

Mental Health Services 2010
Mental Health Catchment Area Report

MENTAL HEALTH CATCHMENT AREA (SUPER CATCHMENT AREA)	Donegal, Sligo, Leitrim, West Cavan
HSE AREA	West
MENTAL HEALTH SERVICES	Donegal, Sligo, Leitrim, West Cavan
POPULATION	238,317
NUMBER OF SECTORS (GENERAL ADULT)	9
NUMBER OF APPROVED CENTRES	Acute Psychiatric Unit, Carnamuggagh, Letterkenny Ballytivnan Sligo/Leitrim Mental Health Services, Sligo
NUMBER OF DAY HOSPITALS, DAY CENTRES AND 24 HOUR RESIDENCES	3 - Day Hospitals 7 - Day Centres 10 - 24-Hour Nurse Staffed Community Residences
SPECIALIST TEAMS	3 - Child and Adolescent Mental Health Services 2 - Psychiatry of Old Age 2 - Mental Health of Intellectual Disability 2 - Rehabilitation 0 - Liaison 0 - Forensic
PER CAPITA EXPENDITURE 2010 [>18 YEARS]	Donegal: €138.00 Sligo: €240.00
DATE OF MEETING	7 September 2010

Introduction

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. The appointment of an Assistant National Director for Mental Health and Regional Directors of Operations were positive developments in implementing AVFC.

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 Mental Health of Intellectual Disability.
- The development of community based services.
- Multidisciplinary team functioning.
- Resource allocation per head of population.
- Recovery initiatives.

Progress on 2009 Recommendations

Donegal

1. *Individual care plans, as defined in the Regulations, should be introduced in the acute unit.*

Outcome: The approved centre, Carnamuggagh had not, at the time of inspection, introduced individual care plans, which had been a statutory requirement since November 2006.

2. *The closure of St. Conal's Hospital should proceed and residents transferred to more suitable accommodation.*

Outcome: St. Conal's Hospital no longer operated as an in-patient facility for the mental health service and so was removed from the Register of Approved Centres.

3. *All Community Mental Health Teams should be fully resourced in terms of multidisciplinary input.*

Outcome: All community mental health teams were not fully resourced in terms of multidisciplinary input.

Sligo, Leitrim, South Donegal

4. *The new admission unit in Sligo General Hospital should progress as quickly as possible.*

Outcome: The service was still awaiting final approval for the new in-patient admissions unit.

5. *There should be full multidisciplinary staffing of all teams.*

Outcome: All teams were not fully-staffed.

Super Catchment Area comparison with *A Vision for Change*

Range of Specialist Mental Health Services

Range of Specialist Teams SCA population 238,317		AVFC	AVFC-for this SCA
Child and Adolescent	3	2 teams per 100,000 population (Pg. 72)	5
Mental Health Intellectual Disability	2	2 teams per 300,000 population (Pg. 129)	2
Psychiatry of Old Age	2	1 team per 100,000 population (Pg. 118)	2
Rehabilitation	2	1 team per 100,000 population (Pg. 107)	2
Liaison	0	1 team per 500 Bedded-General Hospital (Pg. 155)	1
Forensic	0	1 team per HSE Region (Pg. 139)	1 per region

Child and Adolescent Mental Health Services (CAMHS)

Child and Adolescent Mental Health Services (CAMHS) had been operational since 1997. There were three teams in the super catchment area. It was reported that in terms of human resources, on average, the teams operated at a level of 25% of that recommended in *A Vision For Change* (AVFC). The two Donegal teams met once per month and both teams, together, met the Sligo team a few times a year. Regarding in-patient care, it was reported that Galway was far away and there was very patchy access to in-patient beds. The CAMHS reported a need for a viable alternative to these in-patient beds. The Sligo team reported that it provided care and treatment to patients from 0-17 years inclusive; a dedicated “new patient” clinic had commenced on Mondays. A senior occupational therapist had commenced employment, one senior psychologist was due to commence employment in October 2010 and one senior speech and language therapist was to commence employment in September 2010. It was reported that 104 children had been on the waiting list for assessment for over one year.

Mental Health of Intellectual Disability (MHID)

There were two Mental Health of Intellectual Disability (MHID) services in the super catchment area. The team based in Donegal catered for the whole county and consisted of one consultant psychiatrist, one non consultant hospital doctor (NCHD) and one clerical staff member in total. Nursing posts were still required. An advocacy service was needed. There was an absence of a specialist children’s service but it was reported that the CAMHS teams had been particularly helpful in lending assistance. The Sligo, Leitrim, West Cavan team had no multidisciplinary team as recommended by AVFC. It also consisted of one consultant psychiatrist, one NCHD and a clerical staff member. Nursing posts were required here too. A large proportion of service users lived at home with their families. On average there were seven to eight in-patient admissions annually, the remainder were managed in the community. None of the two mental health of intellectual disability (MHID) services had dedicated health and social care professional posts.

Psychiatry of Old Age (POA)

There were two Psychiatry of Old Age teams in the super catchment area. The Sligo, Leitrim, West Cavan team was established in 2001 and met weekly. It was reported that the referral rate had doubled since 2003. There was no specialist psychology input on this team but the service had access to the community psychology services; it was reported that the services of a specialist psychologist was needed. In Donegal it was reported that in order to cater for the needs of the population, taking in geographical spread, the AVFC recommendations of one team per 100,000 population was inadequate and that a ratio of one team per 10,000 was more realistic. It was reported by the consultant psychiatrist that the level of service provision did not meet the total needs of the population.

Liaison Team

There were no Liaison teams in the super catchment area. There were two liaison nurses operating in the super catchment area, one in Sligo who was a nurse prescriber and one liaison nurse in Donegal. The liaison nurses received 600 referrals per year. These nurses did not deal with CAMHS. The liaison nurse in Sligo dealt with all adults including Psychiatry of Old Age. Between Sligo General Hospital and Letterkenny General Hospital there were 663 general medical and surgical beds. Recommendation in AVFC was that one liaison team should be in place per 500 beds.

Forensic Mental Health Services

There were no forensic services. It was reported that there was a need for low secure beds particularly in regard to out-of-control teenagers. It was reported that for the past five years there had been an increasing urban element attached to referrals.

Rehabilitation and Recovery

There were two Rehabilitation and Recovery teams. The Donegal team had been closed temporarily while St. Conal's Hospital was in its final phase of closure as an approved centre. Since the hospital's removal from the Register of Approved Centres the team had resumed taking on referrals. A medium support "Twilight" service operated during weekends. There was no occupational therapist and social worker on the team. The service intended to pool data it hoped to acquire from a proposed audit on psychological programmes for family and carers. The Sligo team had five assertive outreach nurses, one social worker and one occupational therapist. Two staff from the rehabilitation team had undergone Wellness and Recovery Action Plan (WRAP) training with Support, Training, Education, Employment and Research (STEER) advocacy services and intended to roll out the programme to remaining staff.

General Adult

General Adult	SCA POPULATION 238,317	AVFC	AVFC-for this SCA
General Adult CMHT's	9 SECTOR TEAMS	1 per 50,000 sector population with 2 Consultant Psychiatrists (Pg. 95)	5
Number Acute In-patient Beds	90	50 in-patient beds per 300,000 population (Pg. 97)	40

There were nine General Adult teams in the super catchment area; each team had one consultant psychiatrist. All sectors, bar Donegal North East, were in accordance with the recommendations for consultant psychiatrist numbers as set out in *A Vision for Change* i.e. two consultant psychiatrists per population of 50,000. With reconfiguration, the recommendations in AVFC were attainable. More community mental health nurses were required to fulfil the recommendations set out in *A Vision for Change*. There was a significant shortfall of clinical psychology posts within the super catchment area as per the recommendations set out in AVFC. Details of multidisciplinary team staffing within the super catchment area in comparison with AVFC recommendations are outlined below. There were two approved centres in the super catchment area: Ballytivnan, Sligo, with 52 beds and Carnamuggagh, Letterkenny, with 38 beds. The AVFC recommendation for in-patient beds for this super catchment area was 40.

Table

Catchment	Donegal	Sligo//West Cavan	Total	AVFC Recommendation per 50,000 population (Pg. 95)	AVFC-for this SCA
Population	138,442	99,875			
Consultant Psychiatrist	4	5	9	2	10
Clinical Psychology	1.6	1	2.6	2	10
Social Work	1.5	4.5	6	2	10
Occupation al Therapy	3.6	8	11.6	2-3	10 - 15
Community Mental Health Nurses	14	10	24	6-8	30 - 40

Community Based Services

Community Based Services	Number of facilities	Number of Places	AVFC	AVFC-for this SCA
Crisis Houses	2	7	1 per 300,000 population with 10 places (Pg. 73)	1
Day Hospitals	2	50	1 per Community Mental Health Centre (CMHC) (Pg. 96)	5
Day Centres	7	165	1-2 per 300,000 population with 30 places (Pg. 73, 109)	1 with 25 places
24-Hour Nurse Staffed Community Residences	10	147	30 places per 100,000 (Pg. 73, 261)	8 with a maximum of 10 places each
Assertive Outreach	1	-	1 sub-group per rehabilitation team (Pg. 108)	2
Home Based Treatment	0	-	1 per CMHT (Pg. 99)	5

There were two supervised residential units that offered respite care in the super catchment area. Both were located in Co. Donegal: Park House in the North West sector which had five beds and Rowanfield House, Donegal Town in the South West sector, which had two beds. There was one day hospital, Markievicz House, in Sligo that had 30 places, and a second one was about to be opened in Manorhamilton. There were four day centres in the Sligo region and a day centre under the charge of the Psychiatry of Old Age team. Only the Donegal Central Community Mental Health Team had access to Park View House Day Hospital in Letterkenny. The Rehabilitation and Recovery team in Donegal utilised all day centres available throughout the service.

There were four community residences in Sligo under the general adult teams with a total of 48 places. The Rehabilitation and Recovery team had two community residences, one in Cliffoney, Co. Sligo with 10 places and one in Mohill, Co. Leitrim, with 15 places. There were three community residences under the general adult teams in Co. Donegal with a total of 51 places and one community residence under the Rehabilitation and Recovery team with 20 places.

There was one assertive outreach team in Sligo since 2007. The assertive outreach facility was in the Primary Care Building, in Barrack Street, Sligo.

There were no home-based treatment teams in the super catchment area.

Governance

Executive Clinical Director and the Management Team

An Executive Clinical Director had been appointed. It was reported that the Directorate was a process still in development. No other support structure had been instigated; there was no lead Local Health Manager (LHM). Super catchment area meetings were taking place on a regular basis. The Executive Clinical Director had responsibility for two approved centres: Ballytivnan, Sligo, with 52 beds and Carnamuggagh, Letterkenny, with 38 beds. Lines of management and governance were still through existing structures. Hope was expressed that a broader super catchment area management structure and a national template agreement would happen over the next twelve months.

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

St. Conal's Hospital now had no inpatient beds attached to the mental health service and had ceased to operate as an approved centre.

The Sligo, Leitrim, West Cavan Child and Adolescent Mental Health Team (CAHMS) were to move into Nazareth House. The service was awaiting a decision on availability of funding to proceed with this.

The CAMHS team in the South Donegal sector had a new base in Donegal Town.

The Sligo sector team community mental health centre was to be based in close proximity to Sligo General Hospital pending the availability of Capital Funding to facilitate the transfer of the CAMHS Team.

The new in-patient admission unit in Letterkenny which will replace Carnamuggagh was due to open in March 2011 with 35 beds.

The reorganisation of smaller sectors into larger sector areas was being examined presently.

It was reported that there had been a significant reduction in nursing staff throughout the super catchment area and no replacements were possible as the funding for these posts had been automatically lost. It was reported that 50% of nurses were in acting posts and that a lot of skills had been lost to the service.

The super catchment area had a large geographical spread: a distance of 128 kilometres between Letterkenny and Sligo Town and 258 kilometres from one end of the super catchment area to the other which was reported to be a four hour journey.

Quality of Patient Experience/Advocacy Involvement

A project had been proposed for the super catchment area to look at persons detained under the Mental Health Act 2001.

A Garda mental health liaison service had been established in order to foster good lines of communication.

STEER (Donegal). STEER had been established five years ago and it was reported by the advocacy representative that it was now well-rooted into community and in-patient services. It was reported that there was positive involvement with management, carers and families. Senior management were supportive of the service. The peer advocate visited the approved centre each week.

Irish Advocacy Network (IAN) (Sligo). Although only established in 2009, it was reported that the peer advocacy service had now expanded into the community. There were good relationships between management and the service.

Risk Management

The super catchment area reported that it had policies on audit and that full risk management audits had been carried out.

It was reported that a major risk management issue was the decrease of 25% of nursing staff. It was reported that a lot of overtime was being used to try to staff the services.

It was envisaged that the Wisdom Information Technology system would pick up on outcome measurement.

It was reported that, on average, generic community mental health nurses carried a case load each of approximately 45 clients.

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 envisaged that the Wisdom system, in operation in Donegal, would pick up some outcome measurements. It was reported that the Wisdom evaluation report was in draft form. The service indicated that it was operating at a level of 70-75% of what it would like it to operate. A further enhancement of the system was deemed by the service to be worthwhile.

Donegal Mental Health Services conducted a service user satisfaction questionnaire for community mental health services. Steer advocacy services collated the feedback and reported to Donegal Mental Health Management Team.

A multidisciplinary working group to include service users was established to develop a self help support group for obsessive compulsive disorder.

The approved centre in Carnamuggagh introduced a family liaison support service for children admitted to the approved centre. This was added to the existing liaison nurse's role.

Sligo, Leitrim Mental Health Service had undertaken a retrospective audit of over 2,100 Mental Health Act forms and associated documentation in 2009. The audit made recommendations where quality management initiatives could be employed to improve compliance with the Mental Health Act 2001 and protect patient's rights. The research findings were forwarded to the Quality and Standard Division of the Mental Health Commission in 2010.

A comprehensive assessment and review of all long stay patients in supervised residential units and admissions in the Sligo/Leitrim /West Cavan Local Health Office (LHO) Area was undertaken by the Rehabilitation and Recovery Team.

The Psychiatry of Old Age Team and one of the adult sector teams in the Sligo/Leitrim/West Cavan Local Health Office Area undertook a comprehensive assessment and review of all patients in the Alzheimer Unit.

Conclusion

Although an Executive Clinical Director had been appointed, it was clear that the Directorate was a process in the early stages of development. No support structures had been put in place.

There was a particular shortage of community mental health nurses and psychologists on the general adult teams. Specialist teams such as the Child and Adolescent Mental Health, Psychiatry of Old Age and Mental Health of Intellectual Disability were understaffed in terms of multidisciplinary input. There was an identified need for a fully-staffed consultant psychiatrist-led Liaison Psychiatry team in the super catchment area. There was a need for a forensic service to be established.

The geographical area of the super catchment area was large extending 258 kilometres from one end to the other (a reported car drive of four hours) with a rural topography.

Two different peer advocacy services worked within the super catchment area: STEER in Donegal and the Irish Advocacy Network in Sligo, Leitrim and West Cavan.

Concerns with regard to the effects of the recruitment embargo on the level of nursing staff were highlighted to the Inspectorate at this meeting. The Inspectorate was informed that a further decrease in nursing staff levels could result in a curtailment of services.

Recommendations and areas for development

1. The development of the new in-patient admission unit in Sligo General Hospital should be progressed.
2. Address the issue of skills mix in residential and community based services, including mental health support workers and health care assistants.
3. Develop local quality improvement initiatives.
4. Develop a unified mental health catchment area (super catchment area) management team.
5. Upgrade multidisciplinary staffing across all teams to AVFC levels.
6. Ensure that in-patient beds are in line with AVFC recommendation.
7. Develop community based services such as home-based treatment and assertive outreach.
8. Develop a fully-staffed consultant psychiatrist-led Liaison Psychiatry team for the mental health catchment area (super catchment area).
9. Develop a forensic service for the mental health catchment area (super catchment area).