

**Mental Health Services 2010**  
Mental Health Catchment Area Report

<b>MENTAL HEALTH CATCHMENT AREA (SUPER CATCHMENT AREA)</b>	Dun Laoghaire, Dublin South East and Wicklow (including part of the Drug Treatment Board)*
<b>HSE AREA</b>	Dublin Mid-Leinster
<b>MENTAL HEALTH SERVICES</b>	Dun Laoghaire, Dublin South East and Wicklow (including Drug Treatment Board)
<b>POPULATION</b>	372,107
<b>NUMBER OF SECTORS (GENERAL ADULT)</b>	6 plus Cluain Mhuire Services which was not sectorised (3 multidisciplinary teams)
<b>NUMBER OF APPROVED CENTRES</b>	Elm Mount Unit, St. Vincent's University Hospital Newcastle Hospital, Co. Wicklow St. John of God Hospital Limited, Stillorgan, Co. Dublin
<b>NUMBER OF DAY HOSPITALS, DAY CENTRES AND 24 HOUR RESIDENCES</b>	3 - Day Hospitals 3 - Day Centres 6 - 24-Hour Nurse Staffed Community Residences
<b>SPECIALIST TEAMS</b>	1 - Child and Adolescent Mental Health Services 2 - Psychiatry of Old Age 1.4 - Mental Health of Intellectual Disability 0 - Rehabilitation 1.5 - Liaison 0 - Forensic
<b>PER CAPITA EXPENDITURE 2010 [ &gt;18 YEARS ]</b>	Figure not supplied by service
<b>DATE OF MEETING</b>	2 November 2010

\* The Drug Treatment Board attended the super catchment area meeting for Dublin South City – please refer to that report.

## Introduction

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In 2010, the Inspectorate was interested in evaluating the progress being made in the implementation of *A Vision for Change* (AVFC). *A Vision for Change* envisaged services being organised into super catchment areas so as to facilitate the provision of seamless “cradle to grave” mental health services. The appointment of Executive Clinical Directors in 2009 was the formal starting point for the super catchment areas.

To evaluate AVFC implementation, the Inspectorate asked each super catchment area to complete a self assessment form and met for the first time with each super catchment area and its teams.

The Inspectorate collected information on:

- The role of the Executive Clinical Director and management structures.
- Governance, including safety, quality of patient experience, and quality outcome measures.
- Advocacy.
- Range and co-ordination of specialist services including: Child and Adolescent Mental Health; General Adult Mental Health, Psychiatry of Old Age, Psychiatry and Intellectual Disability.
- The development of community based services.
- Multidisciplinary team functioning.
- Resource allocation per head of population.
- Recovery initiatives.

## Progress on 2009 Recommendations

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### Cluain Mhuire Services

1. *There should be an occupational therapist on each community team.*

Outcome: This had not been achieved.

2. *The senior management team should be multidisciplinary.*

Outcome: The senior management team was not multidisciplinary.

### Dublin South East

3. *There should be a fully staffed rehabilitation team.*

Outcome: There was no dedicated rehabilitation team in the super catchment area (SCA).

4. *Plans to amalgamate sectors should continue.*

Outcome: It was reported that plans were continuing to achieve this but had not yet been finalised.

5. *There should be a full liaison team within the general hospital.*

Outcome: The liaison team for this catchment comprised a 0.5 whole-time-equivalent (WTE) consultant psychiatrist post, a full time non consultant hospital doctor (NCHD) and a dedicated team coordinator. There was a fully staffed liaison team led by a consultant psychiatrist principally serving south county Dublin and Wicklow.

6. *The service for older persons should be expanded to provide for a third psychiatry of old age team.*

Outcome: This had not been achieved.

7. *Alternative community facilities should be sought to allow a more community-focused service to develop.*

Outcome: This had not been achieved.

### Wicklow

8. *All service users must have access to rehabilitation and other speciality teams.*

Outcome: There continued to be no rehabilitation team.

9. *All service users must have access to a range of disciplines and interventions, especially occupational therapy and social work.*

Outcome: There continued to be a paucity of occupational therapy and social work posts.

10. *All service users must have an individual care plan based on a needs assessment.*

Outcome: This had not been achieved.

11. *The advocate and a member of the clinical staff should meet on a quarterly basis to review services and share information.*

Outcome: It was reported that these meetings were taking place and were constructive.

## Super Catchment Area comparison with *A Vision for Change*

### Range of Specialist Mental Health Services

Range of Specialist Teams SCA population 372,107		AVFC- Recommendation	AVFC- for this SCA
Child and Adolescent	2	2 teams per 100,000 population (Pg. 72)	8
Mental Health Intellectual Disability	1.4	2 teams per 300,000 population (Pg. 129)	2
Psychiatry of Old Age	2	1 team per 100,000 population (Pg. 118)	4
Rehabilitation	0	1 team per 100,000 population (Pg. 107)	4
Liaison	1.5	1 team per 500 Bedded-General Hospital (Pg. 155)	2
Forensic	0	1 team per HSE Region (Pg. 140)	1

### Psychiatry of Old Age (POA)

There was no specialist team in Wicklow and in South County Dublin (Cluain Mhuire). There were two consultant psychiatrists in the one team in Dublin South East. This service provided a day hospital and residential units. It was reported that many patients were marooned in inappropriate settings. These patients had been invited on to local placement programmes to make decisions on more appropriate residential care under the Fair Deal programme. It was reported, however, that the Fair Deal programme was difficult to obtain for many patients with enduring mental illness.

### Child and Adolescent Mental Health Services (CAMHS)

These services were provided by the St. John of God Lucena Services, an independent service provider working outside the governance framework of the super catchment area at present. These services were contracted by the HSE (Health Service Executive) through a service level agreement under the local health manager. It was reported that there were 8.4 whole-time-equivalent (WTE) consultant psychiatrists straddling two super catchment areas (four consultant psychiatrists in this SCA). The service had one day hospital in Rathgar. A new clinic had opened in Arklow which was used one day per week. It was reported that there was a lack of dual trained MHID (mental health of intellectual disability) staff for CAMHS and that this placed pressure on the service.

### Rehabilitation

The super-catchment area reported no dedicated rehabilitation teams.

### Mental Health and Intellectual Disability (MHID)

These services were provided by the St. John of God Carmona Services for Dublin South East. Carmona Services was an independent service provider working outside the governance framework of the super catchment area at present. These services were contracted by the HSE through a service level agreement under the local health manager. Carmona Services provided a range of day and residential supports and family and respite supports for adults and children with an intellectual disability and mental illness in South

County Dublin. The service was accredited by the Council on Quality and Leadership (CQL). The Wicklow MHID team had clinics at several locations across the county and provided the service to adults only. MHID of children required liaison with CAMHS teams.

### **Liaison**

The liaison team covering Dublin South East and Wicklow was fully-staffed in terms of multidisciplinary team input and headed by a fully qualified specialist consultant psychiatrist. The liaison service in St. Vincent's University Hospital was headed by 0.5 WTE fully qualified specialist consultant psychiatrist, a full-time NCHD and a dedicated team coordinator.

### **Forensic Mental Health Service**

There was no forensic team. The super catchment area reported that beds in St. Peter's ward could be accessed but these beds were not forensic beds and therefore, its needs in this regard were not well met. The super catchment area reported a close relationship with the Central Mental Hospital which was situated within its geographical area.

**General Adult**

General Adult	SCA POPULATION 372,107	AVFC- Recommendation	AVFC- for this SCA
General Adult CMHT's	8.5 SECTOR TEAMS	1 per 50,000 sector population with 2 Consultant Psychiatrists (Pg. 95)	8
Number Acute In-patient Beds	47 (plus beds purchased in St. John of God Hospital)	50 in-patient beds per 300,000 population (Pg. 97)	66

There were 3.5 sectors in Dublin South East covering a population of 110,000. The Dublin South East teams, in which nine consultant psychiatrists provided mental health services, were not sectorised.

There were two sectors in Wicklow: the north sector had a population of 49,892 and the south sector had a population of 59,503. Both sector teams had two consultant psychiatrists.

South County Dublin served by Cluain Mhuire did not have sectorised areas but operated in three sector-type areas each of which had an approximate population of 60,000 with three teams each with two consultant psychiatrists.

The recommendation in *A Vision for Change* (AVFC) for one sector team per 50,000 population.

There were three approved centres within the super catchment area: Elm Mount Unit located in St. Vincent's University Hospital with 39 beds and Newcastle Hospital, County Wicklow with 55 beds. Patients of South County Dublin who required in-patient treatment were accommodated in St. John of God Hospital Limited, Stillorgan, Co. Dublin, where beds were purchased when required by Cluain Mhuire Services. *A Vision for Change* recommendation for inpatient beds for this super catchment area was 66.

Details of multidisciplinary team staffing within the super catchment area in comparison with *A Vision for Change* recommendations are outlined below.

**Table**

Catchment	Dublin South East	Wicklow	Cluain Mhuire Services	Total	AVFC Recommendation per 50,000 population	AVFC- for this SCA
Population	90,573	109,202	172,332	372,107	372,107	
Consultant Psychiatrist	3.5	4	6	13.5	2	16
Clinical Psychology	2	1.8	4.8	8.6	2	16
Social Work	2.9	2	5.1	10	2	16
Occupational Therapy	3	0	0	3	2-3	16-24
Community Mental Health Nurses	7	4.5	9.5	21	6-8	48-64

**Community Based Services**

<b>Community Based Services</b>	<b>Number of facilities</b>	<b>Number of Places</b>	<b>AVFC - Recommendation</b>	<b>AVFC – for this SCA</b>
<b>Crisis Houses</b>	0	0	1 per 300,000 population with 10 places (Pg. 73)	1
<b>Day Hospitals</b>	3	<b>Cluain Mhuire: 35 places</b> <b>Dublin South East: Glenmalure 20 places</b> <b>Wicklow: Lincarra 60 places</b>	1 per Community Mental Health Centre (CMHT) (Pg. 96)	8
<b>Day Centres</b>	3	<b>Cluain Mhuire 90 places</b> <b>Dublin South East: Vergemount 25 places</b> <b>Wicklow: Portview day centre 20</b>	1-2 per 300,000 population with 30 places (Pg. 73, 109)	1-2 with 40 places
<b>24-Hour Nurse Staffed Community Residences</b>	6	83	30 places per 100,000 (Pg. 73 and 261)	12 with a maximum of 10 places each
<b>Assertive Outreach</b>	0	0	1 sub-group per rehabilitation team (Pg. 108)	4
<b>Home Based Treatment</b>	1	Reimse Home Care Team Project	1 per CMHT (Pg. 99)	8

Three day hospitals and three day centres were used by the three services that made up this super catchment area – one day hospital and day centre for each of Cluain Mhuire Services, Dublin South East and Wicklow.

The Reimse Home Care Team Project instigated in March 2009 as part of the Elm Mount Services (Dublin South East) provided assessment and treatment to outpatients in their own homes. The service targeted people in the acute phase of their illness.

DETECT was an early intervention in psychosis programme run by Cluain Mhuire Services which covered the needs of the super catchment area. It had received 700 referrals since its inception, 90% of whom were assessed within a 72-hour period. The programme remained with a service user over a period of four years. Fifty per cent of first episode cases were treated in their own homes.

There were three 24-hour supervised community residences in Dublin South East with 36 places; two in Wicklow with 26 places and one attached to Cluain Mhuire Services with 21 places. This gave a total of 83 places. A *Vision for Change* recommendation for a super catchment area of this size was 120.

# Governance

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## Executive Clinical Director and the Management Team

An Executive Clinical Director (ECD) had been appointed. The ECD had responsibility for two approved centres: Newcastle Hospital, Co. Wicklow and Elm Mount Unit, St. Vincent's University Hospital. No other support structure e.g. executive director of nursing or executive business manager (as with the rest of the country) had been put in place. It was evident from the super catchment area meeting that Dublin South East, Wicklow and South County Dublin (Cluain Mhuire Services) operated as three distinct and separate services. Super catchment area meetings as one entity take place on a monthly basis involving senior multidisciplinary team representatives. Lines of management and governance were still through existing structures: Dublin South East had a multidisciplinary management team structure in place; Cluain Mhuire Services had a management team structure comprising the Director of Service, the Administrative Manager, the Clinical Director and Director of Nursing. Wicklow had a multidisciplinary management team structure including service user representative.

## Progress on Implementation of Vision for Change within this Super Catchment Area

Elm Mount Unit located in St. Vincent's University Hospital had 39 inpatient beds and Newcastle Hospital, County Wicklow had 55 inpatient beds of which 26 were acute in-patient beds and the balance were a mix of long stay, rehabilitation, psychiatry of old age and intellectual disability. South County Dublin purchased beds in St. John of God Hospital when required by the multidisciplinary teams of Cluain Mhuire Services.

Integration of resources and sharing of services occurred in the case of the DETECT programme run by Cluain Mhuire Services which catered for the need of the super catchment area. Child and Adolescent Mental Health Services were spread out over this super catchment area and an adjacent super catchment area. These services were provided by Lucena Services under a contractual agreement between it and the HSE. Similarly, Carmona Services provided MHID services for Dublin South East under a similar contractual agreement.

South County Dublin had no approved centre attached to it but had a contract for service with St. John of God Hospital for all admissions that were managed by the multidisciplinary team of Cluain Mhuire Services. There were no sectors in this service but the population was divided into three sector-type areas each with an approximate population of 60,000 and managed by three multidisciplinary teams each with two consultant psychiatrists.

The full-time liaison psychiatry team headed by a fully-qualified consultant psychiatrist covered South County Dublin and Wicklow from St Michael's Hospital, Dun Laoghaire and Loughlinstown Hospital. A separate team headed by a 0.5 WTE fully-qualified consultant psychiatrist operated from St. Vincent's University Hospital.

A project to move the existing outpatient department for Dublin South East to a more suitable setting in Clonskeagh Hospital was dependent on funding.

## Quality of Patient Experience/Advocacy Involvement

The Irish Advocacy Service (IAN) regularly visited St. John of God Hospital, Stillorgan; Newcastle Hospital, Co. Wicklow; and Elm Mount Unit, St. Vincent's University Hospital. In general, the IAN found staff in the approved centres to be friendly, approachable and welcoming of them. It was reported that the IAN's attendance as client support at Mental Health Tribunals had been welcomed. In Wicklow, the IAN representative had been invited to join the Senior Management Team. The surrounding grounds and the quality of the food in St John of God Hospital Limited received particular mention.

Areas in need of improvement were a demand for more access to counselling and psychological services throughout the super catchment area.

Residents in St. John of God Hospital reported that they were not given adequate information about their individual care plan and were unclear as to the treatment options available to them. Patients detained under the Mental Health Act 2001 in St. John of God Hospital Limited reported that they had insufficient time to engage with their solicitor and that they had been unaware that they could appoint a solicitor of their own choosing. They reported also being unaware that they could obtain a copy of the report compiled by the independent consultant psychiatrist.

Cluain Mhuire Services had provided the IAN peer advocate with an office in Burton Hall, Foxrock.

## Risk Management

It was reported by the ECD that risk assessment and risk management were carried out within the existing framework.

Financial management was reported to be problematic given the current national financial restrictions.

It was reported by the ECD that the biggest challenge was not to progress but to simply maintain communitisation of services in light of ever increasing staff shortages that was resulting in a movement of staff to areas of greater risk such as inpatient units.

## Quality outcomes

It was reported that the service were awaiting the development of a national set of key performance indicators (KPI's) to be developed by the National Director of Clinical Care and Quality. It was reported that there were no strategic measures in place throughout the directorate and that the SCA was not yet at a point where a common template of core quality measures had been identified.

Elm Mount Unit had recently been granted electro convulsive therapy accreditation service by the Royal College of Psychiatrists (ECTAS). This unit was the sole provider in the country of training in electro convulsive therapy (ECT) to Registered Psychiatric Nurses as required under Rule 11.6 of the Rules Governing the Use of Electro-Convulsive Therapy. It provided this training out of its own funds and because of the current state of finances reported that this training may have to cease.

In Wicklow it was reported that audits of good medical practice and service performance standards had been implemented in the medical training programme.

Cluain Mhuire Services opened Elvira Gate Mental Health Resource and Information Centre, Sandyford Industrial Estate, which was run and staffed by the SOURCE group of service users to distribute reliable information to service users and the general public. SOURCE provided feedback to the service management team on an ongoing basis.

A module of the REFRESH rehabilitation programme took place in University College Dublin (UCD). The course participants were paired with undergraduate nursing students one day per week.

## Inspectorate of Mental Health Services

Cluain Mhuire Services carried out a self-assessment against the Quality Framework in 2009. Plans were afoot to such an assessment every 12-18 months.

Cluain Mhuire Services formally presented audits on a bi-monthly basis.

## Conclusion

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The concept of working as a single entity super catchment area (SCA) was in the very early stages of development. Within this particular SCA were three unique services, in particular, Cluain Mhuire Services, which, as part of the St. John of God Order, had a distinct governance structure. To date, the appointment of the ECD was the only appointment in the senior management team. The Psychiatry of Old Age services needed to be expanded to encompass the entire SCA. Concerns were raised by Dublin South East and Wicklow services regarding the ever decreasing level of nursing staff due to retirements and recruitment embargos. Concern was raised about the effect this would have on the process of communitisation as for reasons of risk management, the inpatient units had to be adequately staffed.

## **Recommendations and areas for development**

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1. Address the issue of skills mix in residential and community based services, including mental health support workers and health care assistants.
2. Develop a unified mental health catchment area (super catchment area) management team.
3. Upgrade staffing to AVFC levels.
4. Inpatient beds should be in line with AVFC recommendation.
5. Expand mental health services for older people.