

# **Value for Money and Policy Review of the efficiency and effectiveness of long-stay residential care for adults within the Mental Health Services**

## **Department of Health and Children Response**

### **1. Introduction**

This Value for Money and Policy Review examined the efficiency and effectiveness of the provision of long-stay residential care in the adult mental health services. It encompassed all residential accommodation where individuals had been accommodated for more than a year. This included community residences, hospital in-patient units, high dependency/secure units and rehabilitation units. It did not include patients who were receiving acute (short-term) psychiatric hospital care.

In 2006 expenditure on long-stay residential care was nearly €250m and accounted for 30% of the national mental health budget.

The review encompassed a total of just over **4,700** residential beds broken down as follows:

<b>Total community beds</b>	<b>2,790</b>	<b>Total hospital beds</b>	<b>1,919</b>
High Support (24/7 care)	1,613	Hospital Long Stay	1,439
Medium Support	547	High Dependency/Secure	181
Low Support	630	Rehabilitation	299

### **2. Key Findings**

As part of the Review, a national audit of all hospital and community mental health residential services was conducted in October 2007, using written questionnaires. Data was obtained on 4,087 clients - a return rate of 100%. The results of the audit showed that:

- About one-quarter of clients in long-stay residential care were in accommodation which did not suit their needs. Most of these individuals could have their needs met with lower levels of support than they currently had and at a lower cost to the Exchequer.
- Almost two-thirds of the people inappropriately placed in long-stay hospital units (approximately 390, including 47 in acute psychiatric units) would be more appropriately placed in community residences.
- A third of those inappropriately placed in community residences (590) required a lower level of support than they were currently receiving or were suitable for independent accommodation.

- The majority of the activities provided to clients in long-stay care were of a social nature, with fewer individuals engaged in therapeutic activities. Less than 25% of those in high support community residences and only 6.7% of those on identified rehabilitative units were actually participating in rehabilitative training.
- There were wide regional variations in funding, ranging from €40 per capita in Meath to over €500 per capita in Mayo. Services were clustered in the same areas as the old psychiatric hospitals and there were significant geographical variations in staffing ratios and skill mix across similar care environments.
- The quality of the infrastructure was poor, with only 335 of the 2,790 community beds in units which are disability accessible and fit for purpose.
- There was a relatively small throughput of service users in long-stay residential care with an average of only 1,000 discharges a year nationally over a 5 year period.

### 3. Recommendations

The Review confirmed that there are too many beds in the mental health system at present, relative to the bed numbers recommended in 'A Vision for Change'. Implementing 'A Vision for Change' will entail reducing the number of long-stay beds in the mental health services from 4,709 to 1,852.

The Review recommended that:

- The HSE should withdraw from the provision of low support and medium support accommodation to adults with mental health difficulties. The housing needs of adults with mental health difficulties should be met by Local Authorities, in line with Government policy as set out in the Housing Acts, the National Disability Strategy and A Vision for Change.
- A substantial proportion of those service users who have been in long-stay residential care for 5 years or less could, and should, be enabled by the mental health services to achieve and maintain their independence, including living independently in the community.
- Service users who have been inappropriately staying for long periods in acute (short-term) psychiatric units should be prioritised for placement in community based accommodation, with levels of support appropriate to their individual needs.
- Resources within the adult mental health services should be re-allocated nationally to take account of levels of population need and deprivation and to

address the geographical variations which appear to reflect a historical distribution of resources rather than varying levels of need.

- A complete audit of staff activity within all long-stay units should be carried out as a matter of urgency. Staffing levels should be determined by reference to the needs of service users and budgets should be devolved to unit level.
- The disposal of buildings which are no longer fit for purpose is recommended, with the proceeds being re-invested in the new infrastructure required for mental health services, as set out in *A Vision for Change*.
- There is scope for significantly increasing the proportion of service costs that are recovered from community residences through charges. The existing system of charges to people living in community residences should be reviewed.

Overall, the review finds that full implementation of the Government's policy as set out in '*A Vision for Change*' will, in the longer-term, result in a more effective service in line with best practice, and address the imbalance in current services and funding arrangements.

#### **4. Implementation**

Implementation of the recommendations in this review will be driven primarily through the HSE's annual National Service Plan (NSP) but will also involve the Office for Disability & Mental Health within the Department of Health & Children, and the Department of the Environment, Heritage & Local Government, and individual local authorities.

A key function of the Office for Disability and Mental Health is to drive implementation of *A Vision for Change* working closely with the HSE and other Government departments and agencies which have a role in providing services to people with mental health difficulties.

Implementation of *A Vision for Change* within the health service will result in a significant reduction in the number of beds, including long-stay beds. The capital and current (including staffing) resources that will be freed up as a result will be used to develop assertive outreach, rehabilitation and home-based treatment teams, as well as generic community mental health teams. International evidence demonstrates clearly that appropriately skilled, multi-disciplinary community mental health teams are the best way of maintaining people with mental health difficulties in their own homes and communities, reducing hospital admissions and preventing inappropriate long-stay care.

The HSE has recently appointed, as part of its new integrated care structures, an Assistant National Director for Mental Health. Working closely with the Office for Disability & Mental Health, he will have lead responsibility within the HSE for setting performance standards for mental health services, and for ensuring delivery of the annual NSP targets in this regard by the Regional Operating Directors.

In addition to the monthly NSP performance management reports, the HSE will submit periodic progress reports to the Office for Disability and Mental Health on the implementation of the findings/recommendations of this review. These will be submitted at six-monthly intervals as part of the new reporting arrangements that are now in place to track implementation of the HSE's three-year Corporate Plan.

A fundamental review of resource allocation arrangements within the health service is currently underway. An Expert Group, chaired by Dr Frances Ruane of the ESRI, is due to produce its report by April 2010. This review will include resource allocation within the mental health services.

In addition, a study of dependency ratios within long-stay units in the mental health services will be carried out during 2010 in order to enable staffing resources to be determined by reference to current need.

The Minister of State for Disability & Mental Health has already initiated discussions with the Minister of State for Housing and the HSE with a view to harnessing the resources available within the existing social and affordable housing stock to address better the accommodation needs of people with mental health difficulties. These discussions will explore the scope for transferring service users who are currently in HSE residences to local authority housing while also ensuring that they continue to receive appropriate non-housing supports from the mental health services. A report on the outcome of these discussions will be submitted to the Cabinet Committee on Social Inclusion by March 2010.

The Office for Disability and Mental Health is also participating in the development by the Department of the Environment, Heritage & Local Government of a Housing Strategy for People with Disabilities which will have a particular emphasis on the housing needs of people with mental health difficulties. It is expected that the development of this Strategy will be completed by the first quarter of 2010.

Agreement has been reached with the Department of Finance on future arrangements for the disposal of surplus mental health lands and the reinvestment of the proceeds from these disposals in modern mental health facilities. These arrangements will operate from 2010 onwards. In the meantime, the Department of Finance has agreed to provide up to €25m extra capital funding in 2009 to support mental health projects as part of the previous understanding about the reinvestment of Extra Exchequer Receipts from the disposal of mental health lands.

The existing charging system applicable to people living in community mental health residences will be evaluated as part of a wider review of the charging system for long-term in-patient care which is currently being undertaken by the Department of Health & Children. This evaluation is expected to be completed by mid 2010.

The Minister of State for Disability and Mental Health will provide an overall report on implementation of the recommendations in this review to the Cabinet Committee on Health by the end of 2010 and the report will be published on the Department's website.