

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

<b>MENTAL HEALTH CATCHMENT AREA (SUPER CATCHMENT AREA)</b>	Waterford/Wexford
<b>HSE AREA</b>	South
<b>MENTAL HEALTH SERVICES</b>	Wexford/Waterford
<b>POPULATION</b>	255,593
<b>NUMBER OF SECTORS (GENERAL ADULT)</b>	6
<b>NUMBER OF APPROVED CENTRES</b>	St. Senan's Hospital, Enniscorthy St. Otteran's Hospital, Waterford Department of Psychiatry, Waterford Regional Hospital
<b>NUMBER OF DAY HOSPITALS, DAY CENTRES AND 24 HOUR RESIDENCES</b>	3 - Day Hospitals 1 - Day Centre 5 - 24-Hour Nurse Staffed Community Residences
<b>SPECIALIST TEAMS</b>	3 - Child and Adolescent Mental Health Services 2 - Psychiatry of Old Age 2 - Rehabilitation
<b>PER CAPITA EXPENDITURE 2010 [ &gt;18 YEARS ]</b>	€135.25
<b>DATE OF MEETING</b>	27 July 2010

## 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 (SCA). 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 then 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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### Waterford

1. *The composition of teams should be enhanced with the necessary multidisciplinary professionals.*

Outcome: Some progress had been achieved: There were 4.5 whole-time-equivalent (WTE) occupational therapy posts, however, the Department of Psychiatry, Waterford Regional Hospital continued to have no occupational therapy input, an occupational therapist had been appointed to the rehabilitation team and had input to St. Otteran's Hospital; there was no psychologist on the rehabilitation team.

2. *A risk assessment should be undertaken regarding access to the garden facilities for residents at the Department of Psychiatry, Waterford Regional Hospital.*

Outcome: This was in progress but not completed. The service reported the garden would be open for use to residents from the end of October 2010.

3. *Individual care plans should be introduced in line with the requirements of the Regulations.*

Outcome: Some progress had been achieved with this, and individual care plans were being introduced in the Department of Psychiatry, Waterford Regional Hospital. Significant progress had been made in St. Otteran's Hospital, where the majority of residents had individual care plans.

4. *Training in multidisciplinary individual care planning should be provided for all staff.*

Outcome: This had commenced in the Department of Psychiatry, Waterford Regional Hospital.

5. *The information booklet for residents should be completed and introduced for all residents and families.*

Outcome: An information booklet for residents and their families had been produced.

6. *Advocacy services should be available in the acute unit at the Department of Psychiatry, Waterford Regional Hospital.*

Outcome: Advocacy services were now in place.

7. *There should be a written plan for the closure of St. Otteran's Hospital, with time frames, reduction of bed capacity, and enhancement of specialty and sector teams to ensure residents have an adequate follow-up on discharge to the community.*

Outcome: This had not been progressed and was dependant on capital monies. There was no provision for this in the service plan for 2011.

### Wexford

8. *St. Senan's Hospital must close and alternative and appropriate accommodation must be provided based on assessed needs of the residents.*

Outcome: Significant progress had been achieved with a reduction in bed numbers from 119 in 2009 to 85 in 2010. There were plans for the closure of St. Bridget's, St. Elizabeth's, St. Enda's and St. Christopher's wards. Plans for the closure of the acute units remained outstanding.

*9. Acute in-patient services must be provided in a general hospital and an action plan put in place to achieve this.*

Outcome: A joint planning group of Wexford/Waterford had been convened to devise an action plan in this regard.

*10. Sleeping out of residents from the acute wards poses risk management issues is an unacceptable practice and must be discontinued.*

Outcome: This had been achieved.

*11. The teams must be staffed in line with national policy agreements.*

Outcome: The allocation of health and social care professionals fell well short of recommendations in *A Vision for Change*.

*12. Multidisciplinary individual care plans must be extended to all areas.*

Outcome: Some progress had been made but further work was required.

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

### Range of Specialist Mental Health Services

Range of Specialist Teams SCA population 255,593		AVFC	AVFC-for this SCA
Child and Adolescent	3	2 teams per 100,000 population (Pg. 72)	5
Mental Health Intellectual Disability	0 ( <i>Brothers of Charity, Voluntary Sector</i> )	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)

There were three WTE Consultant Child and Adolescent Psychiatrists; one in Waterford and two in Wexford neither of which had fully staffed multidisciplinary teams.

Up to 40 referrals were seen a month in Waterford and the waiting list was generally kept less than 16 weeks for an appointment.

There was no day hospital available for the Child and Adolescent Mental Health Services and no personnel to run such a service. The Child and Adolescent Mental Health Service ran parenting groups, socialisation difficulties and language groups.

The Child and Adolescent Mental Health Service had difficulties in obtaining places for children in emergencies and the nearest Child and Adolescent Mental Health service was based in Cork.

### Mental Health and Intellectual Disability (MHID)

There were no Mental Health Services for Persons with an Intellectual Disability teams in the Waterford/Wexford super catchment area. Services for Persons with an Intellectual Disability were provided by the Brothers of Charity based in Waterford.

The Inspectorate was informed that two specialist Consultant Psychiatrists for Intellectual Disability had recently retired within the Brothers of Charity Service and that currently there were no specialist consultant psychiatrists. This had placed pressure on the service which looked after a significant number of complex cases.

The Inspectorate was informed that the Local Health Manager (LHM) for Waterford had met with the Brothers of Charity to discuss the future provision of this service.

The Inspectorate was informed that there were a significant number of persons with an intellectual disability, approximately 35, who were being cared for on a residential basis by the Wexford Mental Health Service.

### **Psychiatry of Old Age (POA)**

There were two Psychiatry of Old Age teams for the Waterford/Wexford super catchment area. These two teams lacked the full complement of multidisciplinary staff. The Inspectorate was informed that in Wexford the development of community nursing and input to nursing homes resulted in the reduction of admission rates. It was reported that the Fair Deal system was working well.

The Wexford service wished to progress plans for a new Community Nursing Unit with 14 long stay beds for long-term care and six assessment beds to replace the existing 14 long stay beds and six assessment beds in St. Elizabeth's Ward, St. Senan's Hospital.

The Wexford service reported that there may be a requirement in the future for 5% of Psychiatry of Old Age admissions to go to the Department of Psychiatry, Waterford Regional Hospital.

The Psychiatry of Old Age Service for Waterford operated beds in the Department of Psychiatry, Waterford Regional Hospital and the general nature of the unit had disadvantages for the service.

It was reported that absence of a day hospital facility posed a challenge for the Waterford Psychiatry of Old Age service.

### **Liaison Psychiatry Service**

The Waterford/Wexford super catchment area did not have a dedicated consultant led Liaison Service. There was a seven-day dedicated liaison nursing service in Wexford. Sector medical staff provided liaison consultations to the medical and surgical wards at Waterford Regional Hospital. Emergency consultations are also provided to the Emergency Department at Waterford Regional Hospital. The Psychiatry of Old Age team also provided Liaison services to St. Patrick's Hospital in Waterford and St. Joseph's Hospital in Dungarvan.

In Wexford, there was also a Suicide Crisis Assessment Nurse (SCAN) service which was set up to provide a service for persons who present to general practitioners (GP) in crisis with self-harm issues. The SCAN service had developed a rapid response service which was a joint initiative between Wexford Mental Health Services and Cluain Mhuire, Dublin. Evaluation of the SCAN service was out for tender to a number of Universities. The Wexford SCAN service had approximately 210 referrals over the past two years.

### **Forensic Mental Health Services**

There was no regional Intensive Care Rehabilitation Unit (ICRU) in the Waterford/Wexford super catchment area as was the case in most other super catchment area. The absence of this type of service had resulted in the placement of one patient out of state.

### **Rehabilitation**

There were two Rehabilitation teams one in Waterford and one in Wexford.

The Rehabilitation team in Wexford had progressed plans for a new high support hostel, Tus Nua, which was due to come under the rehabilitation team. Tus Nua would be a 12-bed high support unit with four apartments for independent living. The ground work had commenced on this new unit.

There were two Clinical Nurse Managers in place; one in the North Sector and one in the South Sector to cater for 30 patients on an outreach basis.

## Inspectorate of Mental Health Services

The rehabilitation team had developed an Advanced Key Worker System and in addition a Pathways to Recovery leaflet for service users who availed of their service.

A residential facility had also opened in Oylegate, County Wexford.

The Day Services had amalgamated with KTAC/Kilagooley and it was reported that there were a few new programmes in place for example horticulture, yoga, Wellness Recovery Action Plan (WRAP) and concordance therapies.

There was also a day programme which was provided at Summer Hill.

**General Adult**

<b>General Adult</b>	<b>SCA Population 255,593</b>	<b>AVFC</b>	<b>AVFC-for this SCA</b>
<b>General Adult CMHT's</b>	6 SECTOR TEAMS	1 per 50,000 sector population with 2 Consultant Psychiatrists (Pg. 95)	5
<b>Number Acute In-patient Beds</b>	70	50 in-patient beds per 300,000 population (Pg. 97)	40

There were a total of six sectors in the Waterford/Wexford super catchment areas. The populations for the four sectors in Waterford were below the recommended 50,000 population size as outlined in AVFC and ranged from 11,380 in South Kilkenny to 25,755. In Wexford, the two sector teams were above the AVFC sector size recommendation ranging from 60,000 to 70,000 approximately.

Details of multidisciplinary team staffing within the super catchment area are outlined below and this varied in comparison to AVFC recommendations.

**Table**

<b>Catchment</b>	<b>Waterford</b>	<b>Wexford</b>	<b>Total</b>	<b>AVFC Recommendation per 50,000 population (Pg. 95)</b>	<b>AVFC-for this SCA</b>
<b>Population</b>	<b>123,844</b>	<b>131,749</b>			
<b>Consultant Psychiatrist</b>	3.5	4	<b>7.5</b>	<b>2</b>	<b>10</b>
<b>Clinical Psychology</b>	3.5	4	<b>7.5</b>	<b>2</b>	<b>10</b>
<b>Social Work</b>	1.5	3.5	<b>5</b>	<b>2</b>	<b>10</b>
<b>Occupational Therapy</b>	1.5	3	<b>4.5</b>	<b>2-3</b>	<b>10-15</b>
<b>Community Mental Health Nurses</b>	5	16	<b>21</b>	<b>6-8</b>	<b>30-40</b>

**Community Based Services**

Community Based Services	Number of facilities	Number of Places	AVFC	AVFC-for this SCA
Crisis Houses	0	0	1 per 300,000 population with 10 places (Pg. 73)	1
Day Hospitals	3	36	1 per Community Mental Health Centre (CMHC) (Pg. 96)	5
Day Centres	1	20	1-2 per 300,000 population with 30 places (Pg. 73, 109)	1-2 with 25 places
24-Hour Nurse Staffed Community Residences	5	54	30 places per 100,000 (Pg. 73 and 261)	8 with maximum of 10 places in each
Assertive Outreach	0	0	1 sub-group per rehabilitation team (Pg. 108)	32
Home Based Treatment	0	0	1 per CMHT (Pg. 99)	5

The Waterford/Wexford super catchment area had three day hospital facilities. There were two mixed day hospital/day care facilities: one in Enniscorthy and one in New Ross and one day centre in Waterford which operated on a shared capacity basis. There was one day centre in Dungarvan, County Waterford. The super catchment area also had five 24-hour nurse staffed community residences with 54 places which were above the recommended number 30 as outlined in AVFC.

There were no crisis houses, assertive outreach teams or home-based treatment teams in this super catchment area. A new purpose built mental health centre was due to open in September 2010 to cater for adults and the Child and Adolescent Mental Health Services.

## **Governance**

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### **Executive Clinical Director and the Management Team**

The Executive Clinical Director (ECD) role for Waterford/Wexford was in place since September 2009. There was no lead Local Health Manager (LHM) identified. The Executive Clinical Director had direct clinical responsibility for the two approved centres in Waterford.

The ECD outlined that regular meetings had taken place with both the Waterford and Wexford Local Health Managers and that meetings had also taken place with representatives of the various sub specialities, Child and Adolescent Mental Health Services, Mental Health Services for Persons with an Intellectual Disability, Psychiatry of Old Age. The ECD reported to the Regional Director of Operations.

### **Clinical Governance Committee**

It was reported that a Clinical Governance Committee had been established between both the existing Waterford and Wexford catchment areas.

This Clinical Governance Committee was chaired by a consultant psychiatrist and included representatives from the various specialist mental health services e.g. Child and Adolescent Mental Health Services, Mental Health Services for Intellectual Disability, Psychiatry of Old Age, Health and Social Care Professionals, Advocacy and mental health services management.

This Clinical Governance Committee was set-up to ensure that current procedures and policies were reviewed and made uniform in the Waterford/Wexford super catchment area.

The Executive Clinical Director outlined that this Committee was also looking at the area of Risk and the development of Key Performance Indicators.

The Clinical Governance Committee received a quarterly report from the HSE South based on the current in-patient performance indicators and feedback on this and the work of the Committee was being provided to all staff in the services.

### **Closure of St. Senan's Hospital**

The Executive Clinical Director outlined that the main focus of the service at present was the closure plans and the cessation of acute admissions to St. Senan's Hospital by 1 March 2011. A Project Team was in place and plans were at an advanced stage and would be sent to the Regional Director of Operations by September 2010. The Local Health Manager and Executive Clinical Director met with the Minister of State with responsibility for Equality, Disability and Mental Health and with local TD's and Councillors.

The Inspectorate was informed that hygiene audits had taken place. Complaints and incidents were reviewed.

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

St. Otterans Hospital had a total of 70 beds at the time of inspection and ceased taking new in-patients admissions in 2009. The service outlined that they were continuing to reduce the number of in-patients with a view to eventual closure of this hospital.

St. Senan's Hospital had a total of 85 beds at the time of inspection. A Joint Project Group was actively progressing plans for the closure of acute admission wards in St. Senan's Hospital. The service was also progressing plans for the closure of non-acute wards.

### **Quality of Patient Experience/Advocacy Involvement**

The Local Health Manager, Waterford, met with the Friends of St. Aidans to obtain their views on the quality of services provided.

The Department of Psychiatry in Waterford Regional Hospital had received Electro-Convulsive Therapy Accreditation Service (ECTAS) approval for Electro-Convulsive Therapy (ECT) from the Royal College of Psychiatrists.

#### **Wexford Advocacy Involvement**

The Wexford advocacy representative reported that service users welcomed the advocacy service and had conveyed their satisfaction with the private grounds and gardens, occupational therapy classes, the friendliness and warmth of staff and with how their questions about the closing down of St. Senan's Hospital were answered.

They were not satisfied that in some cases their individual needs were overlooked, the over-reliance on medication, the run down state of the building and being frightened on arrival at St. Senan's Hospital.

#### **Waterford Advocacy Involvement**

The Waterford advocacy representative reported that service users now had access to a peer advocate across the mental health services not solely in the Department of Psychiatry, Waterford Regional Hospital. Any issues that were raised with the peer advocate were addressed. Service users in Grange Mor Hostel liked their new building and were also involved in meetings with staff.

Service users were not satisfied when night nursing staff all went to the special care unit leaving the acute unit without nursing staff. They were not satisfied that some consultant psychiatrists treated services users and their families in an uncaring way. Reports of service user property going missing in the Special Care unit were of concern. Also the cost of staying in a High Support Hostel in Waterford took a lot of money out of social welfare payments. A regular forum had been set up with the General Manager in Waterford to resolve the issue.

## **Risk Management**

The Inspectorate was informed of the concern for patient safety should the level of nursing staff fall below the current levels. It was reported that there had been a reduction of 20% in nursing staff levels in recent times due to the moratorium on recruitment. Management reported that patient safety was not compromised at the present time but that should the number of nursing staff continue to decrease or if additional nursing staff were not provided then services may need to be curtailed to ensure patient safety. Waterford / Wexford Mental Health Services had put in a bid for additional nursing posts to be provided to ensure services were not curtailed.

The Service was in the process of developing a Risk Register and Wexford was a pilot site for a computerised Risk Register.

## **Quality outcomes**

It was reported that they 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.

The Child and Adolescent Mental Health Services utilised the National Child and Adolescent Key Performance Indicators.

## Conclusion

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The Mental Health Catchment Area (SCA) concept was still at a very early stage for the Waterford/Wexford area and they were not operating as one single governance entity. There was an Executive Clinical Director with overall responsibility for the Mental Health Catchment Area, and two Local Health Managers for each of the two distinct catchment areas Waterford and Wexford. There were no other appointments to the Executive Catchment management team at present.

The management of the service were working on plans to progress the closure of acute admission to St. Senan's Hospital through the Project Team and in consultation with staff, service users and their families. Management were also actively examining reasonable options to improve services in line with AVFC.

Serious concerns with regard to the level of nursing staff and the effects of the recruitment embargo on same were highlighted to the Inspectorate at this meeting and while at present there was no immediate concern by management for patient safety the Inspectorate were informed that a further decrease in nursing staff levels could result in a curtailment of services.

## **Recommendations and areas for development**

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1. Continue to progress the plans for the closure of St. Senan's Hospital through the Project Team.
2. Address the issue of skill mix in residential and community based services, including mental health support workers and healthcare assistants.
3. Develop the infrastructure for CAMHS including home-based treatment, day hospital and day programmes.
4. Develop local quality improvement initiatives.
5. Develop a unified mental health catchment area (super catchment area) management team.
6. Staffing to be upgraded to AVFC levels.
7. In-patient beds to be in line with AVFC recommendation.
8. Community based services to be urgently developed.