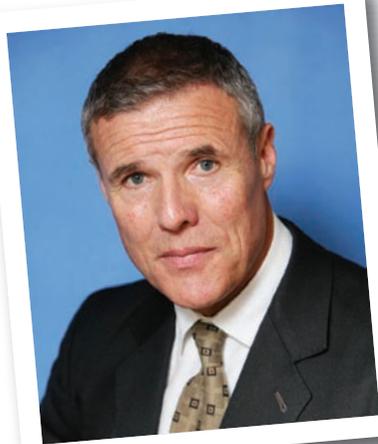


HSE needs Mental Health Directorate



The Inspector of Mental Health Services, Dr. Patrick Devitt has added a new word to the lexicon to describe how he wants the country's mental health services developed.

He believes the "communitisation" of the services is crucial if we are to provide optimum care for people with serious illness and reduce the stigma and all the other difficulties associated with the loss of autonomy which they can experience at present.

And he argues that for any programme of communitisation of the mental health services to succeed, it is necessary that a Mental Health Directorate be established in the HSE, as recommended in *A Vision For Change*.

Devitt took over as Inspector of Mental Health in 2008. He had previously worked for eight years as a consultant psychiatrist in St. Loman's Mental Health Services associated with Tallaght Hospital.

"The emphasis there is on community treatment. While I was there, I was lucky enough to inherit from Dr. Ian Daly, the Clondalkin Project, which is based on community and

The Inspector of Mental Health Services, **Dr. Patrick Devitt** tells **Maureen Browne** that there must be "communitisation" of the mental health services if we are to provide optimum care for people with serious illness and reduce the stigma they can experience at present

home care, where patients with serious mental health problems have most of their treatment at home."

Attitude

He sees the major challenges ahead as the need to change our attitude towards mental health to one of human rights, to move to a patient centred approach to treatment and from a custodial to a more community based model.

"We must keep the individuality of patients to the forefront, with the emphasis on recovery, autonomy and the integration into society of people with serious illness."

Working under the aegis of the Mental Health Commission, the Inspector's remit is to inspect all mental health services provided under the direction of a consultant psychiatrist.

In his report to the Commission for the current year Devitt has recommended that despite valiant efforts by local staff, 15 of the 63 approved mental health treatment centres are inadequate to provide treatment according to human rights standards to vulnerable individuals with serious mental illness.

These are Victorian – and older – asylums and he has recommended to the Commission that continuation of registration of these centres should be conditional on continuously updated, project managed, time-line-specified

and action oriented plans for their closure and the provision of appropriate alternative accommodation for patients who are currently receiving care there.

Close centres

While theoretically the Commission could close down these centres, making it illegal for them to continue treating patients as they do at present, he emphasises that what the Commission is about is responsive regulation and working with the services as closely as possible.

"We would be working to close down these asylums as soon as appropriate alternative accommodation is provided. We should also remember that although some of these buildings are of a poor standard, staff in the different disciplines from administrative, to household, management and clinical are excellent. This is a policy matter and you can't blame the people working there. However, it is very hard not to have a custodial approach to treatment when you work in a custodial place."

He says that some representative organisations resist change because they have grown accustomed to working in a certain way and particularly resist change which would free up staff to do more community work.

"However, I think that the current economic crisis will result in new

opportunities for change – people will have to look more creatively at the resources which they have. It will provide an opportunity for people to challenge how they do their work and how they provide services, an opportunity to clarify vision, mission and the way services are organised.

“Another crisis facing the mental health services is that a large number of nurses are reaching the age when they can retire and many have gone or are likely to go early. There is consideration that some of their posts may be replaced by staff from other disciplines, as planned in *A Vision for Change*.

Devitt believes that the re-organisation of our mental health services to a community based model would mean that most people would be treated in the community, with a reduction in admissions to psychiatric units in general hospitals.

Local services

“For example, if a mother sees her 18 year old son behaving in a bizarre way which is different to his friends and if there is a family history of mental illness, I would envisage that he would be referred through the primary care services to an experienced consultant in the local community services in the local village or town, receive rapid assessment and be offered treatment in his own home or in a day hospital. The emphasis would be on resolving problems as early as possible.

“There are also patients who may require inpatient treatment for an acute episode of illness, but when they are stabilised they would be treated in the community. Modern treatments including biosocial, and psychological are very effective and rehabilitation can be carried out in the community.

“A small number of people remain vulnerable and require State protec-

tion. We need some high support hostels where instead of being locked up, people with serious mental illness are encouraged to develop their potential to the full.

“Patients who have spent long periods in institutions and who probably have good relations with staff may find change difficult, but there are limits to what can be done with the old system. I would like to see them cared for in modern pleasant facilities, probably with the same staff but with more focus on meaningful activities.”

“He sees the major challenges ahead as the need to change our attitude towards mental health to one of human rights”

Devitt argues strongly for a Directorate for Mental Health within the HSE, as proposed in *A Vision for Change*. He says a Directorate with a strong Director are essential if we are to change our attitudes and culture towards mental health, if budgets are to be switched to the community and if we are to overcome staff resistance to change.

Directorate

“The lack of a Directorate is a serious drawback to the implementation of Government policy and the achievement of high quality standards. Whereas in 2007 Local Health Managers had high rates of attendances at inspectorate catchment area management meetings, the 2008 rates were lower.

“Unless you have a separate Director, you don’t have clarity of

vision, mission and organisation. To bring about change you need a very clear vision. When the HSE was established, mental health seems to have been lumped in to PCCC without much thought. Mental health-care is not just about primary care and to consider it as such detracts from the specialist needs of people who are seriously ill. There is a danger that with this approach all resources will be used to look after people with less serious illness at the expense of people who have very serious mental disorders and self harm. Of course we need a range of interventions at primary care level, but we also need protection and treatment for people at other levels which requires a different set of skills. In Ireland at present there is also a wide range of practices in relation to hospital treatment in different organisations and while we do not want a very narrow range of practices, major inconsistencies in the way illness is treated and approaches based on local custom and preference rather than evidence based practice should be examined.

“There is a lot of experience in the old Health Board system that has now been diluted and I think we can better harness and build on existing experience and develop management skills in a Directorate.”

Devitt argues that as well as detecting abuses and unsafe practices, inspection of centres should also provide constructive feedback to those who deliver services, act as an educational resource, promote cross-fertilisation of progressive and innovative ideas and practices and act as a catalyst for continuous improvement. It should also provide a clear picture of the anatomy and functioning of services for service users, their families, the local community and the State which has a fiduciary duty to ensure a high quality value for money service. **HM**