

Mental Health Services 2011
Inspection of Mental Health Services
Resource Centre

Day Hospital Inspected	Droumleigh Resource Centre, Bantry
Executive Catchment Area	South Lee, West Cork,
HSE Area	South
Catchment Population	55,000
Location	Bantry
Total number of Places	None stated
Date of inspection	2 June 2011

Details

Service description

The West Cork Mental Health Service (WCMHS) had three sector teams that provided care and treatment across inpatient care, outpatient clinics, community-based services, residential and hostel-support services. There were no specialist adult teams. There were two resource centres in the WCMHS: St. David's Resource Centre which was located on the grounds of Mount Carmel Hospital in Clonakilty; and Droumleigh Resource Centre which was located behind the main campus of Bantry General Hospital, a short walking distance from the town. St. David's Resource Centre had well established links with the Primary Care team, with the Traveller community and a local asylum seekers centre. The Inspectorate visited the Droumleigh Resource Centre.

Droumleigh Resource Centre combined, but was not limited to, elements of an out-patient service and a day hospital service. In addition to this, the WCMHS also provided satellite outpatient clinics in various locations, including, Castletownbere, Schull, Dunmanway, Clonakilty and Skibbereen. Some of these clinics were run in the Primary Care Centres and this promoted both access to and continuity of care for service users. There was a WCMHS Primary Care Liaison Nurse who provided a service across the sector both in Primary Care Centres and in secondary schools. The inspectors met with this nurse and have included a report on that component of service within this report. Whilst one sector team was based in Droumleigh Resource Centre, all sector teams had access to the services provided there.

Droumleigh hours of opening were from 0900h to 1700h Monday to Friday, however, the centre also hosted self-help and voluntary groups, such as alcoholics anonymous and bereavement counselling outside of these hours. The stated aim of the centre was to provide "patient focused holistic approach to recovery and mental wellbeing, within a quiet and relaxed environment". The service aimed to make their traditional services more user-centred and to seek different ways of overcoming mental health problems and to open up creative and imaginative paths for service users. This culture was reflected in the range of services provided within the resource centre and in the established links with community groups. "After hours" appointments were provided if needed to facilitate those service users who worked.

There was an attractive, spacious and welcoming waiting area. Drinking water, magazines and information leaflets were provided. There were also two large group spaces, a kitchen, an activity room, a complementary therapy room and individual consultation rooms. All areas were wheelchair accessible.

Premises

Checkpoint	Response
Are the premises part of a psychiatric hospital?	No
Are the premises an independent building?	Yes
Are the premises purpose built?	No
Are the premises accessible by public transport?	Yes
Is the sector HQ located in the Resource Centre?	Yes
How many activity rooms are there for service users?	Four plus five individual rooms
How many service users are attending?	Not stated
Is there a facility for providing hot meals?	Not applicable

Referral procedure

Referral to Droumleigh Resource Centre was from the sector teams, general practitioners and the primary care liaison nurse. The team coordinator processed all referrals and these were reviewed by the multidisciplinary team. Individuals were assigned to members of the team according to need. The waiting time for an appointment was generally two weeks for individual assessment and psychotherapy, and up to twelve weeks for a clinical psychology appointment. All urgent referrals were dealt with on the same day, and either referred to be seen immediately at the Centre for Mental Health Care and Recovery at Bantry General Hospital, or if needed, a member of the Community Mental Health Team would assess the person at home. The waiting time for first non -urgent appointments with a consultant psychiatrist had been reduced to two to three weeks. The primary care liaison nurse received referrals from GPs, CMHNs, sector teams and social workers. Schools and individuals could self refer and persons seen were sixteen years of age and upwards.

Post	Number WTE	sessions per week
Consultant psychiatrist	1	2
Team Co-ordinator	1	As required
Nursing staff	9	As required
Non Consultant Hospital Doctor	5	2
Occupational therapist	2.8	As required
Psychologist	1	As required
Social worker	2.2	As required
Clinical Nurse Specialist	2	As required
Complimentary/Activities therapist	1	As required
Administration staff	1	Full time

Range of services provided

The team co-ordinator managed referrals and appointments. There was an internal referral form. Referrals were reviewed at the weekly multidisciplinary team meeting.

An out-patient clinic operated twice weekly, providing a new referral clinic one day and follow-up appointments on Fridays where up to 20 persons were seen. Any individual requiring more urgent care might be referred directly by their general practitioner and seen at Bantry General Hospital. Non-consultant hospital doctors were scheduled such that a service user might have the consistency of seeing the same doctor throughout a six month period. Every second visit was scheduled with the consultant psychiatrist. Appointment cards were provided. A total of 627 outpatient appointments were provided in 2010 in Droumleigh Resource Centre out of a total of 2,846 outpatient appointments in the WCMHS.

Droumleigh Resource Centre provided individual and group psychotherapy and complementary therapy programmes.

A 'Moving towards Recovery Group' had been developed by the Occupational Therapy and Psychology Department. This was a skill based group for young adults 18yrs to 35yrs which provided community based activities, peer support and coping skills. Examples of the community activities were as follows: relaxation, kayaking, self esteem, cookery, communication, sailing, mind fullness & craftwork. The Irish Advocacy Network advocate reported that service user feedback on this programme was excellent.

Nursing staff included clinical nurse specialists and advanced nurse practitioners trained in cognitive behaviour therapy, psychotherapy and family therapy. Sessions were provided both on a one-to-one basis and in groups. A total of 1,458 psychotherapy appointments were provided by clinical nurse specialists and advanced nurse practitioners in Droumleigh in 2010.

The five community mental health nurses provided a total of 2,451 home visits in 2010.

Clinical psychology had provided 48 new assessments, 44 neuropsychological assessments, 251 review appointments, 35 family consultations, 26 home visits and 15 group sessions in 2010.

A twelve week stress management programme was provided by occupational therapy and clinical psychology.

The social workers provided support and talking therapies for individuals either in the resource centre or in their home.

The activity co-ordinator provided a range of complementary therapies, including aromatherapy, reflexology, a healthy eating programme and also a popular weekly women's group. A total of 680 appointments had been provided in 2010. Additional sessions were provided in gardening, creative writing, music, drama and art. These were generally provided by VEC staff and co-ordinated by the occupational therapist.

The advanced nurse practitioner role of a primary care liaison nurse had been in operation since 2000. primary care liaison nurse was trained in family therapy and was also a trained nurse prescriber. Services were provided in GP surgeries, in the resource centres and in secondary schools and were not confined to office hours but included two evening clinics on Mondays and Wednesdays. The range of interventions included: mental health awareness training, counselling and family therapy. Transition year students were provided with a six week module in mental health and a course was due to run for second year students. Counselling and family therapy were provided to individuals and families. Staff reported that it was planned in conjunction with the clinical director to develop the nurse prescribing aspect of the role, including supporting individuals to reduce medication usage as appropriate. In addition to group work and educational fora, the primary care liaison nurse generally saw 80 individuals per year.

Service user input

The "Windows Group" was established in 2009 and met every two months. This informal group comprised anyone interested in improving the WCMH services. Mental health advocates, carers and service users, the Clinical Director, Director of Nursing and Senior Services Manager met regularly to discuss how services might develop. Although the group had expanded to include other members, a high service user to professional ratio was maintained. The Irish Advocacy Network advocate and a representative from the West Cork Carers group sat on the Local Implementation Group for *A Vision for Change*.

Two groups of service users had participated in the West Cork Co-operative Leadership programme run in partnership with Dublin City University.

A RENEW group held bi-weekly meetings in Droumleigh Resource Centre. The group aimed to help individuals explore the nature and meaning of psychosis in a caring and supportive group setting. The group was organised and facilitated by a carer and a professional psychotherapist, both of whom worked on a voluntary basis.

Quality initiatives in 2011

- Several booklets had been produced for the general public and service users outlining community resources and services, these included Signposting booklet, Helping Hands booklet on alcohol and drugs.
- The West Cork Co-operative Learning Leadership Programme was on its third cohort in collaboration with Dublin City University, the National Service User Executive and the Irish Advocacy Network.
- A West Cork Recovery Resource Bus had received Genio funding and a resource worker appointed.

- The Windows group had been established and this was an informal but regular meeting between the clinical director, the director of nursing, the senior services manager and carers from West Cork.
- The West Cork Mental Health Forum, a group of stakeholders, comprising professionals, service users, carers, community organisations and voluntary sector agencies, met and networked informally to improve community services and integration.

Operational policies

The WCMHS policies applied to Droumleigh Resource Centre.

The WCMHS provided a seamless service for service users. This was enabled by a strong ethos of multidisciplinary team working, flexibility and communication between the sector teams, and the location and number of satellite clinics. The WCMHS had an excellent risk management policy and this supported a recovery oriented service.

If an individual who was a new referral did not attend a scheduled appointment, he or she was contacted and offered a new appointment. If the MDT had any concern in relation to this then immediate contact would be made with the referring GP or mental health team. Individuals were usually discharged if they did not attend three consecutive appointments. The individual and the GP were notified of this and advised to make contact if wished in the future.

Individual Case File Review

Four individual clinical files for the outpatient clinic were inspected and four very individual care pathways were evident. For example:

- one individual had been assessed and was attending outpatient support and psychotherapy. No medication had been prescribed and the individual was being treated for anxiety and mild depression and the focus of intervention was to support through current life crisis and to develop coping skills and supports;
- one individual had previously been an in-patient and was now attending as an outpatient and was working with two members of the MDT, family support was also being provided. The person was being treated with a depot medication;
- one individual had been treated as an inpatient and following discharge was being seen for medical follow up, was being treated with an antidepressant and was being linked in for vocational training having being made redundant.

The scope of care was holistic and recovery oriented. Letters were sent to GPs within a week of assessment, or following periodic review or discharge. The GP letters provided a succinct account of the care plan and addressed psychosocial issues in addition to medical aspects. The individual service users had been provided with follow-up appointments within three to four days of discharge from the inpatient unit. The clinical files recorded the service users own words throughout and provided a sense of a holistic human being.

Planning

The development of a recovery resource in West Cork was being funded by Genio Trust for one year. This would comprise a mobile information hub, similar to a travelling library bus, which would travel throughout the sector area promoting mental health awareness and information on recovery pathways and journeys. The “wellness bus” would be equipped with information relating to the recovery process, including books, information leaflets, DVDs and other audio-visual material. The resource would be run and maintained by a recovery support worker, preferably someone who has used mental health services. The WCMHS anticipated that this resource would be available to service users, carers, professionals and the wider community.

Conclusions

The West Cork Mental Health Service, charged with responsibility for a wide geographical area, had developed community based services in keeping with *A Vision for Change* recommendations. The management team expressed concern about the future of these services. 28% of nursing staff in the West Cork service had retired within the last couple of years. The HSE recruitment embargo meant that limited resources were prioritised to acute aspects of the service and this undermined the existence and future development of community services.

The service had established a strong partnership with other statutory and community groups, service users and carers and was particularly responsive to feedback and sought to adapt services and programmes to meet expressed and identified need. This was reflected in the range and structure of care and treatment provided in the resource centre. The mental health services had a high visibility within the community owing to various community events run on an annual basis. Of particular note was the enthusiasm of the WCMHS staff, and also the fact that whether based in a residential setting or in the community, all staff expressed a clear understanding and commitment to recovery principles and this ethos was evident throughout the services.

Recommendations and areas for development

1. The sector teams should be adequately resourced to maintain a community based mental health service.