

Mental Health Services 2010
Mental Health Catchment Area Report

MENTAL HEALTH CATCHMENT AREA (SUPER CATCHMENT AREA)	Dublin North West/Dublin North Central
HSE AREA	Dublin North East
MENTAL HEALTH SERVICES	Dublin North West/Dublin North Central
POPULATION	312,472
NUMBER OF SECTORS (GENERAL ADULT)	10
NUMBER OF APPROVED CENTRES	<p>Department of Psychiatry, Connolly Hospital Sycamore Unit, Connolly Hospital St. Brendan's Hospital, Dublin St. Aloysius Ward, Mater Misericordiae University Hospital, Dublin St. Vincent's Hospital, Fairview, Dublin Adolescent In-patient Unit, St. Vincent's Hospital, Fairview, Dublin</p>
NUMBER OF DAY HOSPITALS, DAY CENTRES AND 24 HOUR RESIDENCES	<p>5 - Day Hospitals 8 - Day Centres 6 - 24-Hour Nurse Staffed Community Residences</p>
SPECIALIST TEAMS	<p>3 - Rehabilitation Teams 2 - Liaison Teams 1 - Psychiatry of Old Age 4 - Child and Adolescent Mental Health Teams 1 - Low-secure Team 1 - Homeless Mentally Ill Team 1 - Substance Misuse Team 2 - Mental Health and Intellectual Disability (MHID) Team. MHID was provided by independent MHID providers – St. Michael's House and Daughters of Charity</p>
PER CAPITA EXPENDITURE 2010 [>18 YEARS]	€100.70
DATE OF MEETING	13 July 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 (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 of Learning Disability.
- The development of community based services.
- Multidisciplinary team functioning.
- Resource allocation per head of population.
- Recovery initiatives.

Progress on 2009 Recommendations

Dublin North Central

1. *The staffing levels and skill mix on each team must be in line with national policy.*

Outcome: The current Health Service Executive (HSE) staff embargo had impacted significantly and sector teams, including the rehabilitation team remained under-resourced. A work-force planning group had been established to consider the reconfiguring and redeployment of staff. There was no definitive progress to report.

2. *Plans to progress the development of the Mater Misericordiae University Hospital site for the provision of an acute service must continue.*

Outcome: Documented plans for the New Acute Unit at the Mater Misericordiae University Hospital had been submitted to the Health Service Executive (HSE)/Mater Development Agency with a planned date of 2016 for opening of the new unit.

3. *Alternatives to in-patient care must be developed.*

Outcome: St. Catherine's Unit at St. Vincent's Hospital was due to be refurbished so as to provide a 12-bed in-patient unit for adolescents. St. Catherine's unit residents had been transferred to a new 100-bed Community Nursing Unit (CNU) or to St. Mary's ward in the hospital. The service had negotiated Fair Deal grants to facilitate this.

North West Dublin

4. *The plan to provide the replacement units for St. Brendan's Hospital must proceed.*

Outcome: The second unit at Connolly Hospital opened in September 2010.

5. *Funding should be provided to fill vacant posts on community and specialist teams.*

Outcome: The Health Service Executive moratorium on recruitment meant that sector teams remained under-staffed and had been further depleted in 2010.

6. *Progress on the provision of facilities for the Finglas sector should continue.*

Outcome: There was no progress in developing facilities as the agreed €300,000 funding required was withdrawn in late 2009. The service was exploring alternative ways of providing day hospital facilities and a day centre from the existing premises.

Super Catchment Area comparison with *A Vision for Change*

Range of Specialist Mental Health Services

Range of Specialist Teams SCA population 312,472		AVFC	AVFC-for this SCA
Child and Adolescent	4	2 teams per 100,000 population (Pg. 72)	6
Mental Health Intellectual Disability	0 – only medical staff.	2 teams per 300,000 population (Pg. 129)	2
Psychiatry of Old Age	1	1 team per 100,000 population (Pg. 118)	3
Rehabilitation	3	1 team per 100,000 population (Pg. 107)	3
Liaison	2	1 team per 500 Bedded-General Hospital (Pg. 155)	2
Forensic	0	1 team per HSE Region (Pg. 139)	1 per region
Homeless Mentally Ill	1	1 team	1
Substance Misuse	1	-	-

Child and Adolescent Mental Health Services (CAMHS)

Dublin North West CAMHS

The Linn Dara service fell within the regional brief of Dublin North Leinster and provided most of the services for Dublin North West. The two teams were in Castleknock and Blanchardstown.

Warrenstown in-patient service had increased capacity to six in-patient beds and between two-three service users attended on a daily basis. This service was run by the Linn Dara service and the above two CAMHS teams had access to it.

Dublin North Central CAMHS

The Mater CAMHS provided for North Dublin Central and also a small area of Dublin North West. Two community teams covered a population of approximately 160,000 with a Paediatric Liaison service with the Children's University Hospital in Temple Street, Dublin (St. Frances's Clinic) and St. Joseph's Adolescent and Family Service, at St. Vincent's Hospital Fairview. The in-patient unit at St. Joseph's Adolescent Unit had six beds and it was planned to increase the bed capacity to 12. This unit served Dublin North East and Dublin Mid-Leinster.

Mental Health Intellectual Disability

This service was provided by two voluntary organisations: St. Michael's House Intellectual Disability Service for Dublin North Central and the Daughters of Charity Intellectual Disability Service for Dublin North West. St. Michael's House had a large number of residential houses with approximately 400 children and adults in residential care. The organisation had the largest waiting list for residential care in Ireland. The Daughters of Charity Intellectual Disability was one of the oldest and largest established service providers nationally. The service had six main service locations within the catchment area.

Psychiatry of Old Age

The North Dublin Psychiatry of Old Age was the first such specialty service set up in the Republic of Ireland and provided a comprehensive service for persons over the age of 65 living in the super catchment area and developing a mental illness. The service was provided in both Dublin North West and Dublin North Central. The service was based in the Mater Misericordiae University Hospital with two day hospitals: one in Eccles Street for Dublin North Central and one in Connolly Hospital for Dublin North West. Acute in-patient care was provided in St. Vincent's Hospital, Fairview in a purpose built six bedded in-patient unit with long-term care being provided in Sycamore Unit at Connolly Hospital (34 beds).

Rehabilitation

The specialist rehabilitation service in Dublin North West worked collaboratively with the St. Brendan's Team. The Dublin North Central Team worked independently of this arrangement.

Liaison

There were Liaison Psychiatry services working in the Mater Misericordiae University and Connolly Hospitals. The Liaison Psychiatry team in the Mater Misericordiae University Hospital also provided a perinatal psychiatry service to the Rotunda Hospital.

Homeless Service

St. Brendan's Hospital provided a programme for the homeless which were largely a tertiary referral service. There was a day centre for the homeless at Usher's Island in Dublin. There were plans to extend the service to include a combined out-reach and in-reach service for the north inner city. The programme for the Homeless service was already providing an out-reach service to homeless people and rough sleepers north of the river Liffey. This service together with the Access service (South Dublin Homeless Service) acted as a regional service for homeless mentally ill people who were located in the area north and south of the river Liffey.

Forensic – Eastern Regional Low Secure Service

There was no forensic mental health team in the super catchment area (SCA) despite the fact that St. Brendan's Hospital provided low-secure male and female beds and was the identified low-secure service for the Eastern Region. The service reported that there were a significant number of clients with a forensic history. This service was integrated with the Eastern Region general adult psychiatry services from which it accepted referrals of people with severe mental illness requiring treatment of severe mental illness in a low-secure setting.

General Adult

General Adult	SCA POPULATION 312,472	AVFC	AVFC-for this SCA
General Adult CMHT's	13.25	1 per 50,000 sector population with 2 Consultant Psychiatrists (Pg. 95)	6
Number Acute In-patient Beds	89	50 in-patient beds per 300,000 population (Pg. 97)	50

The six Dublin North Central sector populations were: Mater Team, 34,000; Marino Clontarf and Marino Tolka Teams, 40,000; North Strand Team, 25,000; Ballymun Team, 27,000 and Millmount Team, 23,500.

The four Dublin North West sector populations were: Cabra Team, 30,000; East Blanchardstown Team, 49,000, West Blanchardstown 45,000 and Finglas Team, 54,000.

The majority of sector teams served populations smaller than the 50,000 recommended in AVFC and should be reconfigured to support service provision as outlined in AVFC.

Table

Catchment	Catchment	Total	AVFC Recommendation per 50,000 population (Pg.95)	AVFC-for this SCA
	Dublin North West/Dublin North Central			
Population	312,472			
Consultant Psychiatrist	15		2	12
Clinical Psychology	6.33		2	12
Social Work	5.3		2	12
Occupational Therapy	8.7		2-3	12-18
Community Mental Health Nurses	33		6-8	36-48

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 with 10 places
Day Hospitals	3	41	1 per Community Mental Health Centre (CMHC) (Pg. 96)	6
Day Centres	5	87	1-2 per 300,000 population with 30 places (Pg. 73, 109)	1 -2 with 30 places
24-Hour Nurse Staffed Community Residences	9	87	30 places 100,000 (Pg. 73, 261)	9 with maximum of 10 places in each
Assertive Outreach	0	Not available	1 sub-group per rehabilitation team (Pg. 108)	3
Home Based Treatment	6	Not available	1 per CMHT (Pg. 99)	6

Community Based Services

Dublin North Central

There were two 24-hour residences, namely, Gallen (16 places) and Gracepark (six places) which provided 22 beds.

There were one day hospital in Crannog (16 places) with Domville (substance misuse service) and Eccles Street (psychiatry of old age).

There were three day centres, Tara House (10 places) and St. John's (12 places), Tus Nua (8 places) with City Clinic (substance misuse service) and Thompson Centre (substance misuse service).

Dublin North West

There was a specialist rehabilitation team for community mental health services that worked collaboratively with the St. Brendan's rehabilitation team. There were nine 24-hour community residences, Adelphi House (15 places), Ard na Greine (ten places), Daneswood (14 places), St. Elizabeth's Court (26 places) in Dublin North West which provided 65 beds, 175 Navan Road, (eight places), San Remo (ten places), 266 North Circular Road (15 places), Avondale (10 places), Weir Home (24 places).

Other residences which were not supported 24-hours included Claremont Lawns, Rushbrook, Castlecurragh Church Avenue, Mary Brennan Park and Aughrim which provided 40 beds in total.

There were four day hospitals provided in: Conolly Norman House (ten places), Techport (15 places), Wellmount (substance misuse services); and Connolly Day Hospital (Psychiatry of Old Age service).

There were two day centres provided in: 230 North Circular Road (32 places), Century (25 places), Mews Clinic (substance misuse service) and Usher's Island (homeless services).

Governance

Executive Clinical Director and the Management Team

There was an Executive Clinical Director (ECD) in post. The ECD met monthly with the Clinical Directors, had joint meetings with two local health managers and held weekly to bi-weekly meetings with the Area Manager for Dublin North West and the Administrative Head for Dublin North Central. The key objective of the ECD had been the bringing together of the four recognised specialties in psychiatry (CAMHS, General Adult, Psychiatry of Old Age, and MHID).

A new governance structure, with a multidisciplinary approach, was implemented in late 2010 that involved the executive management team, service users and carers and Heads of Discipline. Further development of the management structure had been delayed by the slow introduction of Integrated Service Areas.

Child and Adolescent Mental Health Services

The Mater CAMHS and Warrenstown In-patient Unit held weekly National Child and Adolescent referral meetings to co-ordinate referrals to all units in the Republic of Ireland.

General Adult

Meetings were held with the senior multidisciplinary team on a regular basis in conjunction with the Local Health Manager for all general adult services.

Psychiatry of Old Age

The service was led by the ECD and worked collaboratively with the multidisciplinary team and held regular multidisciplinary team meetings.

Mental Health of Intellectual Disability

St. Michael's House – parents and siblings formed a large part of the Board of Management of St. Michael's House and had well established Parent and Family Councils.

Daughters of Charity – Both parents and carers were represented on various committees and there was parental representation on the Board of Management.

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

In-patient beds

The SCA had embarked on bed closures and a reconfiguration of the in-patient beds serving the sector teams.

The Pine Unit at Connolly Hospital was opened in September 2010 and would take all new acute admissions from the Cabra and Finglas sectors. It would also take acute admissions from the Programme for the Homeless, Baleskin Asylum Centre and St. Brendan's re-settlement. St. Brendan's Hospital would continue to provide specialist homeless, low-secure and rehabilitation services. St. Catherine's Unit at St. Vincent's Hospital, Fairview had been closed with half of the patient's transferred to nursing homes and the other half being transferred to St. Mary's Unit in St. Vincent's Hospital, Fairview. The Executive Management Team for

Dublin North Central had agreed a brief for a new psychiatric unit at the Mater Misericordiae University Hospital fulfilling the recommendations of AVFC and on-site planning was due to start in 2011.

The SCA had a low-secure male and female in-patient facility and provided the regional low-secure service for the Easter Region as recommended in AVFC.

The SCA had a regional in-patient adolescent unit as recommended by AVFC. The bed capacity needed to be increased and there were plans to do this and to provide 12 adolescent beds.

Community Services

One of the St. Brendan's Hospital Consultants provided an out-reach service to the Balesking Asylum Seekers Reception Centre.

Work was progressing to merge the Dublin North West and the St. Brendan's Rehabilitation Teams so as to provide economies of scale.

AVFC recommended a single service for homeless persons with severe mental illness covering North and South of the Liffey. The North Liffey Programme for Homeless was due to start an assertive out-reach and in-reach service similar to that provided by the South Liffey service.

Resources

Dublin North Central had some of the highest levels of social deprivation in the country, the largest numbers of homeless or temporary beds with a significant number of clients with forensic histories. It also had one of the busiest Emergency Departments (Mater Misericordiae University Hospital) in the country and a higher than average readmission rate to the service than any other service in the Republic of Ireland. It was stated that the service had fewer fully staffed multidisciplinary teams than other super catchment areas across the country.

Child and Adolescent Mental Health Services

St. Joseph's Adolescent In-patient Unit, St. Vincent's Hospital, Fairview consistently operated at full bed capacity. This meant that adolescents were often admitted to adult mental health centres, which were not suited to their care, whilst awaiting a bed in St. Joseph's Unit. There was a limited role in the follow-up of discharged residents, and a lack of an adolescent community mental health nurse. Staff felt they might be able to discharge children sooner if this resource was available.

General Adult Services

Mater Misericordiae University Hospital – Despite St. Aloysius Unit being situated on the ground floor and directly overlooking a garden, residents had no access to open space. The Irish Advocacy Network had reported in a written submission that residents “would like to be able to go outside to get fresh air/see the sky”. The unit had one activity room which appeared to double as a laundry room and space for activities and therapeutic services and programmes. This arrangement reflected practice and the apparent primacy placed on psychosocial interventions.

St. Brendan's Hospital -The buildings at St. Brendan's Hospital remained unsuitable for the admission of new patients. There was an Occupational Therapy department, Special Care therapy department and ward based therapy on 3A and 3B in the approved centre. Accommodation was in dormitories which offered limited privacy for residents.

St. Vincent's Hospital, Fairview – The approved centre did not provide a range of appropriate therapeutic services and programmes. A number of these residents had been in the approved centre a considerable length of time and there was difficulty in finding more appropriate placements for some of these residents.

Psychiatry of Old Age

Sycamore Unit, Connolly Hospital – staff reported that the dedicated activity nurse post had been lost due to cutbacks and the Sonas programmes had been discontinued. There was no access to occupational therapy.

Quality of Patient Experience/Advocacy Involvement

Dublin North Central

All residents had access to the Irish Advocacy Network (IAN) and the patient advocate visited the approved centres on a weekly basis and all approved centres had access to patient advocacy leaflets. The Whitehall Carers group met with the Heads of Disciplines for Dublin North Central on a bi-annual basis.

It was reported that service users were actively involved in devising their own individual care plans in conjunction with the clinical team.

The IAN met with Heads of Discipline on a monthly-basis to review services.

The Peer Advocacy Service had continued to be widely accepted and accommodated in all the approved centres and was viewed as an integral part of the service. The majority of the feedback from service users to the IAN representatives was positive surrounding areas such as access to staff, information on diagnosis, treatment and individual care plans. Concerns were expressed around medication in that the service users felt they had little say in issues regarding medication and side-effects. Issues continued to arise around what service users saw as the excessive use of medication on their initial admission to hospital and lack of activities particularly at night and weekends.

Site specific concerns raised by service users to the IAN representative included:

Mater Misericordiae University Hospital- St. Aloysius Unit – the lack of outside space for service users continued to be a concern expressed to the IAN and issues surrounding support from the social work department on issues such as social welfare and housing.

St. Vincent's Hospital, Fairview, - There was a lack of any occupational therapy department and there was also a lack of any follow-on accommodation for service users suitable for discharge.

Dublin North West

A representative of the IAN visited the approved centre in Connolly Hospital and St. Brendan's Hospital on a regular basis and met with the multidisciplinary staff group on a six-weekly basis to discuss and highlight concerns of the service users and worked collaboratively with management and staff to address identified concerns.

The Peer Advocacy Service had continued to be widely accepted and accommodated in all the approved centres and was viewed as an integral part of the service. The IAN representative reported that there was great importance placed on service user involvement and service user perspective.

Some service users reported to the representative the difficulties in obtaining information about medication and that they were ill informed regarding their individual care plans.

St. Brendan's Hospital - a representative of IAN visited St. Brendan's Hospital on a regular basis and met with the multidisciplinary staff group on a six-weekly basis to address identified concerns.

The IAN regularly held Consumer Panel Groups in St. Brendan's Hospital. The IAN had been invited to participate in the Grangegorman Development Agency and the Grangegorman Consultative Group to present service user perspectives regarding the current redevelopment.

Site specific concerns raised in relation to St. Brendan's Hospital were difficulties experienced with the out-dated, drab and dreary conditions on some of the wards, and difficulties accessing psychology and counselling services.

Mental Health of Intellectual Disability

St. Michael's House – parents and siblings were a part of the Board of St. Michael's House and the Parent and Family Councils were established in 2007.

Daughters of Charity – all service users had access to the Independent Advocacy system. Both parents and carers were represented on various committees and there was a parent representative on the Board of Management.

Child and Adolescent Mental Health Services

St. Joseph's In-patient Adolescent Unit: Service users were actively involved in the Quality Network for Inpatient CAMHS Peer Review Process.

The service had introduced the Headspace Advocacy Pack for young people on the in-patient unit.

In May 2010 the Service User Group sent out a questionnaire and letters to approximately 1,400 service users and the results would be available in early 2011.

Risk Management

Dublin North Central had an Integrated Quality and Safety Committee. There was a Risk Management policy with clear operational procedures for the reporting and review of incidents.

Dublin North Central had a work planning group which examined potential gaps in service provision owing to staff leaving the service.

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 Mater Child and Adolescent Mental Health Service (CAMHS) planned to provide direct feedback to teams on their performance in relation to the identified Key Performance Indicators for CAMHS using the computerised patient data system.

The Linn Dara Service had piloted an Individual Care Plan for use by Community Teams taking into account best practices and the advice of the Mental Health Commission which would be evaluated and then implemented throughout the service.

A number of the CAMHS teams had initiated waiting list initiatives. The first annual report of the CAMHS service would be provided in 2010.

The development of multidisciplinary Attention Deficit Hyperactivity Disorder (ADHD) clinics had assisted in improving the provision of services in line with best practice (National Institute for Clinical Excellence Guidelines (NICE)).

Conclusion

The super catchment area had the advantage of the presence of all four mental health specialities.

In St. Michael's House Intellectual Disability Services, many service users with complex mental health, physical health and behavioural needs, with communication difficulties were vulnerable with regard to having the capacity to consent to treatment and in the context of not having mental health focussed multidisciplinary teams remained a significant challenge to the poorly resourced multidisciplinary team working within the service.

Although staff throughout the super catchment area was committed to working together in a multidisciplinary manner and some additional multidisciplinary staff had been recruited in 2010, there was still a lack of fully resourced teams that made the delivery of a high quality mental health service within the super catchment area a continuing challenge for all professionals.

The approved centres should ensure that there is one composite set of clinical notes in which all multidisciplinary staff record their notes for the benefit of the service user, continuity and safe practice.

Recommendations and areas for development

1. Staffing levels should be upgraded to AVFC recommendations.
2. Closure plans for St. Brendan's Hospital should continue.
3. Staff skill mix issues in residential and community based services, including mental health support workers and healthcare assistants should be addressed.
4. The service should further develop local quality improvement initiatives.
5. The service should develop a unified mental health catchment area (super catchment area) management team.
6. In-patient beds should be in line with AVFC recommendations.
7. Community based services to be urgently developed.
8. A regional Intensive Care Rehabilitation Unit should be developed.