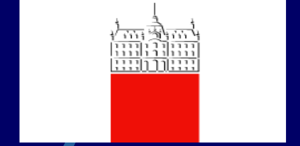
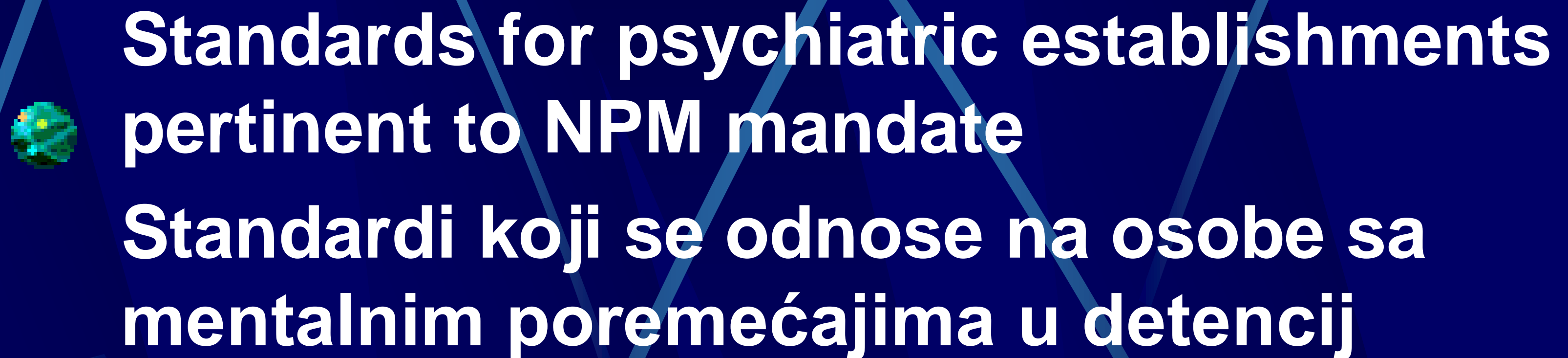




Standards for psychiatric establishments pertinent to NPM mandate

Standardi koji se odnose na osobe sa mentalnim poremećajima u detencij

Peter Pregelj

University Psychiatric Hospital Ljubljana; Faculty of Medicine, University of Ljubljana

Visiting immigration detaention centres - a guide for parliamentarians, APT

Material conditions

- capacity and occupancy,
- accommodation,
- food and water,
- sanitation facilities and personal hygiene

Regime and acitvities

- access to the outside world,
- activities

Protection measures

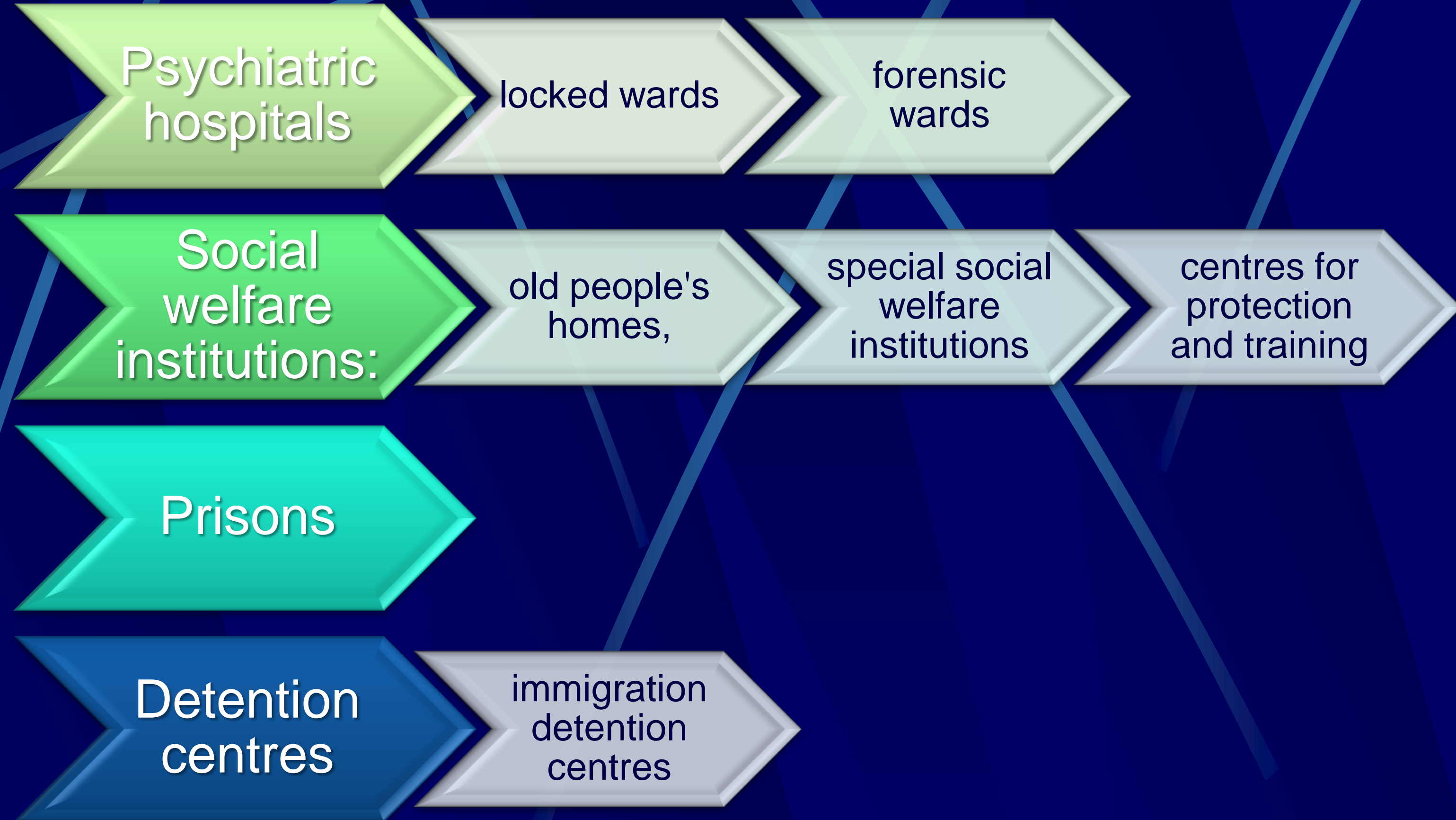
- arrival and reception,
- acdess to information,
- length of detention,
- detention registers,
- seperation of categories,
- complanits procedures)

Precedural and legal safeguards

Treatment

Personnel

Settings



- EPA guidance on the quality of mental health services

W. Gaebel a,*, T. Becker b, B. Janssen a, P. Munk-Jorgensen c, M. Musalek d, W. Ro¨ ssler e, K. Sommerlad a, M. Tansella f, G. Thornicroft g, J. Zielasek 2012

Hospitals/In-patient Services

- In-patient services provide treatment and stabilisation when the required services cannot be delivered in community settings

Groups of patients, who usually require high-intensity immediate support in acute in-patient hospital units (sometimes also on a compulsory basis):

- patients who need urgent medical assessment;
- patients who suffer from severe and co-morbid medical and
- psychiatric conditions which cannot be controlled on an outpatient basis or in other kinds of settings;
- severe psychiatric relapses and behavioural disturbances;
- strong violence, suicidality;
- acute neuropsychiatric conditions;
- old age and severe concomitant physical disorders.

W. Gaebel a,*, T. Becker b, B. Janssen a, P. Munk-Jorgensen c, M. Musalek d, W. Ro¨ ssler e, K. Sommerlad a, M. Tansella f, G. Thornicroft g, J. Zielasek 2012

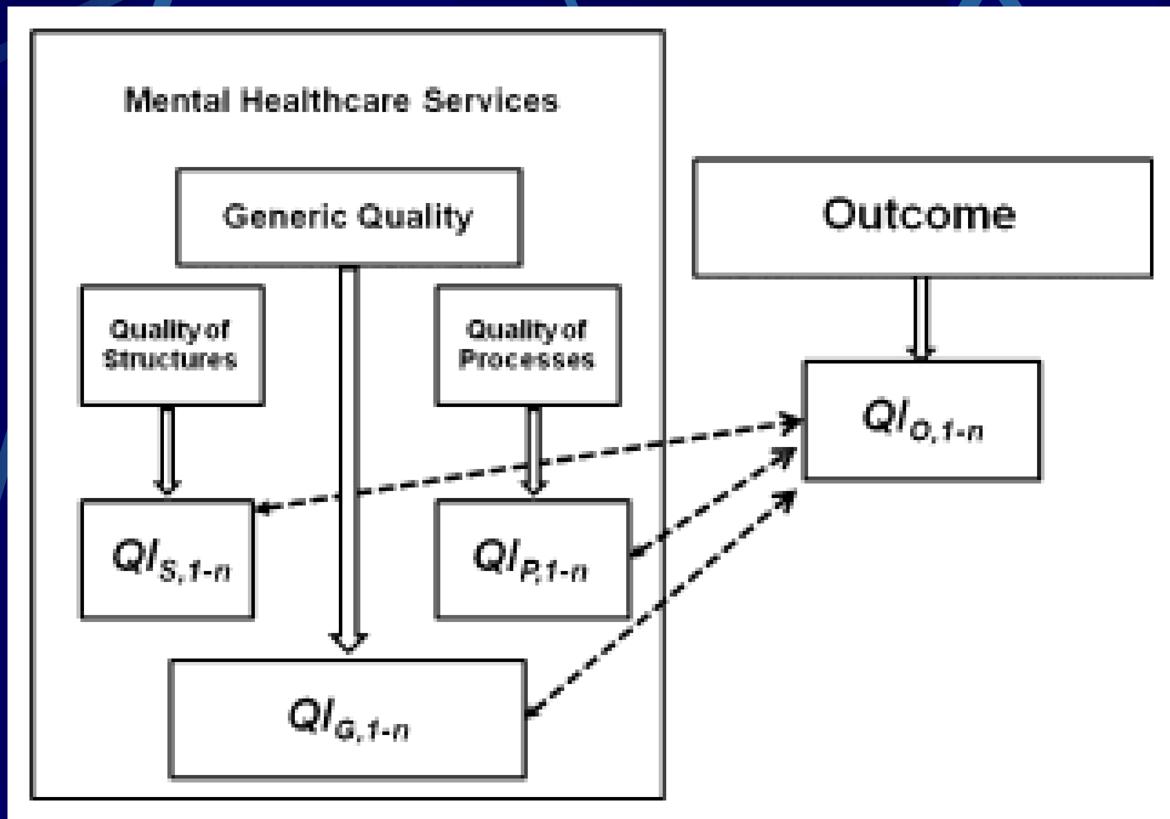
9 standards for in-patient psychiatric hospitals

- handling critical processes:
  - admission,
  - treatment contract and discharge,
  - dealing with risky situations,
  - involuntary treatment [fixation, isolation, medication],
  - evidence-based treatment,
  - patient satisfaction,
  - Interdisciplinary cooperation,
  - handling patient data,
  - appraisal interviews,
  - Integrating medico-economical thinking and actions

  - evidence grade: expert opinion

W. Gaebel a,*, T. Becker b, B. Janssen a, P. Munk-Jorgensen c, M. Musalek d, W. Ro¨ ssler e, K. Sommerlad a, M. Tansella f, G. Thornicroft g, J. Zielasek 2012

EPA guidance on the quality of mental health services



1459 articles retrieved

Quality indicators

W. Gaebel a,*, T. Becker b, B. Janssen a, P. Munk-Jorgensen c, M. Musalek d, W. Ro¨ ssler e, K. Sommerlad a, M. Tansella f, G. Thornicroft g, J. Zielasek 2012

Processes

Structures

Macrolevel

Mesolevel

Microlevel

Generla

Specific

W. Gaebel a,*, T. Becker b, B. Janssen a, P. Munk-Jorgensen c, M. Musalek d, W. Ro¨ ssler e, K. Sommerlad a, M. Tansella f, G. Thornicroft g, J. Zielasek 2012

Structure recommendations

General structure recommendations

- Mesolevel recommendations

W. Gaebel a,*, T. Becker b, B. Janssen a, P. Munk-Jorgensen c, M. Musalek d, W. Ro¨ ssler e, K. Sommerlad a, M. Tansella f, G. Thornicroft g, J. Zielasek 2012

3.1.1.2.1. Recommendation 3:
Structural requirements to ascertain patients' dignity and basic needs.

Implement the ITHACA Toolkit items to ascertain that the structural requirements of in- and outpatient mental healthcare facilities are met for the fulfilment of patients' basic needs, and to ascertain that patients' dignity and human rights

General structure recommendation uses the ITHACA Tookit, which provides a compilation of 30 sections

Partly overlapping with

- the Royal College of Psychiatrist assessment of psychiatric wards
- the Finnish Quality Recommendations for Mental Health Services

evidence grade: expert level - unethical to withhold such basic rights in putative controlled studies

W. Gaebel a,*, T. Becker b, B. Janssen a, P. Munk-Jorgensen c, M. Musalek d, W. Ro¨ ssler e, K. Sommerlad a, M. Tansella f, G. Thornicroft g, J. Zielasek 2012

Institutional Treatment, Human Rights and Care Assessment (ITHACA)

Developed to monitor human rights and health care in mental health and social care institutions.

It is designed to be used by groups undertaking independent human rights monitoring.

Section 9 **Prompt questions for the monitoring visit (30 Parts)**

Part 14 **Restraint and seclusion**

(Sources: staff, residents, documentation and observation)

- What types of restraint are used? (eg handcuffs, leather straps, cage beds, or medication)
- Is seclusion used? If yes, see the seclusion room. Take note on size, location, availability of facilities, including toilets, window, overall condition, ability to contact staff in case of emergency
- Under what circumstances is restraint/seclusion used?
- How often is restraint/seclusion used and for how long?
- What is the longest time someone has been put in seclusion or restraint in the past year?
- Who authorises restraint/seclusion and under what circumstances?
- How is use of restraint/seclusion reviewed and terminated?
- Are residents allowed out of restraint/seclusion for the toilet or at other times?
- What human contact do people in restraint/seclusion or seclusion have?
- Is restraint/seclusion ever used as punishment?
- How is use of seclusion recorded?
- Is seclusion or restraint used because of insufficient human resources/staff?
- Is there any regular external inspection of restraint/seclusion policies and practices?

W. Gaebel a,*, T. Becker b, B. Janssen a, P. Munk-Jorgensen c, M. Musalek d, W. Ro¨ssler e, K. Sommerlad a, M. Tansella f, G. Thornicroft g, J. Zielasek 2012

3.1.1.2.4. Recommendation 6: Availability of technological equipment for assessment and treatment

Provide all state of the art evidencebased technological diagnostic and therapeutic equipment and services within 72 hours.

The time limit of 72 hours will be considered sufficient for non-acute cases.

In acute cases, immediate referral may be required.

evidence grade: based on the clinical experience (preferably evidencebased).

W. Gaebel a,*, T. Becker b, B. Janssen a, P. Munk-Jorgensen c, M. Musalek d, W. Ro¨ ssler e, K. Sommerlad a, M. Tansella f, G. Thornicroft g, J. Zielasek 2012

Example 1: Quality indicator

Recommendations and gradings[a]	Evidence base and gradings[b]	Quality indicators (proposals)
Provide all state of the art evidence-based technological diagnostic and therapeutic equipment and services to help-seekers within 72 hours for non-acute cases and immediate access for acute cases*	Expert opinion*	Number of in- and out-patient services which provide access to major evidence-based diagnostic and therapeutic technologies within 72 hours for non-acute cases and immediate access for acute cases divided by the number of in- and out-patient services without such a provision ECG Chest X-ray Laboratory tests EEG MRI CT Electroconvulsive therapy

W. Gaebel a,*, T. Becker b, B. Janssen a, P. Munk-Jorgensen c, M. Musalek d, W. Ro¨ ssler e, K. Sommerlad a, M. Tansella f, G. Thornicroft g, J. Zielasek 2012

3.1.1.2.8. Recommendation 10:

Psychiatric care for members of minority groups

Provide adequate psychiatric care facilities for linguistic, ethnic and religious minority groups.

W. Gaebel a,*, T. Becker b, B. Janssen a, P. Munk-Jorgensen c, M. Musalek d, W. Ro¨ ssler e, K. Sommerlad a, M. Tansella f, G. Thornicroft g, J. Zielasek 2012

Structure recommendations

Specific structure recommendations

- Mmicrolevel recommendations

W. Gaebel a,*, T. Becker b, B. Janssen a, P. Munk-Jorgensen c, M. Musalek d, W. Ro¨ ssler e, K. Sommerlad a, M. Tansella f, G. Thornicroft g, J. Zielasek 2012

3.1.2.1.1. Recommendation 11: Essential in-patient services structural requirements.

Implement the essential structural requirements as outlined as Type 1 recommendation by the Royal College of Psychiatrists AIMS guidance (Part 2) "Staffing" of Section 1 ("General Standards") and Section 4 ("Environment and Facilities").

- Type 1 recommendations, failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law.
- Type 2 recommendations are those that an accredited ward would be expected to meet
- Type 3 recommendations are standards that an excellent ward should meet or standards that are not the direct responsibility of the ward.

Follow the Royal College of Psychiatrists recommendations for the structure (Type 1)

W. Gaebel a,*, T. Becker b, B. Janssen a, P. Munk-Jorgensen c, M. Musalek d, W. Ro¨ ssler e, K. Sommerlad a, M. Tansella f, G. Thornicroft g, J. Zielasek 2012

PICU

STANDARDS:

Section 1: General Standards

Section 2: Timely and Purposeful Admission

Section 3: Safety

Section 4: Environment and Facilities

Section 5: Therapies and Activities

2.9	1	The unit is able to access interpreters, sign language and other communication mediums.

Section 1

General Standards

Compliments and Complaints		
7.1	1	There are clear policies and procedures for managing complaints.
7.2	2	Information is available for patients/carers about: • how to make a verbal complaint; • how to make a written complaint; • how to suggest service improvements/enhancements; • how to make a written compliment; • how to make a donation.
7.3	2	There is evidence of audit, action and feedback from complaints.
7.4	2	Staff receive positive feedback from compliments received.
7.5	3	The unit has a system for collecting real time feedback from patients.

Process recommendations

General process recommendations

- Microlevel recommendations

W. Gaebel a,*, T. Becker b, B. Janssen a, P. Munk-Jorgensen c, M. Musalek d, W. Ro¨ ssler e, K. Sommerlad a, M. Tansella f, G. Thornicroft g, J. Zielasek 2012

3.2.1.2.2. Recommendation 19: Informed consent.

- Ascertain that the choice of treatment is made jointly by the patient and the responsible clinician based on an informed consent. (reinforced by Patients' rights acts)
- Expert opinion-based recommendation was derived from a medication-related AIMS recommendation and generalized to include all treatment decisions – not just medication decisions.

W. Gaebel a,*, T. Becker b, B. Janssen a, P. Munk-Jorgensen c, M. Musalek d, W. Ro¨ ssler e, K. Sommerlad a, M. Tansella f, G. Thornicroft g, J. Zielasek 2012

Process recommendations

Specific process recommendations

- Microlevel recommendations

W. Gaebel a,*, T. Becker b, B. Janssen a, P. Munk-Jorgensen c, M. Musalek d, W. Ro¨ ssler e, K. Sommerlad a, M. Tansella f, G. Thornicroft g, J. Zielasek 2012

3.2.2.1.1. Recommendation 21: Hospitals/in-patient services: basic requirements

- Implement the essential process requirements as outlined as Type 1 recommendation by the Royal College of Psychiatrists AIMS (Section 2 "Timely and Purposeful Admission" and Section 3 "Safety").
- Expert opinion-based recommendation
- To ascertain that in two essential elements of inpatient processes:
  - admission procedures
  - safety, basic requirements

W. Gaebel a,*, T. Becker b, B. Janssen a, P. Munk-Jorgensen c, M. Musalek d, W. Ro¨ ssler e, K. Sommerlad a, M. Tansella f, G. Thornicroft g, J. Zielasek 2012

3.2.2.1.2. Recommendation 22: Admission procedures

- Ensure that on the day of their admission to a psychiatric ward, patients receive a basic structured psychiatric and medical assessment.
- Expert opinion.
- It has a high face validity and its fulfilment needs to be scertained since it is essential to in-patient services quality.
- The necessary length of hospital stays.
  - A Cochrane review by Alwan et al. 2008 had identified six randomized trials comparing the effects of long vs. short stays and that the persons with short stays were more likely to be employed.
- No recommendations on the necessary duration of the stay.

W. Gaebel a,*, T. Becker b, B. Janssen a, P. Munk-Jorgensen c, M. Musalek d, W. Ro¨ ssler e, K. Sommerlad a, M. Tansella f, G. Thornicroft g, J. Zielasek 2012

Example 2: Quality indicator

- Number of patients with mental illness admitted to a psychiatric ward or other in-patient psychiatric service with psychiatric and medical assessment within 24 hours of admission divided by the number of admitted patients with mental illness

W. Gaebel a,*, T. Becker b, B. Janssen a, P. Munk-Jorgensen c, M. Musalek d, W. Ro¨ ssler e, K. Sommerlad a, M. Tansella f, G. Thornicroft g, J. Zielasek 2012

3.2.2.1.3. Recommendation 23: Access of wards to special services

Implement access of psychiatric wards to the following services:	Expert opinion-based recommendation
• psychology, • occupational therapy, • social work, • administration, • pharmacy.	

W. Gaebel a,*, T. Becker b, B. Janssen a, P. Munk-Jorgensen c, M. Musalek d, W. Ro¨ ssler e, K. Sommerlad a, M. Tansella f, G. Thornicroft g, J. Zielasek 2012

3.2.2.1.4. Recommendation 24:
Detained patients procedures

Give detained patients prompt-written information on their rights according to national rules and regulations.

Expert opinion-based recommendation

W. Gaebel a,*, T. Becker b, B. Janssen a, P. Munk-Jorgensen c, M. Musalek d, W. Ro¨ ssler e, K. Sommerlad a, M. Tansella f, G. Thornicroft g, J. Zielasek 2012

WHO guide to the essentials in prison health

Substitution Treatment in Prisons

- Kastelic A. Substitution Treatment in Prisons. In: Health in Prison, A WHO guide to the essentials in prison health. World Health Organization 2007;113-132

W. Gaebel a,*, T. Becker b, B. Janssen a, P. Munk-Jorgensen c, M. Musalek d, W. Ro¨ ssler e, K. Sommerlad a, M. Tansella f, G. Thornicroft g, J. Zielasek 2012

Conclusions

Implementation of higher standards then national legislation such as EPA guidance on the quality of mental health services

Availability of specific checklists translated in national languages could offer an opportunity to compare data between countries by using the same quality indicators