

# INSPECTORATE OF MENTAL HEALTH SERVICES

## CATCHMENT TEAM REPORT

### INSPECTION 2013

<b>HSE AREA</b>	Dublin Mid Leinster
<b>INTEGRATED SERVICE AREA</b>	Dublin South East/Dublin South/East Wicklow
<b>MENTAL HEALTH SERVICE</b>	Dublin South, Cluain Mhuire Service
<b>POPULATION</b>	183,667
<b>NUMBER OF SECTORS</b>	Non-sectorised, 3 General Adult Teams
<b>NUMBER OF APPROVED CENTRES</b>	None, beds purchased in St. John of God Hospital Limited
<b>SPECIALIST TEAMS</b>	Early Intervention for Psychosis Team (DETECT) Liaison Team Mental Health Intellectual Disability Team (MHID)(shared) Psychiatry of Old Age Team (POA)(shared) Child and Adolescent Mental Health Services (CAMHS) (shared)
<b>DATE OF MEETING</b>	24 April 2013

### Summary

- Cluain Mhuire Services (CMS) were provided by the St. John of God Order under a section 38 grant funding and service level agreement. The CMS provided comprehensive and innovative community based mental health services.
- There had been a cumulative reduction in the grant funding to the CMS of 17% over a three year period and this had compelled a pruning of service delivery. This included a reduction in the resourcing of the liaison team.
- The DETECT consultant psychiatrist was the lead in the national clinical programme for early intervention in psychosis.
- The CMS had developed an excellent service user research programme (SOURCE) and also service user input to the development of therapeutic services.
- The CMS's Mental Health Information System (MHIS) included the facility for same day transfer of laboratory results and a discharge summary being sent to GPs within 4 days of discharge, all of which supported timely and integrated care pathways across the service.

- The South County Dublin catchment area was part of an Integrated Service Area (ISA), Dublin South East and Wicklow, which served a population of 426,170 persons. All specialist teams, with the exception of the liaison team, operated across the ISA.
- CMS in partnership with service users had developed mobile phone app for the public on mental health related topics ([www.mhapps.ie](http://www.mhapps.ie)).

## SERVICE DESCRIPTION

The Cluain Mhuire Service (CMS) was established in 1971 and provided a community based mental health service to the 183,667 people living in the South County Dublin catchment area. The CMS had a track record for providing innovative and accessible mental health services and for promoting service user input to both service development and research. The CMS was operated under the auspices of the St. John of God (SJOG) Order and was Section 38 grant funded by the Health Service Executive. Integrated Service Areas (ISAs) had been set up by the HSE in 2011 and the CMS was incorporated within this structure.

The geographical spread of the catchment area was small and, hence, the CMS did not operate as a sectorised service. The three general adult mental health teams each worked across the catchment area. The specialist teams, however, served a wider population:

- the early intervention in psychosis team (DETECT) served a population of 426,170 which included the Dublin South East and East Wicklow catchment areas;
- the liaison team provided services to two district hospitals, St. Michael's Hospital, Dun Laoghaire (122 beds) and St. Colmcille's Hospital, Loughlinstown (106 beds);
- the POA team was located at St. Vincent's University Hospital and served a population of 35,000 persons over 65 years of age across the ISA, this did not include 18,000 persons over 65 years in East Wicklow;
- the mental health and intellectual disability (MHID) team was based at Carmona services and served a population of 390 persons with intellectual disability and a mental illness;
- the Lucena CAMHS teams served a population of 235,000 persons under 18 years of age across the ISA area.

The CMS prioritised resources to deliver accessible and comprehensive care in the community. The service maintained a user friendly website to inform the public and service users about the CMS. There was no waiting list in operation. There was no approved centre in the CMS, however, acute beds were purchased from St. John of God Hospital Limited. The spectrum of community based services provided by the CMS included outpatient clinics, day hospitals, day centres, vocational training and rehabilitation centres, social clubs and supported accommodation. The clinical services, delivered evidence-based, modern mental health programmes, and had a reputation for research and early intervention in psychosis. In terms of step down facilities within the CMS, there was one high support community residence, Oropesa House. This was situated within a supported housing complex in a residential area in Stillorgan. Residents were supported to move on to independent living and the CMS partnered with social housing agencies in this regard. A CMS team of community mental health nurses and social care workers provided support on the ground to service users transitioning from high support to independent living. CMS social workers liaised with the County Council and homeless agencies to facilitate community placement and a recovery pathway. The community services featured a strong vocational and social component in the care pathway.

## **PROGRESS ON RECOMMENDATIONS FROM THE 2008/9 CATCHMENT REPORTS**

1. There should be an occupational therapist on each community mental health team.

Outcome: The CMS recruited directly to the service. In reality, there had been little progress in this regard. Occupational therapy (OT) was not readily accessible to service users, nor was it provided on an equitable basis across teams. OT staff reported long waiting lists. Short term six-monthly employment contracts at basic grade level, severely hampered the provision and development of OT services.

2. The senior management team should be multidisciplinary.

Outcome: The senior management team for the South County catchment area was reported to comprise the clinical director; the director of nursing; the principal clinical psychologist; the principal social worker and the DETECT project manager who was 0.2 whole-time equivalent (WTE) OT Manager. There was no service user representative on the management team.

3. There should be a speciality rehabilitation team.

Outcome: There was no rehabilitation team.

## **DEVELOPMENTS 2012-2013**

- The DETECT consultant psychiatrist was the national lead in the early intervention in psychosis programme.
- A social club model had been put in place at Club Los Pisa located at Burton Hall.
- The governance and service delivery in the ISA was progressing towards more integration and a rationalisation of services.

## TOTAL STAFFING (Comparison with 2008)

Entries for 2013 are stated as at the date of the 2013 catchment area meeting

<b>Medical Staff (WTE)</b>	<b>2008</b>	<b>2013</b>
Total Number of Psychiatrists	7.5	7.5
Total number of Senior Registrars	5	3
Total Number of NCHDs	10	8

<b>Nursing Staff (WTE)</b>	<b>2008</b>	<b>2013</b>
DON	1	1
ADON	0	0
Nurses in in-patient units	N/A	N/A
Nurses in community residences	7	9
CMHN	10.41	9.6
Day services	8	5
Suicide prevention nurse (SCAN)	1	0
Psychosis Community Mental Health (CNS)	3.62	1.5
Crisis assessment team nurse (CAT)	0	0.5
Clozapine nurse prescriber	0	0.5
Psychosis CMHN	0	1.5

<b>Health and Social Care Professionals*</b>	<b>2008</b>	<b>2013</b>
Occupational therapist	1.5	3.2
Psychologist	7	6
Social Worker	7	6
Addiction counsellor	0	0
Social care worker	11.82	15
Pharmacist	0.86	0

*WTE – Whole Time Equivalent*

*NCHD – Non Consultant Hospital Doctors*

*DON – Director of Nursing*

*ADON – Assistant Director of Nursing*

*CMHN – Community Mental Health Nurse*

*CNS – Clinical Nurse Specialist*

\*Figures do not take account of the ISA specialist teams.

### Approved Centres:

<b>Approved Centre Name</b>	<b>Number of Beds</b>	<b>Teams Responsible</b>
None	No approved centre but CMS purchases beds at St John of God Hospital Limited for the admission of catchment area patients. Up to 20 beds purchased as required.	Cluain Mhuire General Adult Teams

## COMMUNITY RESIDENTIAL FACILITIES

Entries for 2013 are stated as at the date of the 2013 catchment area meeting

Name of Residence	Number of Beds	Number of Staff	Rent
Oropesa House, Stillorgan	21 beds in a 24 hour staffed residence	1 CNM3 1 CNM1 7 RPN 8 SCW 1 Cook	€75 per week
Cluain Ard, Stillorgan	17 individual apartments	1 SCW	Tenancy agreement with St. John of God Housing Association
Leopardstown Avenue, Foxrock	5	0.3 SCW	Tenancy agreement with St. John of God Housing Association
Ardmeen Park, Backrock	5	0.5 SCW	€63 per week
Allen Park Drive, Stillorgan	4	0.5 SCW	€63 per week
The Manor, Carrickmines	4 individual apartments	0.2 RPN	Tenancy agreement with St. John of God Housing Association
Abbey View, Deansgrange	3 individual apartments	0.2 SCW	Tenancy agreement with Lighthouse Fellowship
Beech View Court, Stillorgan	18 individual apartments	0.7 SCW	Tenancy agreement with Respond Housing

*WTE – Whole Time Equivalent*

*NCHD – Non Consultant Hospital Doctors*

*DON – Director of Nursing*

*ADON – Assistant Director of Nursing*

*CMHN – Community Mental Health Nurse*

*CNS – Clinical Nurse Specialist*

*SCW – Social Care Worker*

## GENERAL ADULT MENTAL HEALTH SERVICES

**Sector Name:** Not sectorised. Team A, Team B, Team C.

**Population:** 183,667 (notional 61,000 per team).

### Description of service

#### Outpatient and in-patient treatment

The community mental health teams were based in Cluain Mhuire and outpatient clinics took place there. There was no approved centre in the catchment area and the CMS budget allowed for the purchase of approximately 20 publicly funded beds in St. John of God Hospital Ltd. The inpatient beds were now being managed across the whole ISA.

#### Treatment programmes

The day centre at the Centre for Living, Blackrock, provided structured therapy and programmes on a daily basis. The programmes were organised into four streams, an adult group psychotherapy programme, a mental health assessment and education programme, an acute psychosis programme and a dialectical behaviour therapy programme for young adults. Health and social care staff provided a broad range of interventions tailored to meet assessed needs. Staffing resources had meant that some programmes had to be moved to day time slots, rather than the previously scheduled evening times.

- Clinical psychology provided group and individual therapies, including: a dialectical behaviour therapy component on managing difficult emotions; a mindfulness based cognitive behavioural therapy (CBT) programme; a CBT programme for depression; a coping with depression group with a focus on sleep management; a CBT programme for obsessive compulsive disorders; a CBT programme for psychosis and input to the REACH (Recovery, encouragement, achievement, confidence), vocational employment skills programme.
- The social work team provided individual and family work, input to the Wellness Recovery Action Plan (WRAP) programme, a six week module on relationship enhancement to the REACH programme, an eight week wellness and recovery programme for mothers with post natal depression, a nine session education and coping programme for families/carers of those with emotionally unstable personality disorder and a weekly recovery workshop focussed on self advocacy, personal responsibility and hope.
- Occupational therapy provided functional assessments, occupation based interventions in the areas of self care, leisure and productivity. One in four OT sessions took place in a person's home or out in the community. The OT service also provided key support and interventions in relation to life skills and employment skills. OT interventions provided service users with the experience of doing important activities and developing life roles and routines.
- The post of suicide crisis assessment nurse (SCAN) had been expanded to a crisis assessment role (0.5 WTE) in collaboration with a non consultant hospital doctor (NCHD).

#### Social and Rehabilitation programmes

- Rehabilitation programmes were run at Elvira Gate, Burton Hall and included Refresh, a recovery oriented programme which included a carers' education component. Refresh also had a module which brought service users to University College Dublin on one day per week where they paired with nursing students. Participants in this programme had the opportunity to progress to other social and vocational activities. Avila House in Blackrock Business Park was the location for REACH, a 21 week psychosocial FETAC level 3 programme. On completion of this course, half of the participants typically went on to mainstream employment and half pursued a level 4 FETAC qualification.
- Club Los Pisa, was located on the Burton Hall campus. This member-led social club, offered a range

of activities aimed at promoting links with organisations which facilitated access to employment, education, social inclusion and housing. Activities included an education group, a thrift shop, a coffee dock, a horticultural programme and creative arts. The club provided help with making job applications, interview skills and support, community employment schemes and job-bridge opportunities.

- The CMS also supported the Venegas House social club in Dun Laoghaire. The social clubs provided valuable opportunities for social integration and well-being.
- Nursing staff ran a “Health Trac” clinic at Burton Hall which provided club members with a six-monthly health screen and also medication monitoring. Tailored lifestyle interventions such as walking groups, gym membership, access to a dietician or physiotherapist, were all aspects of the “Health Trac” programme. Qualified health and social care staff provided support in this regard.

### Community living

The CMS operated a range of community living supports, ranging from high support residences to independent living with support from social care workers and the CMHTs. A structured assessment process had been introduced for each resident prior to entering a residence. This was to ensure an appropriate and dynamic pathway and clear time frame for service users moving to independent living. The CMS collaborated with the St. John of God Housing Association, and voluntary housing agencies such as Cluid, Light House Fellowship, Respond and the Mental Health Association, to support service users in independent living.

Homelessness was an issue, despite the catchment area having a low social deprivation index score. Social work staff reported that the Homeless Agency’s strategy of reducing transitional accommodation beds had delayed discharges from in-patient care. Social workers liaised with the county council and Crosscare, especially with key workers, and provided assessment, support and advice to facilitate the recovery process.

## Staffing

Entries for 2013 are stated as at the date of the 2013 catchment area meeting

### Team A

Post	Grade	WTE	Comment
Consultant psychiatrist		2	
Senior Registrar		1	Clinical time reduced by 1.5 days each per week for education and special interest activity
NCHD		2	
ADON		0	
Community Mental Health Nurses		3	One on long term leave and not replaced
Occupational therapist	Basic	0	Post vacant for six months

Psychologist		1.2	
Social worker	Principal	1	0.5 duties of Principal post and .5 clinical post
	Basic	1	Post temporarily assigned to team B
Addiction counsellor	0	0	
Secretary		1	

### Team B

Post	Grade	WTE	Comment
Consultant psychiatrist		2	One post vacant due to leave
Senior Registrar		0	
NCHD		2	
ADON		0	
Community Mental Health Nurses		3	
Occupational therapist	Basic	1	
Psychologist		1.5	
Social worker	Senior	1.6	One post vacant due to leave
Addiction counsellor		0	
Secretary		1	

## Team C

Post	Grade	WTE	Comment
Consultant psychiatrist		2	
Senior Registrar		1	Clinical time reduced by 1.5 days each per week for education and special interest activity
NCHD		3	One post assigned to crisis assessment and tutor
ADON		0	
Community Mental Health Nurses		3	
Occupational therapist	Basic	1	
Psychologist		1.5	
Social worker		2	
Addiction counsellor		0	
Secretary		1	

*WTE – Whole Time Equivalent*  
*NCHD – Non Consultant Hospital Doctors*  
*DON – Director of Nursing*  
*ADON – Assistant Director of Nursing*  
*CMHN – Community Mental Health Nurse*  
*CNS – Clinical Nurse Specialist*  
*SCW – Social Care Worker*

## Facilities

Facilities	Number	Location	Comment
Community Mental Health Team Headquarters	1	Cluain Mhuire Family Centre	

Day Hospital	1	Centre for Living Blackrock	
Day Centre	1	Venegas House, Dun Laoghaire	
Recovery and Rehabilitation Centre	1	Elvira Gate, Burton Hall Complex	

### Developments:

- The CMS multidisciplinary clinical audit committee presented results to staff on a bi-monthly basis.
- The Los Pisa service at Burton Hall had put in place a social club model of operation.
- Evidence-based psychotherapy programmes, including CBT, Mindfulness, DBT, and Recovery oriented programmes were provided across all treatment centres within the CMS. The therapeutic programmes were well thought out and crafted, and provided a clear progression pathway for service users and families.
- Family education and support was provided on an individual basis by MDTs and via structured group education programmes, many of which were provided in the evening. Linkage with voluntary groups such as AWARE and SHINE were integral to the support provided to families.
- The St. John of God Foundation resourced, supported and independent living accommodation in the community for CMS service users. Four apartments had been provided in a residential area in Carrickmines.

### Plans:

The resourcing of MDTs remained a priority for CMS. It was planned to roll out the MHIS across the ISA and this would support the delivery of timely and integrated clinical services. CMS had no rehabilitation or assertive out-reach team and planned to pursue resourcing such a team.

## OLD AGE PSYCHIATRY

**Population over 65: 35,000**

### Description of service

The Psychiatry of Old Age (POA) team was attached to the Dublin South East area, and served the Elm Mount and Cluain Mhuire catchment areas. The ISA, incorporating Dublin South East and Wicklow, had a population of 426,170 and this included 35,000 persons over the age of 65 years who were served specifically by the POA team. There was no dedicated POA team in Wicklow mental health service which had a population of 13,000 persons over 65 years. Two aspects were of note, firstly, this was one of the largest catchment areas nationally and secondly, the population profile contained a high percentage of persons over 80 years of age and this trend was expected to continue. Funding and governance were jointly provided by the Health Service Executive mental health services and St. Vincent's University Hospital (SVUH).

The psychiatry of old age team had put in place a rapid access service and this was provided on an equitable basis across the shared catchment area service. The referral process was clear and most patients were seen within one month of referral. Initial assessments were generally carried out in the patient's own home or in their nursing home. The POA team maintained strong links with general practitioners and with the Medicine for the Elderly teams to facilitate rapid access. The liaison service provided by the POA accounted for 33% of all referrals and 20% of all POA assessments. The POA liaison service was provided to SVUH, to The Royal Hospital Donnybrook and, at the request of the consultant liaison psychiatrist, to St. Michael's Hospital, Dun Laoghaire, and to St. Colmcille's Hospital, Loughlinstown Hospital.

Maintaining the level of service provision was estimated to be a significant challenge owing to reduced funding and the growing population of persons over 65 years. *A Vision for Change* recommended a ratio of one POA consultant per 10,000 persons over 65 years. The POA team required 3.5 consultant posts. The number of beds purchased from St. John of God Hospital Limited, had been recently reduced and monies diverted to part fund a much needed additional consultant psychiatrist post. At the time of the inspection meeting, the post of non consultant hospital doctor had been vacant for approximately three months and this hampered service provision.

The Executive Clinical Director for the Integrated Service Area (ISA) was a member of the Fair Deal placements forum and this was reported to be helpful in accessing nursing home beds. It was reported that the number of long stay elderly beds available in the catchment areas had reduced significantly. Those patients discharged to nursing homes were followed up by two POA community mental health nurses (CMHNs). The support and education provided to nursing homes by the POA team was considered a vital aspect of their service and the clinical psychologist was also actively involved in this provision.

All members of the multidisciplinary team liaised with family members and carers. The POA team provided support, psycho-education and help in arranging appropriate services and accessing funds for services.

The POA service did not have a dedicated day centre service and this was being targeted as a priority by the POA.

Facilities	Beds
Acute	Elm Mount, SVUH, 6 beds, 4 beds purchased at St. John of God Hospital Limited (this number has been recently reduced)
Continuing care	The 28 bedded Cois Ceim, Dunlaoghaire, closed in 2012. A new 15 bed Cois Ceim, opened at St. Broc's Unit, Vergemount Hospital. The POA team currently had 12 dedicated beds.
Dementia	26 beds at Le Brun, Unit E, Clonskeagh Hospital
Respite	3 beds at Cois Ceim, St. Broc's Unit, Clonskeagh Hospital
24-hour nurse staffed residence	10 beds Whitethorn House, Unit D, Clonskeagh Hospital

Post	Grade	WTE	Comment
Consultant psychiatrist		3	
Senior Registrar		-	Information not provided
NCHD		3	One post vacant for three months
ADON		1	
Community Mental Health Nurses		6	One post is a clinical nurse specialist
Other Nursing Staff (day centre)		2	
Occupational therapist		1.5	
Psychologist		2	
Social worker		2	

*WTE – Whole Time Equivalent*  
*NCHD – Non Consultant Hospital Doctors*  
*DON – Director of Nursing*  
*ADON – Assistant Director of Nursing*  
*CMHN – Community Mental Health Nurse*  
*CNS – Clinical Nurse Specialist*  
*SCW – Social Care Worker*

Facilities	Number	Location	Comment
Sector Headquarters	1	Carew House, SVUH	
Day Hospital	1	SVUH 8 places	It was planned that the day hospital service would be developed by the new POA consultant.
Day Centre	1 (shared)	SVUH	Staff reported that a long waiting list for day centre places operated for POA patients.

### Developments:

- A specialised lithium clinic for older patients had been developed.
- The POA team provided a nursing home education service.
- A three day courses in Dementia Care: Challenging Behaviour had taken place.

### Plans:

The POA service planned to develop a memory clinic in the near future. The POA service, in conjunction with the Medicine for the Elderly service, planned to develop a day hospital programme at SVUH. It was planned to have an integrated IT system for both services aimed at supporting an integrated and seamless service. It was planned to extend the nursing home education programme to staff in SVUH who work with older patients.

## REHABILITATION

### Description of service

There was no rehabilitation team in the catchment area. The service had planned to develop an assertive outreach team in 2010 but funding was not available.

## LIAISON PSYCHIATRY

### Description of service

The CMS Liaison Psychiatry service was set up in 2002 and provided a service to two district hospitals: St. Colmcille's Hospital, Loughlinstown (106 beds); and St. Michael's Hospital, Dun Laoghaire (122 beds). The liaison team had been well established as a specialist multidisciplinary team. In 2008 the team comprised: a consultant psychiatrist; a senior registrar; a non consultant hospital doctor; a clinical psychologist; a social worker; a clinical nurse specialist and a secretary. In 2013, the team was less well resourced and this had impacted on service delivery. There was no cover for consultant leave and the clinical director of the CMS was currently providing this cover.

The liaison team provided a five day per week service to the emergency departments (EDs) of both hospitals. Referrals from ED staff in St. Colmcille's Hospital were reviewed each morning by a member of the liaison team. The ED staff incorporated the Brief Risk screening tool in the referral form. The liaison team visited the ED in St. Michael's Hospital as requested. Referrals typically included, approximately 500 cases of deliberate self-harm per year, alcohol and substance misuse, acute organic mental state presentations, functional mental illness and crisis referrals. The input of the liaison team supported timely and appropriate care pathways.

The liaison team provided an in-patient service to medical and surgical wards in both hospitals. Referrals were stated to be generally seen on the day of referral. Typical referrals included, acute organic confusion, alcohol withdrawal, post traumatic symptoms, assessment of capacity, management of patients with challenging behaviour, adjustment disorders, anxiety and depression. An outpatient liaison service was also provided once a week in both hospitals.

The liaison team had input to two specialist services, namely: a chronic pain clinic and therapy programme run jointly with the anaesthesia and physiotherapy staffs at St. Colmcille's Hospital; and an assessment and consultation service to the endocrinology department's gender identity disorder service.

The liaison service was funded by the mental health services. Budgetary cuts had reduced the scope of the liaison team's services in the period 2012 to 2013.

Post	Grade	WTE	Comment
Consultant psychiatrist	Specialist trained and accredited in Liaison Psychiatry	1	Also provided 3 sessions per week as clinical tutor at Cluain Mhuire Family Centre.
Senior Registrar		0	Funding for this post ceased in 2013.
NCHD	First year trainee	1	
ADON		0	
Community Mental Health Nurses	Staff Grade	0.5	Post had been in place full-time for ten years. Became a 0.5 post in

			2012.
Occupational therapist		0	
Psychologist	Senior Clinical Psychologist	0.5	Post had been full-time for ten years. Became 0.5 post in 2012.
Social worker	0	0	
Other			

*WTE – Whole Time Equivalent*  
*NCHD – Non Consultant Hospital Doctors*  
*DON – Director of Nursing*  
*ADON – Assistant Director of Nursing*  
*CMHN – Community Mental Health Nurse*  
*CNS – Clinical Nurse Specialist*  
*SCW – Social Care Worker*

### Developments:

- The liaison team and the endocrinology department at St. Colmcille's Hospital had made a joint business plan submission to the HSE for the development of a national gender identity disorder service.

### Plans:

The ISA Executive Clinical Director (ECD) reported that it was planned to direct funding to resource a liaison service in 2014. The ECD stated that there was a need for a liaison service catering for 16 to 18 year olds.

## OTHER TEAMS:

### DETECT team (Dublin and East Treatment and Early Care Team)

Population: 426,170

#### Description of service

The DETECT team were the national lead in the early detection and intervention in psychosis programme. The DETECT team provided a rapid response, screening, diagnostic assessment and targeted interventions and treatment for first episode psychosis across the ISA. Interventions provided included cognitive behaviour therapy (CBT) for psychosis, family education and support and vocational support.

The rapid response screening service provided an assessment within 72 hours of referral for 85% of those referred. The assessment was provided by medical and nursing staff in the first instance. DETECT offered flexibility as regards the location for the assessments which were variously carried out in the person's home, in the GP surgery or in the DETECT office depending on the needs of the person being referred.

In addition to medical treatment, the DETECT service also provided cognitive behaviour therapy for psychosis, occupational therapy and a care pathway that included psychosocial, educational and vocational components.

Education was a key activity of this team, including family, GPs, the general public and youth groups. The DETECT multidisciplinary team provided both group and individual interventions.

The DETECT team had a strong research component to their service and worked to bring this information to a wide audience.

Post	Grade	WTE	Comment
Consultant psychiatrist		0.5	The other 0.5 is assigned to academic and tutor role.
Senior Registrar		1.5	
NCHD		1	
ADON		0	
Community Mental Health Nurses		1.5	
Clinical nurse specialist		1.5	
Occupational therapist		1	Post vacant due to leave
Psychologist	Principal	0.5	
Social worker	Principal	0.5	

Project manager		1	0.2 of post assigned to OT manager role

*WTE – Whole Time Equivalent*  
*NCHD – Non Consultant Hospital Doctors*  
*DON – Director of Nursing*  
*ADON – Assistant Director of Nursing*  
*CMHN – Community Mental Health Nurse*  
*CNS – Clinical Nurse Specialist*  
*SCW – Social Care Worker*

Facilities	Number	Location	Comment
Team Headquarters	1	Avila House, Blackrock Business Park.	
Recovery Centre	1	Avila House	

### Developments:

- DETECT provided education and training workshops to the National Youth Council of Ireland (NYCI). Ninety persons were trained across Dublin, Galway and Limerick. Training aimed at awareness and recognition of psychosis, on help seeking behaviour and support.
- DETECT hosted a national conference on co-morbidity in early psychosis and cannabis/substance misuse and continued to carry out research in this area.
- Rapid assessment within 72 hours of referral was being achieved for 85% of referrals.
- DETECT engaged in an ongoing programme of education for the public and general practitioners in relation to the importance of early help seeking and treatment. DETECT research highlighted a significant reduction in suicide rates when early treatment was provided.
- The DETECT team promoted professional development and education and several staff had completed post graduate qualifications and research.

### Plans:

The DETECT team was the lead in the national clinical programme for early detection and intervention in psychosis.

## CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) TEAMS

**Population under 18 years:** 235,000

**Number of Sectors:** 8 in Dublin South and East Wicklow

**Approved Centres:** None

**Number of Beds:** None

**Day Hospitals:** Lucena Clinic, Orwell Road, Rathgar

**Other Facilities:** St. Peter's School, Rathgar.

### Description of service

These services were provided by the St. John of God Lucena Services, an independent service provider working outside the governance framework of the ISA. These services were contracted by the Health Service Executive (HSE) through a service level agreement under the local health manager. The Lucena Services served a population of 650,000 with 235,000 children under the age of 18 years. Lucena Services straddled two super catchment areas, with eight CAMHS teams. Ten consultant psychiatrists provided 7.4 WTE posts. The Lucena Service comprised one day hospital in Rathgar, which was staffed separately; St. Peter's School, Rathgar; outpatient clinics at Century House, Dun Laoghaire, at The Exchange, Tallaght, at Lucena Clinic Rathgar, at Sessa House, Bray, at Summerhill in Wicklow and a clinic in Arklow. An occupational therapist and a clinical speech and language therapist each provided 0.4 WTE input to Benincasa School in Blackrock.

The Dun Laoghaire based CAMHS consultant psychiatrists comprised 1.5 WTE post dedicated to 0-12 year olds and a 0.5 WTE for 12 to 18 year olds. Funding cuts meant that there was no on call service provided.

The Lucena Foundation supported education for parents and for teachers. The Lucena Services had partnered with University College Dublin in mounting a masters degree programme in child and adolescent mental health care.

Issues impacting on the service in 2013 included difficulties in filling non consultant hospital doctors posts, especially senior registrar posts. It was reported that the national bed management and allocation system for CAMHS was not working. Two children under the care of Lucena CAMHS were on a waiting list for in-patient care for some time, one child had been waiting for some months. It was reported that there was a lack of dual trained mental health of intellectual disability (MHID) staff for CAMHS and that this placed pressure on the service.

## TOTAL STAFFING OF CAMHS TEAMS

### Staffing for Lucena Services

Post	Grade	WTE
Consultant psychiatrist		7.4
Senior Registrar		3.5
NCHD		7.1
ADON		not provided
Nursing Staff		15
Occupational therapist	Manager, Senior and Basic	5.8
Psychologist		8.4
Social worker		9.46
Clinical speech and language therapist		7.7
Child care workers/Social care workers		5.8
Administration staff		14.7

*WTE – Whole Time Equivalent  
NCHD – Non Consultant Hospital Doctors  
DON – Director of Nursing  
ADON – Assistant Director of Nursing  
CMHN – Community Mental Health Nurse  
CNS – Clinical Nurse Specialist  
SCW – Social Care Worker*

### Plans:

The filling of multidisciplinary team posts was a priority, in particular the vacant consultant psychiatrist and non consultant hospital doctor posts.

## MENTAL HEALTH AND INTELLECTUAL DISABILITY SERVICE (MHID)

**Population:** 390

**Approved Centres:** None

**Number of Beds:** None but beds could be accessed in Newcastle Hospital if required

**Day Hospitals:** None

**Other Facilities:** None

### Description of service

Intellectual disability services in Dublin South East were provided by the St. John of God Carmona Services, an independent service provider, working outside the governance framework of the integrated service area. At the time of the inspection meeting, there was a service level agreement between Carmona services and the local health manager under the auspices of disability services. The catchment areas for disability services and mental health services were not aligned. The service level agreement was due to expire later in 2013 and it was envisaged that the MHID service would be incorporated within the ISA in 2014. Carmona Services provided a range of day and residential supports and family and respite supports for adults and children with an intellectual disability and mental illness in South County Dublin. There was one MHID team which provided a community based service for adults with an intellectual disability and a mental illness. Service users were generally seen in their own homes. The MHID team also provided in-reach to 115 persons resident in Ravenswell residence or other group homes within the service.

The post of consultant psychiatrist had been operated as a 0.4 WTE locum post for four years and this did not support service planning and provision. Consequently, there was a gap in the provision of services to children with an intellectual disability and a mental illness due to limited resources. The ECD stated that additional resourcing and a regularisation of the consultant psychiatrist post was planned and would enhance the service provided to children. The MHID service did not operate out of hours. The MHID team provided training and education in MHID to nursing and care staff throughout the service. The team also provided advice in relation to triage assessment and provided a screening service in relation to syndromal disorders and for dementia and cognitive assessments. The MHID team, with additional clinical psychology input, was completing cognitive assessments for service users over 40 years of age.

## TOTAL STAFFING OF MENTAL HEALTH AND INTELLECTUAL DISABILITY SERVICE

Post	Grade	WTE
Consultant psychiatrist		0.4 locum post, due to expire within six months
Senior Registrar		0
NCHD		0.4
ADON		0
Community Mental Health Nurses		0
Other Nursing Staff		0
Occupational therapist		0.2
Psychologist		0
Social worker		0
Speech and Language therapist		0
Child care workers/Social care workers		0

WTE – Whole Time Equivalent

NCHD – Non Consultant Hospital Doctors

DON – Director of Nursing

ADON – Assistant Director of Nursing

CMHN – Community Mental Health Nurse

CNS – Clinical Nurse Specialist

SCW – Social Care Worker

### Developments:

- Dementia screening for service users over 40 years of age.
- Education and training in relation to mental health for nursing and care staff within Carmona services.

### Plans:

There were plans to incorporate the MHID service within the ISA mental health services and to regularise the post of consultant psychiatrist.

## SERVICE USER INVOLVEMENT

The CMS had developed a service user research group (SOURCE). SOURCE provided research and insights into service user perspectives on the experience of mental illness and mental health services. The SOURCE group surveyed service users with the CSQ-8 client satisfaction with treatment questionnaire and presented the results to CMS.

A social club approach had been developed at Venegas House and Los Pisa rehabilitation and recovery centres. Service user committees made key decisions regarding the shape and scope of services. The Centre for Living had weekly service user meeting to elicit feedback on the acute service provided there.

The independent advocate from the Irish Advocacy Network (IAN) reported that advocacy was actively supported within the CMS. The advocate had quarterly meetings with the CMS clinical director and with the local Shine organisation. The advocate was involved in the residential review committee.

CMS, a service user and Shine had collaborated to produce a mental health app which dealt with mental health issues and which was due to be launched nationwide.

There was no consumer panel in Dublin South and no service user representative on the management team.

## GOVERNANCE

Governance was a layered and emerging process and the ISA management team was yet to be put in place. At the time of the inspection meeting the ECD and business manager posts were in place. The Integrated Service Areas (ISAs) had been set up by the HSE in 2011. The CMS was a component of the St. John of God Services, subject to its governance structure and was now being incorporated within the ISA structure. The CMS clinical director liaised with the ISA executive clinical director.

The information on the management team provided to the Inspectorate indicated that the CMS governance arrangements did not mirror HSE structures. The St. John of God Order appointed a chief executive to the CMS, who in turn, with the consent of the Provincial Definitory, appointed the management team. The management team was stated to comprise the Director of Service (Chairperson), the Clinical Director, the Director of Nursing, the Occupational Therapy Manager, the Principal Psychologist, the Principal Social Worker and the Administrative Manager.

There was an ISA strategic working group which met monthly. Priorities for the ISA were reported to be: staff resources and maintenance of safe services; quality risk management; teaching, research and clinical practice development; promotion of a Recovery ethos and meaningful carer and service user input to services; and the development of the ISA business and governance structures. The services were progressing towards more integration across mental health services within the ISA. Several of the specialist mental health teams already worked across the wider ISA. There were plans to provide seven-day cover across community mental health services. In-patient beds had already been used on an ISA service wide basis and the roll-out of the MHIS across the ISA would support integrated services and care pathways in the future. The roll-out of the MHIS might also support audit functions related to KPIs and the planning and rationalisation of services.

## CONCLUSION

The Cluain Mhuire service was a well managed service with good leadership across all disciplines. Research and evidence-informed practice were notable features of the service and resources were directed to provide modern, accessible and effective community based mental health services. The service showed commitment to promoting mental health awareness within the public domain and within targeted groups such as teachers, youth leaders, general practitioners and clinical educational bodies. The service had recently developed mental health apps for mobile phones and also maintained user-friendly web sites to inform the public about services and mental health issues.

Reductions in CMS grant funding had led to a significant reduction in the resourcing of the specialist liaison team and this had impacted on the provision of liaison services, including liaison to gender identity services. The reduction in funding and restrictions on recruitment had impacted across all community mental health teams within the CMS, nonetheless, careful pruning of services had protected core services.

The recruitment and retention of staff was an issue of concern. The provision of short term contracts for staff, including consultant psychiatrist and OT posts, did not support the development and delivery of quality services. The difficulties encountered in filling NCHD posts and nursing posts meant that seven day and out of hours services were curtailed. The block on filling posts during periods of leave, such as maternity leave, impacted negatively across all services, but especially on disciplines who were few in number. The CMS had provided groups and interventions outside of hours for families, carers and service users but these now had to be delivered within office hours owing to staff resources. Human resource functions should be devolved insofar as practical to local level.

Mental health services across the Dublin South East, Dublin South (Cluain Mhuire) and East Wicklow were in the process of developing governance, business and clinical services in accordance with an ISA model. Given the clinical expertise across the ISA this represented opportunities for the rationalisation and enhancement of clinical programmes across the area and for equity of access for persons of all ages. This should apply to specialist mental health teams in particular, such as MHID, POA, Liaison and CAMHS. The DETECT consultant psychiatrist was the lead in the national clinical care programme for early intervention in psychosis. The challenge for the CMS would be to retain its governance autonomy, values and ethos, whilst being incorporated within the ISA structure.

## RECOMMENDATIONS 2013

1. Community mental health teams should be resourced with OTs in line with *A Vision for Change* recommendations. Posts should include senior grade OTs.
2. CAMHS teams should be resourced to enable the provision of an on-call service.
3. The post of MHID consultant psychiatrist should be appointed on a permanent basis. MHID services for children should also be resourced.
4. A day centre dedicated to POA services should be developed.
5. An assertive outreach team should be put in place.
6. A consumer panel should be developed in the ISA.