

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

<b>MENTAL HEALTH CATCHMENT AREA (SUPER CATCHMENT AREA)</b>	Louth, Meath, Cavan and Monaghan
<b>HSE AREA</b>	Dublin North East
<b>MENTAL HEALTH SERVICES</b>	Louth/Meath, Cavan/Monaghan
<b>POPULATION</b>	390, 636 <sup>1</sup>
<b>NUMBER OF SECTORS (GENERAL ADULT)</b>	12
<b>NUMBER OF APPROVED CENTRES</b>	St. Brigid's Hospital, Ardee Department of Psychiatry, Our Lady's Hospital, Navan St. Davnet's Hospital, Monaghan Acute Psychiatric Unit, Cavan General Hospital
<b>NUMBER OF DAY HOSPITALS, DAY CENTRES AND 24 HOUR RESIDENCES</b>	1 - Day Hospital 8 - Day Centres 7 - 24-Hour Nurse Staffed Community Residences 3 - Low Support Residences
<b>SPECIALIST TEAMS</b>	5 - Child and Adolescent Mental Health Services 3 - Psychiatry of Old Age 0 - Mental Health of Intellectual Disability 1 - Rehabilitation 0 - Liaison 0 - Forensic
<b>PER CAPITA EXPENDITURE 2010 [ &gt;18 YEARS ]</b>	Louth/Meath      €101.59 Cavan/Monaghan    €200.06
<b>DATE OF MEETING</b>	6 July 2010

<sup>1</sup> The population served by the Child and Adolescent Mental Health Services is 392,889.

## 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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## Louth/Meath

*1. The psychiatry of old age service should have access to clinical psychology services in line with national policy.*

Outcome: Despite ongoing efforts to secure this post, no progress had been made.

*2. The Dunshaughlin sector should have access to clinical psychology services in line with national policy.*

Outcome: A clinical psychologist was appointed in 2010.

*3. The lack of an occupational therapy service needs to be immediately addressed in line with national policy.*

Outcome: There were two whole-time-equivalent occupational therapists in St. Brigid's Hospital, Ardee, who also provided one day per week in the Department of Psychiatry, Our Lady's Hospital, Navan. There were no occupational therapy posts attached to any of the 11 sector teams in Louth/Meath.

*4. The elderly residents in the continuing care in St. Brigid's Hospital, Ardee, should come under the clinical direction of the psychiatry of old age team.*

Outcome: A review of the use of continuing care beds was planned to take place in late 2010.

*5. The newly refurbished unit for continuing care residents should be opened without delay.*

Outcome: This unit opened in June 2009.

## Cavan/Monaghan

*6. A decision regarding the future location of acute services must be made and human resources needs planned to implement the service.*

Outcome: A decision had been made regarding the future location of acute inpatient services, which will be centralised within the Acute Psychiatric Unit, Cavan General Hospital, and a project plan had been signed off to implement the required changes. The project structure included an Implementation Group and four sub-groups, one of which addressed human resource requirements.

*7. The approved centres must be in compliance with all statutory requirements under the Mental Health Act 2001 and associated Regulations and Rules.*

Outcome: A new system for reviewing all policies was now in operation and all policies reviewed by the Inspectorate were up to date and signed. The implementation of individual care planning and the linking of therapeutic services and programmes to individual care plans required improvement.

*8. A carers' support group and consumer council should be progressed.*

Outcome: A consumer focus group was established and it was hoped to set up a consumer panel by late 2010.

*9. A plan to address the deficits in human resources must be developed.*

Outcome: The service reported that approximately 60 nursing staff had left the Cavan/Monaghan mental health services over the previous three years and had not been replaced. There had been no Director of Nursing in Cavan/Monaghan Mental Health Services for an extended period of time. Management reported that they were making every effort to address service deficits, including, application to the Area Employment Monitoring Group (AEMG) to fill key posts, introduction of revised rosters, redeployment of staff, integration of long stay wards and the planned amalgamation of acute admission beds.

*10. Community mental health teams must be resourced in line with national policy.*

Outcome: The service reported that it was difficult to sustain nursing resources due to the impact of the moratorium and accelerated retirements. The community mental health teams' health and social care professional resources equated to social work being 65%, occupational therapy being 55% and clinical psychology being 50% of the resource recommendations of *A Vision for Change*.

11. *The structural deficits in the living environment in St. Davnet's Hospital must be addressed and an action plan with a time line submitted to the Inspectorate.*

Outcome: The renovation of the bathrooms on Ward 15 had been to a high standard. The renovation of Wards 4 and 8 were particularly welcome but it was disappointing to note that the new arrangement continued to provide sleeping accommodation in dormitories.

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

### Range of Specialist Mental Health Services

Range of Specialist Teams SCA population 390,636		AVFC	AVFC-for this SCA
Child and Adolescent	5	2 teams per 100,000 population (Pg. 72)	8
Mental Health Intellectual Disability	0	2 teams per 300,000 population (Pg. 129)	2
Psychiatry of Old Age	3	1 team per 100,000 population (Pg. 118)	4
Rehabilitation	1	1 team per 100,000 population (Pg. 107)	4
Liaison	0	1 team per 500 Bedded-General Hospital (Pg. 155) 1 per 300,000 located at major general hospitals (p 265)	1
Forensic	0	1 team per HSE Region (Pg. 139)	1 per region

The super catchment area comprised two distinct areas: Cavan/Monaghan Adult Mental Health Service (CMAMHS) and Louth/Meath Adult Mental Health Service (LMAMHS) with a combined population in excess of 390,000.

#### Child and Adolescent Mental Health Services (CAMHS)

There were 5.6 whole-time-equivalent Consultant Child and Adolescent Psychiatrists, one in Louth serving a population of 29,233 under 18 years, two in Meath serving a population of 44,621 under 18 years, and 2.6 in Cavan/Monaghan serving a population of 31,289 under 18 years. None of the CAMHS teams had a fully staffed multidisciplinary complement.

Both catchment CAMHS provided assessment and intervention for 0-16 years of age. The Louth service continued to work with children over 16 years if the child had previously been seen within the service. Referral rates continued to grow steadily throughout the service and all had waiting lists, although the waiting list in LMCAMHS had been reduced in 2009.

The Meath CAMHS endeavoured to see urgent referrals within 24 hours, priority cases within a month and routine cases generally had to wait three months for an appointment. The Louth CAMHS sought to see very urgent cases within 24-hours and urgent cases within five working days.

There was no after-hours service for CAMHS. The CAMHS teams provided a regional liaison service to children and adolescents who were referred to the paediatric service in Our Lady of Lourdes Hospital, Drogheda. There were no suitable accommodation facilities for liaison within the Our Lady of Lourdes Hospital. All CAMHS teams reported extreme difficulties accessing inpatient beds for children and adolescents. The regional inpatient CAMHS unit at St. Vincent's Fairview did not accept urgent referrals and hence, the super catchment CAMHS had on occasion to resort to admitting children to adult approved centres or to paediatric services in general hospitals.

The CAMHS services in the super catchment area were actively involved in a variety of community, schools and parent initiatives, including the Crosslinx programme for children of parents with psychiatric illness, anti-bullying programmes, Attention Deficit Hyperactivity parenting courses, and a range of psychotherapy and social skills programmes, and an eating disorder special interest group.

### **Mental Health in Intellectual Disability (MHID)**

There were no dedicated Mental Health in Intellectual Disability (MHID) teams in the super catchment area. There was previous approval to establish MHID teams in the super catchment area (SCA) which was subsequently withdrawn. All mental health service teams accepted referrals of individuals with mild intellectual disability. One whole-time-equivalent consultant psychiatrist, with experience in intellectual disability, provided consultation and support to colleagues. The Inspectorate was informed that the SCA service considered that a national policy on MHID was required to support service delivery in this area where effective multidisciplinary care required a critical mass of client numbers, expertise and specially trained staff. The SCA considered it would be beneficial to review how the services provided by the St. John of God, Drumcar service might align with the new SCA structures.

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

There were three Psychiatry of Old Age teams in the super catchment area, one each in Louth, Meath and Cavan/Monaghan. None of the teams had a full multidisciplinary complement. There were no day hospital or day centre facilities available to the Louth/Meath psychiatry of old age teams. The Cavan/Monaghan area Psychiatry of Old Age team had no day centre but had a day hospital in St. Davnet's Hospital in Monaghan. A Memory Clinic had been established in Our Lady's Hospital in Navan and the Meath psychiatry of old age service also provided a family support group.

### **Rehabilitation services**

There was no rehabilitation consultant psychiatrist or team in the Louth/Meath service. The Cavan/Monaghan service had one whole-time-equivalent rehabilitation consultant psychiatrist. The rehabilitation multidisciplinary team was under-resourced with health and social care professions and had 55.55 whole-time-equivalent community mental health nursing posts. The rehabilitation team had two day centre services based at St. Davnet's Hospital, Monaghan and at Bailieboro Mental Health Centre, Cavan. The rehabilitation team reported that there was a lack of vocational rehabilitation and training services available in the area. The rehabilitation team had established a six-monthly meeting with housing and social care agencies.

### **Liaison Mental Health Services**

There were no liaison consultant psychiatrists or teams in the Louth/Meath, Cavan/Monaghan super catchment area despite there being general hospitals in Drogheda, Dundalk, Navan and Cavan. Some of the consultant psychiatrists did a session a week in the general hospitals and the SCA was currently seeking two liaison consultant posts, one to be based in Cavan and one in Drogheda. There were two whole-time-equivalent liaison nurses in the Cavan/Monaghan area and 1.8 whole-time-equivalent liaison nurse posts dealing with deliberate self-harm in the Louth/Meath area.

### **Forensic Mental Health Services**

There was no forensic team in the super catchment area. The super catchment area estimated that currently six individuals within the service had a need for therapeutic security and these individuals were inappropriately placed in acute units in approved centres. This impacted on the delivery of care as doors were frequently required to be locked and beds became blocked with these longer admissions. The service was also concerned at the lack of forensic intellectual disability beds, which led to individuals being placed outside the state at a high financial cost and cost to families. There was no regional Intensive Care Rehabilitation Unit (ICRU) in the Louth/Meath, Cavan/Monaghan super catchment area.

## General Adult

General Adult	SCA POPULATION 390,636	AVFC	AVFC-for this SCA
General Adult CMHT's	12	1 per 50,000 sector population with 2 Consultant Psychiatrists (Pg. 95)	8
Number Acute In-patient Beds	86	50 in-patient beds per 300,000 population (Pg. 97)	67

The Louth/Meath sector populations fell below that recommended in *A Vision for Change* with the following populations:

Sector 1 Dundalk 26,339; Sector 2 Dundalk 28,725; Sector 3 Drogheda East 28,614; Sector 4 Ardee 28,330; Sector 5 Drogheda 31,534; Sectors 7 & 8 Dunshaughlin 46,359; Sector 9 Navan 30,613; Sector 10 Kells 24,412; Sector 11 Trim 26,919.

Monaghan and Cavan Sectors had populations of 55,997 and 62,794 respectively.

**Table**

Catchment	Catchment Louth/Meath	Catchment Cavan/Monaghan	Total	AVFC Recommendation per 50,000 population (Pg.95)	AVFC-for this SCA
Population	271,845	118,791			
Consultant Psychiatrist	10.3	4	14.3	2	16
Clinical Psychology	6.3	2	8.3	2	16
Social Work	6.35	2.76	9.11	2	16
Occupational Therapy	0	1.64	1.64	2-3	16-24
Community Mental Health Nurses	22.24	31.5	53.74	6-8	48 -64



## 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	1	16	1 per Community Mental Health Centre (CMHC) (Pgs. 96, 265)	8
Day Centres	8	155	1-2 per 300,000 population with 30 places (Pgs. 73, 109)	1 – 2 with 40 places
24-Hour Nurse Staffed Community Residences	7	101	30 places per 100,000 (Pg. 73, 261)	10 with maximum of 10 places each
Assertive Outreach	4		1 sub-group per rehabilitation team (Pg. 108)	4
Home Based Treatment	4		1 per CMHT (Pg. 99)	8

The super catchment area had one day hospital, eight day centres, seven 24-hour supervised community residences and no crisis houses.

The Louth/Meath (LMAMHS) catchment area had no day hospitals. The LMAMHS service had six day centres which comprised: Ladywell (30 places), St. Brigid's Day Centre (32 places), Ardee (18 places), Tara Suite (12 places), Tain Day Centre (25 places) and Clumber Hall (18 places).

The LMAMHS had four 24-hour residences comprising Rath na Riogh, Navan (12 beds), An Solsan, Dundalk (14 beds), Moorings, Dundalk (15 beds) and St. Mary's Drogheda (14 beds). Respite beds were provided in the community residences. Louth/Meath also had three low-support community residences.

The LMAMHS had an assertive outreach team and a home-based team in each county.

The Cavan/Monaghan (CMAMHS) catchment area had one day hospital at Cavan General Hospital (16 places) and one day centre at Carrickmacross Mental Health Centre (20 places).

The seven 24-hour residences provided 101 beds, including 12 respite beds. The CMAMHS had three 24-hour residences comprising St. Jude's (15 beds), Lisdarn Lodge (15 beds) and Woodvale (16 beds). There were two home based treatment teams and two assertive outreach teams in the CMAMHS.

# Governance

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## Executive Clinical Director and the Management Team

The super catchment area comprised two distinct catchment areas: Cavan/Monaghan and Louth/Meath with a combined population of 390,636.

An Executive Clinical Director (ECD) had been appointed, but all other super catchment management structures and posts were yet to be decided. Thus, governance was operating at both a regional Dublin North East level and at local health office level and there was little integration of services across the super catchment area. The ECD reported to the Regional Director of Operations via a nominated Local Health Manager (LHM). As an interim arrangement, one of the three local health managers had taken on a lead role in mental health. Each LHM maintained operational responsibility for the mental health services in their own local health area.

Both catchment areas continued to function as separate catchment areas on a day-to-day operational basis. The LMAMHS management team comprised the Administrator, the Clinical Director/Executive Clinical Director and the Director of Nursing. This triumvirate met monthly with Heads of Discipline and every six weeks with the local health manager. The CMAMHS management team comprised the Chair, who was general manager, Primary Community and Continuing Care (PCCC), the Executive Clinical Director, the clinical director, the administrator, the principal social worker, the occupational therapy manager, and the senior clinical psychologist. The post of Director of Nursing was vacant. This management team met monthly and had the expressed intention of progressing *A Vision for Change* agenda and linking in with PCCC.

The super catchment area had four approved centres and the Executive Clinical Director had clinical responsibility for two approved centres.

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

The sector populations in LMAMHS were all small and ranged from about 25,000 to 30,000, and were not in line with *A Vision for Change* recommendation of 50,000 with two consultant psychiatrists. The sector populations in Monaghan and Cavan were marginally under 56,000 and 63,000 respectively.

There was evidence that both catchment areas within the super catchment area had sought to develop services in line with *A Vision for Change* recommendations. Shrinking financial resources, the embargo on recruitment in operation since 2009 to date, and the attrition due to early retirement of a high number of experienced nursing staff had all impacted to make any progress severely limited. Services were now faced with the likelihood of having to redeploy community resources back into approved centres so as to ensure patient safety if staff numbers decreased any further. If this arose it would stall any progress with the development of community based services and undermine the functioning of already established services.

The super catchment area had 126 inpatient beds in approved centres comprising 86 acute and 40 continuing care beds.

Both catchment services were in the process of rationalising acute admission beds. The 86 admission beds in the super catchment area comprised: St. Davnet's Hospital 11 beds; Acute Psychiatric Unit, Cavan General Hospital 20 beds; St. Brigid's Hospital, Ardee 30 beds and Department of Psychiatry, Our Lady's Hospital, Navan 25 beds. Overall, the provision of acute beds was higher than *A Vision for Change* recommendations. There was no crisis house in the super catchment area.

Each catchment area had a range of day centres, home based teams and 24-hour residences. The LMAMHS did not have a day hospital, however, the development of a day hospital on the site of Our Lady's Hospital, Navan was being discussed. The CMAMHS had one day hospital.

The CMAMHS were in the process of reconfiguring the acute inpatient service and admissions would in the future be to the Acute Psychiatric Unit, Cavan General Hospital. There were plans to build a new custom designed acute admission unit on the grounds of Cavan General Hospital and some capital funding had been secured.

The LMAMHS had ongoing involvement in the development of Primary Care Centres in Kells, Drogheda, Dundalk and Ardee.

LMAMHS had set up liaison and service planning meetings with An Garda Síochána, voluntary agencies and local housing authorities.

CMAMHS were involved in a Cooperation and Working Together (CAWT) project to enhance eating disorders services in the border regions. The focus was on primary and secondary level care services and it was planned to set up a Bodywhys support group in the area.

The home-based team service in CMAMHS had been in operation for 12 years and allowed for early discharge of service users from the acute units. General practitioner (GP) concerns were responded to immediately as emergency referrals were seen within two hours by the team.

The CMAMHS had a peer-led service user support service entitled SOLAS based in Monaghan.

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

The Irish Advocacy Network (IAN) provided a peer advocacy service in all approved centres in the super catchment area and reported that this was widely accepted and supported, including access to residents who were involuntarily detained.

#### **Cavan/Monaghan**

The inclusion of service user voice was represented in the CMAMHS in the Consumer Involvement Group, in the Vision for Change Local Implementation Group and in discussions about the locating of all admissions in the Acute Psychiatric Unit, Cavan General Hospital. The IAN had also been invited to join the Audit Policy and Risk Group and the Consumer Panel in Monaghan.

Residents in this catchment area were satisfied with the food served in the approved centres, although more fresh fruit was required in St. Davnet's Hospital. Residents appreciated the occupational therapy provision in both approved centres, however, there was no dedicated space for occupational therapy in St. Davnet's Hospital and more occupational therapy was requested. The availability of a tuck shop, fresh air and outdoor space was commented on positively in relation to the Acute Psychiatric Unit, Cavan General Hospital and was much desired by St. Davnet's residents. The open door policy in Cavan was favoured. There was a peer led service user support service (SOLAS) in Monaghan which was supported by the CMAMHS. The rehabilitation team and three community mental health teams, with the consent of service users, included carers in the individual care planning process.

#### **Louth/Meath**

In the LMAMHS service user voice was included in the community residence referral committee, in the Consumer Panel, in the Quality and Best Practice Group and in the Mental Health Collaborative Care Planning Project. The Regional Advocate had been involved in case conferences regarding resettlement and relocation of residents. The IAN had been consulted on the development of the occupational therapy service in St. Brigid's Hospital.

Relatives support groups convened monthly in St. Brigid's Hospital and in the Department of Psychiatry Our Lady's Hospital, Navan and were facilitated by carers.

Residents in St. Brigid's Hospital, Ardee complained about a lack of privacy experienced by some female residents and generally a lack of space to talk in private. The open door policy and internet access in Navan was appreciated. St. Brigid's Hospital residents were concerned that the doors remained locked and with the lack of opportunity for physical activity and exercise.

Overall, the IAN was concerned with the lack of supported housing in the super catchment area and considered that this led to residents being hospitalised for longer periods than clinically necessary. The lack of a coherent approach to the use of mobile phones by residents was also identified as an issue.

## **Risk Management**

The super catchment area management personnel were concerned about the negative impact on services and on progress with *A Vision for Change* caused by reduction in funding over the last two years, the moratorium on staff recruitment and the attrition due to early retirement of large number of experienced staff. They stated that patient safety had not been compromised but were worried about further reductions in resources. A number of risk initiatives were operating in the super catchment area:

- Quality and Risk groups monitored and reviewed all incidents and risk registers were in place for the past two years. Representatives attended the local health office Quality and Risk meetings and any serious incidents were flagged to the local health manager and the regional director of operations.
- Audits were conducted on the use of physical restraint, record-keeping, night time activity in approved centres, including admissions, seclusion, clinical learning environment audits, and individual care plans.
- Data on seclusion and physical restraint were compiled on a quarterly basis and trends monitored through the Quality and Risk committees. There had been a 40% decrease in incidents.
- Staff were trained in the prevention and management of violence and aggression.
- Ongoing six-monthly schedule of in-service training was introduced.
- Infection control self-assessment was carried out against national standards.
- Monitoring of expenditure against budget allocation.
- Services were evaluated / accredited by external groups such as the Royal College of Psychiatrists, An Bord Altranais, Environmental Health Officer, Fire Inspector and the Mental Health Commission.
- There was a schedule of meetings between nurse management and An Garda Síochána
- Hand hygiene and sluice facilities were installed in all units within the approved centres.
- A new seclusion room had been provided in St. Brigid's Hospital, Ardee.

## Quality outcomes

The Executive Clinical Director advised that the super catchment area service would be guided by the Key Performance Indicators (KPIs) which were to be developed by the National Director of Clinical Care and Quality.

The initiatives operating at local super catchment area included:

- The services carried out their own patient satisfaction surveys, and service users' views were considered in individual care planning.
- A mapping exercise had been conducted to benchmark existing resources against *A Vision for Change* recommendations.
- There had been an evaluation of the Louth home-based team from a service user and carer perspective.
- Services operated a review of complaints and incident reports.
- Statistics on inpatient activity were included in the regional performance indicator report.
- The level of expenditure was monitored against budget allocation.
- Services were inspected and accredited by external bodies.

## Conclusion

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The super catchment area comprised two distinct catchment areas of Cavan/Monaghan and Louth/Meath with a combined population of 390,636. There was an Executive Clinical Director (ECD) in post for one year, however, all other super catchment management structures and posts were yet to be decided. Both catchment areas continued to function separately in terms of both governance and on a day-to-day operational basis. There was a commitment to developing services in line with *A Vision for Change*. As an interim arrangement, one of the three local health managers had taken on a lead role in mental health; however, each local health manager retained operational responsibility for mental health services in their own local health area. The ECD met with both catchment area management teams on a monthly basis.

There were contrasts between the two catchment areas, namely:

- the Louth/Meath catchment area sector teams were all significantly smaller than *A Vision for Change* recommendations and would need to be reconfigured
- the per capita spend in the CMAMHS was twice that of the LMAMHS
- the LMAMHS had a population of 271,845 and the CMAMHS had a population of 118,781
- the LMAMHS had nine whole-time-equivalent community nurses and the CMAMHS had 65 whole-time-equivalent community nurses.

The super catchment area did not have any consultant psychiatrist posts in liaison, forensic or mental health intellectual disability and this might be addressed in an integrated super catchment area. None of the sector teams had a full complement of multidisciplinary staff and there were few clinical psychology and occupational therapy posts in particular. There was no rehabilitation team in the LMAMHS.

Both catchment areas had decided to locate acute admission beds in general hospitals and progress was underway. The absence of crisis houses and plans for intensive care rehabilitation units would likely create bed blockages in the future.

*A Vision for Change* was gradually being realised through robust service user representation, and the provision of community based services, including home based teams, residences and day centres.

## Recommendations and areas for development

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1. A unified super catchment area management team structure should be established, including the appointments of nursing director and directors of health and social care professions.
2. Inpatient beds should be in line with *A Vision for Change* recommendations.
3. The rationalisation of acute admission beds should be supported by the development of a crisis house, and community based services.
4. 24 hour residences and day centre services should have operational policies and a clear statement of function and purpose, therapeutic provision and staffing.
5. The super catchment management team should develop protocols and procedures to ensure synergistic working, especially in the areas of CAMHS, eating disorders, forensics and MHID, including service level agreements with relevant voluntary, regional and national providers.
6. The super catchment area should resource and should develop an information technology system appropriate to support integrated seamless care as recommended in *A Vision for Change*.
7. Staffing on all sector teams should be upgraded to *A Vision for Change* levels.
8. The issue of skills mix in residential and community based services, including mental health support workers and health care assistants should be addressed.
9. Plans should be put in place for the future closure of St. Davnet's Hospital, Monaghan and St. Brigid's Hospital, Ardee, as recommended by *A Vision for Change*.
10. The considerable strides made by the super catchment area in the establishment of links with voluntary groups and primary care services should be continued and progressed.