

Response of the Faculty of Learning Disability Psychiatry, Irish College of Psychiatrists to the Report of the Inspector of Mental Health Services 2005

The Faculty would very much like to express its appreciation for the careful consideration the Inspector has given to mental health services for the intellectually disabled in her most recent report and indeed since taking up her role. The Faculty believes that the Inspector's report displays an accurate and discerning appreciation of the state of these services on the ground. Furthermore, the Faculty welcomes the Inspector's advocacy for the development of services which would allow the protections available under the Mental Health Act 2001 to be applied to this very vulnerable population.

The Faculty agrees and supports the Inspector for highlighting the following points:

1. "There is no HSE region in the State with an acceptable level of service for people with intellectual disability and mental illness. There are insufficient Consultant posts in all regions and those posts that do exist have no multidisciplinary team associated with them".
2. "There are only two units nationally that are approved with inpatient care for persons with intellectual disability".
3. "It is of concern.....that persons with intellectual disability and mental illness may be receiving care in settings that are not approved. There is no statutory inspection process for either community based or institutional based services for persons with intellectual disability. There is no national record of the levels of use of particular practices such as restraint, seclusion or the use of medication without informed consent or against resistance".
4. "The seriously deficient level of service availability is also likely to result in a significant underestimation of need in this population".
5. "The tradition of treating persons who have intellectual disability and mental illness outside the former Mental Health Service structure in an unregulated environment is now well entrenched nationally".
6. "There is widespread failure to accept that persons with an intellectual disability and mental illness need the same team-delivered specialist mental health service as do persons with mental illness who do not have an intellectual disability. As a result, in all services, statutory and non-statutory Consultant Psychiatrists work without dedicated specialist teams".
7. "It is of particular concern that psychiatric treatment and care and behavioural management programmes for seriously disturbed persons are occurring in unapproved settings".
8. "It is recommended that all Consultant Psychiatrists currently working in the field of intellectual disability should be assigned to a population catchment area, rather than to individual service providers, all such posts should have an associated team staffed by professionals with appropriate mental health training".
9. "All persons with moderate, severe and profound intellectual disability and a mental disorder or mental illness in institutionalised care should be under the formal care of the

local catchment specialist mental health service so that psychiatric care and treatment of those individuals comes under the legislative framework of the Mental Health Act 2001”.

10. “Professionals working in the intellectual disability service must understand that persons who fulfil the criteria for having a mental disorder under the act and are incapable of giving informed consent to treatment, must receive that treatment under the protection of the Mental Health Act 2001 and in a unit approved under that Act. To provide such treatment in the absence of informed consent would be illegal. The introduction of the Mental Health Act would place particular responsibilities on Consultant Psychiatrists to ensure that they at all times work under the requirements of the Act to provide the protection of the Mental Health Act 2001 to both those receiving specialist mental health care and those providing specialist mental health care, it is essential to increase the availability of Consultant Psychiatrists post in this speciality and to provide the necessary teams for comprehensive service delivery”.
11. “It is also recommended that all institutions providing care to persons with moderate, severe and profound disability come under an external statutory inspection process so that the care being provided to such persons is regularly and independently examined”.

The Faculty welcomes the fact that the Inspector has started a process of inspecting non-approved large residential centres and hopes that this process will be further extended and enhanced. As part of this process, the Faculty would welcome the development of a Code of Practice on restrictive practices, such as the use of restraint or seclusion-type procedures, outside Approved Centres.

Finally, the Faculty shares the concern of the Inspector that intellectually disabled patients, who are entitled to the protection of the Mental Health Act (2001), continue to be treated outside its provisions and welcomes the reminder to all Clinicians working with this group of their legal responsibilities in this area.

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