Mental Health Commission

Strategic Plan

2013 - 2015

Stakeholder Questionnaire

July 2012

Section 1: Preface

1.1 The Mental Health Commission (MHC), an independent statutory body, was established in April 2002, pursuant to the provisions of the Mental Health Act 2001. Section 1 to 5, 7 and 31 to 55 of the Act were commenced on 5th April, 2002. The 2001 Act was commenced in full on 1st November, 2006.

The functions of the Mental Health Commission as specified by the Act are:-

- To promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services and

- To take all reasonable steps to protect the interests of persons detained in approved centres under this Act. (Section 33(1), Mental Health Act 2001).

The Mental Health Act 2001 has introduced comprehensive human rights protections for those admitted involuntarily, leading to a high level of accountability and external scrutiny.

1.1.1 Specific functions of the Mental Health Commission include:-

- Appointment of the Inspector and Assistant Inspectors of Mental Health Services;
- Appointment of persons to mental health tribunals which review the detention of involuntary patients and appointment of legal representatives for the patient;
- Establishment and maintenance of register of Approved Centres (i.e. licensing of inpatient facilities providing care and treatment for people with a mental illness or mental disorder).
- Making of Rules regarding specific interventions – Electroconvulsive Therapy, Mechanical Means of Bodily Restraint and Seclusion;
- Developing Codes of Practice for the guidance of persons working in the mental health services.

1.1.2 The remit of the Commission covers the broad spectrum of mental health services regardless of the source of funding, i.e. both publicly and privately funded mental health services. This includes general adult mental health services, mental health services for children and adolescents, older people, people with learning disabilities and forensic mental health services.

1.1.3 The Mental Health Commission has commenced work on the preparation of its fourth Strategic Plan which will cover the period 2013 – 2015. The Commission is committed to achieving together and is committed to collaboration for the improvement of mental health services through ongoing partnership, consultation and teamwork. In line with this commitment the Commission is seeking your views on our new Strategic Plan, six questions are outlined below which we would welcome your consideration and feedback on.

Section 2: Stakeholder Questionnaire

Q1. What do you see as the strengths and achievements of the Mental Health Commission since the full commencement of the Mental Health Act 2001 in November 2006?

- **Introducing the Codes of Practice , Rules and Regulations under the mental health act.**
- **Development of the Quality Framework in articulating and setting standards.**
- **Enhanced regulation and oversight of approved centres.**
- **Closing Approved centres where conditions are unacceptable.**
- **Strong commitment to standards.**
- **Annual Reports.**
- **Enhanced protection including review tribunals.**
- **Detailed Inspections.**
- **Rights focussed discourse and practice.**
- **Comparator data on ECT, seclusion and restraint.**
- **Collaboration of stakeholders.**
- **Specialist meetings with individual specialties, for example improved communication with Learning Disability service providers. This has resulted in a number of examples of training, policy and clinical cooperation between Learning Disability services and local adult mental health services.**

Q2. What do you see as areas where the Mental Health Commission needs to improve?

- **Finding some means to make the Government accountable for failure to introduce the Mental Health Policy *A Vision for Change* 2006.**
- **Support the Establishment of Community Mental Health Teams.Recovery and MDT working, whereby Care Plan is just one component. Finding a way that documents such a Quality Framework, and the Codes , Rules and Regulations become part of everyday practice. (More emphasis needs to be placed on the bigger picture, to include outcomes, rather than just one aspect, such as care planning.)**
- **Finding some means to regulate the Inspections. While the Inspectorate is independent, how it does it's work needs to more accountable either to the Mental Health Commission, or to Government, otherwise it is not accountable to anyone. The Inspections fulfil their role in inspecting premises, but the current process prevents an opportunity to measure quality and outcomes.**
- **More emphasis needs to placed on safeguarding the rights of all individuals who are receiving care and treatment within the mental health services; assessing outcomes, and ensuring treatments are following internationally accepted norms.**
- **Research should be aimed at developing useful ways of measuring outcomes.**
- **Preoccupation with certain aspects of *A Vision for Change*, while its global integrity and thrust is clearly being undermined without due response from the Commission.**
- **There is a need to be more positive in the message of good practice. The commission needs to emphasise that involuntary admission must be a last resort, and be carefully monitored and reviewed, but also life saving and necessary, supported and advocated for by the commission when necessary. While many patients will say involuntary detention was harmful for them, many will acknowledge it was necessary and was positive overall. This message needs to be coming from the commission, and not just from psychiatrists.**
- **Learning Disability services request an MHC position paper on the development and delivery of specialist mental health services to both children and adults with Learning Disability, similar to papers developed for other specialist groups. This would assist in clarifying issues such as service development priorities, improved pathways to care, advocacy etc.**
- **From an Id perspective also, it would be helpful if, in collaboration with HIQA, the MHC defines what constitutes a mental health service in the context of a learning Disability service, where Consultant Psychiatrists are employed. This would facilitate the focussed rollout of appropriate inspections by HIQA/ MHC.**

Q3. Over the next 2 to 3 years and being mindful of the current economic constraints what do you think should be the priorities for the Mental Health Commission?

- **Research to use outcome measures to show differences where different approaches are used.**
- **Putting pressure on Government to introduce a directorate for our mental health services. One role of this directorate would be to ensure documents from the MHC are part of everyday practice. Keeping mental health on the political agenda. Address resource inequities.**
- **Find a means to ensure the Inspectorate or the Commission can respond to complaints and can audit practice in a more meaningful way. Ensuring Inspections or the Commission can look at outcomes around the country.**
- **Inclusion of user voice in inspections.**
- **Shorter review times / tribunals.**
- **Reduce tribunal costs, fees and cancellations.**
- **Review the need for all tribunals.**
- **Critical analysis of policy and practice evidence base.**
- **Focus on community and inpatient facility.**
- **Reform the law to close procedural gaps. Learning Disability services favour leaving significant intellectual disability within the mental disorder definition.**
- **Simplify and rationalise provision for children.**
- **Maintain frequency of inspections, or explore the use of audit to maintain momentum in improving standards.**
- **Develop quality examples, including documentation and processes.**
- **Collaboration between users, providers and regulators.**
- **Advocate for services, including the use of involuntary detention, when required.**

Q4. What do you see as the most significant challenges and developments (political, social, economic, technical) that the Commission needs to address in its 2013 – 2015 Strategy?

Political:

- **Mental Health Care has never been part of the political agenda. As cost containment bites, Mental Health Services will be cut disproportionally. The lack of a directorate, as outlined by *A Vision for Change* will add to this. The Commission needs to keep mental health at the top of the political agenda.**

- **There is a complete absence of standards based care for common mental disorders.**

Social:

- **The recession and all its problems will impact on mental health and increase the need for mental health services.**
- **The current anti psychiatry debate is ignoring much of the work of *A Vision for Change* in fostering best practices and the highest of standards. The Commission will need to address this.**
- **Stigma.**
- **Anti professionalism.**

Economic:

- **With the Troika in town for some time to come, the MHC will need to do more work with less money. Any research projects, conferences or teaching will need to be focussed and clearly showing benefit.**
- **The lack of resources will impact on services and the need for more effective governance is clear.**
- **The development of for profit, private providers in the provision of mental health services for those with Learning Disability and chronic and enduring mental health or behavioural difficulties. The sector is not currently under the remit of HIQA or MHC for registration or inspection, yet provides care in keeping with definition of a mental health service in Mental Health Act 2001. The Commission needs to engage this sector as a matter of urgency.**

Technical:

- **Can social media be used more for patients and relatives and is this a means to improve oversight on services?**

Legal:

- **The opportunities on the review of the Mental Health Act and proposed Capacity legislation can support strategy.**
- **Ensure the proposed Capacity Act is introduced.**

Q5. In-line with the Commission's statutory remit, what do you see as the main issues within the Mental Health Services that the Commission needs to address in its 2013 – 2015 strategy?

- **The Directorate for Mental Health Services.**
- **As services for those with Learning Disability has been one of the least developed services in the last decade the MHC needs to strive to promote, encourage and foster the establishment and maintenance of services for those with Learning Disability.**
- **The reduction of funding. Non development of community and specialist services.**
- **The Stigma of mental illness and chipping away at core messages from *A Vision for Change.***
- **Lack of accountability for decisions of providers.**
- **Lack of evidence for decisions.**
- **Reduce restrictive practices.**
- **Morale of staff.**
- **Training deficits, including training for users.**
- **Review of the Mental Health Act.**
- **Interface with HIQA and rationalisation.**

Q6. When you reflect on the performance of the Mental Health Commission in delivering on the commitments in the 2009 – 2012 Strategy, what do you see as the initiatives and programmes that should be sustained, strengthened, accelerated or ceased in the 2013 – 2015 period?

Vision 1

Every service user is an active participant in their care; the use of the care plan to achieve this vision has taken away from the fact that a care plan is only meaningful if it is used within the context of a well staffed and well functioning multidisciplinary team.

Suggest the vision is that all service users receive the most appropriate treatment. The strategic priority is ensuring all people have access to MDT input, and MDT teams work with the Recovery philosophy. This should replace the focus on Care plans alone. So this aim should be kept but reviewed in how it is achieved.

Vision 2

The Human Rights component should be strengthened with the Commission providing education for MDTs on Human Rights for informing practice.

The right to treatment needs to be emphasised, along with rights within services being respected. This should be strengthened in the next strategy.

Vision 3

The quality of mental health services is consistent with best international standards.

The eight themes within the Quality Framework could be further promoted. The possibility of using audit to introduce these could be explored. Should be strengthened in next strategy.

Vision 4

The needs and rights of people with mental illness are addressed in an integrated and cohesive manner within the wider mental health domain.

Not enough was done on informing the policy makers and the public on what is meant by mental illness. If vision 1, 2, 3 and 5, were achieved, may not need 4 as a separate vision.

Vision 5

Public understanding of mental illness is enhanced, stigma is diminished, and public attitudes are increasingly respectful.

This should address the concerns in Vision 4 and could be enhanced.

Additional Comments:

The College of Psychiatry, under its training remit, approves and accredits services for training of psychiatrist. Much of the information gathered in these accreditation visits overlaps with that sought by the inspectorate. There may be a role for some joint working between the Commission and the College of Psychiatry on inspections. The College would appreciate an opportunity to discuss this further.

The College of Psychiatry in its role in training and ongoing professional competence, and in its role in developing policy, is interested in ensuring the highest professional standards are achieved within our Mental Health Services, and many of the training packages used, may be of use to the Mental Health Commission. The College welcomes an opportunity to discuss this further.

Thank you for taking the time to complete this questionnaire and providing your feedback to the Mental Health Commission.

Please return your completed questionnaire electronically to Marina Duffy at the following e-mail address:- Marina.duffy@mhcirl.ie

Alternatively you may return your completed questionnaire by post the undersigned:-

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Vision

Working Together for Quality

Mental Health Services