

## About Research

The research function of the Mental Health Commission is guided by strategic priority number four of the Commission's Strategic Plan; *"To promote and enhance knowledge and research on mental health services and treatment interventions"*.

The Research Strategy of the Mental Health Commission, which will be published in the coming months, sets out an action plan to promote and develop mental health research in Ireland. As part of this strategy, a research committee will be formed. This committee will advise on the mental health research agenda of the Commission.

The Mental Health Commission commissions research with the aim of addressing current and key issues in mental health today. Discussion papers are also being prepared by a number of groups

within the Commission. These papers will illuminate some of the core issues in mental health research in Ireland today.

Research work commissioned by the Mental Health Commission, due for publication shortly, includes a study being

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undertaken by University College Cork on users' views on public funded mental health services. Another study currently underway centres on an evaluation of high and medium support community

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residences in the Irish mental health services.

The Commission maintains that while it is always important to be aware of developments and innovations in other countries, it is paramount that Ireland fosters its own mental health research community. The Commission is committed to promoting research on mental health services in Ireland that will influence and shape future services.

## Training and Information

The Mental Health Commission appointed a Training and Information Officer in July, 2004. The primary aim is to meet the needs of all personnel who will be involved in implementing the Mental Health Act 2001.

The training process compiled by the Mental Health Commission will examine all aspects from the initial application to detain persons involuntarily to admission and right through to the tribunal processes. This will ensure correct procedures are followed as outlined by the Mental Health Act 2001.

The Mental Health Commission will be adopting a multi-disciplinary approach to training. The training programme will be tailored to suit individual needs; this involves meeting the requirements of all concerned following consultation.

**The training provided by the Mental Health Commission for health service providers will take the form of "train the trainers"**. Organisations will be required to nominate suitable candidates for training with the Mental Health Commission. It is essential that the representatives nominated for training with the Mental Health Commission have proficiency in presentation skills and preferably prior experience in the training

area. In the absence of such skills it will be the responsibility of the health service provider to facilitate the nominee to acquire such skills in advance of commencing the Mental Health Commission's training programme.

**Following the training sessions, it will be the responsibility of individual organisations to ensure all their staff are trained and to equip them with the**

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**necessary knowledge to follow correct procedures for involuntary admissions.**

Training will be provided to all tribunal members including lay persons, legal representatives and the independent consultant psychiatrists by the Mental Health Commission. Training sessions will also be organised for other personnel including General Practitioners, Gardaí, Emergency Medical Technicians and selected voluntary organisations.

The dates of these courses have yet to

be confirmed and organisations required to send representatives for training will be notified well in advance. There will be ample time given for those who undertake the "train the trainers" programme to train staff from their organisation to deal with new procedures prior to the implementation of Part Two of the Mental Health Act 2001.

It is envisaged that *The Mental Health*

## INSPECTORATE OF MENTAL HEALTH SERVICES

The Mental Health Commission endorses Multi-Disciplinary Team working and this is evident from the fact that the Mental Health Commission Inspectorate is represented by professionals from the following backgrounds: Psychiatry, Occupational Therapy, Social Work, Psychology

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The underlying philosophies of the Inspectorate are around engagement of services, at all levels, with a special emphasis on patient contact. The Inspectorate will engage fully with all services to

promote best practice and improve standards in mental health services. An action plan may be put in place for services to improve on areas as identified by the Inspectorate.

There will be a minimum of two inspectors, representing different disciplines, on every inspection. No inspector will visit a facility that they are currently working in and any perceived conflicts of interest will be noted at the onset of the inspection. The philosophy is to inform services of inspections; however, the Inspectorate may undertake unannounced inspections at its discretion.

All Services inspected will get a draft report from the Inspectorate. Upon receiving the report there will be a one month period available to the service to review the report for factual error. All reports will then be considered by the Commission.

**The Inspectorate will be looking at whole systems of mental health provision which will include referral, assessment, inpatient, community, outreach and quality care issues.**

### WHO WE ARE

*Chief Executive Officer:*  
Ms. Brid Clarke

*Inspector of Mental Health Services:*  
Dr. Teresa Carey

*Director Corporate Services:*  
Mr. Ray Mooney

*Director Quality and Standards Assurance:*  
Ms. Patricia Gilheaney

*Director of Mental Health Tribunals:*  
Mr. Gerry Cunningham

*Training and Information Officer:*  
Ms. Rosemary Smyth

*Health Information Officer:*  
Mr. David O'Regan

*Research Consultant:*  
Ms. Fiona Keogh

*Assistant Inspectors:*  
Mr. Des McMorrow  
Dr. Susan Finnerty  
Mr. Gerard Perry  
Mr. Tom Flanagan  
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Dr. Pauline Twomey

*Administrative Support:*  
Mr. Conor Carroll  
Ms. Úna Clingan  
Ms. Marina Duffy  
Mr. Kevin Foley  
Ms. Gale Gilbert  
Ms. Marie Higgins  
Ms. Máire McLoughlin  
Ms. Maura-Jane Nulty  
Ms. Colette Ryan



Issue 1 December 2004

## MENTAL HEALTH COMMISSION - THE ORGANISATION

The Mental Health Commission was established in April, 2002. The key functions of the Commission as per section 33 of the Mental Health Act 2001 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.*

The Mental Health Act 2001 introduces new and comprehensive procedures to protect the interests of those involuntarily admitted for treatment and care, thereby bringing Irish mental health law into conformity with the European Convention for the Protection of Human Rights and Fundamental Freedoms. The Act gives the automatic right to anyone detained against their will to a tribunal hearing within 21 days of their admission.

**The fundamental principles informing the Commission in the implementation of its mandate are the promotion of quality in the delivery of mental health services, the promotion of the interests of all persons availing of mental health services and the protection of interests of persons involuntarily admitted under the provisions of the Mental Health Act 2001.**

The members of the Commission (13 including the Chairperson) are appointed by the Minister for Health and Children for five years. The Commission members are: **Dr. John Owens** (Chair) Consultant Psychiatrist

**Dr. Anne Byrne-Lynch**, Senior Clinical Psychologist, South Tipperary Mental Health Services

**Mr. Joe Casey**, Mental Health Ireland

**Mr. Gerry Coone**, Psychiatric Nurse, East Galway Mental Health Services

**Mr. Pdraig Heverin**, Clinical Nurse Manager II, Mayo Mental Health Services

**Mr. Diarmaid McGuinness**, Senior Counsel

**Dr. Deirdre Murphy**, General Practitioner

**Dr. Finbarr O'Leary**, Consultant Child and Adolescent Psychiatrist, Child and Adolescent Psychiatric Services, Southern Health Board

**Mr. Diarmuid Ring**, Lecturer on Mental Health Issues and service user

**Ms. Annie Ryan**, Campaigner on Mental Health Issues

**Ms. Vicki Somers**, Principal Social Worker, Dublin West/South West Mental Health Services

**Mr. Mike Watts**, National Co-ordinator, GROU and former service user

**Ms. Maureen Windle**, CEO Northern Area Health Board.

The Mental Health Commission published its strategic plan for 2004/2005 earlier this year. We identified six strategic priorities which are:

- To establish the management, professional and organisational systems and infrastructure which will enable the Commission to fulfil its statutory responsibilities.**
- To promote and implement best standards of care within the mental health services.**
- To promote and protect the rights and welfare of persons availing of mental health services, as defined in the Mental Health Act 2001.**
- To promote and enhance knowledge and research on mental health services and treatment interventions.**
- To increase public awareness and interest in mental health services.**
- To provide an efficient, responsive, quality service to our customers.**

### Welcome Note by CEO

*I would like to welcome you to the first edition of the MHC Newsletter. We are facing challenging and exciting times in the mental health services with the pending implementation of the Mental Health Act 2001. The newsletter which will be a bi-monthly publication will keep you all informed and up to date on the work being undertaken by the Mental Health Commission.*

*Many people have asked, "What does the Mental Health Commission do?" This newsletter, I hope, will give you a better idea. Quality and achieving together are core principles of our organisational culture and ethos. Internally, as you will see from the diagram on page 2, our activities and work programme operate as a fully integrated system and all activities complement each other. The Mental Health Commission is committed to working collaboratively for improvement through on going partnership, consultation and team work with all the stakeholders.*



## Working Committees

### The Mental Health Commission Committees

The Mental Health Commission has established a number of Committees. Membership of all committees consists of both Commission members and staff of the Mental Health Commission. Each of these Committees will prepare discussion papers which will then be circulated to the stakeholders for comment and views.

### Multi-Disciplinary Team Committee

This working group was established to review the available literature and models of multidisciplinary working, and based on best practice and available evidence, to recommend a model for inclusive multidisciplinary working that would best meet the needs of users of the mental health services. Recommendations from the working group should incorporate:

- procedures for the establishment of multidisciplinary teams
- guidelines for how multidisciplinary teams can function/operate most effectively

- protocols and procedures for resolving difficulties

### Committee on Concepts of Recovery and Service Implications

The terms of reference for this committee are to review the different perspectives and definitions of recovery; to review best practice and ineffective practice models; to define the process of recovery; and to consider how the mental health services in Ireland could incorporate the concept of recovery into service delivery.

### Committee on Forensic Mental Health Services

This committee is set up to review and clarify definitions; to review models of best practice; to review current provisions for adults and children/adolescents; to review mental health services within the prison services; to prepare a discussion paper including recommendations for the Commission.

### Committee on Child and Adolescent Mental Health Services

This committee will review the provisions in the Mental Health Act 2001 in relation to children and adolescents and make recommendations to the Commission in this regard. It will review the current provision of child and adolescent mental health services in Ireland. It will review service development and best practice internationally and make recommendations to the Commission on future service developments and policies in Ireland in relation to children and adolescents with a mental health problem.

### Committee on Intellectual Disability and Mental Health Services

This Committee will review current provisions for and models of best practice in intellectual disability and mental health services.

# Quality and Standards

One of the principle functions of the Mental Health Commission is to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services. **The main responsibility of the Quality and Standards Assurance Division is to work closely with all relevant stakeholders to ensure that high standards and best practices are achieved.**

Currently underway in this division is the development of a **Quality Framework for Mental Health Services in Ireland**. It is intended that this framework will be used to encourage and attain continuous improvement in the quality of mental health services. It will be referred to during the daily work of all facets of the organisation and by all those working in mental health services.

The initial phase in the development of the Quality Framework involved a Stakeholder Consultation. The process involved gathering information through a series of workshops, focus groups and written submissions; the views of all stakeholders with an interest in mental health were taken into account with representation from the following: Service Users; Service Providers; Carers, Parents and Family Members; and the General Public and Independent Sector. The **Report on the Stakeholder Consultation** will be available from

early next year. It will be available on our website or, upon request, via post.

The Quality and Standards Assurance Division is producing **The Mental Health Act 2001 - A Reference Guide**. This reference guide will assist all health professionals and others who work with mental health services. The guide will offer a working knowledge of the implications of the Mental Health Act 2001. Information leaflets will be produced to supplement the Reference Guide. These leaflets will be particularly of benefit to the general public and anyone with an interest in the Mental Health Act 2001. The Reference Guide will be widely distributed and also made available on our website.

The Quality and Standards Division is also preparing a list of **Approved Centres** in accordance with the transitional provisions in Section 72 of the Mental Health Act 2001. This section of the Act provides that:

*“During the period of 3 years from the commencement of Part 2, or such shorter period as may be prescribed, a hospital or other in-patient facility for the care and treatment of persons with a mental disorder which, immediately before such commencement, was providing such care and treatment, shall, for the purposes of this Act, be deemed to be an approved centre”.*

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# ABOUT MENTAL HEALTH TRIBUNALS

**The Tribunals Division of the Mental Health Commission will be responsible for carrying out independent review tribunals for involuntary patients at certain times during their admission.**

The Mental Health Commission must be notified, within 24 hours, of all cases of involuntary admission. The Commission then appoints a legal representative to represent the patient at the tribunal, and arranges that a second consultant psychiatrist examines the patient and compiles a report for the tribunal.

*The first tribunal hearing for the patient will be within 21 days of the date of involuntary admission.*

A tribunal panel will consist of the following: A legal representative (Chair), a lay person and a consultant psychiatrist. Also in attendance at tribunal hearings will be a tribunal clerk and witnesses where necessary. The Mental Health Act 2001 states that the tribunals will be held in private.

There are a number of different projects currently underway in the Tribunals Division in preparation for the new procedures. A key component is the work to prepare the technological and manual

systems that are needed to administer the required statutory processes. New Mental Health Act 2001 forms are being drafted at present and these are the basis for the statutory procedures. The Commission has recently advertised for people for tribunal panels. The Tribunals Division is also finalising details for a free Legal Aid Scheme. When Part 2 of the Mental Health Act 2001 is implemented, involuntary patients will be entitled to free legal aid when allocated a legal representative to represent them at the tribunal.

In preparation for the new procedures associated with Part 2 of the Act, all Approved Centres (psychiatric hospitals and units) have been completing monthly census forms since the end of July 2004. All Approved Centres have been informed that they will require a process to notify the Commission of the admission of each involuntary patient, their length of detention and certain aspects of their treatment in accordance with the Mental Health Act, 2001.

Adequate facilities will also need to be available on the day of the tribunal hearing. A number of Approved Centres have been in contact with the Commission to

enquire as to what may be needed. To ensure the tribunal operates in a dignified manner a room where the three tribunal members can meet with the patient, their legal representative and witnesses will be essential. An area for people to wait while the tribunal is deliberating and a small private area for the legal representative to brief the patient will also be required.

*The introduction of tribunals at Approved Centres is a significant change but a high level of acceptance for these changes is anticipated. There is a general welcome for these new procedures as they place such a high priority on the best interests of the patient and the protection of their rights.*