

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

<b>MENTAL HEALTH CATCHMENT AREA (SUPER CATCHMENT AREA)</b>	Dublin West, South West, South City
<b>HSE AREA</b>	Dublin Mid-Leinster
<b>MENTAL HEALTH SERVICES</b>	Dublin West, South West and South City
<b>POPULATION</b>	389,750
<b>NUMBER OF SECTORS (GENERAL ADULT)</b>	7
<b>NUMBER OF APPROVED CENTRES</b>	Jonathan Swift Clinic, St. James's Hospital St. Loman's Hospital, Palmerstown Acute Psychiatric Unit, Adelaide and Meath National Children's Hospital, Tallaght Palmerstown View, Stewart's Hospital Bloomfield Care Centre
<b>NUMBER OF DAY HOSPITALS, DAY CENTRES AND 24 HOUR RESIDENCES</b>	6 - Day Hospitals, 4 - Day Centres 7 - 24-Hour Nurse Staffed Community Residences
<b>SPECIALIST TEAMS (e.g. CAMHS, MHID, POLL, Rehab, Liaison, Forensic)</b>	3 - Child and Adolescent Mental Health Services 2 - Psychiatry of Old Age 2 - Mental Health of Intellectual Disability 1 - Rehabilitation 2 - Liaison 0 - Forensic 1 - Homeless
<b>PER CAPITA EXPENDITURE 2010 [ &gt;18 YEARS ]</b>	€121.00
<b>DATE OF MEETING</b>	5 October 2010

## Introduction

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In 2010, the Inspectorate was interested in evaluating the progress being made in the implementation of *A Vision for Change* (AVFC). *A Vision for Change* envisaged services being organised into super catchment areas so as to facilitate the provision of seamless “cradle to grave” mental health services. The appointment of Executive Clinical Directors in 2009 was the formal starting point for the super catchment areas.

To evaluate AVFC implementation, the Inspectorate asked each super catchment area to complete a self assessment form and 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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### Dublin South City

1. *A rehabilitation team was essential to facilitate the transfer of residents in residential settings to more independent living.*

Outcome: There had been no progress on this recommendation.

2. *All multidisciplinary teams should be fully staffed.*

Outcome: This had not been achieved.

3. *The service should ensure that it was compliant with all Regulations for Approved Centres.*

Outcome: Progress towards full compliance was ongoing.

### Dublin West/South West

4. *Physical health reviews must be carried out on residents admitted for longer than six months.*

Outcome: This had not been achieved in the Approved Centres in St. Loman's Hospital, Palmerstown or the Acute Psychiatric Unit, Adelaide and Meath National Children's Hospital, Tallaght.

5. *Individual multidisciplinary care plans as outlined in the Regulations must be introduced in the Acute Unit.*

Outcome: This had not been achieved in the Approved Centres. Not all residents had an individual care plan. The Acute Psychiatric Unit, Adelaide and Meath National Children's Hospital, Tallaght had been non-compliant with Article 15 for the previous four years.

6. *All teams should be resourced to provide full multidisciplinary care for residents.*

Outcome: This had not been achieved.

7. *The future of the unit at St. Loman's Hospital in Palmerstown should be examined in light of the sustained reduction in resident numbers.*

Outcome: The Unit was due to close in the near future.

8. *The service should continue to develop the management teams to include heads of clinical psychology, social work and occupational therapy.*

Outcome: The continued existence of the super catchment service remained uncertain. Two Integrated Service Areas (ISA's) had been proposed with the possibility that the mental health services may be aligned with these ISA's.

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

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## Range of Specialist Mental Health Services

Range of Specialist Teams SCA population 389,750		AVFC	AVFC-for this SCA
<b>Child and Adolescent</b>	3 - St. James Ballyfermot Lucan	2 teams per 100,000 population (Pg. 72)	8
<b>Mental Health Intellectual Disability</b>	2	2 teams per 300,000 population (Pg. 129)	2
<b>Psychiatry of Old Age</b>	2	1 team per 100,000 population (Pg. 118)	4
<b>Rehabilitation</b>	1	1 team per 100,000 population (Pg. 107)	4
<b>Liaison</b>	2	1 team per 500 Bedded-General Hospital (Pg. 155)	3
<b>Forensic</b>	0	1 team per HSE Region (Pg. 139)	1 per region
<b>Homeless</b>	1	1 team North Dublin and 1 team in South Dublin (Pg. 145)	1

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

There are three CAMHS teams in the catchment area, St. James Clondalkin, Ballyfermot and Lucan which provided services for south Dublin inner city, Inchicore, Ballyfermot, Cherry Orchard, Palmerstown, Lucan, Clondalkin, Rathcoole and Saggart with a total population of 201,000.

The Lucan CAMHS team was involved in the National Collaborative Project with the Mental Health Commission on Care Planning. The service was participating in the Choice and Partnership Approach (CAPA) training, a model of working in CAMHS designed to improve service delivery and efficiency.

All CAMHS teams reported extreme difficulties in accessing inpatient beds for children and adolescents.

### Psychiatry of Old Age (POA)

There were two Psychiatry of Old Age teams in the super-catchment area, one in Dublin South City (St. James's based) and one in Dublin West/South West (AMNCH based) for a population over 65 years of approximately 36,000. None of the teams had a full multidisciplinary complement. A memory clinic had been established in Dublin South City.

The Dublin South City and Dublin West/South West held regular team meetings and operated a key worker system which was reported to be working well. The Psychiatry of Old Age were also providing consultation liaison services for persons admitted to the general wards of St. James's Hospital, Acute Psychiatric Unit, Adelaide and Meath National Children's Hospital in Tallaght and to residential care and rehabilitation units. Both services had been engaged in discussions on the reconfiguration and functional integration of services between themselves in both General Adult and Psychiatry of Old Age services.

## **Rehabilitation and Recovery**

There was one rehabilitation team which covered Dublin West/South West with a population of 256,566. The sector headquarters were based in St. Loman's Hospital, Palmerstown. This area provided three high support residential units. The service was undertaking a review with the view to creating a single Rehabilitation team covering the full super-catchment area. There was no rehabilitation team in Dublin South City, St. James's Hospital. This service provided a multidisciplinary rehabilitation committee and managed two high support hostels, one medium support hostel and a number of group homes. These services were coordinated by an Assistant Director of Nursing.

## **Liaison Team**

The liaison service was a non-catchment area service provided at St. James's Hospital and the Acute Psychiatric Unit, Adelaide and Meath National Children's Hospital (AMNCH), Tallaght with a combined total of nearly 1,600 beds. The service in St. James's Hospital had two consultant psychiatrists and three clinical nurse specialists for 1,000 beds and held weekly multidisciplinary team meetings as well as Clinical Governance meetings. The service in AMNCH for approximately 600 beds had two consultant psychiatrists and 1.6 whole-time-equivalent clinical nurse specialists. Joint meetings between other specialities within the hospital were also held on a regular basis (i.e. oncology, haematology, Emergency Department).

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

Palmerstown View, Stewart's Hospital was an approved centre with six beds. The service provided mental health services for other residents of Stewarts Hospital and day attendees. There were 185 residents and 40 day attendees to the service. The service had a multidisciplinary management team which met monthly.

Cheeverstown House was a voluntary, private service which provided a broad range of person-centred services for Adults and Children with Mental Health and Intellectual Disability. The service provided a wide range of residential and respite services for approximately 400 persons including flexible in-home support services, early childhood assessment and intervention, education and day care services for children and day care, vocational training and employment services for adults. The service reported that approximately 60% of service users required moderate to intensive support.

There was no direct provision of a specialist mental health service for intellectual disability in the super-catchment area. This service was provided by the voluntary sector and there were no governance links with providers of this service. A new working group had been developed and met on a regular basis to review services, integration with the general adult services and the development of the services. Cheeverstown House was in the process of developing a Child and Adolescent Mental Health of Intellectual Disability (CAMHID) team and a Complex Needs Team to compliment the Mental Health and Intellectual Disability service.

## **Forensic Mental Health Services**

There was no forensic team within the super-catchment area. The super-catchment area reported the requirement for the provision of a service for a small number of individuals within the service that 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 to the units were frequently required to be locked as the risk of absconson from the approved centre had increased.

## **Homeless**

The Homeless mental health team (ACCES) provided an assertive outreach service to homeless patients in the South Dublin region. The team did not hold admitting rights to any approved centre which resulted in patients being admitted to their own catchment area hospital. The ACCES team visited the admitting team and agreed a handover of care pre-discharge.

## General Adult

General Adult	SCA POPULATION 389,750	AVFC	AVFC-for this SCA
General Adult CMHT's	7 SECTOR TEAMS	1 per 50,000 sector population with 2 Consultant Psychiatrists (Pg. 95)	8
Number Acute In-patient Beds	87	50 in-patient beds per 300,000 population (Pg. 97)	66

### Dublin West/Dublin South West

This service had a large community based focus with four approved centres at St. Loman's Palmerstown, Acute Psychiatric Unit, Adelaide and Meath National Children's Hospital (AMNCH), Tallaght, Palmerstown View, Stewart's Hospital and the not-for-profit multi-denominational Bloomfield Care Centre. There were four sectors: Crumlin, Clondalkin, Ballyfermot and Tallaght with additional teams in Psychiatry of Old Age and rehabilitation.

The service operated five day hospitals, one in each area and an additional one for Psychiatry of Old Age. A liaison psychiatry service was also provided in conjunction with the Acute Psychiatric Unit, Adelaide and Meath National Children's Hospital in Tallaght.

### Dublin South City

This service provided comprehensive care to a population of 136,704 divided into three sectors: Camac Sector (inner city) 44,033, Owendoher (suburban) 67,936 and Drimnagh (inner suburbs) 23,030. There were two day hospitals, one in St. Martha's House in Kilmainham and the other located in Jonathan Swift Clinic. Both provided outpatient services. There was multidisciplinary access on each sector team although staffing levels were still low. The transfer of community services from St. Patrick's Hospital was completed in January 2009. The approved centre was the Jonathan Swift Clinic in St. James's Hospital. There was no rehabilitation team but there was a Psychiatry of Old Age team. The service was provided under a dual management arrangement involving the Health Service Executive and St. James's Hospital.

There were seven sector teams. The recommendation of *A Vision for Change* is for eight sector teams. The largest sector team had a population of 82,641 and the smallest of the sectors had a population of 23,030. There were a total of 14 consultant psychiatrists in the catchment area in the Community Mental Health Teams (CMHT's).

**Table**

Catchment	Dublin West/ South West	Dublin South City	Total	AVFC Recommendation per 50,000 population (Pg. 95)	AVFC-for this SCA
Population	253,046	136,704			
Consultant Psychiatrist	9	5	14	2	16
Clinical Psychology	7	2.2	9.2	2	16
Social Work	6	3	9	2	16
Occupational Therapy	5	4.5	9.5	2-3	16-24
Community Mental Health Nurses	9.87	5	14.87	6-8	48-64

## Community Based Services

Community Based Services	Number of facilities	Number of Places	AVFC	AVFC-for this SCA
<b>Crisis Houses</b>	0	0	1 per 300,000 population with 10 places (Pg. 73)	1
<b>Day Hospitals</b>	6	Information not provided	1 per Community Mental Health Centre (CMHC) (Pg. 96)	8
<b>Day Centres</b>	4	Information not provided	1-2 per 300,000 population with 30 places (Pg. 73, 109)	1 - 2 with 40 places
<b>24-Hour Nurse Staffed Community Residences</b>	7	83	30 places per 100,000 (Pg. 73, 261)	12 with a maximum of 10 places
<b>Assertive Outreach</b>	1	Not available	1 sub-group per rehabilitation team (Pg. 108)	4
<b>Home Based Treatment</b>	4	Not available	1 per CMHT (Pg. 99)	8

The super-catchment area provided six day hospitals and four day centres.

The super-catchment area had seven 24-hour supervised community residences and no crisis houses.

The Dublin South City service had no Assertive Outreach Team whilst Dublin West/South did have a team.

Dublin West/South West provided a home-based service from Crumlin, Clondalkin, Ballyfermot and Tallaght whilst no home-based service was provided in Dublin South City.

# Governance

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## Executive Clinical Director and the Management Team

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 level and at a Local Health Office level and there was little integration of services across the super-catchment area. The super-catchment area continued to function as separate catchment areas on a day to day operational basis. The super-catchment area had five approved centres and the Executive Clinical Director had clinical responsibility for four approved centres. The current configuration of the executive management team consisted of the Executive Clinical Director and the Director of Nursing for Dublin South City. The Director of Nursing for Dublin South West, the Area Manager for Dublin South West and the Area Manager for Dublin South City. The service reported that the development of a governance structure for the super-catchment area can only proceed when greater clarity was received regarding Integrated Service Area Networks and super-catchment organisational structures.

The service reported that the following assured a quality service and good governance:

- Adverse Incident System in operation.
- Clinical Supervision of all staff.
- Individual Care Plan audits.
- A Risk Management Committee.
- Regular Hygiene Audits.
- The development of a Risk Register in 2010.
- A critical incident review system.

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

There was some 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 recruitment embargo in operation since 2009 to date, and the attrition of staff due to early retirement of a high number of experienced staff had all impacted to make any progress severely limited. Although ten additional nursing posts had been secured the services reported that they were now faced with the prospect of having to redeploy community resources back into approved centres so as to ensure patient safety if staff numbers continued to decrease 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 had a range of day centres, day hospitals and 24-hour residences. Various groups had been established to map resources across the super-catchment area in order to inform future service requirements.

It was reported by the service that the planned closure of the Laura Centre, St. Loman's Hospital in Palmerstown had been put on hold due to financial constraints. The closure of this unit would augment an Assertive Outreach Rehabilitation team. The super catchment provided a homeless service for a population in excess of 600,000.

This service is run by 4.4 whole-time-equivalent staff whilst recommendations in *A Vision for Change* recommended 24 whole-time-equivalent staff.

The super-catchment area provided Addiction services with 12 satellite clinics for a population in excess of 500,000. The service reported that over 500 persons were receiving addiction treatment in prison.

## 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 involuntary detained.

### Dublin South City

St. James's Hospital - The inclusion of service user was represented in the St. James's Advocacy Steering Group. Residents reported improvements in the environment, including water dispensers and the refurbishment of the sitting room. Some residents expressed their difficulty in obtaining quality time to engage with staff members and few had been asked to participate in the formulation of their individual care plan.

### Dublin West/South West

Acute Psychiatric Unit, AMNCH – Residents appreciated the occupational therapy provision in the approved centre and the importance of access to the service as part of their recovery. Some residents were not aware of their individual care plan or had any involvement in the formulation of the individual care plan. Residents expressed a lack of access to counselling or talking therapies.

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.

## Risk Management

Throughout the super-catchment area various risk management projects were undertaken. A formal risk management committee reviewed all incident forms with feedback given to the service. The super-catchment area personnel were concerned about the negative impact on services and on progress for *A Vision for Change* caused by reduction in funding over the past two years, the moratorium on staff recruitment and the attrition of staff due to early retirement. They stated that patient safety had not been compromised but were wary of further reductions in resources.

## Quality outcomes

It was reported that the service 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 service stated that at present quality was measured against *A Vision for Change*, the Mental Health Act (2001) and various other national standards. The service was undertaking a mapping exercise to benchmark existing resources against *A Vision for Change* recommendations.

An area-wide statutory-voluntary partnership with Pieta House, Village Counselling and other counselling services had been developed with the aim of optimising interventions for suicidal behaviour and strengthening a preventative strategy. The creation of two clinical nurse specialist posts in Suicide Behaviour Management and the creation of an inter-agency register to ensure coordination had been developed.

The Dublin West/South West service provided an Anxiety and Stress Management programmes and Cognitive Behaviour Therapy (CBT) for Psychosis training.

## Conclusion

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There was no evidence that Dublin West/South West and Dublin South City were functioning as a super-catchment area. Although the Executive Clinical Director had been appointed, no support structures had been put in place. The service reported that the development of a governance structure for the super-catchment area can only proceed when greater clarity was received regarding Integrated Service Area Networks and super-catchment organisational structures

There was a reliance on acute inpatient beds which were far above the number recommended in *A Vision for Change*. There were no plans to reduce the number of beds.

The super-catchment demonstrated a growing service user and carer involvement. The absence of a rehabilitation team in Dublin South City was a serious deficiency, especially in view of the presence of long stay residents in the continuing care ward and the supported accommodation in the community. A community rehabilitation team for the super-catchment team would be in a position to progress movement of residents into more independent accommodation and ultimately close long stay beds.

The lack of funding had resulted in lack of development of the community mental health teams, both in staffing and in facilities, despite plans to improve both.

## **Recommendations and areas for development**

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1. Progress should be made to close the Laura Centre, St. Loman's Hospital in Palmerstown.
2. A unified mental health super-catchment area management team structure should be established, including the appointments of nursing director and directors of health and social care professionals as soon as possible.
3. All staffing levels should be upgraded to AVFC levels.
4. The rationalisation of acute admission beds should be supported by the development of a crisis house.
5. The super-catchment area should develop local multidisciplinary quality improvement initiatives.
6. The super-catchment area should address the issues of skill mix within residential and community based services, including mental health support workers and health care assistants.
7. The super-catchment management team should develop protocols and procedures to ensure synergistic working, especially in the areas of Liaison, Mental Health Intellectual Disability and Rehabilitation.