

**A study into the adverse event data required by the Mental Health
Commission to support the regulation of in-patient mental health services in
Ireland.**

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Abstract

Patients invariably are at their most vulnerable when under admission to an in-patient facility. This is even more so for mental health service users who in addition to reduced capacity for self-advocacy, are more likely to engage in harmful behaviour when admitted during acute episodes of their illness. It is important, therefore, to measure, monitor and report on risks in mental health services to ensure vulnerable service users are cared for in a safe environment.

In its role as the regulator of mental health services in Ireland, the Mental Health Commission (MHC) has oversight of patient safety in services to ensure accountability and public assurance. A crucial part of this role involves assessing risks and making decisions based on patient safety data. The quality of data is therefore critical to the effective function of the regulator. The data collected for assessing patient safety is data relating to adverse events in the services.

This research project used a qualitative approach to examine the data needs of the MHC in the context of the regulation of in-patient mental health services with a view to proposing an appropriate data set. Semi-structured interviews were carried out with key stakeholders to identify current challenges and perceived opportunities for improvement. Thematic analysis was then carried out to define common themes. The interview data was also analysed using an iterative process for data development based on the highly-regarded Australian Institute of Health and Welfare (AIHW) data development guide.

In the dissertation, a minimum data set for adverse events has been identified that can be put in place to address challenges identified by the key stakeholders interviewed. Furthermore, themes emerged in the interviews that have identified opportunities for additional improvements such as standardisation and data reuse.