

INSPECTORATE OF MENTAL HEALTH SERVICES
CATCHMENT TEAM REPORT
INSPECTION 2013

HSE AREA	West
CATCHMENT AREA	Galway, Mayo, Roscommon
MENTAL HEALTH SERVICE	Roscommon
POPULATION	64,000
NUMBER OF SECTORS	3
NUMBER OF APPROVED CENTRES	1
SPECIALIST TEAMS	None
DATE OF MEETING	27 March 2013

Summary

- The Roscommon catchment area had recently been amalgamated with Galway and the entire catchment area was in the process of being re-configured.
- There was uncertainty regarding the future of the approved centre at Roscommon General Hospital.
- There were no specialist teams within the Roscommon area.
- There was one day hospital and six day centres in the area.
- The service had recently introduced a single referral form for general practitioners to use when referring a patient.
- No service user representative sat on the management committee.

SERVICE DESCRIPTION

The Roscommon catchment area had a population of 64,000 and was serviced by three sector teams and one Child and Adolescent Mental Health team. There was one approved centre located in Roscommon General Hospital with 22 beds.

PROGRESS ON RECOMMENDATIONS FROM THE 2008 CATCHMENT REPORT

1. The high observation unit should be completed and commissioned as soon as possible.

Outcome: This had been achieved.

2. Each team should be sufficiently staffed in order to provide a full multidisciplinary (MDT) approach to the care of service users.

Outcome: This had not happened.

3. The training centre in Castlerea should be upgraded in light of the very poor condition of the current building.

Outcome: This had been done.

DEVELOPMENTS 2012-2013

- In a move from the traditional method of assessment of new patients, the service had introduced a single referral form for general practitioners (GPs) when referring patients to the community mental health teams (CMHTs). In it, the GP would identify which member of the CMHT would be the most appropriate for the patient to see and an initial assessment could be carried out by any member of the team.
- The Roscommon Mental Health Service had applied to be a pilot area for the commencement of ARI – the Advanced Recovery in Ireland model of treatment which has been set up by the National Mental Health Office of the Health Service Executive (HSE).
- A review of all community residences had begun in the catchment area.

TOTAL STAFFING at the time of the Catchment Meeting (Comparison with 2008)

Entries for 2013 are stated as at the date of the 2013 catchment area meeting

Medical Staff (WTE)	2008	2013
Total Number of Psychiatrists	3	3
Total number of Senior Registrars	1	0
Total Number of NCHDs	4	3

Nursing Staff (WTE)	2008	2013
DON	1	1
ADON	3	1
Nurses in in-patient units	50	20.5
Nurses in community residences	23.5	25
CMHN	4	4
Day services	27	8.6
Dedicated therapists		none
Other:	3 x CNS	1 (clozaril nurse)
Health Care Assistants (HCA)	0	9

Health and Social Care Professionals (WTE)	2008	2013
Occupational therapist	3.5	3.6
Psychologist	1	2
Social Worker	2	1
Addiction counsellor	2 x 0.5	1.5

WTE – Whole Time Equivalent

NCHD – Non Consultant Hospital Doctors

DON – Director of Nursing

ADON – Assistant Director of Nursing

CMHN – Community Mental Health Nurse

CNS – Clinical Nurse Specialist

Approved Centres:

Approved Centre Name	Number of Beds	Teams Responsible
DOP, Roscommon	22	Sector teams

RESIDENTIAL FACILITIES

Entries for 2013 are stated as at the date of the 2013 catchment area meeting

24 hour residences

Name of Residence	Number of Beds	Number of Staff	Rent
Knockroe House, Castlerea	14 (9 residents)	7.5 WTE Nursing staff 4.5 WTE Multi-task Attendants	Information not provided
Rosalea, Castlerea	34 (26 residents)	12 WTE Nursing staff 19 WTE multi-task Attendants	Information not provided
Teach na gCeard 1	10	2 WTE Nursing staff 2 WTE Multi-task Attendants	Information not provided

Medium Support Residences

There were no Medium Support Community residences in the catchment area.

Low Support Residences

Name of Residence	Number of Beds	Number of Staff	Rent
Teach na gCeard 2	8	Support staff only from Nursing and Domestic staff	Information not provided
Demense View, Castlerea	5	Support staff only from Nursing and Domestic staff	Information not provided
Ballaghadreen	5 (3 residents)	Support staff only from Nursing and Domestic staff	Information not provided
Renbrack House, Boyle	8 (6 residents)	4 x Multi-Task Attendants	Information not provided

GENERAL ADULT MENTAL HEALTH SERVICES

Sector Name: Boyle/Strokestown

Entries for 2013 are stated as at the date of the 2013 catchment area meeting

Post	Grade	WTE	Comment
Consultant psychiatrist		1	
Senior Registrar		0	
NCHD		1	
ADON		0.5	Also covers Castlerea
Community Mental Health Nurses		1.33	
Other Nursing Staff : CNM2/RPN		5	
Occupational therapist		1	
Psychologist		0	
Social worker		0	
Addiction counsellor		0.5	

*NCHD – Non Consultant Hospital Doctor, ADON – Assistant Director of Nursing, CNM – Clinical Nurse Manager
RPN – Registered Psychiatric Nurse*

Facilities	Number	Location	Comment
Sector Headquarters	None		
Day Hospital	None		
Day Centre	2		
Training Centre	1		The Mental Health Service funded a training centre in Strokestown which provided training in vocational services for service users.

Sector Name: Castlerea

Entries for 2013 are stated as at the date of the 2013 catchment area meeting

Post	Grade	WTE	Comment
Consultant psychiatrist		1	
Senior Registrar		0	
NCHD		1	
ADON		0.5	
Community Mental Health Nurses		1.33	
Other Nursing Staff		2	
Occupational therapist		0	One post holder on leave
Psychologist		1	Basic grade
Social worker		0.5	
Addiction counsellor		0.5	

NCHD – Non Consultant Hospital Doctor

ADON – Assistant Director of Nursing

Facilities	Number	Location	Comment
Sector Headquarters	None		
Day Hospital	None		
Day Centre	2	<ul style="list-style-type: none"> • Knockroe, Castlerea • Ballaghaderreen 	

Sector Name: Roscommon/Athlone**Description of service**

This sector had a day hospital situated in the Primary Care Centre in Roscommon town. The day hospital carried out crisis assessment for acutely unwell patients and provided a group session daily. Some patients attended for medication management. The occupational therapist conducted sessions weekly in the day hospital.

Entries for 2013 are stated as at the date of the 2013 catchment area meeting

Post	Grade	WTE	Comment
Consultant psychiatrist		1	
Senior Registrar		0	
NCHD		1	
ADON		0	
Community Mental Health Nurses		1.33	
Other Nursing Staff: CNS RPN		1 4	Day hospital
Occupational therapist		1.6	
Psychologist		1	
Social worker		0.5	
Addiction counsellor		0.5	

*NCHD – Non Consultant Hospital Doctor
ADON – Assistant Director of Nursing
CNS – Clinical Nurse Specialist
RPN – Registered Psychiatric Nurse*

Facilities	Number	Location	Comment
Sector Headquarters	None		
Day Hospital	1	Located in the Primary Care Centre in Roscommon town	
Day Centre	2	<ul style="list-style-type: none"> • Roscommon town • Athlone 	

CHILD AND ADOLESCENT MENTAL HEALTH TEAMS

Population under 18 years: Population 5-19 years = 12,719

Number of Sectors: 1

Approved Centres: None

Number of Beds: 20 beds in Regional CAMHS In-patient Unit, Merlin Park, Galway

Day Hospitals: None

Other Facilities: None

Description of service

The CAMHS team was staffed with health and social care professionals and three community mental health nurses. There were no child care workers and access to a speech and language therapist in Galway.

Entries for 2013 are stated as at the date of the 2013 catchment area meeting

TOTAL STAFFING OF CAMHS TEAMS

Post	Grade	WTE
Consultant psychiatrist		1
Senior Registrar		0
NCHD		1
ADON		1
Community Mental Health Nurses		3
Other Nursing Staff		0
Occupational therapist		1
Psychologist		2
Social worker		1
Speech and Language therapist		0.8
Child care workers/Social care workers		0

NCHD – Non Consultant Hospital Doctor

ADON – Assistant Director of Nursing

MENTAL HEALTH AND INTELLECTUAL DISABILITY (MHID) SERVICE

Description of service

There was no MHID team in the Roscommon area. A consultant psychiatrist occupied a 0.2 WTE post and was based in a voluntary sector service, the Brothers of Charity in Galway.

SERVICE USER INVOLVEMENT

A representative from the Irish Advocacy Network (IAN) visited the approved centre weekly and reported residents' satisfaction with the overall atmosphere there. Residents reported that there was little to do in the evenings and at week-ends and the fact that the entrance door to the unit was always locked. Management reported that they were aware of this issue amongst residents and that the matter was under discussion by the management team. No representative from the service user advocacy service had been invited to contribute to this discussion. Service users were similarly excluded from senior management and clinical governance committees.

GOVERNANCE

The senior management team comprised the area Director of Nursing (DON), three consultants and the area manager. There were no representatives from either the health and social care professionals or service users. There was a Clinical Governance committee which met monthly and was composed of the consultants, the area DON, an assistant director of nursing, a non consultant hospital doctor, the area manager and a representative from each of the health and social care professionals; the social worker post was vacant at the time of meeting. Again, there was no service user representative on this committee.

The Galway and Roscommon catchment areas were in the process of being amalgamated and would be reduced in size. The new catchment area will have six sectors and it was proposed to include representatives of the health and social care professionals on the new senior management team.

CONCLUSION

The Inspectorate has previously commented on the small size of the sectors in the Roscommon catchment area, given the population which does not appear to have changed since the report of 2008. Despite the availability of extra resources nationally to fund additional health and social care professionals, two of the sector teams were not fully resourced and the promised psychiatry of old age team had not materialised; there was one vacancy for a psychologist and two vacant social worker posts. The service was however, well resourced with day centres and the day hospital was clearly an asset. The number of 24 hour nurse-staffed community residences had decreased from six in 2008 to three in 2013 and there was an ongoing review in the Galway/Roscommon catchment area of all residences in the service.

The larger catchment area of Galway and Roscommon was in the process of being re-configured which had implications for Roscommon sector teams and there was still uncertainty about the future of the approved centre in Roscommon General Hospital.

It was very disappointing to see that some seven years after the publication of *A Vision for Change*, there was no service user representative on either the senior management or clinical governance committees.

RECOMMENDATIONS 2013

1. A position for a service user representative should be incorporated in any senior management or clinical governance committees.
2. All CMHTs should be resourced to fill all vacant health and social care professional posts.