Mental Health Services 2012

Inspection of Mental Health Services in Day Hospitals

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Dublin North City, (Dublin North West, and Dublin North Central).
MENTAL HEALTH SERVICE	St. Vincent's Fairview
HSE AREA	Dublin North West, Dublin North Central, Dublin North
DAY HOSPITAL	St. Joseph's Adolescent and Family Service
CATCHMENT POPULATION	267,171
LOCATION	Fairview, Dublin
TOTAL NUMBER OF PLACES	14
AVERAGE NO OF WEEKLY ATTENDEES	7-8 daily
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	3 September 2012

Summary

- This Child and Adolescent Mental Health Service provided services to young people aged 13-17 years. An intensive assessment and intervention programme was provided over a period of six weeks or more depending on the young person's assessed need.
- The service had accepted eighteen young people in 2012 to the day of inspection.
- There was evidence in the clinical files of multidisciplinary assessments, individual care planning and educational and family involvement.
- The premises were cramped and plans were at an advanced stage to enable the service to relocate to the ground floor of the in-patient building nearby.

Details

Service description

St. Joseph's Adolescent and Family Day Service was situated in a stand-alone bungalow adjacent to the grounds of the adult mental health service of St. Vincent's Hospital and the adolescent in-patient unit. It provided a catchment area service to parts of Dublin city and also accepted referrals from counties Kildare and Meath. Opening hours were from 0930h-1700h, Monday to Fridays. The mornings were devoted to the schools programme and the afternoons until 14.30h, to the structured therapeutic programme. Individual sessions took place later in the day.

Referrals were made by child and adolescent (CAMHS) community teams as well as adult mental health services. Once referrals were accepted, the day service became responsible for the young person's care and treatment. There was a six week assessment and intervention program and the average length of stay was six to seven weeks or more, depending on individual need.

Premises

The service was opened in 1988 and staff reported the premises were too small and cramped for purpose. Public transport was available to nearby Fairview and Drumcondra and used by most young people. In some instances a taxi service was provided by the Health Service Executive (HSE) to facilitate the attendance of those not able to source their own transport.

There were four activity rooms, two dedicated for school use and two for use by the multidisciplinary team. Rooms were multi-purpose where possible.

Staff and service users had use of a common kitchen and dining area and all ate together. Young people were encouraged to bring a packed lunch. A microwave oven was available.

There was an extensive enclosed back garden.

The building was wheelchair accessible, but staff reported they had never had a young person attending the service who needed this facility.

Care Pathway

Staff reported that referrals were accepted from general adult and child and adolescent services in Dublin North West, Dublin North Central and Dublin North City. In addition, referrals had been accepted during the year from counties Kildare and Meath and from West Dublin. Referrals were accepted from the adolescent in-patient unit on site and the general adult services.

Formal referral forms were used and reports were requested from community staff and other agencies once referrals were accepted and the necessary permissions were obtained.

Staff reported that following referral, contact was made with the referrer, to determine urgency and admissions were prioritised on this basis. Usual waiting times were 1-2 months for non-urgent referrals. Longest waiting time for 2012 to the date of Inspection was three and a half months. Urgent referrals could usually be accepted within 1-2 weeks. Referrals were only accepted if the service user had been referred to an adult or CAMHS community team in the first instance. This was in order to ensure appropriate follow-up on discharge.

Of the 28 referrals received January – June 2012, eleven were accepted. The Mental Health Inspectorate was subsequently informed that 31 referrals were made up to the date of inspection and eighteen had been accepted.

Multidisciplinary team meetings took place weekly, attended by all disciplines, including the school principal. All young people whose clinical files were examined had individual care plans (ICPs) which were reviewed every three weeks by the multidisciplinary team (MDT). A review booklet was completed by the young person prior to the reviews and staff reported their suggestions were taken into account. However, the young person did not attend the meeting. There was no space on the ICP to indicate whether the young person had been offered a copy of the ICP or not.

Medical staff did not sign their medical council numbers (MCN) in one clinical file examined.

Six-weekly (or sooner) meetings took place with the referrer with regard to discharge plans. Discharge was usually on a phased basis. Staff reported that regular follow-up from CAMHS teams was usually no problem. However, families were often concerned that the intensity of follow-up was greatly reduced in adult services. Extensive discharge summaries were sent to both the referrer and parent on discharge. The young person did not get a copy of this. Staff reported that administrative issues sometimes delayed discharge e.g. there was a service need in some areas to provide for the monitoring of young people, who were prescribed Clozapine and the dispensing of Clozapine medication in the community

Staffing levels

POST	NUMBER	SESSIONS PER WEEK
Consultant psychiatrist	1	2 days
Nursing staff	5 (1xCNM2+3xSN + 1xCNS)	Full time
Non Consultant Hospital Doctor (NCHD)	Senior Registrar	Full time
Occupational therapist	0	0
Psychologist	2	0.5+0.2 (adult service)
Social worker	1	0.5 WTE
Speech and Language Therapist	1	0.8 WTE
Physiotherapist	1	As needed
Chaplain	1	As needed
Dietician	1	As needed
Teachers	3.6	Shared with in-patient unit

Range of services provided

The service had no occupational therapist. Other staff members were shared with the in-patient service.

At time of referral joint medical and nursing assessments were undertaken using a range of standardised instruments including a risk assessment. Staff reported that speech and language and psychology assessments were important as an increasing number of young people who were referred were found to have deficits in these areas which had not been previously identified in the school system.

Educational services were provided on site for young people from both the in-patient unit and day service. The latter attended classes 0930h-1300h. Staff reported that classroom numbers were small and usually consisted of four to five young people.

Different members of staff conducted groups on Mindfulness, Yoga, Communication, Recovery and Family Support. Individual work was done nursing medical and psychology staff.

Staff reported that home visits were infrequent.

Service user input

A community meeting was held twice a week to discuss housekeeping issues.

A 'wrap-up' group was held every afternoon before young people went home.

Individuals were facilitated in commenting on the running of the service in the Review Booklet which was completed by each young person every six weeks.

Staff reported that young people were involved in planning the new unit. They were asked their opinions on the types of group that should be run, time-tabling, smoking and the limitations that should be put on mobile phones.

They were asked their opinions on the Summer programme and how it should be run e.g. where to go for outings.

No young person asked to speak to the Inspectorate on the day of inspection.

There was no dedicated Advocacy service.

Quality initiatives in 2012

- The service was preparing to move to new premises in October 2012.
- The initial intake assessment was being reviewed.
- Policies were being reviewed.
- Some staff were collating testimonials of parents about the service.

Operational policies

All policies for the service were dated 2002 and a review had begun. There was no admission or risk management policy for the service. There was a system for reporting incidents and the STARSWeb (clinical incident reporting system) was used. Staff reported that mandatory training was being received. Nursing staff had attended CPR (cardiopulmonary resuscitation) and STORM (Suicide Training on Risk Management) training. Psychology staff had had training in Drama Therapy and social work staff had attended a 'Parent Plus' parenting programme and Recovery training.

Planning

The service was about to move into the ground floor premises of the in-patient unit which the staff believed would be vacated in October 2012. Staff reported this would result in increased space for use by both the school and the multidisciplinary team.

It was planned to increase the day service programme hours so that closing time of the programme would be at 1530h rather than 1430h as at present.

Conclusions

This Child and Adolescent Mental Health Day Hospital provided a service to a large population across a number of counties. It was situated close to St. Vincent's Hospital Fairview and to public transport.

The day was divided between educational and therapeutic activities, although the length of time devoted to the latter seemed short (1300h-1430h).

The staff noted that an increasing number of referrals were complicated by young peoples' learning and speech and language difficulties, which had not been formally assessed prior to referral.

At eighteen, the number of referrals accepted by the service in the year to the date of inspection in 2012 seemed small. Staff reported that young people who attended received an intensive service and this was borne out by the range of activities, the evidence of MDT input into the clinical files and the intensive educational services provided.

Recommendations and areas for development

1. *Policies and procedures appropriate to the day hospital should be developed or reviewed.*
2. *Consideration should be given to having the young person attend their MDT meeting.*
3. *Consideration should be given to documenting whether young people received a copy of their ICPs and if not, why not.*
4. *Consideration should be given to having essential reports done prior to admission e.g. speech and language, psychology reports in order to shorten length of stay and increase numbers of young people accessing the service.*
5. *Discharge difficulties should be addressed.*
6. *The names and disciplines of those attending the MDT should be documented.*
7. *Identity tags should be used for the different disciplines in the clinical files.*
8. *All doctors should use medical council numbers.*