

# **Mental Health Services 2011**

## **Inspection of Mental Health Services in Community Mental Health Centres**

<b>COMMUNITY MENTAL HEALTH CENTRE INSPECTED</b>	Community Mental Health Centre, Mullingar
<b>EXECUTIVE CATCHMENT AREA</b>	Kildare/West Wicklow, Laois/Offaly, Longford/Westmeath
<b>HSE AREA</b>	Mid-Leinster
<b>CATCHMENT POPULATION</b>	55,000
<b>LOCATION</b>	Green Road, Mullingar
<b>TOTAL NUMBER OF PLACES</b>	Average of 300 attendees per month
<b>DATE OF INSPECTION</b>	16 March 2011

## Details

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### Service description

The Community Mental Health Centre, Mullingar, was opened in 1995 out of existing offices attached to a former creamery. It provided specialist assessment, treatment and support to people in the community experiencing mental health difficulties. Its hours of operation were 0900h-1700h, Monday to Friday. The service provided individual one-to-one therapies between the service user and a member of the multidisciplinary team to whom the service user had been referred. The community mental health team were currently facilitating a Dialectical Behaviour Therapy (DBT) group and the psychology service was currently facilitating a Cognitive Behaviour Therapy (CBT) group. There was one sector team (Mullingar Sector) attached to the centre comprising two consultant psychiatrists, four community mental health nurses (CMHNs), one social worker, 0.5 WTE occupational therapist, 1.6 Whole time equivalent (WTE) psychologist and one nurse therapist at Clinical Nurse Specialist (CNS) level. The premises also housed the two Psychiatric Consultation Liaison Nurses – one of whom was funded by Mullingar General Hospital and the other by the Community Mental Health Team (CMHT).

### Premises

CHECKPOINT	RESPONSE
Is the premises part of a psychiatric hospital?	No
Is the premises an independent building?	Yes
Is the premises purpose built?	No
Is the premises accessible by public transport?	No
Is the premises the sector HQ located in D/H?	Yes
How many activity rooms are there for service users?	Undisclosed by service
How many service users are attending?	190 referrals in 2011 to the date of inspection
Is there a facility for providing hot meals?	No

### Referral procedure

Service users were referred to the CMHT which served the Mullingar sector. Referral was by the service user's general practitioner (GP) and the Liaison Psychiatry Service based in the Midland Regional Hospital, Mullingar. All service users discharged from the acute admissions wards in St. Loman's Hospital, Mullingar, were referred to the community mental health team at the community mental health centre where appropriate for follow-up care and management in accordance with the Mental Health Commission's Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre.

The centre used standardised referral forms. All referrals to the Community Mental Health Centre, which were generally made by the individual's GP, were discussed. This team referral system had begun operation in June 2010.

The team coordinator was an Assistant Director of Nursing who had set up an excellent data tracking system on Excel which contained a large quantity of information that tracked and managed all referrals. Twenty per cent of new referrals did not attend for appointment. The team coordinator accepted and routinely triaged all the referrals received. All referrals were routinely brought to the next community mental health team meeting for discussion by the full community mental health team and allocated to the most appropriate community mental health team professionals.

There had been 190 referrals in 2011 to the date of inspection.

### Staffing levels

POST	NUMBER WTE	SESSIONS PER WEEK
Consultant psychiatrist	2	4 (two each)
Nursing staff	4 CMHNs	Based at centre
NCHD	Undisclosed by service	Undisclosed by service
Occupational therapist	0.5	Centre based, also domiciliary visits
Psychologist	1.6	Based at centre
Social worker	1.0	Centre based, also domiciliary visits
Activities therapist	Not applicable	Not applicable
Other – Nurse Therapist	1.0	Based at centre

### Range of services provided

The multidisciplinary team (MDT) met each Thursday. There were four medically-led clinics: two outpatients' clinics undertaken by each of the two consultant psychiatrists and two new-patient clinics undertaken by each of the two consultant psychiatrists. Psychology services were by appointment only. Nurse therapy service was by appointment only. Occupational therapy and social worker services provision was of a mix of pre-arranged appointment and domiciliary assessment. There were two nurse-led clinics: a depot clinic and a Clozaril bloods clinic.

Although MDT reviews occurred each week, the service did not use MDT care plans but indicated that preliminary discussions had occurred amongst the team members in developing such care plans.

Domiciliary visits were made by the team and by individual members of the MDT.

### **Service user input**

Any service user who was in attendance at the time of inspection was attending individual one-to-one therapies. No service user, therefore, spoke with the Inspectorate.

There was excellent information on voluntary bodies and organisations. There was information on the Irish Advocacy Network including a contact phone number. The centre had an information leaflet.

### **Quality initiatives in 2011**

- A Dialectic Behaviour Therapy group had been set up with multidisciplinary team input.
- A Cognitive Behaviour Therapy group was being run by clinical psychology.
- Members of the team had been trained in Wellness Recovery Action Plan (WRAP).
- An Excel spreadsheet was used for the tracking and management of referrals to the centre.

### **Operational policies**

The centre had a full suite of up-to-date generic policies and procedures. A cross-sector group was about to be established with a remit to develop/progress service-wide sector-specific initiatives including common policies, procedures, protocols, key performance indicators etc.

The centre had a record of incidents. It used a standardised Incident/Near Miss form.

The centre had a record of up-to-date staff training. Individual heads of discipline maintained a record of training.

It was reported that due to funding, only mandatory training was being facilitated, however local senior nurse management had worked collaboratively with the Regional Nurse Practice Development Coordinator to provide training / education and development opportunities to local staff.

### **Planning**

New plans for the development of a day hospital incorporating the present centre were underway. The building was anticipated to take 12-15 months and an occupying date for 2013 had been mooted.

## **Conclusions**

The Community Mental Health Centre, Mullingar, was described as strictly a sector headquarters with no day hospital component. Individuals living in the community, and who were in need of mental health services, were receiving care and treatment on a one-to-one basis provided by members of a multidisciplinary team. The community mental health team were also facilitating DBT and CBT groups.

The Community Mental Health Centre, Mullingar was well-managed by the team coordinator who was a nurse at assistant director of nursing grade. The patient management system developed and managed by him was an excellent method of ensuring that all referrals were seen and managed swiftly.

## **Recommendations and areas for development**

- 1. The service should develop a system of multidisciplinary care planning for each service user.*