

# **MENTAL HEALTH SERVICES 2010**

## **OVERVIEW OF INSPECTONS OF DAY HOSPITALS**

### **INTRODUCTION**

Under Section 51 (1) (a) of the Mental Health Act 2001 the inspector shall visit any centre where mental health services are provided. In view of this the Inspectorate undertook to inspect a number of day hospitals in 2010. A total of twelve day hospitals from different parts of the country were inspected. Each day hospital inspected was reported on individually and these individual reports can be accessed on the Mental Health Commission website. This report is a continuation of the report of inspections of day hospitals carried out in 2009 and reported in the Annual Report of the Inspector of Mental Health Services 2009.

Day Hospitals were inspected in Birr, Waterford, Cork, Blackrock Co. Dublin, Wicklow, Limerick, Roscommon, Castlebar, Cavan, North West Dublin, Ennis and Letterkenny.

### **LOCATION**

All day hospitals bar two were converted former residences located away from hospitals. One day hospital was in a general hospital, the other was purpose-built in the grounds of a closed psychiatric hospital.

### **OPENING HOURS**

Only one day hospital was opened for extended hours until 1900 hours. Two had community nurses available at weekends. The remaining day hospitals were open during office hours. This meant that there was a difficulty for people who were working to attend any therapeutic sessions in the day hospitals.

### **FACILITIES**

There was an average of five rooms dedicated to patient activity in the day hospitals. All day hospitals bar one were accessible by public transport. There was a range of services provided in the day hospitals including individual and group sessions, cognitive behavioral therapy, anxiety management, healthy living skills, psycho-education, recovery programmes and relaxation.

## **STAFFING**

All day hospitals had access to a consultant psychiatrist, non consultant hospital doctor (NCHD) and nursing staff. Four day hospitals had no access to an occupational therapist, two had no access to a social worker and two day hospitals had no access to a psychologist. One day hospital had no access to a psychologist, social worker or occupational therapist.

## **NUMBERS OF ATTENDEES**

The number of patient places varied from 10 to 849. The majority of day hospitals also functioned as sector headquarters. The length of stay varied widely from one day to 2 years. Four day hospitals were not able to provide figures on length of stay. Referrals came mainly from outpatient clinics and in-patient units. In some day hospitals referrals came directly from general practitioners. In all cases referrals were discussed at team meetings. No day hospital had a waiting list. Some day hospitals had a formal referral form.

## **CARE PLANS**

Five out of the twelve day hospitals used multidisciplinary care plans. The remainder used nursing care plans. All day hospitals had regular multidisciplinary team meetings.

## DIAGNOSIS

Four out of the twelve day hospitals did not have information on the diagnosis of their service users.

	Affective Disorders	Psychotic Disorders	Anxiety Disorders	Addiction Disorders	Personality Disorders	Other
Birr Day Hospital	33%	46%	7%	0	7%	7%
Brook House, Waterford	Unable to give information	Unable to give information	Unable to give information	Unable to give information	Unable to give information	Unable to give information
Ravenscourt, South Lee	45%	16%	33%	1%	2%	3%
Centre for Living, Cluain Mhuire	34%	22%	28%	2%	14%	0
Lincarra, Bray	43%	52%	0	0	0	5%
Tevere, Limerick	54%	15%	12%	14%	2%	3%
Ros na Suan, Roscommon	Unable to give information	Unable to give information	Unable to give information	Unable to give information	Unable to give information	Unable to give information
St. Michael's, Castlebar	17%	13%	17%	3%	7%	43%
Cavan Day Hospital	26%	54%	10%	0	10%	0
Connolly Norman House, North West Dublin	69%	6%	6%	13%	6%	0
Park View, Letterkenny	Unable to give information	Unable to give information	Unable to give information	Unable to give information	Unable to give information	Unable to give information
Ennis day Hospital	Unable to give information	Unable to give information	Unable to give information	Unable to give information	Unable to give information	Unable to give information

In the majority of day hospitals affective disorders were the commonest diagnosis. However in Bray Day Hospital and Lincarra Day Hospital psychotic disorders were more common. These figures show that serious mental illness accounted for a significant majority of the caseload in most of the inspected day hospitals. This suggests that most of the day hospitals had a role in diverting admissions from acute psychiatric units.

## **PROGRESS ON RECOMMENDATIONS FOR 2009**

*1. Greater use should be made of day hospitals to divert acute admissions from acute psychiatric units.*

Outcome: It was obvious that a number of day hospitals were treating acutely ill people thus diverting admissions from the acute psychiatric hospitals.

*2. Services should carry out regular reviews of their attendees to ensure service users move to more suitable facilities when the initial acute phase of their illness has abated.*

Outcome: A number of day hospitals continued to have day attendees for considerable periods of time, the length of stay in one day hospital exceeded two years.

*3. Sector headquarters should be located in day hospitals.*

Outcome: The majority of day hospitals were also used as sector headquarters.

## **CONCLUSION**

It is obvious from the figures on diagnosis that day hospitals have a role in the treatment of severe mental illness and can divert admissions from acute psychiatric hospitals. Most day hospitals had access to members of a multidisciplinary team although it was surprising that four out of the twelve day hospitals had no access to an occupational therapist. One day hospital had no access to any member of a multidisciplinary team apart from medical and nursing staff. Most day hospitals did not use multidisciplinary care plans despite the fact that multidisciplinary team meetings were held in all day hospitals. A wide range of therapeutic activities were available in the majority of the day hospitals. In a small number of day hospital the provision of information was poor and it was apparent that these day hospitals had no facilities for providing data on diagnosis or length of stay.

## **RECOMMENDATIONS**

1. All day hospitals should use multidisciplinary care planning.
2. Service users attending day hospitals should have access to a full multidisciplinary team.
3. All day hospitals should have facilities for collecting data relevant for their operation and future planning of services.