

Rehabilitation and Recovery Services  
 Sligo/Leitrim Mental Health Services  
 Community Healthcare Organisation (CHO) Area 1  
 2018/2019

Description

Sligo/Leitrim Mental Health Services covers Sligo, Leitrim, West Cavan and South Donegal, with a total population of 107,000. There is one rehabilitation team which is well established. There are two hubs, one in Sligo and one in Carrick on Shannon, and an assertive outreach team operates from each hub, providing a seven day service from 9:00 to 19:00.

<b>Population</b>	<b>107,000</b>
<b>Number of rehabilitation teams</b>	<b>1</b>
<b>Recommended number of teams as per <i>A Vision for Change</i> to nearest 100,000 population</b>	<b>1</b>

Staffing of Rehabilitation teams compared with recommendations of *A Vision for Change*

	<b>Number in team</b>	<b>Recommendation in <i>A Vision for Change</i> for population of 107,000</b>	<b>Percentage of <i>A Vision for Change</i> Recommendations to nearest 100,000 population</b>
<b>Consultant psychiatrist</b>	1	1	100%
<b>Non consultant hospital doctor (NCHD)</b>	1	No recommendation	
<b>Team coordinator/ADON</b>	1	No recommendation	
<b>Nursing (all grades)</b>	7.5	Minimum of 10	75%
<b>HCA</b>	4	No recommendation	
<b>Occupational therapist</b>	1	2	50%
<b>Social worker</b>	1	2	50%
<b>Clinical psychologist</b>	0	2	0%
<b>Peer support workers</b>	1	No recommendation	
<b>Arts therapist</b>	0	1	0%
<b>Cognitive behavioural therapist</b>	0	1	0%

## Assertive outreach team

The rehabilitation team provides services through the assertive outreach teams from the Sligo Hub and the Leitrim hub. They provide a keyworker system and provide a seven day service. The consultant psychiatrist and NCHD provide assertive outreach support and hold fortnightly clinics in the Leitrim Hub and weekly clinics in the Sligo Hub. They also review people according to clinical need in each hub outside of clinics.

<b>Staffing</b>	<b>Sligo Hub</b>	<b>Leitrim Hub</b>
<b>Clinical nurse manager 2</b>	5	1
<b>Staff nurse</b>	0	3
<b>Social worker</b>	1	0
<b>Occupational therapist</b>	1	0
<b>Healthcare assistant</b>	2	0
<b>Multi-task assistant</b>	2	2

There is no social worker or occupational therapist in the Leitrim Hub. A business case for these two posts was submitted in 2015, but there has been no progress. A staff nurse post and a clinical nurse specialist post were in the process of being filled. In total, there are six posts prioritised for the Sligo/Leitrim Rehabilitation and Recovery Team, including psychology, occupational therapy, speech and language therapy, social work, a consultant psychiatrist, and clerical support.

## Training of staff

<b>Course</b>	<b>Numbers of staff trained</b>
<b>WRAP Introduction Workshop<sup>1</sup></b>	7
<b>Recovery Principle Training</b>	4
<b>Integrated Recovery Care Planning</b>	8
<b>STORM Training<sup>2</sup></b>	2
<b>DBT<sup>3</sup></b>	1
<b>Brief Intervention/Solution Focused Therapy</b>	1
<b>Social Role Valorisation</b>	1
<b>Basic CBT Skills<sup>4</sup></b>	2
<b>Family CBT Skills</b>	1
<b>Diploma in Community Mental Health Nursing</b>	4
<b>Nurse Prescribing</b>	1

## Residential rehabilitation facilities

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<sup>1</sup> Wellness Recovery Action Plan (WRAP)

<sup>2</sup> Skills Training on Risk Management

<sup>3</sup> Dialectical Behaviour Therapy

<sup>4</sup> Cognitive Behaviour Therapy

	Number	Number of beds
<b>Residential rehabilitation facilities</b>		
<b>Specialist inpatient rehabilitation unit</b>	3 beds assigned for CHO 1 in Highfield Hospital, Dublin*	
<b>Specialist community rehabilitation units</b>	2	23
<b>24-hour supervised residences</b>	1**	7
<b>Medium support residences</b>	0	
<b>Low support residences</b>	5	30
<b>Supported independent accommodation</b>	0	0

\*This unit is “out of area” and not in line with good practice.

\*\* This is an additional residence which is not under the care of the rehabilitation and recovery team.

## Day services

**Day Centres:** Service users can attend social day care centres which have mental health staff present.

**Social Club:** Operates a half day a week in Sligo. This is run by the Community Leader Programme and 17 people with severe and enduring mental illness attend.

**Social Engagement Programme:** This includes bingo, pool, table tennis, walks and outdoor gym.

## Rehabilitation and recovery initiatives

- Community supported accommodation, including one 24-hour supervised residence and all group homes are now under the care of the rehabilitation and recovery team.
- A floating model of care is provided for those who have transitioned from 24-hour supervised residential care to supported independent living with tenancy agreements.
- A sub-committee of the Area Mental Health Management Team has been commissioned to oversee the future direction and reconfiguration of the rehabilitation and recovery residential programme based on need and appropriate location.
- Two research projects have been undertaken. One looks at investigating clinical and social demographic correlates of patients in supervised residential settings. There is also an audit study using the Dartmouth Assertive Community Scale investigating the Fidelity Model of Assertive Outreach Teams.
- Under Social Farming Leitrim, two people are in employment in Leitrim.
- There is a service user Passport Co-production/Co-facilitation group with representation from the service user, carers and staff.

## Challenges

- Lack of essential occupational therapist, social worker and psychologists. The lack of a multi-disciplinary team in Leitrim has resulted in increased admissions to the Acute Psychiatric Unit of people with severe and enduring mental illness.
- A 7-bed 24-hour supervised community residence is still under the care of general adult psychiatry with residents who should have access to the rehabilitation and recovery service.
- There is no access to cognitive behavioural therapy for psychosis, music and art therapy.

## Conclusion

The rehabilitation and recovery team in Sligo/Leitrim is a well-functioning team providing a service through an assertive outreach model, which includes one peer support worker; however, there are staffing deficits which impede it operating in accordance with best practice. The service requires an occupational therapist, a social worker, a psychologist, a cognitive behavioural therapist, and access to art therapists. Six additional posts have been prioritised which will reflect a multi-disciplinary team when recruited. There is a clear plan for developing the service from a clinical and social point of view but this is dependent on resources. Staff have had training in areas that benefit people with severe and enduring mental illness. The provision of specialist rehabilitation inpatient beds “out of area” is concerning as this is not considered good practice.