Mental Health Services 2011

Inspection of Mental Health Services in Day Hospitals

DAY HOSPITAL INSPECTED	Community Mental Health Centre
EXECUTIVE CATCHMENT AREA	Kildare, West Wicklow, Laois, Offaly, Longford and Westmeath
HSE AREA	Dublin Mid-Leinster
CATCHMENT POPULATION	48,879
LOCATION	Bridge Street, Portlaoise, Co. Laois
TOTAL NUMBER OF PLACES	None stated
DATE OF INSPECTION	5 May 2011

Details

Service description

The Community Mental Health Centre opened 12 years ago and housed the day hospital and also the headquarters for one community mental health team. The day hospital provided specialist assessment, treatment and support to adults in the community experiencing mental health difficulties. There were 61 persons attending the day hospital at the time of inspection.

The Community Mental Health Centre, day hospital, located in the town centre of Portlaoise, was readily identifiable and was accessed via an archway off the main thoroughfare. The day hospital was not purpose built but was located in an office block alongside commercial and business ventures and had its own hall door. Accommodation was over a ground-floor and first-floor and was wheelchair accessible on the ground-floor only. Entry was directly into a narrow reception area which comprised a small seating area and a hatch-style reception which opened onto a small room where the administrative staff worked. Space was limited and there was no privacy when speaking with the reception staff. The reception area was not particularly family friendly. At the time of inspection, a young mother who was in the waiting area was having to balance a toddler in her arms on a narrow chair as there was insufficient space to place the toddler safely on the floor. There was a water-cooler, magazines and a stand with mental health information leaflets in this area. Overall, the reception area was cramped and lacked privacy. Facilities available for day hospital attendees included two group rooms, a kitchen and a relaxation room.

The day hospital operated from 0900 hours to 1730 hours five days a week. There was also a GROW self help group in the day hospital on Wednesday evenings.

Premises

CHECKPOINT	RESPONSE
Is the premises part of a psychiatric hospital?	**No**
Is the premises in an independent building?	**Yes**
Is the premises purpose built?	**No**
Is the premises accessible by public transport?	**Yes**
Is the sector HQ located in the Community Mental Health Centre?	**Yes**
How many activity rooms are there for service users?	**4**
How many service users are attending?	**61**
Is there a facility for providing hot meals?	**No** **Soup and sandwiches only**

Referral procedure

One sector team was based in the Community Mental Health Centre, and this team had been sub-divided into the Portlaoise East and the Portlaoise West teams.

There was a standardised day hospital referral form. Referrals were usually from the sector team out-patient clinic, from the Department of Psychiatry, Portlaoise General Hospital, from general practitioners and primary care teams, from health and social care professionals, and from community mental health nurses. Individuals referred to the day hospital by a general practitioner were seen in the first instance by a medical doctor. There were plans in train to develop the nursing role in triage intake-assessment in the near future and the Executive Clinical Director and the CNM3 were leading this initiative. The waiting time for an appointment was generally three to six months. Referrals were prioritised.

There was also a primary care liaison nurse who worked directly with four general practitioner practices and their clients. This liaison post was temporarily funded on a project basis and had secured funding from the National Office for Suicide Prevention for a further three years.

Staffing levels

POST	NUMBER WTE	SESSIONS PER WEEK
Consultant psychiatrist	2	5 sessions each
Nursing staff	1 CNM3 4 CMHN 2 Day Hospital RPNs	Whole-time posts
NCHD	2	5 sessions each
Occupational therapist	1	Whole-time post
Psychologist	1	Whole-time-post
Social worker	1	Whole-time-post
Activities therapist	0	0
Art Therapist Clinical Nurse Specialist – Cognitive Behaviour Therapy	1 2	1 session 3 sessions

Range of services provided

Service users variously attended the day hospital for individual consultation and therapy and for group therapy programmes. Service users only attended the day hospital at scheduled times and for a period of up to three months, intervention was focused and time limited. If an individual service user required further support then a referral was made to the day centre service.

Group programmes generally ran for an eight-twelve week course and could accommodate up to ten persons. Groups were themed on anxiety management, solutions for wellness, wellness recovery action plan (WRAP), re-socialisation, managing bipolar disorder and art therapy. There were individual relaxation training classes and cognitive behaviour therapy and a weekly small group cooking and nutrition session.

Groups were provided by nursing staff. A trained art therapist ran the art therapy group. There was a weekly Depot Clinic and a monthly Clozaril Clinic, with ten persons attending each clinic.

The Primary Care Liaison nurse ran assessment and follow-up clinics both in general practitioner surgeries and in the day hospital. There had been 95 referrals to this service in 2010 and individuals were usually seen for six to eight individual sessions. Depression, anxiety and life event stress were the most common reasons for referral. Staff reported an increase in the number of men being referred within the last year owing to financial stress related to the economic recession. Cases were reviewed at the weekly multidisciplinary meeting and 24% of referrals were also seen by other members of the multidisciplinary team as appropriate.

A full-time clinical psychologist provided assessment and psychological therapy with input to the acute unit at the Department of Psychiatry, Portlaoise General Hospital and to the day hospital. Referrals for clinical psychology were prioritised in consultation with the multidisciplinary team, with urgent referrals being seen within a couple of weeks, otherwise a person being referred might have up to one year to wait for a consultation. There were 50 persons on the waiting list for clinical psychology. The clinical psychologist provided approximately 50 individual sessions per month, usually comprising four-five sessions per individual assessment and ten sessions for individual psychological therapy.

The previously vacant social work position had been filled at the beginning of the year and hence a waiting list had not accumulated. In the month of January, 20 referrals were made to social work. At the time of inspection 23 individuals were actively being seen by the social worker who provided input to the acute unit at the Department of Psychiatry, in the community and in the day hospital. Social work focus included family work, parenting skills, conflict resolution, WRAP and home visits.

There was one occupational therapist who worked in the community on home visits, in Beechhaven day centre and in the day hospital. The waiting time for an occupational therapy appointment was two-three months and there were 30 persons on the waiting list. The occupational therapist had an active case load of 48 persons and the focus of intervention was occupational functional assessment, rehabilitation in the activities of daily living, and social integration.

Medical out-patient clinics operated from the day hospital on Mondays, Wednesdays and Fridays. Both the consultant led teams provided four-five sessions per week and 50 persons were seen weekly.

There was one multidisciplinary team meetings per week in the day hospital and minutes were kept in a desk diary which detailed the client, the intervention, the team member responsible and review. The individual clinical file accompanied the service user throughout the mental health service. Several individual clinical files were inspected and each contained a referral form, a nursing intake assessment, a risk assessment, and an individual care plan which had been updated regularly and signed by the service user.

There was no home-based treatment team and no assertive outreach team in the sector. Whilst there was no addiction counsellor based in the day hospital, service users had access to two addiction counsellors in the Community Alcohol and Drug service.

Service user input (include service user interviews)

There were no service users on site during the inspection as there was no programme scheduled for that particular time. The out-patient clinic was operating and the waiting areas both downstairs and upstairs were busy and crowded. Attendees whilst greeted by the inspector were not approached directly in deference to their privacy. Nursing staff apprised attendees of the purpose of the inspection and the availability of the Inspector to meet with any individuals if they so wished.

The day hospital staff reported that a service user satisfaction audit was due to commence. There was no formal representation of service users into service planning.

Staff reported that the Irish Advocacy Network did not have input to the day hospital.

Quality initiatives in 2011

- The nursing role in triage assessment in the day hospital was being developed.
- Nursing staff had sourced sponsorship for the purchasing of a library of books and manuals for the running of cognitive behavioural and skill training groups.
- The primary care liaison nurse had carried out an audit of the service.
- The hours of opening had been extended during 2011 and the day hospital now operated from 0830 hours to facilitate service users who were working during office hours. Administrative staff provided a service from 0800h to 1750h.

Operational policies

The centre had a full suite of up-to-date generic policies and procedures applicable to the mental health services in Laois/Offaly. A cross-sector group was about to be established with a view to developing specific policies and key performance indicators for day hospitals on areas of commonality.

The day hospital had a record of incidents. It used a standardised incident/near miss form to record. There was a risk management policy in place and the individual clinical files inspected all contained a risk assessment. The staff training log was inspected and was satisfactory and up-to-date.

There was an admission intake assessment and a discharge protocol. If an individual service user did not attend for a scheduled appointment and staff had any concern about the individual's well-being then direct contact was made by nursing staff either by telephone or in person. Where an individual service user did not attend for several scheduled appointments the referring agent was advised in writing.

Planning

There was no written service development plan for the day hospital.

Staff reported that acquiring additional building space was a priority for the day hospital, and that a submission had been made to local management to acquire or rent space in the adjoining empty premises which might be accessed via an internal door within the day hospital.

Conclusions

The location of the day hospital was excellent, being in the centre of town and housed in a business setting beside a law centre, it was easily accessed and potentially less stigmatizing than if sited in a large institution. The day hospital had produced a concise user-friendly leaflet outlining its philosophy, services and personnel and this was prominently displayed. The premises were immaculately clean and well maintained. The day hospital rooms housed various recreational materials such as a pool-table, books and magazines, beauty care products, table games, electronic games, a television set, an exercise bike and yoga mats, all of which created a friendly, relaxed environment.

The accommodation within the out-patient and day hospital areas was cramped. Individuals awaiting consultation were seated in a tiny waiting area downstairs or seated upstairs along the narrow corridor directly outside consultation rooms. This arrangement afforded limited privacy to those attending and would likely be a disincentive to those seeking help in a rural community. The clinical room was housed in what had probably been an office store-room, being cramped in size and with no natural light or ventilation. The health and social care professionals shared one office and whilst this facilitated good team-work and communication, there was insufficient clinical consultation space available and this restricted therapeutic options.

The proposed development of the nursing role in triage assessment was to be welcomed, particularly in light of the current waiting time of three to six months for an appointment.

Recommendations and areas for development

1. *There should be a written service development plan.*
2. *Service users should be included in the service planning process.*
3. *There should be a team review of the referrals and waiting time for clinical psychology and an additional clinical psychologist appointed.*
4. *The service should endeavour to make more floor space available for out-patient and day hospital services so as to ensure privacy.*