



Medication Management: Leadership & Governance in Mental Health Services

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Chief Executive Officer
Mental Health Commission

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Mental Health Commission

- **Independent statutory body** established April 2002 (Section 32, Mental Health Act 2001)
- **Principal functions:**
 - To promote, encourage and foster high standards and good practices in the delivery of mental health services;
 - To protect the interests of persons detained in approved centres under the 2001 Act.

MHC responsibilities

- Prepare & Review **Codes of Practice** for the guidance of persons working in mental health services
- **Advise the Minister** regarding **minimum standards** for in-patient mental health facilities (S.I. No. 551 of 2006)

MHC responsibilities

- **Review** involuntary detention
 - mental health tribunals
 - Independent medical report
 - Legal representation
- **Appoint** Inspector Mental Health Services

MHC responsibilities

- Develop **standards** for mental health services - *Quality Framework for Mental Health Services in Ireland* (MHC, 2007)
- Establish and Maintain a **register of approved centres**
- Develop **rules** for specific interventions
- Prepare and publish **annual report** to include report of Inspector of Mental Health Services

Mental Health Act 2001

- **Section 60**
Administration of medicine.
- **Section 61**
Treatment of children in respect of whom an order under *section 25* is in force.

Section 60

Where medicine has been administered to a patient for the purposes of ameliorating his or her mental disorder for a continuous period of 3 months, the administration of that medicine shall not be continued unless either—

(a) the patient gives his or her consent in writing to the continued administration of that medicine, or

(b) where the patient is unable or unwilling to give such consent—

(i) the continued administration of that medicine is approved by the consultant psychiatrist responsible for the care and treatment of the patient, and

*(ii) **the continued administration of that medicine is authorised** (in a form specified by the Commission) by another consultant psychiatrist following referral of the matter to him or her by the first-mentioned psychiatrist,*

and the consent, or as the case may be, approval and authorisation shall be valid for a period of 3 months and thereafter for periods of 3 months, if, in respect of each period, the like consent or, as the case may be, approval and authorisation is obtained.

**TREATMENT WITHOUT CONSENT
ADMINISTRATION OF MEDICINE
FOR MORE THAN 3 MONTHS
INVOLUNTARY PATIENT (ADULT)**

Revised Dec 07

FORM 17

MENTAL HEALTH
ACT 2001
SECTION 60

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To be completed by the consultant psychiatrist responsible for the care and treatment of the patient:

BLOCK CAPITALS (Before completing this form please read the notes overleaf)

1. Full Name of Patient being administered medication without consent

2. Date of Birth

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Gender M F

3. Name and Address of Approved Centre to which patient was admitted

was involuntarily admitted to

Ward: <input type="text"/>

4. Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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This part to be completed by the consultant psychiatrist responsible for the care and treatment of the above patient:

5. Full Name of Responsible Consultant Psychiatrist (and Professional Address if other than Section 3 above)

Section 61

Where medicine has been administered to a child in respect of whom an order under section 25 is in force for the purposes of ameliorating his or her mental disorder for a continuous period of 3 months, the administration of that medicine shall not be continued unless either—

(a) the continued administration of that medicine is approved by the consultant psychiatrist responsible for the care and treatment of the child, and

(b) the continued administration of that medicine is authorised (in a form specified by the Commission) by another consultant psychiatrist, following referral of the matter to him or her by the first-mentioned psychiatrist,

and the consent or, as the case may be, approval and authorisation shall be valid for a period of 3 months and thereafter for periods of 3 months, if, in respect of each period, the like consent or, as the case may be, approval and authorisation is obtained.

TREATMENT OF A CHILD IN RESPECT OF WHOM AN ORDER UNDER *SECTION 25* IS IN FORCE

FORM 18

MENTAL HEALTH
ACT 2001
SECTION 61

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To be completed by the consultant psychiatrist responsible for the care and treatment of the Child:

BLOCK CAPITALS (Before completing this form please read the notes overleaf)

1. Full Name of Child

2. Date of Birth

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Gender M F

**3. Name and Address of
Approved Centre**

Ward:

on

**4. Date of Involuntary
Admission:**

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**5. Full Name of Responsible
Consultant Psychiatrist
(and Professional Address if
other than Section 3 above)**

Mental Health Act 2001(Approved Centres)

Regulations 2006

STATUTORY INSTRUMENTS S.I. No.551 of 2006

Article 23. Ordering, Prescribing, Storing and Administration of Medicines

- (1) The registered proprietor shall ensure that an approved centre has appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.
- (2) This Regulation is without prejudice to the Irish Medicines Board Act 1995 (as amended), the Misuse of Drugs Acts 1977, 1984 and 1993, the Misuse of Drugs Regulations 1998 (S.I. No. 338 of 1998) and 1993 (S.I. No. 338 of 1993 and S.I. No. 342 of 1993) and S.I. No. 540 of 2003, Medicinal Products (Prescription and control of Supply) Regulations 2003 (as amended).

Mental Health Commission

- *Quality Framework for Mental Health Services in Ireland* (MHC, 2007)
- Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre

The Commission on Patient Safety and Quality Assurance

- Patients are entitled to expect the highest standards of safety, quality and efficacy of medicinal products, their ethical marketing, and the safe use of medicinal products in the hands of healthcare professionals, carers and patients themselves.

Medication Safety Forum (MSF)

- In keeping with the recommendation of the Commission on Patient Safety and Quality Assurance, establishment of clear communication structures between all bodies with a stake in the medication use process or medication safety,
- The MSF was established to provide stakeholder groups with an interest in the medication use process or in medication safety in Ireland an opportunity to come together to discuss relevant national issues / developments.

The Main Aim of the MSF

- Develop initiatives that will improve the safety of medication prescribing, dispensing and administration and improve the safe use of medicines in all hospital, community and home settings.
- MSF chaired by the Chief Pharmacist at the Department of Health and Children.
- MSF includes representatives from stakeholder groups with an interest in the medication use process or medication safety in Ireland
- Ms Rosemary Smyth, Director Training and Development, Mental Health Commission representative.

Initiatives Identified by the MSF

- A number of initiatives were identified for implementation to improve the safety of how medications are used for and by patients, such as:
 - a) A framework for a national hospital kardex and standard primary care prescription;
 - b) A coordinated approach to unlicensed medications;
 - c) guidelines relating to certain high risk medicines;
 - d) Safety initiatives such as '*e-prescribing*' ;
 - e) Procedures in place to ensure continuity of correctly prescribed medicines when patients move within and between primary and secondary care areas
- All of these developments will be underpinned by legislation where appropriate.
- National standards will enhance the safe use of medicines and appropriate information for patients about their medicines.

MSF Work Programme

1. Improving the Safety of the Medication Process

2. Improving the Safety and Safe Use of Medicines

- Initiatives addressing safety issues associated with High Risk Medication
- Initiatives to improve the safety of medicines

3. Safe use of Medicines – Initiatives addressing the safe use of medicines in High Risk Populations

Improving Medication Safety at Care Setting Interfaces
Primary and Secondary Care Interfaces
Secondary Care to Primary Care Interface

4. Safe information regarding Medicines

- Patient Education Initiatives
- Health professional initiatives

MSF – Work programme

Safe use of Medicines – Initiatives addressing the safe use of medicines in High Risk Populations

Project No 17.

Review of the use of medication in inpatient psychiatric units in 2010- led by Dr. Finnerty

Recommendations of the Inspector of Mental Health Services

- Discontinue card index system
- Regular audits should take place
- MCRN should be used
- PRN medication should be regularly reviewed
- Indications for PRN medication should be documented
- Training in safe prescribing should take place.