Monday 4 July 2016

Forgotten and abandoned by a modern mental health service

Briefing note on 24-hour staffed, community residences for people with severe mental health difficulties.

Mental Health Reform is concerned about the position of people residing in HSE mental health service 24-hour supervised residences. In particular, we are concerned that:

- Individuals are living in institutional-type settings. The MHC has reported that some of these residences are institutional in environment and practices, increase the risk of stigma and limit individuals' choices;
- Residents are being subjected to institutionalising practice: chairs lined up against the walls in a row, bedrooms devoid of personal possessions, locked shower facilities, residents not allowed to lock their wardrobes or bedroom doors.
- There is no confirmed number of residences or number of residents either from the MHC or the HSE. Therefore, there is no clear picture of the number of residents subject to institutional conditions in the community
- There is no regulation or independent oversight of these residences. The Inspector can inspect 24-hour residences, but is not obliged to inspect them under the existing mental health law. Nor are there any statutory regulations or standards for these residences.
- Many of these residences are too large. Fifty-five percent of HSE mental health service 24-hour supervised residences inspected in 2015 had more than 10 beds and 40 per cent had more than 13 beds.

- Vulnerable residents are not being provided with adequate care of their physical health. In four of the residences, the residents did not receive annual GP check-ups
- Lack of standardisation of charging practice: residents are often charged for board, utilities and food but there is wide variation in charge amounts. In 14 residences there was no evidence of means testing.
- Some residences are not providing therapeutic activities; three residences had no therapeutic activities.

The Minister for Mental Health needs to extend the remit of the Mental Health Commission immediately to empower it to regulate community based services as recommended by the Expert Group on the review of the 2001 Mental Health Act, and to require the Inspector of Mental Health Services to conduct annual inspections of all 24-hour staffed community residences.

Briefing note:

In the 1950s Ireland held the world record for the number of people detained in psychiatric institutions. Thankfully the majority of these older style Victorian hospitals are now closed and the focus of our mental health services is to treat people in the community as close to their own homes as possible.

In the 1980s 24-hour supervised residences were opened to accommodate service users who had resided in the old style psychiatric hospitals, many for long periods of time. Therefore these residences are these people’s homes. It is recommended that such homes should be confined to no more than four residents. However 40 per cent of residences inspected by the Inspector of Mental Health Services in 2015 had more than 13 beds.

It is important to note that these services users are particularly vulnerable as many have been living with long term mental health difficulties and within institutional settings for most of their lives. However rather than benefiting from a move to community care they have in essence been forgotten and abandoned by the modern mental health

service which has simply moved them from larger institutions to other, albeit smaller ones.

According to the MHC “Large residences tend to be institutional in environment and practices, increase the risk of stigma and limit individuals’ choices. It is important to be aware that people with long term mental illness live in these residences, often for many years. Therefore, these residences should be fit for habitation and provide a homely comfortable environment. Nearly half of the residences inspected were found to be in poor condition, which is unacceptable.”

Discrepancies between HSE and MHC on number of residences

Crucially we do not know how many people are living in these conditions and we do not know how many residences there are.

In its Annual Report for 2015 (published 20/06/2016) the MHC said there was “a fundamental issue of identifying precisely the number of residences and people living in such residences. Despite repeated discussions with the HSE, no agreement has been reached on this issue. Additionally, the Commission is concerned that some of these residences are too large, have poor physical infrastructure, are institutional in nature and lack individualised care plans.”

- In 2014, there were 99 24-hour supervised residences with approximately 1,300 residents.*
- The HSE Mental Health Division Operational Plan for 2015 stated that there were 107 24-hour supervised community residences (“high support community residences”). *

  ***These figures are based on the number of 24 hour supervised residences that are known to be in existence, however there are concerns that there may be others that are not known to the Mental Health Commisison.**

There is clearly a discrepancy between the number of 24-hour residences that the MHC was able to confirm and the number reported in the HSE’s Operational Plan for 2015.

Lack of statutory regulation and oversight

Under the Mental Health Act 2001, the Inspector can visit these residences and report on his or her findings and the service can be requested to provide a quality improvement plan**. However, under the current legislation, these residences are not subject to regulation by the Mental Health Commission. This means that the MHC has no statutory powers over these residences** unlike inpatient units which can be closed down by the MHC if they breach certain standards of care.

The Expert Group established to review the Mental Health Act 2001 made the following recommendation: **The new Act should give the Mental Health Commission specific powers to make standards in respect of all mental health services and to inspect against those standards. The Standards should be made by way of regulations and the regulations should be underpinned by way of primary legislation.**

Inspections:

In 2015, the MHC inspected 20, 24-hour supervised residences[1]

The HSE report on accommodation for people with disabilities, Time to Move on from Congregated Settings,(2007) recommends that the home sharing arrangement should be confined to no more than four residents in total and that those sharing accommodation have, as far as possible, chosen to live with the other three people.

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[1] these were: Community Healthcare Organisations (CHO) (Dublin North, Dublin North Central and Dublin North West) 4 ;CHO 2 (Galway, Roscommon and Mayo) 5 ; CHO 7 (Kildare/West Wicklow/ Dublin West/Dublin South City and Dublin South West) 3 ; CHO 6 (Wicklow, Dun Laoghaire and Dublin South East) 1 ; CHO 8 (Laois/Offaly, Longford/ Westmeath, Louth and Meath) 3 ; CHO 1 (Donegal, Sligo/Leitrim/West Cavan) 2 ; CHO 5 (South Tipperary, Carlow/ Kilkenny, Waterford and Wexford) 2.

Fifty-five percent of HSE mental health service 24-hour supervised residences inspected in 2015 had more than 10 beds and 40 per cent had more than 13 beds.

According to these inspections

- Only six out of the 20 residences inspected were described as in good decorative order, comfortable and homely.
- A number of residences were institutional in function and environment. For example, **chairs lined up against the walls in a row, bedrooms devoid of personal possessions, locked shower facilities, residents not allowed to lock their wardrobes or bedroom doors.**
- Only seven (35%) of the residences had exclusively single bedrooms.
- Twelve residences had double bedrooms; ten of these had **no provision for individual privacy.**
- One residence had two four-bed rooms. **The inability to provide residents with a single room impacts on their privacy and dignity.**

With reference to one of the residences, the Inspector reported that "The overall state of the residence was poor. External brickwork and piping was poorly maintained and internally the premises looked worn….It was apparent that in a number of (bed)rooms that storage space was inadequate as **residents were obliged to store personal property in bags on the floor."**

Physical health

It is recommended that all residents have a yearly medical assessment.

In ten of the 20 residences inspected in 2015, the residents had a six-monthly medical check with their GP, while in six residences, there were annual medical checks for residents. In four residences, the residents did not attend scheduled medical checks and only attended the GP when they became unwell. All residents were registered with a GP.

Charges:

The MHC found that charges applied to residents for board, utilities and food varied considerably across Community Healthcare Organisations (CHOs) and even within CHOs. Charges for residents in one CHO varied between residences, from €90 to €148.

In 14 residences, it did not appear that residents were means tested for charges and each resident paid the same charge.

Therapy

Fifteen residences had therapeutic programmes available externally in community workshops and day centres; eight also had therapeutic programmes available in the residences. **In three residences, the residents had no therapeutic activities available to them either internally or externally.**

Summary

In summary, the Mental Health Commission stated that "many of the residences inspected were too big, in poor condition and institutional. There was limited multidisciplinary input in over 50% of residences inspected. Some residents had no care plans or any meaningful activities to occupy them during the day. Many 24-hour supervised residences were failing to provide opportunities for the optimal recovery and rehabilitation of their client population, as outlined for them in A Vision for Change, which is now 10 years in operation. Recovery in this context reflects the belief that it is possible for all service users to achieve control over their lives, to recover their self-esteem, and move towards building a life where they experience a sense of belonging and participation. The guiding principles relevant to the housing needs of individuals with mental health difficulties should include citizenship (equity of access), community care, including specialist mental health support, coordination of supports and inclusiveness. The provision of community residential care for vulnerable mentally ill people, who may not be in a position to articulate their wishes, must be on an equal basis with other citizens, and such provision should be a priority".

Lack of implementation of HSE’s own value-for-money review published in 2008.

In 2008 an evaluation was conducted by the HSE in accordance with the guidance for Value for Money and Policy (VFMP) Reviews, of the efficiency and effectiveness of Long-Stay Residential Care for Adults within the Mental Health Services in Ireland. The report found the following:

- Wide variations in resource allocation, levels of service provision and different staffing ratios across similar type residential units across the country
- A significant minority of clients were deemed to be inappropriately placed, many of whom could have their needs met in lower supported settings and at lower cost
- Low level of discharges from long stay residential services to lower levels of support
- Lack of a consistent understanding of, or approach to, rehabilitation among the residences, with less than 25% of individuals in high support community residence and only 6.7% of individuals on identified rehabilitation units, participating in rehabilitation training

The HSE’s own value-for-money review recommended that performance indicators for community residences be put in place and monitored. The report also concluded that full implementation of A Vision for Change would enhance service effectiveness in the long term, at little additional cost and offers opportunity to re-balance resource allocations in line with service needs.

In response to the value-for-money review, **the Department of Health said that the HSE would implement the recommendations and that the HSE would submit periodic progress reports to the Office for Disability and Mental Health on the implementation of the findings/recommendations of this review. Since that time there has been no implementation plan for these recommendations and little evidence that the recommendations have been implemented.**

Happy Living Here study (2007)

This study which was published by the MHC in 2007 evaluated the nature and quality of community residential accommodation and the extent to which it met the needs of residents. The findings are consistent with a number of the more recent MHC findings reported above.

- A number of residents indicated that, if given a choice, they would prefer more independent living arrangements.
- Few used social amenities in the community.
- Few residences were providing cognitive behavioural therapies or activities that promoted community integration, mainstream employment or mainstream housing [This is not surprising given the lack of specialised multi-disciplinary rehabilitation teams in the services studied.]
- The internal environment of the residences was not ideal, with a small number of bathrooms and many shared bedrooms. Results from the study indicated that lack of privacy was an issue for a number of residents.
- Few residents had access to their own transport, which was problematic for those in more remote locations where public transport was often underdeveloped. This impacted on access to community and social amenities.
- The climate and culture of the residences reflected more those of a ‘mini-institution’ than of a home-like environment, especially in the high support residences.
- Even in medium and low support residences a large number of residences employed constricting rules and regulations, “the necessity for which was questionable”.
- There appeared to be little in the way of individualised treatment and care planning in many of the residences, nor was there much participation by the residents in their treatment and care.
- There was evidence of an excess of care in some cases, for example the restrictive nature of residential facilities and the lack of autonomy of the residents given their current level of functioning.
- Some residents were over-provided for in terms of the level of accommodation in which they were living.

On foot of this study, the authors made a number of recommendations including:

- the establishment of fully staffed specialised rehabilitation and recovery mental health teams in all services;
- residences should provide a ‘home-like’ environment for residents;
- aims and functions of community residences should be reviewed and standardised; and
- a range of housing alternatives is necessary to meet the needs and support requirements of individuals with different mental health needs.

ENDS