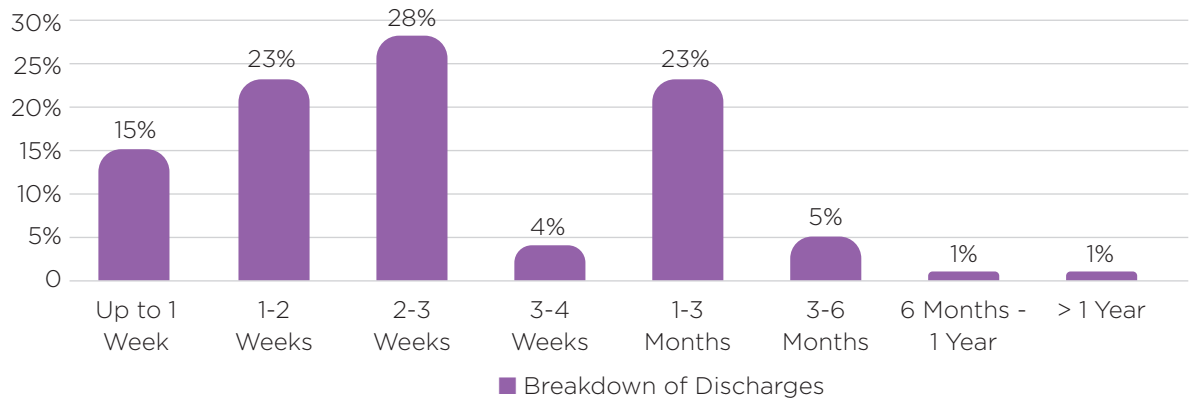


Figure 6: *Analysis of Applicants for Involuntary Admissions from the Community in 2024*

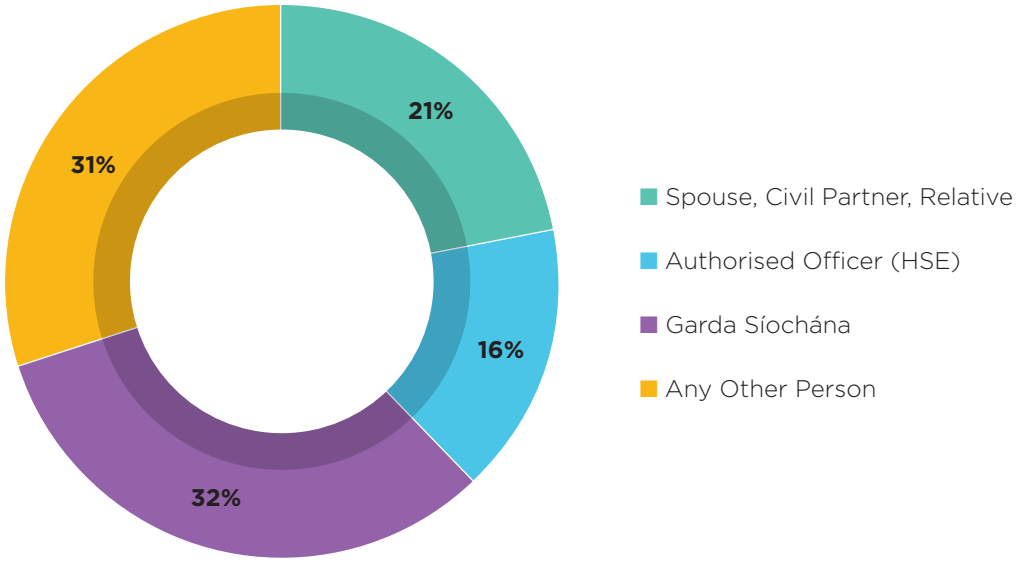


Figure 7: *Analysis of Applicants of Involuntary Admissions from Community from 2015 to 2024*

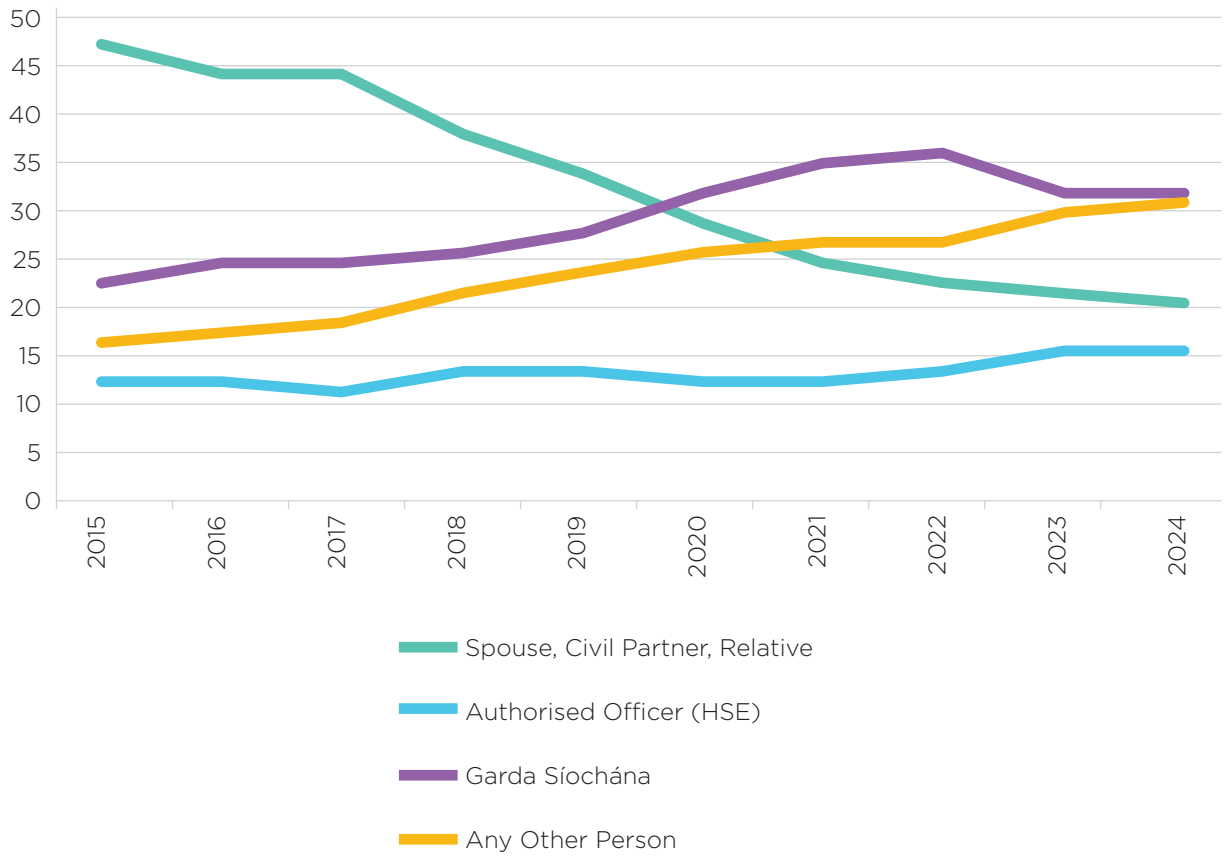


Figure 8: *Breakdown of Hearings in 2024 over 21 day period*[8]

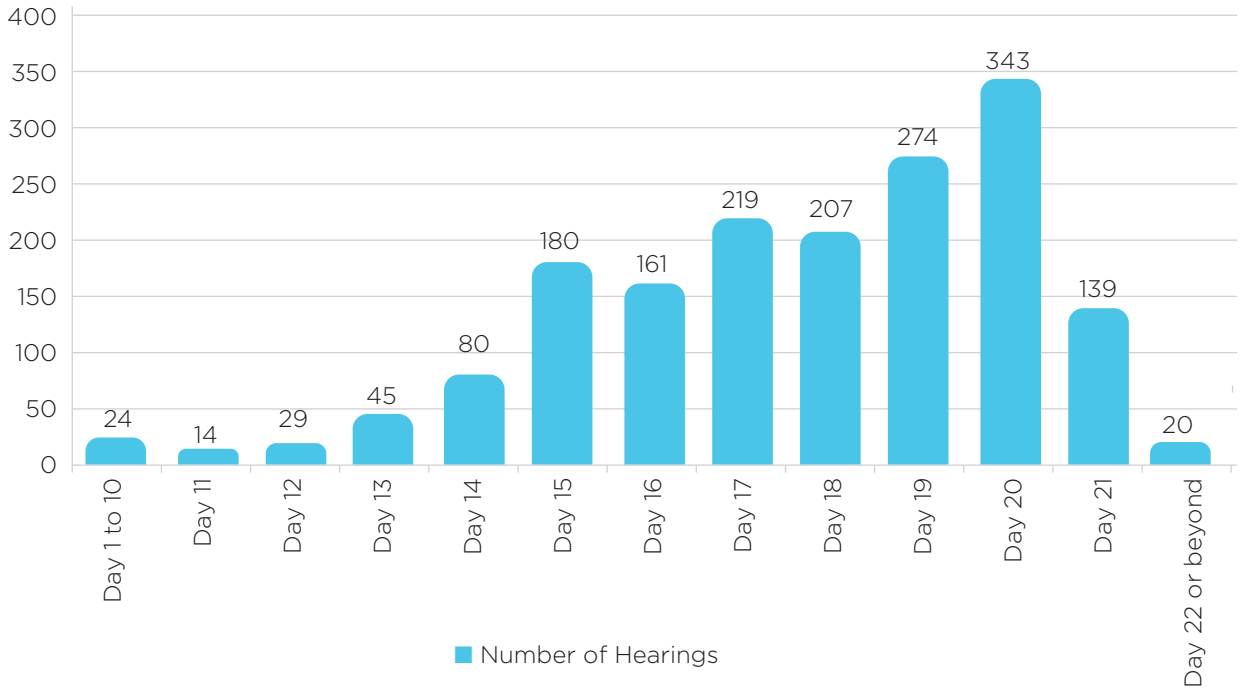
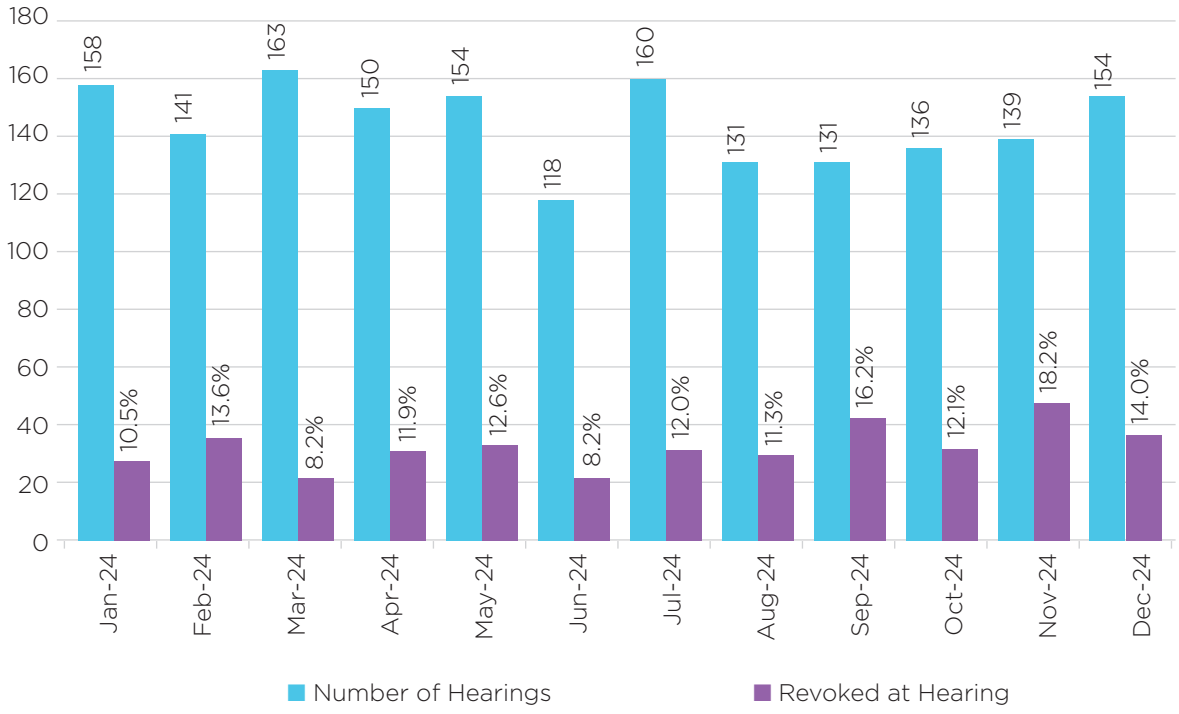


Figure 9: *Number of hearings and % of orders revoked at hearing 2024*



8. In relation to the hearings heard after the 21 days these relate to hearings that were extended (as allowed under the Act) or relate to section 28 hearings after an order is revoked.

Table 4: *Analysis by Gender and Age of 2024 Involuntary Admissions*

Age	Male	Female	% gender
18 – 24	233	111	68% male
25 – 34	336	180	65% male
35 – 44	303	284	52% male
45 – 54	208	286	58% female
55 – 64	132	159	55% female
65 +	133	173	57% female
Total	1,345	1,193	53% male

Table 5: *Analysis by Gender and Admission type of 2024 Involuntary Admissions*

Gender	Form 6	Form 13	Total	%
Female	902	291	1,193	47%
Male	1,079	266	1,345	53%
Total	**1,981**	**557**	**2,538**	**100%**

Table 6: *Analysis by Gender, Age and Admission type of 2024 Involuntary Admissions*

Age	Form 6	Form 6 Female	Form 6 Male	Form 13	Form 13 Female	Form 13 Male	Total	%
18 – 24	247	74	173	97	37	60	344	14%
25 - 34	393	132	261	123	48	75	516	20%
35 - 44	460	213	247	127	71	56	587	23%
45 - 54	402	225	177	92	61	31	494	19%
55 - 64	232	123	109	59	36	23	291	12%
65 and over	247	135	112	59	38	21	306	12%
Total	**1,981**	**902**	**1079**	**557**	**291**	**266**	**2,538**	**100%**

Notes

Notes

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