

Mental Health Services 2010
Inspection of Mental Health Services
in Day Hospitals

DAY HOSPITAL INSPECTED	Centre for Living
EXECUTIVE CATCHMENT AREA	Dun Laoghaire, Dublin South East, East Wicklow
HSE AREA	Mid-Leinster
CATCHMENT AREA	South County Dublin
CATCHMENT POPULATION	175,000
LOCATION	Rose Hill, Carysfort Ave, Blackrock, Dublin
TOTAL NUMBER OF PLACES	22
DATE OF INSPECTION	10 August 2010

Details

Service description

The Centre For Living Day Hospital was a stand-alone building that was originally a community residence. The Day Hospital moved to this location in 2008. Extensive renovations took place and resulted in a building of high standard with ample space.

The day hospital was open Monday to Friday from 0900h to 1700h. There was a community mental health nurse service at weekends. The average length of stay was five to six weeks.

The DETECT programme for early intervention for psychosis was located nearby in a business park. These facilities were excellent, non-stigmatising and the service provided was of high standard. The DETECT programme covered the supercatchment area of Dun Laoghaire, East Wicklow and Dublin South East which had a population of 375,000. The programme offered cognitive behavioural therapy, occupational therapy and psycho-education as well as attendance at the day hospital.

REACH, a rehabilitation programme, was also located in the nearby business park next to the DETECT facilities. This service provided FETAC Level 3 Training which was funded by FAS. Forty four trainees completed the programme in 2009. The facilities were extremely good. The REACH programme promoted recovery and rehabilitation and had led to people going on to paid employment, further education and voluntary work.

Premises

CHECKPOINT	RESPONSE
Is the premises part of a psychiatric hospital?	No
Is the premises an independent building?	Yes
Is the premises purpose built?	No
Is the premises accessible by public transport?	Yes
Are the premises the sector headquarter located in day hospital?	No
How many activity rooms were there for service users?	4
How many service users were attending?	22
Is there a facility for providing hot meals?	No

Referral procedure

There were three community mental health teams admitting to the day hospital. Referrals were from the community mental health teams and the inpatient service. Referrals were discussed at regular team meetings. Referrals were assessed by the nursing staff. Urgent referrals were seen within one to two days and there was no waiting list.

The average length of stay was five to six weeks. Discharge was through the multidisciplinary team and was usually to outpatients.

Staffing levels

POST	NUMBER WTE	SESSIONS PER WEEK
Consultant psychiatrist	3	0
Nursing staff	5	0
Non consultant hospital doctor (NCHD)	6	0
Occupational therapist	0	0
Psychologist	0	1 as well as individual work
Social worker	0	1 as well as individual work
Activities therapist	0	0
Art therapist	0	1
Drama therapist	0	1

Range of services provided

There were three therapy streams in the day hospital. Stream 1 was a therapeutic stream, Stream 2 was for psycho-education and Stream 3 was for people with acute psychosis. A number of group therapies including Dialectical Behaviour Therapy (DBT), Yoga, Recovery and Wellness Recovery Action Plan (WRAP) were held in the day hospital and were run by psychology, social work and nursing staff.

Each service user had an individual care plan which was held electronically. The individual care plans were reviewed at the weekly multidisciplinary team meeting. Each service user was involved in drawing up his or her individual care plan and they retained a copy of their individual care plan.

There was a community mental health nurse service at the weekends.

Service user input

A service user satisfaction survey had been carried out which used qualitative focus groups. Overall service users were generally happy with the service. A number of practical issues identified were remedied.

There was a weekly community group for service users held in the day hospital.

There were plans to extend the Burton Hall Resource Centre to the day hospital through the use of a mobile education service in November 2010.

The groups SHINE, AWARE and GROW all used the day hospital for their groups.

The Irish Advocacy Network was available by phone and would call to the day hospital when required.

Quality initiatives in 2010

- Acute Psychosis Programme provided two places for people with acute psychosis as an alternative to admission to inpatient care. The programme also provided active support to families.
- Nurses were taking part in a nurse prescribing course.
- There was a supervised medication programme where service users could have their medication supervised at the day hospital.
- There was an excellent admission pack for service users.
- A fifth clinical activity room was currently being constructed in the day hospital.

Diagnoses (all attendees in past month)

DIAGNOSIS	NUMBER
Affective disorders	22
Psychotic illness	14
Anxiety disorders	18
Addiction disorders	1
Personality disorders	9
Average length of stay (number of days)	25 -30 days

Operational policies

The day hospital service had specific policies which covered all aspects of the day hospital programme including admission, liaison, medication, policy on aggression, illicit drug use, deliberate self-harm and alcohol abuse. All incidents were reported and there was a feedback system in place.

Planning

There was a review every two years of the day hospital service and this was done by a multidisciplinary group. In the past year there had been a reduction in the overall budget for the service of €1.5 million (€800,000 of this represents public pay service cuts in 2010) and this had impacted on any planning of the day hospital service. The most urgent requirement was for an occupational therapist dedicated to the day hospital. There were plans to increase outpatient service within the building of the day hospital.

Conclusions

The Centre for Living Day Hospital impressed as giving a high standard of care. The therapy programmes were structured to cater for the different needs of attendees. There was a wide range of therapeutic services and programmes offered although this would have been enhanced by the provision of occupational therapy. The closely associated REACH and DETECT programmes were excellent and their facilities impressive. Service users appeared actively involved in the service and participated in their own individual care planning.

Recommendations and areas for development

1. All effort should be made to obtain occupational therapy for the day hospital.