

Mental Health Services 2010
Mental Health Catchment Area Report

MENTAL HEALTH CATCHMENT AREA (SUPER CATCHMENT AREA)	South Lee, West Cork, Kerry
HSE AREA	South
MENTAL HEALTH SERVICES	South Lee, West Cork, Kerry
POPULATION	372,660
NUMBER OF SECTORS (GENERAL ADULT)	12
NUMBER OF APPROVED CENTRES	South Lee Adult Mental Health Unit, Cork University Hospital St. Finbarr's Hospital, Cork St. Michael's Unit, Mercy Hospital Centre for Mental Health Care and Recovery, Bantry General Hospital Acute Mental Health Admission Unit, Kerry General Hospital, Tralee St. Finan's Hospital, Killarney
NUMBER OF DAY HOSPITALS, DAY CENTRES AND 24 HOUR RESIDENCES	6 - Day Hospitals 12 - Day Centres 11 - 24-Hour Nurse Staffed Community Residences
SPECIALIST TEAMS (e.g. CAMHS, MHID, POLL, Rehab, Liaison, Forensic)	4 - Child and Adolescent Mental Health Services 1 - Psychiatry of Old Age 1- Mental Health of Intellectual Disability 1 - Rehabilitation 1 - Liaison 1 - Forensic
PER CAPITA EXPENDITURE 2010 [>18 YEARS]	South Lee €88.20 West Cork €128.93 Kerry €192.55
DATE OF MEETING	20 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

South Lee

1. Every effort should be made to expand the sector mental health teams in terms of staffing and resources.

Outcome: There had been little progress on this recommendation.

2. The absence of a rehabilitation team should be addressed.

Outcome: This had not been achieved.

3. Occupational therapists should be recruited, especially in the acute and long stay units.

Outcome: This had not been achieved.

4. The service should review its current arrangements for feedback from the peer advocate to ensure that issues that were raised were addressed urgently.

Outcome: This had been achieved.

West Cork

5. There should be an increase in multidisciplinary staffing in line with national policy.

Outcome: This had not been achieved.

6. An alternative to the current acute unit should be considered.

Outcome: This had not been achieved. A plan had been submitted for extension of the existing building.

7. The Home Focus Team should be provided with ongoing funding.

Outcome: This had been achieved.

Kerry

8. St. Finan's Hospital should close.

Outcome: This had not been achieved. Briefs for replacement facilities have been completed and submitted for funding.

9. Funding should be made available for the development of a four-bed high observation unit at the Adult Mental Health Admission Unit, Kerry General Hospital.

Outcome: The brief for the four-bed high observation unit was completed and funding was awaited. Tenders were currently being processed for the appointment of a design team.

10. The service was in need of a psychiatry of old age team.

Outcome: There was still no psychiatry of old age team in Kerry.

11. Remaining multidisciplinary team vacancies on sector teams need to be filled.

Outcome: This had not been achieved.

Super Catchment Area comparison with *A Vision for Change*

Range of Specialist Mental Health Services

Range of Specialist Teams SCA population 372,660		AVFC	AVFC-for this SCA
Child and Adolescent	4	2 teams per 100,000 population (Pg. 72)	8
Mental Health Intellectual Disability	1	2 teams per 300,000 population (Pg. 129)	2
Psychiatry of Old Age	1	1 team per 100,000 population (Pg. 118)	4
Rehabilitation	1	1 team per 100,000 population (Pg. 107)	4
Liaison	1	1 team per 500 Bedded-General Hospital (Pg. 155)	2
Forensic	1	1 team per HSE Region (Pg. 139)	1

Child and Adolescent Mental Health Services (CAMHS)

Child and Adolescent Mental Health Services (CAMHS) in this super catchment area were delivered by the Brothers of Charity on behalf of the Health Service Executive (HSE). It was a community service and referrals were accepted up to age of 16 years. The service also provided a mental health service to children with intellectual disability. There were 5.6 whole-time-equivalent consultant psychiatrists, 4.5 whole-time-equivalent nursing staff, 5.8 whole-time-equivalent psychologists, six whole-time-equivalent social workers, 1.5 whole-time-equivalent occupational therapists and one whole-time-equivalent speech and language therapist. There was access to inpatient care in the interim child and adolescent unit in St. Stephen's Hospital in North Cork. This facility operated only on a non-emergency basis.

Mental Health in Intellectual Disability (MHID)

Mental Health Services for persons with intellectual disability were provided on a regional basis (North Cork, North Lee, South Lee, West Cork and Kerry). There was one whole-time-equivalent consultant psychiatrist and 0.5 whole-time-equivalent non consultant hospital doctor (NCHD). There were no designated beds.

Psychiatry of Old Age (POA)

Psychiatry of Old Age was only available in South Lee; there was no Psychiatry of Old Age in West Cork or Kerry. In South Lee there were 1.5 whole-time-equivalent consultant psychiatrist, three whole-time-equivalent community mental health nurses, one whole-time-equivalent occupational therapist, one whole-time-equivalent psychologist and no social worker. There was a limited (two days) day hospital service.

Rehabilitation Service

The only rehabilitation service in this super catchment area was in Kerry. This was an underdeveloped service with one whole-time-equivalent consultant psychiatrist, one whole-time-equivalent non consultant hospital doctor, 0.4 whole-time-equivalent psychologist and 0.6 whole-time-equivalent social worker. There was one day centre, Lime Grove, with 20 places.

Liaison Mental Health Service

There was one liaison psychiatry team based in Cork University Hospital and St. Finbarr's Hospital. There was one whole-time-equivalent consultant psychiatrist, two whole-time-equivalent NCHD's and 0.8 whole-time-equivalent psychologists. There was no social worker. There were 2.8 whole-time-equivalent nursing staff. There were no liaison services in Kerry.

Forensic Mental Health Services

There was a forensic mental health service based in Carraig Mór which catered for North Cork, South Lee and North Lee. It provided only a consultant service to Kerry. There were 18 beds in a psychiatric intensive care unit in Carraig Mór which also provided an Outreach service. There was also a prison in-reach service. There were two whole-time-equivalent consultant psychiatrists, one whole-time-equivalent occupational therapist and one whole-time-equivalent social worker. There was no clinical psychologist which was a considerable deficit on a forensic team. A step-down facility and rehabilitation input were needed to ensure that this service operated as a comprehensive forensic service.

General Adult

General Adult	SCA POPULATION 372,660	AVFC	AVFC-for this SCA
General Adult CMHT's	12 SECTOR TEAMS	1 per 50,000 sector population with 2 Consultant Psychiatrists (Pg. 95)	8
Number Acute In-patient Beds	108	50 in-patient beds per 300,000 population (Pg. 97)	66

In South Lee the sector size varied enormously. There were two large sectors (40,000 and 53,000) but there was only one whole-time-equivalent consultant psychiatrist and incomplete multidisciplinary teams in each. The remainder of the sectors were small and the multidisciplinary teams were considerably understaffed.

In West Cork there was one large sector with 53,445 population and three consultant psychiatrists. The service had been reviewing the existing sub-sectors in order to arrange appropriate re-alignment within the Primary Care Teams. There was only one whole-time-equivalent clinical psychologist but there were 2.2 whole-time-equivalent social workers, four whole-time-equivalent community mental health nurses, four whole-time-equivalent clinical nurse specialists and 2.8 whole-time-equivalent occupational therapists. There was also a team co-ordinator. It had a home-based treatment team. This service was close to providing a sector team in line with *A Vision for Change*.

In Kerry the sectors were small, all less than 32,000 population; there had been no attempt to have sectors of 50,000 as in *A Vision for Change*.

Table

Catchment	Catchment South Lee	Catchment West Cork	Catchment Kerry	Total	AVFC Recommendation per 50,000 population (Pg. 95)	AVFC-for this SCA
Population	179,133	53,445	139,835			
Consultant Psychiatrist	5.5	3	6	14.5	2	16
Clinical Psychology	4.3	1	2.2	7.5	2	16
Social Work	3	2.2	3	8.2	2	16
Occupational Therapy	0.8	2.8	3	6.6	2-3	16-24
Community Mental Health Nurses	9.8	4	12	25.8	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 House
Day Hospitals	6	98	1 per Community Mental Health Centre (CMHC) (Pg. 96)	8 Day Hospitals
Day Centres	12	121	1-2 per 300,000 population with 30 places (Pg. 73, 109)	1-2 Day Centres with 40 places
24-Hour Nurse Staffed Community Residences	11	160	30 places per 100,000 (Pg. 73, 261)	12 community residences with 10 places each
Assertive Outreach	0	-	1 sub-group per rehabilitation team (Pg. 108)	4
Home Based Treatment	1	-	1 per CMHT (Pg. 99)	8

There were no crisis houses in the service. There was one home-based treatment team which was based in West Cork. Day hospital places were unevenly spread across the supercatchment area with some sector having no access to day hospital places (Kinsale, South Kerry, Dingle/Castleisland and West Cork). There was a small excess of day centre places. There was also an excess of 24-hour nurse staffed community residence places. South Lee had only 18 places whereas Kerry had 100 places (30 of which are for people with intellectual disability), reflecting past efforts to reduce the number of residents in long term care in St. Finan's Hospital in Killarney. West Cork Mental Health services offered day places through other agencies. There were also two resource centres in West Cork which offered day services that included group work and talking therapies.

Governance

Executive Clinical Director and the Management Team

The supercatchment area covered a population of 372,660 and a wide geographical area. An Executive Clinical Director (ECD) was in place. There was no multidisciplinary management team across the supercatchment area. There were two local health managers (LHM) who met on a regular basis. There was no lead LHM for the supercatchment area. There were no supercatchment governance meetings. However there were individual governance structures in each catchment area.

Uncertainties were present as to the boundaries of the proposed integrated service area, with County Cork being proposed as one service area and Kerry the other service area.

There were clinical governance groups in each catchment area with service user involvement in Kerry and West Cork.

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

There was one large psychiatric hospital, St. Finan's Hospital, in Killarney, County Kerry. There were five wards remaining with 53 long-stay residents. The hospital was in poor condition and unsuitable for use as a mental health facility. There were plans to develop a 25-bed continuing care unit and challenging behaviour unit for older persons with mental illness, a 15-bed intensive care rehabilitation unit and a 10-bed community residence. These plans were long-standing but there had been no advance on developing these units. The service was waiting for funding from the National Capital Fund. Overall assessments on the inpatient population were being conducted.

A new unit was planned for Cork University Hospital to replace the existing unsuitable unit. This was at the implementation phase. The four-bed high observation unit in the acute unit in Kerry was planned and was at the design stage.

While all sectors had community mental health teams there was wide variation in their staffing and facilities. The moratorium on recruitment had meant that community services had not been fully developed in line with *A Vision for Change*.

West Cork had an enhanced Recovery model of care and there was a mental health recovery worker.

Quality of Patient Experience/Advocacy Involvement

Peer advocacy was available in all catchments through the Irish Advocacy Network.

South Lee: Nursing staff were described as helpful as was the presence of key workers. A number of therapies, including art therapy, nurse-led therapy, music and dance sessions were described as good. The advocate met regularly with the clinical nurse managers. The garden area in South Lee Mental Health Unit was appreciated by service users. Service users complained about the quality of their experience in being brought to the South Lee Mental Health Unit, when detained, by An Garda Síochána, sometimes in handcuffs. Service users often were not aware of their individual care plans or key workers and felt that consultant psychiatrists did not listen to them. It was felt that there was little therapy other than medication, for example, there was no occupational therapy.

West Cork: The new decoration in the acute unit in Bantry, as well as the new garden in Perrott House and in Bantry was praised by service users. It was felt that there was a good choice of activities available in the

acute unit with occupational therapy, relaxation, massage therapy and an art project. Admission to the unit using An Garda Síochána was felt to be traumatic by service users who had experienced this. More information was required about medication and more consistency in medical staff was requested by service users. There were complaints about the smoking area in Perrott House.

Kerry: The refurbishment of the acute unit was praised. Service users were pleased that there were ward closures in St. Finan's Hospital (Our Lady's ward had closed and St. Paul's ward was due for closure). There was positive feedback about the new Lime Grove Day Centre that had recently opened at St. Finan's Hospital. The service had obtained new gym equipment, a new computer room and a new television. There were still complaints that St. Finan's was unsuitable for people. People still continued to be moved from the acute unit to St. Finan's because of challenging behaviour and children were admitted to the acute unit. There were complaints that there was overcrowding in the acute unit, that people were still nursed in their pyjamas and the smoking area were cold.

The clinical governance groups in Kerry and West Cork had service user involvement. This was not the case in South Lee or West Cork.

Risk Management

There were risk management structures in place, including risk management committees. All units had risk management policies. A number of audits were ongoing in all three catchment areas. The moratorium on staffing had made the balance of safety and economies critical and services felt that they were operating at a minimum rather than an ideal.

Quality outcomes

It was reported that the service was 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.

In child and adolescent mental health services (CAMHS) there was an ongoing risk assessment of outpatient clinics. Patient satisfaction surveys had also been undertaken. The lack of a database of admissions to service and other information in CAMHS had hampered efforts to obtain quality outcomes.

Conclusion

The supercatchment area had a population of almost 375,000 and covered a wide geographical area. There was one Executive Clinical Director but two local health managers. There was no multidisciplinary management team for the supercatchment area. There was uncertainty about the boundaries of the integrated service areas. The moratorium on staffing seriously hampered the development of community services resulting in a focus on bed-provided services in the absence of adequate community provision. However, there was a good Recovery orientated service in West Cork as well as a home based treatment team. There were serious deficits in the provision of specialist teams with under provision of rehabilitation, liaison, child and adolescent mental health services, psychiatry of old age and a forensic service for Kerry. St. Finan's Hospital in Killarney continued to operate despite poor conditions, the fact that it was unsuitable as a mental health facility and complaints from service users. Plans for development of alternative arrangements were not progressing.

Recommendations and areas for development

1. Continue to progress the plans for the closure of St. Finan's Hospital.
2. Address the issue of skills mix in residential and community based services, including mental health support workers and health care assistants.
3. Develop local quality improvement initiatives.
4. Develop a unified mental health catchment area (super catchment area) management team.
5. Staffing to be upgraded to *A Vision for Change* levels.
6. In-patient beds to be in line with *A Vision for Change* recommendation.
7. Community based services to be urgently developed.