

Mental Health Services 2010
Mental Health Catchment Area Report

MENTAL HEALTH CATCHMENT AREA (SUPER CATCHMENT AREA)	Carlow/Kilkenny/South Tipperary
HSE AREA	South
MENTAL HEALTH SERVICES	Carlow/Kilkenny/South Tipperary
POPULATION	205,245
NUMBER OF SECTORS (GENERAL ADULT)	8
NUMBER OF APPROVED CENTRES	<p>Department of Psychiatry, St. Luke's Hospital, Kilkenny</p> <p>St. Canice's Hospital, Kilkenny</p> <p>St. Dymphna's Hospital, Carlow</p> <p>St. Luke's Hospital, Clonmel</p> <p>St. Michael's Unit, South Tipperary General Hospital, Clonmel</p>
NUMBER OF DAY HOSPITALS, DAY CENTRES AND 24 HOUR RESIDENCES	<p>2 - Day Hospitals,</p> <p>4 - Day Centres</p> <p>17 - 24-Hour Nurse Staffed Community Residences</p>
SPECIALIST TEAMS (e.g. CAMHS, MHID, POLL, Rehab, Liaison, Forensic)	<p>3 - Child and Adolescent Mental Health Services</p> <p>2 - Psychiatry of Old Age</p> <p>2 - Rehabilitation</p>
PER CAPITA EXPENDITURE 2010 [>18 YEARS]	<p>€234.00 Carlow/Kilkenny</p> <p>€244.48 South Tipperary</p>
DATE OF MEETING	14 September 2010

Introduction

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. 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

Carlow/Kilkenny

1. *All teams should be fully staffed in terms of multidisciplinary members.*

Outcome: This had not occurred and there continued to be a lack of health and social care professionals in many teams.

2. *Closure plans for St. Dymphna's Hospital should continue to be implemented.*

Outcome: Implementation of closure plans continued and only one ward remained opened in St. Dymphna's Hospital at the time of writing this report.

3. *In view of the reported unavailability of services from the local voluntary service for intellectual disability, consideration should be given to providing a Mental Health Intellectual Disability (MHID) team for the catchment area.*

Outcome: The service was at the early stage of initiating discussion with the Executive Clinical Director (ECD) of Wexford/Waterford with a view to provision of services for persons with an intellectual disability.

South Tipperary

4. *Written agreement regarding house rules and boundaries, localised to individual wards, should be established across all shifts, day and night in both approved centres, so that these house rules and boundaries are clearly visible in written form to both residents and staff.*

Outcome: This continued to be a problem as outlined in the Advocate's report to the SCA meeting.

5. *The closure plan for St. Luke's Hospital should be expedited.*

Outcome: The closure plan was being implemented and a further ward, St. Bridget's ward was due to close in September 2010.

6. *Former residents of St. Luke's Hospital should be placed in appropriate settings based on need.*

Outcome: Assessments were carried out to assess appropriate placement needs for residents.

7. *The skill mix of staff on the three sector teams, the Rehabilitation team and the Psychiatry of Old Age team should be in accordance with A Vision for Change recommendations.*

Outcome: This had not happened. The Psychiatry of Old Age team had no psychologist and the social worker had not been replaced.

8. *The issue in relation to the provision of in-patient beds for North Tipperary should be resolved.*

Outcome: Discussions were ongoing regarding the allocation of beds for this sector in the Midwestern Hospital, Limerick.

Super Catchment Area comparison with *A Vision for Change*

Range of Specialist Mental Health Services

Range of Specialist Teams SCA population 203,723		AVFC	AVFC-for this SCA
Child and Adolescent	3	2 teams per 100,000 population (Pg. 72)	2
Mental Health Intellectual Disability	0	2 teams per 300,000 population (Pg. 129)	1
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 CAMHS teams in the catchment area, one in South Tipperary and two in Carlow/ Kilkenny. The team in South Tipperary was poorly staffed and provided what was effectively an emergency service only. This team did not provide a service for children aged 16 to 18 years. It was reported that despite the recent opening of a child and adolescent in-patient unit in Cork, it was still very difficult to secure beds for children.

The situation in Carlow/ Kilkenny was a little better, with two staffed teams. However, there was no occupational therapist on either team. There was no waiting list and children were seen within four weeks. It was reported there was little integration or pooling of resources between the two former catchment areas. The Local Health Manager (LHM) had begun to look at transferring funding for CAMHS from community care to mental health services.

Psychiatry of Old Age (POA)

There were two Psychiatry of Old Age teams in the catchment area, neither of which was fully resourced. Neither service had social work or psychology team members. The number of referrals to the team in Carlow/Kilkenny had increased significantly in the past year and all referrals were seen initially in their homes.

Rehabilitation and Recovery

The catchment area had two rehabilitation teams but both were very poorly staffed. The team in Carlow /Kilkenny had no health and social care professionals whilst in South Tipperary, the consultant was a 0.5 whole-time-equivalent (WTE) post and there was no social worker on the team. A new high support hostel had been opened in Clonmel in November 2009 and the team had developed an outreach subgroup. There were good links with local FAS and VEC, and a liaison had been established with the local housing service. In Carlow and Kilkenny, multidisciplinary assessments had been carried out on the residents of the long-stay wards and more appropriate placements arranged for the majority of residents.

Liaison Team

There was no Liaison team working within the catchment area but a liaison service was provided primarily by nurses from the mental health services and in Kilkenny, the consultant conducted one session per week in liaison in the general hospitals. In both general hospitals in the area, good links had been established with medical staff and protocols developed for dealing with a range of psychiatric presentations to the general hospital.

Mental Health of Intellectual Disability (MHID)

There was no direct provision of a specialist mental health service for intellectual disability in the Carlow/Kilkenny/South Tipperary catchment area. This service was provided by the voluntary sector and there were no governance links with the providers of this service. In the absence of such a specialist service, the adult general psychiatrists provided care for these service users who presented with an intellectual disability and mental illness and it was reported that the general adult teams were still receiving referrals from individual's general practitioner (GP). The CAMHS team also provided a limited service for some children with intellectual disability. With the impending closure of St. Bridget's ward in St. Luke's Hospital, Clonmel, there will be few residents with a primary intellectual disability diagnosis in approved centres.

Forensic Mental Health Services

The Executive Clinical Director expressed the view that the lack of any forensic services in the catchment area was a major gap in the provision of mental health services. Despite this, there were few critical incidents involving service users with a forensic history. There was no access to secure residential placements within the catchment area and it was not known where the regional forensic unit would be located.

General Adult

General Adult	SCA POPULATION 203,723	AVFC	AVFC-for this SCA
General Adult CMHT's	8 Sector Teams	1 per 50,000 sector population with 2 Consultant Psychiatrists (Pg. 95)	4
Number Acute In-patient Beds	93 (20 Acute beds North Tipperary)	50 in-patient beds per 300,000 population (Pg. 97)	34

There were eight sector teams in the catchment area, but none of these teams had a population of more than 27,134 and the smallest of the sectors had a population of only 18,731. There was a total of eight consultant psychiatrists in the catchment area in the Community Mental Health Teams (CMHT's).

Table

Catchment	Carlow/Kilkenny	South Tipperary	Total	AVFC Recommendation per 50,000 population (Pg. 95)	AVFC-for this SCA
Population	120,631	84,614			
Consultant Psychiatrist	5	3	8	2	8
Clinical Psychology	4	2	6	2	8
Social Work	4	3	7	2	8
Occupational Therapy	3	1	4	2-3	8-12
Community Mental Health Nurses	13	15.9	28.9	6-8	24- 32

Community Based Services

Community Based Services	Number of facilities	Number of Places	AVFC	AVFC-for this SCA
Crisis Houses	1	12	1 per 300,000 population with 10 places (Pg. 73)	1 with 8 places
Day Hospitals	2	54	1 per Community Mental Health Centre (CMHC) (Pg. 96)	4
Day Centres	4	151	1-2 per 300,000 population with 30 places (Pg. 73, 109)	1 with 22 places
24-Hour Nurse Staffed Community Residences	17	182	30 places per 100,000 (Pg. 73, 261)	6 with a maximum of 10 places each
Assertive Outreach	0	-	1 sub-group per rehabilitation team (Pg. 108)	2
Home Based Treatment	0	-	1 per CMHT (Pg. 99)	4

The catchment area was well supplied with day centres and supervised residences, but had only half the recommended number of day hospitals. None of the sector teams had a home-based treatment team.

Governance

Executive Clinical Director and the Management Team

The Executive Clinical Director (ECD) and the Local Health Managers for Carlow/Kilkenny and South Tipperary were progressing developments towards integrated community-based mental health services under one single governance structure for this expanded super catchment area. There were no other appointments to the Executive Catchment Area Management Team apart from the ECD.

There was a Clinical Governance Quality Assurance Forum in place in the Carlow/Kilkenny service chaired by the Executive Clinical Director with advocacy, nursing, consultant psychiatrist and health and social care professional representatives. The committee was looking at the development of standards for quality and safety of patient care for the expanded mental health catchment area. A Project Management System had been set up and a project coordinator assigned to each of 17 projects underway in the area. Plans were ongoing to examine reconfiguring acute in-patient beds within the new catchment area and also the development of day hospitals and other community facilities. Developments already underway included the construction of a Community Nursing Unit in Clonmel, and a need for a crisis house had been identified.

There were also a number of other sub groups which reported back to the Clinical Governance Quality Assurance Forum:

- Critical Clinical Incident Review Group.
- Multidisciplinary Care Planning and Risk Assessment Group.
- Quality Safety and Risk Group.
- Policy, Protocol and Guideline Development Committee.
- Document Control Committee.
- Hostel Review Group.
- Day Hospital Review Group, Carlow.
- Psychosocial Interventions Steering Group.
- Steering Group on Plans for Long Stay Wards.
- Drugs and Therapeutics Committee.

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

St. Brigid's Ward in St. Luke's Hospital, Clonmel was due to close in the very near future. St. Canice's Hospital planned to close St. Luke's ward were progressing and it was due to close within a month. This would result in only one ward remaining in St. Canice's Hospital, which was intended to be used as a ward for patients with dementia. Only one ward remained open in St. Dymphna's Hospital and it was expected that this ward would also close by the end of the year.

Quality of Patient Experience/Advocacy Involvement

The regional advocate for the area presented a summary of issues relating to the five approved centres in the area. The advocate also visited supervised residences and day hospitals. He reported a good relationship with staff in all centres and in general, residents reported satisfaction with the service. Issues of concern raised by residents included overcrowding in St. Michael's, lack of access to health and social care professionals, inconsistency in ward rules by different staff and uncertainty about the future of St. Michael's unit in Clonmel.

Service users in both catchment areas were involved in clinical governance and management groups.

Risk Management

Throughout the catchment area, audits were undertaken on various aspects of the service, including audit on serious incidents and medication. A process had begun in Kilkenny where serious incidents were tracked and a critical incident group established to review incidents. The service was developing a learning/reflective culture to encourage a more positive experience of work for staff.

Quality outcomes

It was reported that the service was 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 but these were being developed by a sub-group of Executive Clinical Directors.

Conclusion

Apart from the appointment of an Executive Clinical Director for the super catchment area, no other appointments had been made, and while there was evidence of a willingness on the part of both clinical and managerial staff to develop strategies aimed at combining resources, at a practical level nothing as yet had happened. One initiative which had occurred was the establishment of a Steering Group which was looking at how the two catchment areas could begin to amalgamate and use resources for the benefit of the whole catchment area.

By refiguring the two catchment areas as one catchment area and establishing sector sizes as recommended by *A Vision for Change*, the figures for medical staffing was adequate. There was still however, a small deficiency in numbers of psychologists and social workers, while the deficiency in occupational therapists in the area was significant. It was also reported that the moratorium on replacing nursing staff that retire or leave the services was having a significant impact on current staff management. There were some obvious gaps in the provision of service as described by the policy document, *A Vision for Change*. There was no Mental Health Intellectual Disability team and no referral centre for forensically ill patients. The service was working hard to implement the closure plans for old psychiatric institutions, and many wards in St. Luke's Hospital, Clonmel, St. Dymphna's Hospital, Carlow and St. Canice's Hospital, Kilkenny had closed. The current number of acute in-patient beds far exceeds that outlined in AVFC, but in the absence of greater community-based facilities, this remained a challenge for the service.

Recommendations and areas for development

1. The service should continue to progress the plans for the closure of St Dymphna's Hospital and St Luke's Hospital, Clonmel.
2. Provision should be made to address the significant deficiency in numbers of occupational therapists within the service.
3. A unified mental health catchment area (super catchment area) management team should be established as soon as possible.
5. All staffing levels should be upgraded to AVFC levels.
6. The number of in-patient beds should be in line with AVFC recommendation.
7. Community based services, including day hospitals should be urgently developed.