Mental Health Services 2010

Mental Health Catchment Area Report

MENTAL HEALTH CATCHMENT AREA (SUPER CATCHMENT AREA)	Limerick, North Tipperary, Clare
HSE AREA	West
MENTAL HEALTH SERVICES	Limerick, Clare, North Tipperary
POPULATION	361,028
NUMBER OF SECTORS (GENERAL ADULT)	11
NUMBER OF APPROVED CENTRES	Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis Cappahard Lodge, Ennis Orchard Grove, Ennis Tearmann Ward and Curragour Ward, St Camillus' Hospital, Limerick St Joseph's Hospital, Limerick Acute Psychiatric Unit 5B, Midwestern Regional Hospital, Limerick
NUMBER OF DAY HOSPITALS, DAY CENTRES AND 24 HOUR RESIDENCES	11 - Day Hospitals, 10 - Day Centres 11 - 24-Hour Nurse Staffed Community Residences
SPECIALIST TEAMS (e.g. CAMHS, MHID, POA, Rehab, Liaison, Forensic)	5 - Child and Adolescent Mental Health Services 2 - Psychiatry of Old Age 1 - Mental Health of Intellectual Disability (Adult) 1 - Mental Health of Intellectual Disability (Child) 2 - Rehabilitation 1 - Liaison 1 - Forensic
PER CAPITA EXPENDITURE 2010 [>18 YEARS]	€204.27 Limerick Adult €187.89 Clare €59.00 Tipperary €36.00 CAMHS
DATE OF MEETING	28 September 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).

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

Clare

Each of the three approved centres must be compliant with the Regulations, Rules and Codes of Practice and compliance with regard to Cappahard Lodge must be a priority.

Outcome:

Acute Unit Ennis: The service was not compliant with several of the Regulations and Codes of Practice in the 2010 inspection.

Cappahard Lodge: There was considerable improvement since last year with the compliance level in Cappahard Lodge which had introduced a new individual care plan and a patient centred approach to care based on CLIPPER (Cardiff Lifestyle Improvement Profile for People in Extended Residential Care).

Orchard Grove: This approved centre was fully or substantially compliant with most Regulations, Rules and Codes of Practice.

2. The *management team should be representative of all disciplines.*

Outcome: A multi-disciplinary operational and advisory committee with representation from the Irish Advocacy Network met fortnightly. It reported to the Executive Clinical Director and the General Manager.

3. *All of the clinical teams should be fully resourced.*

Outcome: This had not been achieved.

Limerick

4. *Admissions to St. Joseph's Hospital should cease.*

Outcome: Admissions to St. Joseph's Hospital had ceased.

5. *Governance issues in St. Camillus' Hospital should be clarified.*

Outcome: Residents of the approved centre in St. Camillus' Hospital continued to occupy a ward area with residents who were in the care of the Psychiatry of Old Age services, not psychiatric services. Nursing staff were medically, not psychiatrically qualified. Staff reported that role clarity was sometimes a difficulty and that the arrangement was not suitable for those residents with behavioural problems.

6. *The refurbishment of Unit 5B should begin as soon as possible.*

Outcome: Approval for inviting expressions of interest for the project had been obtained.

7. *An analysis should be made of the length of stay of children on the acute unit with a view to assessing whether alternative care was more appropriate.*

Outcome: In 2009 19 children were admitted to Unit 5B and seven were admitted in 2010. Length of stay was 0.5 - 54.0 days (one child). The Children and Adolescent Mental Health Services (CAMHS) team reported they always sought alternative accommodation before agreeing to admit a child to the adult unit. Staff reported a level of frustration at the inability to source alternative beds for children in need.

8. *All teams should be fully resourced in line with the recommendations of A Vision for Change.*

Outcome: This had not happened.

9. *Individual care plans should become fully operational as soon as possible.*

Outcome: While multidisciplinary care plans had been introduced across the service, there continued to be difficulties with compliance. In some instances, individual care plans were not signed by residents, responsibility for particular interventions was unclear or attendance of multidisciplinary members at team meetings was not documented.

10. *Issues with regard to the authorized officer system should be addressed.*

Outcome: This had been done.

North Tipperary

11. *This service should be included in plans for development of its in-patient and specialized community Services as soon as possible.*

Outcome: A multi-sector group was considering development plans for the North Tipperary services. Scoping exercises were currently being carried out.

12. *The service should have its own development plan.*

Outcome: A three year development plan was being drafted.

13. *An occupational therapist should be included on the community teams as soon as possible.*

Outcome: This had not been done.

Super Catchment Area comparison with *A Vision for Change*

Range of Specialist Mental Health Services

Range of Specialist Teams SCA population 361,028		AVFC	AVFC-for this SCA
Child and Adolescent	5 1 (Mental Health for Intellectual Disability - Child and Adolescent Mental Health Services)	2 teams per 100,000 population (Pg. 72)	8
Mental Health Intellectual Disability	1 (Adult Psychiatry)	2 teams per 300,000 population (Pg. 129)	2
Psychiatry of Old Age	2	1 team per 100,000 population (Pg. 118)	4
Rehabilitation	2	1 team per 100,000 population (Pg. 107)	4
Liaison	1	1 team per 500 Bedded-General Hospital (Pg. 155)	1
Forensic	1	1 team per HSE Region (Pg. 139)	1 per region

Child and Adolescent Mental Health Services (CAMHS) comprised four teams which provided a service to the region. The teams were not resourced in line with the recommendations of *A Vision for Change*. A fifth team consultant was appointed in 2009 for a specific adolescent team (16-18 year olds). Approval was granted for the appointment of a further six staff to service the needs of the Limerick population.

Mental Health and **Intellectual Disability** teams consisted of 1.9 whole-time-equivalent (WTE) consultants and two WTE non consultant hospital doctors (NCHD) and had no multidisciplinary team members.

Psychiatry of Old Age covered populations of 12,921 and 20,275 respectively. There was no team in North Tipperary. There were no designated beds in the acute services in Limerick for Psychiatry of Old Age. A respite service was provided in Limerick and Clare but not in North Tipperary.

Rehabilitation Teams covered Clare and Limerick. There was no rehabilitation team in North Tipperary. The Limerick team consisted of a consultant psychiatrist, an NCHD, nine nurses and one occupational therapist. There was no social worker or psychologist in the service. There were three day centres attached to the service: Newcastlewest, Killmallock and Limerick City.

The Clients' Assessment of Strengths, Interests and Goals (CASIG) assessment tool was used.

The Clare team consisted of one consultant psychiatrist, an NCHD, one Clinical Nurse Specialist (CNS), one Assistant Director of Nursing (ADON), one clinical psychologist, one occupational therapist and one social worker and 8.37 WTE day facility nursing staff.

The Functional Analysis of Care Environment (FACE) risk assessment and CASIG assessment tools were used.

Staff identified the need to measure outcomes for this group of patients.

Liaison Team in Limerick provided a service to the Mid-West Region. It comprised a consultant psychiatrist, 0.5 WTE clinical psychologist, 4 WTE nurses, 1 WTE NCHD and 1 WTE secretary. Emergency Department assessments were provided between 8am-8pm.

Forensic Team comprised 0.5 WTE consultant psychiatrists, 0.5 WTE NCHD and 1 WTE nurse.

General Adult

General Adult	SCA POPULATION 361,028	AVFC	AVFC-for this SCA
General Adult CMHT's	11	1 per 50,000 sector population with 2 Consultant Psychiatrists (Pg. 95)	8
Number Acute In-patient Beds	89+access to acute unit beds in South Tipperary	50 in-patient beds per 300,000 population (Pg. 97)	66

North Tipperary had no acute beds in its sector, but had access to the acute beds in South Tipperary, which was in the catchment area for Health Service Executive (South). This arrangement was due to end in December 2010 when all such admissions will cease.

There were 11 community mental health teams with populations ranging from 19,000 to 49,000.

Clare which had a population of 110,950 had four teams, ranging from 19,069 to 35,581.

Limerick which had a population of 184,055 had five teams ranging from 23,374 to 48,691.

North Tipperary which had a population of 66,023 had two teams, one with responsibility for 34,160 and one with responsibility for 31,863 population.

The recommendation of *A Vision for Change* was for 7.2 teams each of which should have an enhanced complement of staffing for populations of 50,000. This would facilitate consumer choice.

Table

Catchment	Catchment Clare	Catchment Limerick	Catchment North Tipperary	Total	AVFC Recommendation per 50,000 population (Pg. 95)	AVFC-for this SCA
Population	110,950	184,055	66,023	**361,028**		
Consultant Psychiatrist	4	9	1	**14**	**2**	**16**
Clinical Psychology	5	4.5	3	**9.5**	**2**	**16**
Social Work	3.5	3.3	2	**8.8**	**2**	**16**
Occupational Therapy	4.2	3	0	**7.2**	**2-3**	**16-24**
Community Mental Health Nurses	4	5.57	2	**11.57**	**6-8**	**48-64**

Community Based Services

Community Based Services	Number of facilities	Number of Places	AVFC	AVFC-for this SCA
Crisis Houses	0	0	1 per 300,000 population with 10 places (Pg. 73)	1
Day Hospitals	Limerick 5 Clare 4 North Tipperary 2	2,241 59 N/A	1 per Community Mental Health Centre (CMHC) (Pg. 96)	8
Day Centres	Limerick 5 Clare 3 North Tipperary2	163 70 20	1-2 per 300,000 population with 30 places (Pg. 73, 109)	1-2 with 40 places
24 Hour Nurse Staffed Community Residences	Limerick 5 Clare 6 North Tipp 0	109 84 0	30 places per 100,000 (Pg. 73, 261)	12 with a maximum of 10 places in each
Assertive Outreach	Limerick Clare North Tipp	4 teams with crisis outreach 0 0	1 sub-group per rehabilitation team (Pg. 108)	4
Home Based Treatment	0	0	1 per CMHT (Pg. 99)	8

There were no crisis houses in this catchment area.

There were 11 day hospitals. The recommendation of *A Vision for Change* is for seven. There were 10 day centres; the recommendation of *A Vision for Change* was for one to two with places for 30 people. There were 11 staffed community residences with 193 places. The recommendation of *A Vision for Change* was for 105 places.

The service in Limerick had crisis assertive outreach teams. Clare had a Home-based treatment service.

Governance

Executive Clinical Director and the Management Team

Two senior managers had responsibility for the delivery of services, one with responsibility for Limerick and the other with responsibility for North Tipperary/Clare. They were accountable to the Integrated Service Manager. Multidisciplinary management teams provided governance in Limerick and North Tipperary. However, in Clare, a Mental Health Steering Group representative of all staff which had been established in 2009 had been discontinued. Staff reported that governance was provided by the Lead Consultant, Area Manager and Director of Nursing in association with the multidisciplinary operational and advisory committee which met fortnightly and was established in 2010.

Quarterly management review meetings took place with the Clinical Directors where targets were set.

An Executive Clinical Director (ECD) was employed on a 0.5 whole-time-equivalent basis, with the other 0.5 WTE allocated to clinical duties. They had responsibility for six approved centres. They reported their role was to 'build a bridge' between the clinical and administrative functions of the service. They did not have a budget. They had administrative support. There was no executive management team in the area as recommended in *A Vision for Change*.

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

A multidisciplinary group had been established to facilitate the transfer of acute hospital care for North Tipperary patients from St. Luke's Hospital, Clonmel to services in the Mid-West super catchment area. This transfer was due to take place at the end of 2010.

Management teams for the various services were mapping resources across the area in order to inform future requirements. On completion of this work, the plan for the integration of the three services would be agreed and a strategic plan for the area would be developed. Staff reported they were hopeful that the closure of St. Joseph's Hospital, Limerick, would free up resources for the implementation of *A Vision for Change* objectives. The management team prioritised the closure of St. Joseph's Hospital and in the past year patient numbers were reduced from 67 to 53. Unit 10 had closed.

Since the out of hours Emergency Department service in Nenagh and Ennis General Hospitals closed in 2009, patients were being referred to the Mid-Western Regional Hospital, Limerick. This resulted in the Liaison service providing an extended service to those patients, who constituted up to 20% of the workload of that team.

The Mental Health of Intellectual Disability for adults was provided by one WTE consultant and two WTE NCHDs. There were no designated beds. There was no multidisciplinary Mental Health of Intellectual Disability team as recommended in *A Vision for Change*.

The Mental Health of Intellectual Disability for Child and Adolescent Service was delivered by a lone consultant without access to in-patient beds or an out-of-hours service. There was no team support and no designated premises. The designated service existed in Limerick only. There was no evaluation for outcomes. There was no budget.

Quality of Patient Experience/Advocacy Involvement

The super catchment meeting was attended by the local advocate and regional co-ordinator for the Irish Advocacy Network. The advocate visited all approved centres on a rotational basis and provided support to Aras Follain peer support centre in Nenagh. In a report presented to the Mental Health Commission, the advocate stated that they had good links with key personnel in the services who were approachable and friendly. Service users appreciated the activation units on the wards, the Wellness Recovery Action Program (WRAP), and being listened too. The advocate stated that there was a perception that medication was overused and the medical model was too dominant within the services. There was a lack of alternative therapies. Some patients were afraid of making complaints for fear they would be penalised. They wanted more information on prescribed medication. They felt there was a lack of community nursing services. Patients admitted to hospital on a voluntary basis were afraid they would be detained. Some people felt their rights under the Mental Health Act 2001 were not adequately communicated to them.

The advocate suggested that a three-monthly forum be established with staff to enable discussion of issues.

Service users had been invited to attend the management meetings and service committees. The advocate was a member of the Consumer Panel which was attended by two members of staff of the Limerick service. In Clare, carers were invited to Recovery Care Plan meetings, subject to the consent of the service user. The advocate was on the policy group and the Individual Care Plan development committee. The Alzheimer's Society funded a research project on developing a framework for palliative interventions in dementia care.

Risk Management

Staff reported that the newly formed advisory and operational committee would facilitate good governance within the Clare Mental Health Services. Access to an infection control nurse had helped raise awareness of the need for infection control.

In North Tipperary a newly formed clinical governance group met monthly to plan and implement new practice initiatives. The multidisciplinary assessment and care planning programme were being implemented in full.

In Limerick, quarterly quality and risk management review meetings were taking place.

The Child and Adolescent Mental Health team identified a number of safety issues with regard to children. Lack of staff meant there was no system in place, other than ad-hoc monitoring of children in their waiting areas. Small CAMHS teams worked in physically disparate offices.

Lack of access to beds in specialist Child and Adolescent Mental Health Services meant children at risk had to be admitted to the adult in-patient service contrary to the requirements of the Code of Practice Relating to Admission of Children under the Mental Health Act 2001. Staff reported that they operated an emergency admission policy, which most other CAMHS did not.

Although they had a long waiting list, they had a same day emergency system for high risk children.

The Child and Adolescent Mental Health Services were progressing plans to include a specialist service for 16-18 year olds within Limerick city and county.

Quality outcomes

The management team reported they were 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.

They stated that quality was measured against *A Vision for Change*, the Mental Health Act 2001 and the Quality Framework of the Mental Health Commission, (2007), An Bord Altranais, the Irish College of Psychiatrists, the HSE National Quality and Risk Standards and the Health Information Quality Authority (HIQA) standards. The StarsWeb system was operating in Limerick and Clare and thus facilitated the reporting of clinical incidents. Quarterly management review meetings took place as well as meetings with the clinical director

Some mandatory training continued to be delivered to staff.

A system for the review and development of policies, procedures, protocols and guidelines were established. Agreement was reached between the Limerick and Clare services that these policies, protocols and guidelines would be implemented across the region.

An audit of North Tipperary Mental Health Services was conducted by An Bord Altranais. Internal audits were completed by psychiatry and psychology staff.

Conclusion

This service was beginning to address the needs of patients on a super catchment wide basis. The forthcoming closure of in-patient facilities in St. Michael's Unit Clonmel had facilitated management in looking at service provision on a wider basis than heretofore. Concern was expressed that that the planned closure was to take place at a time when refurbishment was taking place in Unit 5B, the acute unit in Limerick.

The prioritisation of the closure of St. Joseph's Hospital, Limerick was welcome in order to free resources for further developments. However, the rights and needs of long-term residents should be respected in this process.

There were more day centres and day hospitals than were recommended in *A Vision for Change*. This possibly reflected the transitional stage of the reform process from an institutional to a community based model of care. Nevertheless, every effort should be made to take cognisance of this and plan to involve community support services as much as possible.

The development of a management structure for the region, in line with the recommendations of *A Vision for Change* would be a welcome development and work was progressing on this.

Attempts had been made to develop specialist teams but these were clearly under-resourced.

Existing community mental health teams were under-resourced. Some teams within the catchment area were very small in relation to the recommendations of *A Vision for Change*.

The moratorium on staff recruitment was causing difficulties in the running of services. Staff reported that nursing numbers may be reduced by 25% by the end of 2010.

Recommendations and areas for development

1. Continue to progress the plans to close the acute services in St.Michael's Unit, Clonmel to patients from North Tipperary.
2. Continue to progress plans to close St. Joseph's Hospital, Limerick.
3. Address the issue of skill mix in residential and community based services, including mental health support workers and healthcare assistants.
4. Develop a unified mental health catchment area (super catchment area) management team in line with the recommendations of *A Vision for Change*.
5. Develop an interim catchment management structure for Clare.
6. Consider resizing some of the sector areas in line with *A Vision for Change* recommendations, to facilitate greater levels of choice for service users.
7. Develop local quality improvement initiatives.
8. Staffing should be upgraded to AVFC levels.
9. The concerns of the Child and Adolescent Mental Health team in relation to safety should be addressed.
10. In-patient beds should be in line with AVFC recommendations.
11. Community based services should be urgently developed.
12. All mandatory training should be delivered to staff.