

INSPECTORATE OF MENTAL HEALTH SERVICES

CATCHMENT TEAM REPORT

INSPECTION 2013

HSE AREA	Laois/Offaly, Longford/Westmeath, Kildare/West Wicklow
CATCHMENT AREA	Dublin Mid Leinster
MENTAL HEALTH SERVICE	Laois/Offaly
POPULATION	157,246
NUMBER OF SECTORS	3
NUMBER OF APPROVED CENTRES	2
SPECIALIST TEAMS	Psychiatry of Old Age: Rehabilitation and Recovery: Child and Adolescent Mental Health Team Adult and Child Mental Health Team for Intellectual Disability:
DATE OF MEETING	11 March 2013

Summary

- Laois/Offaly Mental Health Services covered a population of 157,246. It had three adult community mental health teams in three sectors. It provided an old age psychiatry team, rehabilitation and recovery team, and a liaison team. There was also a child and adolescent mental health team and a minimally resourced mental health and intellectual disability team which were managed within the Disability Services.
- All teams were poorly staffed and fell far short of the recommended staffing for mental health teams as outlined *in A Vision for Change*.
- There was no consumer panel and further input from service users at management level was required.
- Despite the lack of resources there were some excellent developments within the service. There was engagement with the National Clinical Programmes at an intensive level.

SERVICE DESCRIPTION

Laois/Offaly mental health services covered a population of 157,246. It had three adult community mental health teams in three sectors. It provided an old age psychiatry team, rehabilitation and recovery team, and a liaison team. There was also a child and adolescent mental health team and a minimally resourced mental health and intellectual disability (MHID) team which was managed within the Disability Services. All teams were poorly staffed and fell far short of the recommended staffing for mental health teams as outlined in *A Vision for Change*. An exception to this was the provision of 3.9 whole time equivalents of addiction counselling spread across the three sectors.

There were two approved centres. The Department of Psychiatry in the Midland Regional Hospital in Portlaoise had 30 beds. Six of these beds were designated beds for the Kildare West Wicklow Services. Since 2011 acute bed numbers for Laois/Offaly reduced from 46 to 30 despite the fact that no extra community resources were made available.

St. Fintan's Hospital in Portlaoise had 29 continuing care and rehabilitation beds. The progress towards closure of this old psychiatric hospital was finally moving forwards, with the opening of a new supervised residence and funding obtained for a 40-bed continuing care unit. Concern had been expressed in previous inspection reports about the lack of progress in closing the hospital.

The service had 30 beds in two 24-hour supervised residences both of which had in excess of 10 residents. There were 29 beds in medium support residences and 14 beds in six low support houses. All residents in supervised accommodation were under the care of the rehabilitation and recovery team.

The service was involved with the National Clinical Programmes in Eating Disorders, Deliberate Self Harm and Early Intervention in Psychosis.

PROGRESS ON RECOMMENDATIONS FROM THE 2008 CATCHMENT REPORT

1. Any refurbishment plans should be completed.

Outcome: The mental health service was in the process of completing the closure of St. Fintan's Hospital with plans and funding in place for a 40-bed continuing care unit. A new supervised residence was on the point of opening. In the interim, refurbishments in Ward 6 had taken place.

2. The approved centre at the Department of Psychiatry, Portlaoise should develop multidisciplinary care plans as described in the Regulations.

Outcome: Each resident had an individual care plan (ICP). However, the multidisciplinary input was not evident on the inspection of 2013. The ICP template made provision for a resident's signature but the content of the ICPs inspected did not capture the nature of the involvement of a resident in their own ICP process.

3. The occupational therapy input into the Department of Psychiatry should be restored.

Outcome: There was access to occupational therapy in the Department of Psychiatry.

4. Documentation concerning ECT for voluntary patients should be reviewed and updated.

Outcome: All documentation regarding ECT in the Department of Psychiatry was in order on inspection in 2013.

DEVELOPMENTS 2012-2013

- Regular audits were carried out by the Audit Committee to comply with external regulation. The Clinical Audit Committee was set up in 2012 and was open to all other healthcare professionals. There were ongoing audits by clinical staff including use of care plans, medication, monitoring of metabolic risk factors and documentation for involuntary patients. The Clinical Governance Group initiated an audit database.
- There were strong links between the clinical tutor and the medical school in the University of Limerick. Clinical attachments in psychiatry were available in Laois Offaly for medical students of the University of Limerick Graduate Entry Medical School (ULGEMS). The clinical tutor post was part funded by ULGEMS.
- In conjunction with the principal occupational therapist, the in-patient unit occupational therapist developed an eight week post-discharge support service to assist with transition to home, based on needs assessment. This had been especially useful for younger service users.
- Community mental health teams (CMHTs) were trained in Mental Health Assessment Tool (MHAT). This would allow all multidisciplinary staff to provide initial assessment of service users presenting to the community mental health teams. It would also allow cooperation with other areas nationally and with the Early Intervention in Psychosis Service (DETECT) with a view to further training in the Structured Diagnostic Interview for Psychosis.
- Within Laois/Offaly the cognitive behavioural therapy (CBT) Advanced Nurse Practitioner and a Clinical Nurse Specialist CBT therapist were delivering training to the Department of Psychiatry, CMHTs and Rehabilitation and Recovery team staff and also would be available to the National Clinical Programmes in Deliberate Self Harm, Eating Disorders and Early Intervention in Psychosis.
- A national baseline data collection for adult and psychiatry for later life was agreed and developed as a pilot at Executive Clinical Director and Assistant National Director for Mental Health level. This was an attempt to collect some standardised useful data at national level as well as allow meaningful comparison between teams at local level.
- The service was actively involved in developing the National Clinical Programmes in Eating Disorder, Deliberate Self Harm and Early Intervention in Psychosis at local level.
- In order to progress the transfer arrangements for service users aged 16 and 17 years to the Child and Adolescent Mental Health Services (CAMHS) a transitional arrangement was put in place. A CAMHS clinical nurse specialist and psychologist had input into the three CMHTs.
- Headstrong, the National Centre for Youth Mental Health, obtained premises in Tullamore for a Jigsaw project which was strongly supported by the local mental health services. Jigsaw provides services in mental health for 14 to 25 year olds. A clinical nurse specialist attended Jigsaw two days a week and recruitment for a replacement counsellor was underway.
- There had been a move to develop the model of one adult community mental health team per 50,000 population and this was proceeding.

TOTAL STAFFING OF Adult Mental Health Teams *(Comparison with 2008)*

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

Medical Staff (WTE)	2008	2013	WTE Change
Total Number of Psychiatrists	8.5	8.5	0
Total number of Senior Registrars	0	0	0
Total Number of NCHDs	9	9.5	+0.5

Nursing Staff (WTE)	2008	2013	WTE Change
DON	1	1	0
ADON	5	4	-1
Nurses in in-patient units	77	44	-33
Nurses in community residences	20	18	-2
CMHN	14	17	+3
Day services	10	15	+5
Dedicated therapists	1	1	0
Other	13.5	16	+2.5

Health and Social Care Professionals (WTE)	2008	2013	WTE Change
Occupational therapist	5	4	-1
Psychologist	3	3.4	+0.4
Social Worker	4	3.6	-0.4
Addiction counsellor	4.5	3.91	-0.59

NCHD – Non Consultant Hospital Doctor, DON – Director of Nursing, ADON – Assistant Director of Nursing, CMHN – Community Mental Health Nurse.

APPROVED CENTRES

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

Approved Centre Name	Number of Beds	Teams Responsible
Department of Psychiatry, Midland Regional Hospital, Portlaoise	36 (6 beds were designated beds for Kildare/West Wicklow Services)	General Adult Psychiatry of Old Age Rehabilitation and Recovery team
St. Fintan's Hospital Portlaoise	29	Psychiatry of Old Age Rehabilitation and Recovery team

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	Team
Erkina House	16	7 Nursing staff 5 Attendants 2 Catering staff 1 Healthcare Assistant	€60.00 per week	Rehabilitation and Recovery
Birchwood House	14	6 Nursing staff 4 Attendants 1 Healthcare Assistant	€60.00 per week	Rehabilitation and Recovery

Medium Support Residences

Nursing input was from the Rehabilitation and Recovery team. This consisted of two staff nurses, one healthcare assistant and two attendants. There was one staff nurse and one attendant at night

In total there were six nursing WTEs and 4.5 Attendant WTEs

Name of Residence	Number of Beds	Rent
Monresa, Portlaoise	6	€30 per week
Broomville, Portlaoise	5	€30 per week
Stradbally Rd, Portlaoise	6	€30 per week
Elmbrooke, Portlaoise	8	€30 per week
Lakeglen, Portlaoise	3	€30 per week

Low Support Residences

A number of residents bought and prepared their own food and this was reflected in the rent charged.

Residence	Number of Beds	Rent
Residence 1	2	€30.00 per week
Residence 2	2	€45.00 per week
Residence 3	3	€60.00 per week
Residence 4	1	€30.00 per week
Residence 5	3	€30.00 per week
Residence 6	1	€30.00 per week

GENERAL ADULT MENTAL HEALTH SERVICES

Number of Sectors: 3

The minimum recommendation in *A Vision for Change* for clinical staff on community mental health teams serving a population of 150,000 is 57 WTEs. Laois/Offaly had a population of 157,246 and had a total of 33.22 WTEs clinical staff on community mental health teams. This means that they only have 58% of the recommended clinical staff WTEs working on community mental health teams.

Staffing of Adult Community Mental Health Teams compared with recommendations of *A Vision for Change*

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

Post	Actual WTE	VfC recommendations for population of 150,000	% of VfC
Consultant psychiatrist	5	6	83.33%
Senior Registrar (SR)/NCHD	6	6	100%
Community Mental Health Nurses	9.46	18*	52.56%
Occupational therapist	2.85	6*	47.50%
Psychologist	3.4	6	56.67%
Social worker	2.6	6	43.33%
Addiction counsellors	3.91	3*	130.33%
Mental Health support workers	0	6*	0%

NCHD – Non Consultant Hospital Doctor, VfC: Vision for Change

*Minimum recommendation in *A Vision for Change*

Sector Name: Portlaoise

Population: 60,000

Description of service

Portlaoise sector was a large sector with a population of approximately 60,000. It had two consultant-led teams. The day hospital and sector headquarters were located in the community mental health centre. The day centre was located in the grounds of St. Fintan's Hospital in Portlaoise.

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

Post	Grade	WTE	Comment
Consultant psychiatrist		2	
Senior Registrar		0	
NCHD		2	
ADON		0.5	
Community Mental Health Nurses		4	
Other Nursing Staff: 1 CNM 3 1 day hospital nurse 2 day centre nurses	Acting Staff nurse 1 dual qualified nurse and 1 Acting CNM2	1 2 0.82 0.86	
Occupational therapist	Senior Basic	1 0	
Psychologist	Senior Basic	1 0.2	
Social worker	Senior Basic	1 0	
Addiction counsellor		1.5	
Creative/recreational therapist Administration	Clinical Nurse Specialist 2x Grade 4 and	0.38	

Non Nursing:	2x Grade 3	3.8	
	Health Care Assistant	0.8	
	Multitask attendants /Attendants	1.3	

NCHD – Non Consultant Hospital Doctor

ADON – Assistant Director of Nursing

CNM – Clinical Nurse Manager

Facilities	Number	Location	Comment
Sector Headquarters	1	Community Mental Health Centre, Bridge St, Portlaoise	
Day Hospital	1	Community Mental Health Centre, Bridge St, Portlaoise	
Day Centre	1	Beechaven, St Fintan's Hospital Campus, Portlaoise	

Sector Name: Tullamore**Population: 60,000**

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

Post	Grade	WTE	Comment
Consultant psychiatrist		2	
Senior Registrar		0	
NCHD		2	
ADON		0.5	
Community Mental Health Nurses		3.46	
Other Nursing Staff			
Clinical Nurse Manager 3 (CNM3)	CNM3	1	
Day Hospital Nurse	Staff nurse	1	
Day Centre Nurse	Staff nurse	1	
Occupational therapist	Senior	1	
Psychologist	Senior	0.6	
	Basic	0.6	
Social worker	Senior	1	On long-term leave
Addiction counsellor		2	

Creative/recreational therapist	Advance Nurse Practitioner/Clinical nurse manager 2	1.14	
Administration	3x Grade 4 and 1x Grade 3	3.88	
Non Nursing:	Multitask attendants/Attendants	2.42	

NCHD – Non Consultant Hospital Doctor
ADON – Assistant Director of Nursing

Facilities	Number	Location	Comment
Sector Headquarters	1	Community Mental Health Centre, Bury Quay, Tullamore	
Day Hospital	1	Community Mental Health Centre, Bury Quay, Tullamore	
Day Centre	1	Community Mental Health Centre, Bury Quay, Tullamore	
Other	1	Attic Workshop, Offaly St., Tullamore	

Sector Name: Birr

Population: 35,000

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		2	
ADON		0.25	
Community Mental Health Nurses		2	
Other Nursing Staff			
Clinical nurse manager 3	Acting Clinical Nurse Manager 3	1	
Day Hospital Nurse	Acting Clinical Nurse Manager 2	1	
Day Centre Nurses	Staff nurse	1	
Day Centre/Out-patient Nurses	Clinical Nurse Manager 1	0.87	
	Dual Qualified staff nurse	0.88	
Occupational therapist	Senior	1	
Psychologist	Senior	1	On long-term leave
Social worker	Senior	1	
Addiction counsellor	Clinical Nurse Specialist	0.41	
Behavioural Therapist/Creative/Recreational Therapist	Advanced Nurse Practitioner	0.33	

Administration	2xGrade 4/1xGrade 3	2.5	
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NCHD – Non Consultant Hospital Doctor

ADON – Assistant Director of Nursing

Facilities	Number	Location	Comment
Sector Headquarters	1	Community Mental Health Service, Wilmer Rd., Birr Co. Offaly	
Day Hospital	1	Community Mental Health Service, Wilmer Rd., Birr Co. Offaly	
Day Centre	2	Community Mental Health Service, Wilmer Rd., Birr Co. Offaly Mooreville Day Centre, Rathdowney	

OLD AGE PSYCHIATRY

Description of service

There was a nurse-led memory clinic which was cost neutral. However there was acute need of access to neuropsychology and an occupational therapist.

The service had no access to physiotherapy.

Population: 157,246

Population over 65: 14,500

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

Facilities	Beds
Acute	Access to Department of Psychiatry. No dedicated beds.
Continuing Care	11 continuing care designated dementia beds 18 Rehabilitation and Recovery in transition to continuing care
Dementia	11 as above
Other	No

Staffing of Psychiatry of Old Age Team

A *Vision for Change* recommends that a Psychiatry of Old Age team catering for a population of 150,000 should have 16.5 WTEs in clinical staffing. Laois/Offaly Old Age Psychiatry team had a total of 14.8 WTEs of clinical staff, i.e. 89.7% of recommended clinical staffing.

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

Post	Grade	WTE	VfC Recommendations for 150,000 population	%VfC	Comment
Consultant psychiatrist		1.5	1.5	100%	
Senior Registrar NCHD		0 2	1.5	133%	
ADON		0.5	1.5	33.3%	
Community Mental Health Nurses		5	4.5	111%	
Other Nursing Staff Day Hospital nurses	Clinical Nurse Manager 2	2			
Occupational therapist		0	1.5	0%	This post was vacated in 2009 and remains unfilled
Psychologist		0	1.5	0%	
Social worker		1	1.5	66.6%	
Mental Health support workers/care assistants		0	3	0%	

Other : Administration	1x Grade 4 and 2x Grade 3	2.8			
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NCHD – Non Consultant Hospital Doctor
ADON – Assistant Director of Nursing
VfC: Vision for Change

Facilities	Number	Location	Comment
Sector Headquarters	1	Department of Psychiatry of Later Life, Block Rd, Portlaoise	
Day Hospital	1	Department of Psychiatry of Later Life, Block Rd, Portlaoise	Catered for approximately 30 service users per week
Day Centre	0		

Developments:

- A Psychiatric Consultation Liaison Nurse (PCLN) service for the Midlands Regional Hospitals in Portlaoise and Tullamore was established within the previous 18 months.
- There were Delirium Research projects with the University of Limerick Medical School which included validation of electronic web assessment.
- A Memory clinic was established in August 2012.
- A forty-bed continuing care unit was planned which would provide accommodation for remaining residents in St. Fintan's Hospital. A carer had input into the planning for this unit.
- A local dementia strategy had been developed in the context of the national dementia strategy 2013. A carer had joined the Dementia Strategy Group.
- An audit and research forum has been set up with colleagues from neighbouring catchment areas to coordinate collaborative projects.
- A population based needs assessment in conjunction with a public health consultant was underway.

Plans:

Capital plans for development of an adapted community nursing unit on the grounds of St. Fintan's Hospital to accommodate Ward 6 and also be a part of a general elderly care and dementia strategy was approved by the Health Service Executive (HSE) estates and initial planning had commenced.

The Psychiatry of Old Age team plan to continue to be active in forming links with General Elderly Care colleagues in developing a dementia and long-term care strategy for the area.

REHABILITATION

Description of service

The Rehabilitation and Recovery Team provided a service to those living in supported accommodation and residents who remained in St. Fintan's Hospital. The team had completed assessments on service users in their care and were developing a new supervised residence which would allow for the further closure of beds in St. Fintan's Hospital and the move of residents to more suitable accommodation.

The Rehabilitation and Recovery team was extremely poorly staffed and had no psychologist, social worker or occupational therapist. *A Vision for Change* recommends that for a population of 150,000 the minimum number of clinical staff should be 28.5 WTEs. The Rehabilitation and Recovery Team had 7.1 WTEs (excluding nurse management). This represents 25% of the recommended clinical staffing.

Population: 157,246

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

BEDS	Number
Acute	Access to Department of Psychiatry, Midlands Regional Hospital, Portlaoise. No dedicated beds
Continuing Care	18 (due for transfer to Psychiatry of Old Age
Rehabilitation	8

Post	Grade	WTE	VfC	%VfC	Comment
Consultant psychiatrist		1	1.5	66%	
Senior Registrar		0			
NCHD		0.5			
ADON		1			

Community Mental Health Nurses/Outreach Other Nursing Staff	Acting Clinical Nurse Manager 3 Clinical Nurse Specialist Staff Nurse	2 1 0.8 1.8 total nursing 5.6		15*	37.3%	
Occupational therapist		0	3	0%	Available through community mental health team if necessary	
Psychologist	0	0	3	0%	Available through community mental health team if necessary	
Social worker		0	3	0%	Available through community mental health team if necessary	
Cognitive Behavioural Therapist		0	1.5	0%		
Addiction Counsellor		0	1.5	0%		
Other: Attendant Healthcare Assistant		1 2				

Workshop instructors		1			
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NCHD – Non Consultant Hospital Doctor
ADON – Assistant Director of Nursing
VfC: Vision for Change

Facilities	Number	Location	Comment
Sector Headquarters	1	Links Centre, St. Fintan's Hospital, Portlaoise	
Rehabilitation Unit	1	Grove House, Abbeyleix	New development with 8 beds
Day Centre	1	Links Centre, St. Fintan's Hospital, Portlaoise	
Other: Workshop			

Developments:

- A new community facility (Grove House in Abbeyleix) was in the process of development which would enable the closure of the rehabilitation ward in St. Fintan's Hospital. This will function as a 24-hour supervised residence and will have one respite bed.
- The Rehabilitation and Recovery team had taken a lead in the early intervention in psychosis development.
- The Rehabilitation and Recovery team was successful in obtaining funding from GENIO, a philanthropic agency, for a recovery and community placement project. There were three project workers currently working with recovery based individual and group based interventions in all three sectors both in residential facilities, day centres and workshops in Birr, Tullamore and Portlaoise.
- The Wellness Recovery Action Plan (WRAP) was in operation and included family members.
- An anxiety management programme was in operation with service user evaluation at the end of the programme.

LIAISON PSYCHIATRY

Description of service

There was no formal liaison team. The liaison service was delivered by nursing staff known as Psychiatric Consultation Liaison Nurses (PCLN). The service was in conjunction with the acute hospital services. The team provided mental health assessments for the Emergency Departments and for the in-patient wards in the Midlands Regional Hospitals in Tullamore (approx 320 beds) and Portlaoise (150 beds). The team liaised with the acute medical teams and often provided a non-mental health appropriate pathway for people in crisis or those who have experienced deliberate self harm (DSH) in the absence of mental illness.

Consultant psychiatrists from the mental health sector teams and the acting clinical director had input into the service and the acting clinical director was taking a consultant lead for the development of the DSH National Clinical Programme for Laois/Offaly mental health services. There was one non consultant hospital doctor (NCHD) attached to the service. There were no health and social care staff on the team.

The PCLN liaison service was being developed in conjunction with an enhanced acute assessment and brief follow-up service at the Department of Psychiatry and local DSH National Programme rollout. Due to the level of crossover and commonality between these a pilot team structure was being employed.

A Vision for Change recommends that every acute hospital should have access to Liaison mental health services and a minimum of one team is required for 500 general hospital beds. A minimum of seven WTEs clinical staff are recommended.

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

Post	Grade	Actual WTE (for approx 385 general hospital beds)	VfC recommen- dations for 500 general hospital beds	% VfC	Comment
Consultant psychiatrist		0	1	0%	Input from acting clinical director and sector consultant psychiatrists
Senior Registrar NCHD		0 1	1	100%	Supervised by acting clinical director
ADON		0	-		
Nursing: Community Mental Health Nurse Psychiatric Consultation Liaison Nurse		1 2	5	60%	1 in Midland Regional Hospital Tullamore 1 in Midland Regional Hospital

					Portlaoise
Occupational therapist		0	1 usually required	0%	
Psychologist		0	2	0%	
Social worker		0	1 usually required	0%	
Other (specify)					
Addiction Counsellor		0	1 usually required	0%	
Family Therapist		0	1 usually required	0%	
Administration		0	2	0%	

NCHD – Non Consultant Hospital Doctor
ADON – Assistant Director of Nursing
VfC: Vision for Change

Developments:

- A developmental NCHD post had been created in conjunction with Kildare/West Wicklow Mental Health Services and University of Limerick (UL). This post had input into teaching of UL medical students, management of Kildare West Wicklow in-patients in the Department of Psychiatry, enhancement of the acute assessment service and the development of an Eating Disorder Programme under the supervision of the acting clinical director. This allowed the remaining NCHDs to concentrate their time in the community mental health services.
- An acute assessment nurse joined the acute assessment service at the Department of Psychiatry which allowed brief follow-up element to be developed for service users who did not require a full community mental health input to be referred to primary care or voluntary agencies. This in turn reduced waiting lists for community mental health care.
- There was a pilot acute assessment/brief intervention team under the supervision of the acting clinical director.
- There were strong working relationships with Jigsaw, the Suicide Resource Officer, National Suicide Office developments, such as SCAN nursing developments, and developing primary care counselling services.

Plans:

The key plan for the liaison service was to be in an optimal state of readiness to interact with primary care, acute hospital, and regional and national aspects of the DSH National Clinical Programme when these would be formed.

CHILD AND ADOLESCENT MENTAL HEALTH TEAMS

Population under 18 years: The total population was 157,246. The service was unable to provide the population under 18 years.

Number of Sectors: 1

Approved Centres: 0

Number of Beds: 0

The service used the national waiting list for access to in-patient beds.

Day Hospitals: 0

Other Facilities: 0

Description of service

The Child and Adolescent service was a poorly developed service in terms of staffing and structural resources. The sector headquarters was located in the Midlands Regional Hospital and outpatient services were provided there. There was no day hospital and no satellite clinics in the catchment area.

Access to in-patient beds proved to be difficult with the service stating that they had to “compete” for beds on a national waiting list.

Staffing was very poor and fell far below that recommended by *A Vision for Change*. For a population of 150,000 *Vision for Change* recommends 30 clinical WTEs. Laois Offaly had only 10.12 clinical WTEs which represent 33.7% of *A Vision for Change* recommendations. See table below for further details.

TOTAL STAFFING OF CAMHS TEAMS

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

Post	Grade	Actual WTE	VfC recommendations for population of 150,000	% of VfC	Comment
Consultant psychiatrist		2	3	66.6%	
Senior Registrar (SR) NCHD		1 1.6	3	86.6%	SR post filled by register grade NCHD acting up
ADON		0.2	-		
NURSING Community Mental Health Nurses Other Nursing Staff	Clinical Nurse Specialist (CNS)	0.6 1.42	6	17%	1 WTE on extended leave
Occupational therapist		1	3	33%	
Psychologist		1	6	16.6%	Two senior posts currently vacant
Social worker		1.5	3	50%	1 WTE to be filled to total 2.5 WTEs
Speech and Language therapist		0	3	0%	On request but not on team
Child care workers/Social care workers		0	3	0%	
Other: Administration		2.05	6	34.2%	0.6 WTEs on extended leave

NCHD – Non Consultant Hospital Doctor
ADON – Assistant Director of Nursing
VfC: Vision for Change

Developments:

- No developments were provided to the Inspectorate

Plans:

Without any funding for facilities and no expectation of an increase in staffing the service were unable to make any plans for enhancement. However the difficult issue of transferring the care of 16 and 17 year olds to the CAMHS remains to be achieved.

MENTAL HEALTH AND INTELLECTUAL DISABILITY SERVICE

Population: 157,246

Approved Centres: Access to beds in the Department of Psychiatry Midlands Regional Hospital Portlaoise.

Number of Beds: 0

Day Hospitals: 0

Other Facilities: 0

Description of service

The Mental Health and Intellectual Disability (MHID) services were managed by the Disability Services and were delivered through service level agreements with voluntary agencies. The team headquarters was in a Corporate Park in Mullingar. The adult MHID consultant psychiatrist reported to the acting clinical director. Outpatient services were based in MIDOC which was the primary care service in Laois/Offaly.

There were 1-2 sessions of child and adolescent mental health and intellectual disability provided once a week.

The consultant psychiatrist for MHID provided management of Autism services for the Disability services.

A Vision for Change recommends one community mental health team for adult MHID be provided for a population of 150,000 (two teams per 300,000 population). It recommends nine clinical WTEs per team. The MHID service in Laois/Offaly had three clinical WTEs which represents only 33% of *A Vision for Change* recommendations for a MHID service.

There should also be access to a spectrum of facilities including day hospital places (10 per 300,000 population), respite places and acute (5 per 300,000 population), assessment and rehabilitation beds (10 per 300,000 population). None of these facilities are available for the Laois Offaly MHID team.

TOTAL STAFFING OF MENTAL HEALTH AND INTELLECTUAL DISABILITY SERVICE

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

Post	Grade	Actual WTE	VfC recommendations for 150,000	% of VfC	Comments
Consultant psychiatrist		0.5	1	50%	
Senior Registrar		0			
NCHD		1	1	100%	
ADON		0			
Nursing		0.5	2	25%	
Occupational therapist	Senior	0.5	1	50%	On extended leave
Psychologist		0	2	0%	
Social worker		0	2	0%	
Speech and Language therapist		0	0		On request
Other (specify)					
Administration		0.5	Not detailed		

NCHD – Non Consultant Hospital Doctor

ADON – Assistant Director of Nursing

VfC: Vision for Change

Developments:

- Assessment templates were devised to provide a structured and comprehensive assessment.

Plans:

The service did not provide any future plans to the Inspectorate.

SERVICE USER INVOLVEMENT

A peer advocate regularly visited the Department of Psychiatry, St. Fintan's Hospital, and the Community Mental Health Centre in Portlaoise, Tullamore and Birr, Erkina House (24 hour supervised residence) and Moorville Day Centre in Rathdowney.

There was no Consumer Panel but initial contact had been made with the National Service User Executive (NSUE) regarding this.

The acting clinical director met with the advocate on a number of occasions and the advocate had been consulted on a number of developments. There was no evidence that this was regular or formalised.

There was involvement of service users and advocates in the Dementia Strategy and in planning of the new continuing care unit.

Service user surveys and evaluations are ongoing in the Department of Psychiatry and at the end of the Wellness Recovery Action Plan (WRAP) and anxiety management programme.

The psychiatry of old age service have initiated educational and training for service users and carers in community and residential settings.

GOVERNANCE

There was no clarity as to which services (Longford/Westmeath, Laois/Offaly and Kildare/West Wicklow or Longford/ Westmeath and Laois/Offaly or Laois/Offaly and Kildare/West Wicklow) would be included in the super-catchment area, with full integration of liaison, old age psychiatry, rehabilitation and recovery, child and adolescent mental health services and MHID services into a single governance structure.

Meanwhile Laois/Offaly mental health services worked with Kildare/West Wicklow and Longford Westmeath in preparation for future super-catchment area configuration. This highlighted the difficulties in service planning.

MHID services were managed by the Disability Services. The consultant psychiatrist reported to the acting clinical director.

5 YEAR PLAN

The recruitment ban and non-replacement of retiring staff has had a detrimental effect on service planning. The emphasis had been on maintaining safe baseline services as well as planning service development using A Vision for Change as a framework. Despite these difficulties an outline five year plan for adult mental health services, psychiatry of old age and rehabilitation and recovery services was submitted to the Inspectorate.

A service mapping database had been developed to map whole time equivalents more accurately to teams. Current positions were not mapped to clinical team entities. The WTEs were benchmarked against *A Vision for Change* recommendations. This process would aid future planning and the development of key performance indicators and provide accurate costings. It would also allow deprivation indices to be brought into play.

CONCLUSION

Clinical teams were poorly staffed with only 58% of clinical staff recommended in *A Vision for Change*. In particular the Rehabilitation and Recovery team and the Child and Adolescent Mental Health team had minimal staffing. Despite this, there had been a number of significant developments within the service. There was considerable engagement with the National Clinical Programmes in the areas of Eating Disorders and Early Intervention in Psychosis as well as Deliberate Self Harm. There were other developments within the specialist teams that were excellent. The difficulty in moving the service forward while there is a recruitment ban and lack of resources was highlighted.

There was no consumer panel. Apart from the involvement of service users with the Dementia Strategy and in planning the new continuing care unit there was little involvement of service users at management level.

RECOMMENDATIONS 2013

1. All clinical teams should be staffed in accordance with the recommendations of *A Vision for Change*.
2. Service user involvement should be more formalised and there should be greater input at management level.