

Mental Health Services 2010
Mental Health Catchment Area Report

.MENTAL HEALTH CATCHMENT AREA (SUPER CATCHMENT AREA)	Galway, Mayo, Roscommon
HSE AREA	West
MENTAL HEALTH SERVICES	Galway, Mayo, Roscommon
POPULATION	414,277
NUMBER OF SECTORS (GENERAL ADULT)	16
NUMBER OF APPROVED CENTRES	Adult Mental Health Unit, Mayo General Hospital An Coillín, Castlebar Teach Aisling, Castlebar St. Anne's Unit, Sacred Heart Hospital, Castlebar Department of Psychiatry, County Hospital, Roscommon Psychiatric Unit, University College Hospital Galway St. Anne's Child and Adolescent Unit, Galway St. Brigid's Hospital, Ballinasloe
NUMBER OF DAY HOSPITALS, DAY CENTRES AND 24 HOUR RESIDENCES	12 - Day Hospitals, 14 - Day Centres 17 - 24-Hour Nurse Staffed Community Residences
SPECIALIST TEAMS	6 - Child and Adolescent Mental Health Services 3 - Psychiatry of Old Age 1 - Mental Health of Intellectual Disability 2 - Rehabilitation 0 - Liaison 0 - Forensic
PER CAPITA EXPENDITURE 2010 [>18 YEARS]	West Galway: €96.07 East Galway: €183.76 Mayo: €242.25 Roscommon: €261.00
DATE OF MEETING	29 June 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 and Intellectual Disability.
- The development of community based services.
- Multidisciplinary team functioning.
- Resource allocation per head of population.
- Recovery initiatives.

Progress on 2009 Recommendations

East Galway

1. *Individual care plans should be introduced to all residents in the approved centre.*

Outcome: Individual care plans were in the process of being introduced in all areas in the approved centre.

2. *Renovations should be carried out to improve bathroom standards in the approved centre.*

Outcome: The bathroom areas remained in poor condition.

3. *The service should consider extending its core management system to include managers of other disciplines.*

Outcome: East Galway catchment managers regularly meet with line managers.

West Galway

4. *Service users should have access to a community-based service in their local area in accordance with national health policy.*

Outcome: The community mental health teams remained under-resourced and there was a lack of multidisciplinary team members.

5. *Residents in Unit 9A who no longer require inpatient care should be discharged to Tully residence.*

Outcome: Tully residence had not yet opened and the residents remained in Unit 9A. Unit 9A was no longer an approved centre and had become a community residence.

6. *A plan should be developed with specific outcomes stated and a time line to be put in place a community based service with real alternatives to inpatient care. Costing should be included.*

Outcome: Due to lack of funding there were no plans to increase the community based service.

7. *The number of beds should be reduced to reflect the population level.*

Outcome: This has not been achieved.

8. *The teams should be staffed according to national policy norms.*

Outcome: Due to funding difficulties this had not been achieved.

9. *The transferring of residents from the acute unit to Unit 9A Merlin Park due to overcrowding must cease and the high observation area should open as a matter of urgency.*

Outcome: Transfers to Unit 9A Merlin Park for reasons of overcrowding in the Psychiatric Unit had ceased. Due to staffing problems the observation unit had not opened.

Roscommon

10. *The composition of the teams should be enhanced with the necessary multidisciplinary professionals.*

Outcome: Due to funding difficulties this had not been achieved.

11. Each resident must have an individual care plan. The system developed must be reviewed and all disciplines must be responsible for meeting the requirements of Article 15.

Outcome: Not every resident had an individual care plan.

12. The individual care plans should be linked to individual therapeutic services and programmes.

Outcome: This was not achieved.

13. Training in individual care planning should be provided for all staff.

Outcome: This had not been achieved.

Mayo

14. There should be a single multidisciplinary team management structure in place in accordance with national policy.

Outcome: There was a Heads of Department committee.

15. All teams should be staffed with agreed numbers as per national policy.

Outcome: Due to funding difficulties this had not been achieved.

16. The number of beds for future rehabilitation and continuing care needs to be planned.

Outcome: There were designated rehabilitation beds as well as continuing care beds.

17. Service users should have the option of a seven-day alternative service to inpatient care.

Outcome: There was a treatment centre in Swinford and a residential unit in Ballina that facilitated early discharge from the acute admission unit and also offered respite services to known service users.

Super Catchment Area comparison with *A Vision for Change*

Range of Specialist Mental Health Services

Range of Specialist Teams SCA population 414,277		AVFC	AVFC-for this SCA
Child and Adolescent	6	2 teams per 100,000 population (Pg. 72)	8
Mental Health Intellectual Disability	1	2 teams per 300,000 population (Pg. 129)	2
Psychiatry of Old Age	3	1 team per 100,000 population (Pg. 118)	4
Rehabilitation	2	1 team per 100,000 population (Pg. 107)	4
Liaison	0	1 team per 500 Bedded-General Hospital (Pg. 155)	2
Forensic	0	1 team per HSE Region (Pg. 139)	1

Child and Adolescent Mental Health Services (CAMHS)

There were six child and adolescent mental health teams for a population of 413,506. At least two further teams were needed to bring this in compliance with *A Vision for Change*.

Mental Health in Intellectual Disability (MHID)

There was one understaffed Mental Health team in Intellectual Disability (MHID) team in Mayo which was provided by the Health Service Executive (HSE). There was also a MHID team provided by the Brothers of Charity which provided services in East Galway, West Galway and Roscommon. The mental health services continued to look after people with intellectual disability in small residential units throughout East Galway.

Psychiatry of Old Age (POA)

There were three Psychiatry of Old Age teams, one in Mayo, one in West Galway and one in East Galway. The team in Mayo had a dedicated approved centre. Roscommon had no access to Psychiatry of Old Age. The West Galway team had a full multidisciplinary team with two whole-time-equivalent community mental health nurses. The East Galway Psychiatry of Old Age team had no psychologist but had a whole-time-equivalent social worker, a whole-time-equivalent occupational therapist and three whole-time-equivalent community mental health nurses. There were consultant-led liaison services to Portiuncula Hospital in East Galway for Psychiatry of Old Age. The service estimated that more than four teams were required under *A Vision for Change* due to the high percentage of people over 65 years of age and the wide geographical spread of the area.

Rehabilitation Mental Health Services

There was a rehabilitation team in Mayo and a team in East Galway. There was no rehabilitation team in West Galway and Roscommon had no access to rehabilitation services.

Liaison Mental Health Services

There were no liaison services in the super catchment area. This was despite the fact that University College Hospital Galway was a large regional hospital and there were general hospitals in Mayo, East Galway and Roscommon. Mayo had two whole-time-equivalent liaison nurses who operated under one of the sector teams. In West Galway there were one whole-time-equivalent liaison nurses and one whole-time-equivalent non-consultant hospital doctor.

Forensic Services

There were no forensic services in the region despite the existence of the prison in Castlerea and a small number of residents in acute units with a forensic history.

General Adult

General Adult	SCA POPULATION 414,277	AVFC	AVFC-for this SCA
General Adult CMHT's	16 SECTOR TEAMS	1 per 50,000 sector population with 2 Consultant Psychiatrists (Pg. 95)	8
Number Acute In-patient Beds	142	50 in-patient beds per 300,000 population (Pg. 97)	66

In total there were 16 sector teams in the super catchment area. All sectors were small and had one whole-time-equivalent consultant psychiatrist. No sector was in accordance with *A Vision for Change*, i.e. with a population of 50,000 with two consultant psychiatrists.

Table

Catchment	Catchment West Galway	Catchment East Galway	Catchment Mayo	Catchment Roscommon	Total	AVFC Recommendation per 50,000 population (P. 95)	AVFC- for this SCA
Population	121,567	110,100	123,839	58,887			
Consultant Psychiatrist	4	4	5	3	16	2	16
Clinical Psychology	2	4	3	1	10	2	16
Social Work	4	3.5	4.3	2	13.8	2	16
Occupational Therapy	3	4	6	1.6	11.6	2-3	16-24
Community Mental Health Nurses	8	10	10	4	29	6-8	48-64

Community Based Services

Community Based Services	Number of facilities	Number of Places	AVFC	AVFC-for this SCA
Crisis Houses	1	5	1 per 300,000 population with 10 places (Pg. 73)	1
Day Hospitals	12	Unknown due to stated “unlimited places” in East Galway	1 per Community Mental Health Centre (CMHT) (Pg. 96)	8
Day Centres	14	Unknown due to stated “unlimited places” in East Galway	1-2 per 300,000 population with 30 places (Pg. 73, 109)	1 -2 with 40 places
24-Hour Nurse Staffed Community Residences	17	160	30 places per 100,000 (Pg. 73 and 261)	12 with maximum 10 places in each
Assertive Outreach	1	-	1 sub-group per rehabilitation team (Pg. 108)	4
Home Based Treatment	6	-	1 per CMHT (Pg. 99)	8

There was one day hospital in Roscommon, five day hospitals in Mayo, one day hospital in West Galway and five day hospitals in East Galway. It was stated by the local health manager that the number of places in the day hospitals and day centres in East Galway was unlimited and dependent on staffing.

All teams in Mayo had home based treatment teams and there was also an assertive outreach team in Mayo. There were home-based treatment teams in East Galway.

There were nine 24-hour nursed staffed residences in East Galway. The crisis house was in Mayo.

Governance

Executive Clinical Director and the Management Team

There was no Executive Clinical Director (ECD) in Galway, Mayo and Roscommon super catchment area. There were plans to appoint an acting ECD. There were three local health managers. A business manager for mental health was to be appointed.

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

There was little progress on the ground to moving sector sizes to 50,000 with two consultant psychiatrists, or to moving to a super catchment of 300,000. This had resulted in each current catchment area functioning completely independently with no integration of resources or sharing of services. A plan to reduce the number of acute beds between Galway and Roscommon to 50 beds was in progress.

The closure of the long stay beds in St. Bridget's Hospital continued and Ward 19 had closed. There was a population of residents resident in St. Bridget's Hospital, who originated in West Galway and Roscommon, with complex needs, some of whom had forensic requirements. This had caused placement difficulties. Some plans of reconfiguring services were unable to proceed because of shortages of staff due to retirement.

Quality of Patient Experience/Advocacy Involvement

The Irish Advocacy Network regularly visited a number of acute units, day hospital, day centres, training centres and rehabilitation units throughout the super catchment area.

In general, staff were described by the service users as approachable and friendly. Arranged activities in the approved centres were seen as positive. In some areas the Wellness and Recovery Action Plan (WRAP) was actively promoted. Most complaints were in regard to the perceived over-use of medication, the over-reliance of the medical model of mental illness, the lack of talking therapies and the lack of awareness by service users of their individual care plans. Some service users were afraid that if they spoke out they would be detained under the Mental Health Act 2001. Service users were also worried about the effect of cutbacks on the level of services available. There were complaints about the practice of "sleeping out" residents from the acute unit in Mayo to An Coillín, another approved centre.

A consumer panel was fully functioning in Mayo and there was a service user on the Steering Group for Recovery. The Dublin City University Leadership support group was ongoing and there was also a Befriending Project which was run by the Mental Health Association and the mental health service. The consumer panel in West Galway contributed to the catchment and sector management team. Although efforts had been made to set up consumer panels in other areas this has not been successful.

Risk Management

In Roscommon a Service Development Group had implemented changes relating to risk assessment, referral procedures and day visits. Clinical risk monitoring was part of the local business plan for 2011.

A Quality and Risk Group was operational in East and West Galway, including CAHMS. Nursing staff shortages continued to cause difficulties for management.

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.

Conclusion

There was no evidence that Galway, Mayo and Roscommon were functioning as a super catchment area. There was no executive clinical director (ECD) following retirement earlier in the year of the previous ECD. Although there were plans to appoint an acting ECD, this had not happened. Each catchment functioned separately. There were three local health managers managing the four catchment areas. One catchment area Roscommon was extremely small with a population of 58,000 and no access to specialist services apart from Child and Adolescent Services Mental Health Service. This service should be operating as a sector rather than a catchment area.

Sector size remained small and none had a population of 50,000 with two consultant psychiatrists as recommended by *A Vision for Change*. Community staffing and facilities were not in line with *A Vision for Change* and there were marked differences across the different catchment areas in multidisciplinary staffing, day places and 24-hour nurse supervised community residences.

Consumer panels were operational in Mayo and Galway. Service users found over-reliance on medication and lack of other therapeutic activities in all parts of the super catchment areas.

The lack of any liaison team in the super catchment team was particularly surprising. There were three general hospitals and a large regional hospital in the supercatchment area and the operation of liaison psychiatry was divided amongst the different clinical teams. There was on-call access for liaison in East Galway. There was no rehabilitation team covering West Galway and Roscommon.

There was a heavy reliance on acute inpatient beds which were far above the number recommended in national policy. There are acute beds in East Galway, West Galway, Mayo and Roscommon. There were plans to reduce the number of beds in Roscommon and West Galway to 50 beds but this plan was still in the early stages. Significant progress had been made in reducing long stay bed numbers and moving to closure in St. Brigid's Hospital which was the only large psychiatric hospital remaining in the super catchment area.

Recommendations and areas for development

1. Continue to progress the plans for the closure of St. Brigid's Hospital, Ballinasloe.
2. Address the issue of skills mix in residential and community based services, including mental health support workers and health care assistants.
3. Develop local quality improvement initiatives.
4. Develop a unified mental health catchment area (super catchment area) management team.
5. Staffing to be upgraded to *A Vision for Change* levels.
6. Inpatient beds to be in line with *A Vision for Change* recommendation.
7. Community based services to be urgently developed.