| MENTAL HEALTH CATCHMENT AREA (SUPER CATCHMENT AREA) | Dublin North |
| HSE AREA | Dublin North East |
| MENTAL HEALTH SERVICES | Dublin North Mental Health and Intellectual Disability Services |
| POPULATION | 222,049 |
| NUMBER OF SECTORS (GENERAL ADULT) | 7 |
| NUMBER OF APPROVED CENTRES | St. Ita’s Hospital - Mental Health Services  
St. Joseph’s Intellectual Disability Services, St. Ita’s Hospital |
| NUMBER OF DAY HOSPITALS, DAY CENTRES AND 24 HOUR RESIDENCES | 3 - Day Hospitals  
2 - Day Centres  
3 - 24-Hour Nurse Staffed Community Residences |
| SPECIALIST TEAMS | 2 - Child and Adolescent Mental Health Services  
1 - Psychiatry of Old Age  
2 - Mental Health of Intellectual Disability  
1 - Rehabilitation  
1 - Liaison  
0 - Forensic |
| PER CAPITA EXPENDITURE 2010 [ >18 YEARS ] | €268.50 |
| DATE OF MEETING | 16 November 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, Rehabilitation, 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

Adult Mental Health Services

1. St. Ita’s Hospital was not fit for purpose and should close.

Outcome: Tender documentation for a new acute unit in Beaumont Hospital was completed. Building and commissioning the unit was expected to be completed by November 2012.

2. The in-patient admission of older persons under the care and treatment of the Mental Health Services for Older People (MHSOP) team should be into a suitable and appropriate area.

Outcome: No progress had been made and there were no dedicated acute admission beds for older persons under the care of the Psychiatry of Old Age team. A new acute admission area including an area for older persons at St Ita’s Hospital and long-stay accommodation for older persons at St. Vincent’s Hospital, Fairview would be available in 2011.

3. The shortfall in psychology, social work and occupational therapy posts in the sector teams should be filled.

Outcome: Teams continued to be under-resourced. Identification of new vacancies were required to fill health and social care professional posts and the Health Service Executive (HSE) policy, moratorium, budgetary constraints applied.

4. The accommodation in the rehabilitation unit at Willbrook, St. Ita’s Hospital, was unsuitable and should be replaced to enable a more comprehensive rehabilitation programme to be provided for a different case mix of residents.

Outcome: There had been no progress, residents continued to be housed in out-dated and unfit for purpose accommodation.

St. Joseph’s Intellectual Disability Service

5. Efforts should continue to recruit a senior clinical psychologist.

Outcome: This had not been achieved; however, the service had entered into a service level agreement with a private service which provided clinical psychology for 17 hours per week.

6. Individual care plans should be rolled out for all service users as soon as the pilot individual care planning was completed.

Outcome: There were excellent individual care plans (ICPs) in place for all individuals. Individual care plans were updated at multidisciplinary team reviews and where possible the service user signed their own individual care plan. There were ongoing ICP training workshops for all front-line staff.
### Range of Specialist Mental Health Services

<table>
<thead>
<tr>
<th>Range of Specialist Teams</th>
<th>AVFC</th>
<th>AVFC-for this SCA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SCA population 222,049</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Child and Adolescent</strong></td>
<td>0</td>
<td>2 teams per 100,000 population (Pg. 72)</td>
</tr>
<tr>
<td>Child and Adolescent Mental Health Services (CAMHS) provided by two Dublin North Central teams</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health Intellectual Disability</strong></td>
<td>0</td>
<td>2 teams per 300,000 population (Pg. 129)</td>
</tr>
<tr>
<td>Mental Health Intellectual Disability (MHID) service was provided by St. Joseph’s Intellectual Disability Service.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Psychiatry of Old Age</strong></td>
<td>1</td>
<td>1 team per 100,000 population (Pg. 118)</td>
</tr>
<tr>
<td><strong>Rehabilitation</strong></td>
<td>1</td>
<td>1 team per 100,000 population (Pg. 107)</td>
</tr>
<tr>
<td><strong>Liaison</strong></td>
<td>1 (Beaumont Hospital)</td>
<td>1 team per 500 Bedded-General Hospital (Pg. 155)</td>
</tr>
<tr>
<td><strong>Forensic</strong></td>
<td>0</td>
<td>1 team per HSE Region (Pg. 139)</td>
</tr>
<tr>
<td><strong>Substance Misuse</strong></td>
<td>1</td>
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</tr>
</tbody>
</table>
Child and Adolescent Mental Health Services (CAMHS)

The CAMHS in Area 8 North Dublin were provided under a service level agreement by two teams from the Mater CAMHS Coolock, Darndale and Swords. Hence, this service was managed by the Local Health Office (LHO) Dublin North Central and the managing Executive Clinical Director (ECD) covered the Dublin North Central and Dublin North West. In 2009, 758 children and adolescent were assessed. Urgent referrals were seen within 24-hours and the routine waiting time was approximately three months. The CAMHS provided a liaison service to the Children's University Hospital, Temple Street, Dublin. The CAMHS teams were under-resourced, in particular in medical and nursing personnel. This limited the capacity to provide a service for the 16 to 18 year olds in Dublin North and to provide community and home-based services.

The CAMHS had six in-patient beds in the St. Joseph's AIPU (adolescent in-patient unit) at St. Vincent's Hospital, Fairview. The service had plans to increase this AIPU to a 12-bed unit primarily serving the Dublin North East and Dublin Mid-Leinster catchment areas. The AIPU participated in the national weekly CAMHS bed management teleconference. St Joseph’s Day Hospital in Fairview provided 11 places.

A multidisciplinary model of care was well established in the CAMHS and was evident in the provision of group programmes and in representation in management. The CAMHS had undertaken a service user satisfaction survey for all teams in 2010.

Psychiatry of Old Age (POA)

There was one POA teams serving a super catchment area (SCA) population of 22,109 persons over 65 years of age. The caseload of the POA service in the third quarter of 2010 was 399 individuals. Forty per cent (40%) of new referrals were seen within a two-week period and 60% of new referrals were seen within four weeks. In the preceding year, 2009, there were 490 liaison referrals from Beaumont Hospital and 451 community referrals. In order to preserve the community based service the POA teams had decided to now limit the consultant liaison in Beaumont Hospital to those aged 75 and over. A POA consultant attended a memory clinic in Beaumont Hospital also.

Access to in-patient beds remained an issue for the POA service in 2010. The POA service did not have any dedicated acute beds and patients were admitted to a general adult ward. There were 36 continuing care beds, 32 of which were occupied by POA in-patients. The POA service had lost access to a number of contract nursing home beds since the introduction of the “Fair Deal” initiative. The POA service had access to four respite beds in a private nursing home.

The POA service had no team base, which meant the team was split between two centres twelve miles apart. The POA service had no day hospital and no day centre facility. The teams did not have a full complement of health and social care professionals. There was one whole-time-equivalent occupational therapist, no social worker, four and a half whole-time-equivalent nursing posts and the post of clinical psychology was in the process of being filled. Only 24 community patients out of 349 had ongoing occupational therapy input and 216 of 349 had community nurse involvement. POA initiatives in 2010 included: the development of an outpatient clinic in Swords; group therapies for anxiety management, coping with depression and alcohol counselling; dementia care training for nursing home and long-stay ward staff.

Rehabilitation

There was one rehabilitation team. The rehabilitation service was established nine years ago and targeted those with severe and enduring mental illness. The average case load was 130-160 persons, with 25-35 new referrals per annum. Individuals referred to this service had a waiting time of between one and three years for supported accommodation. The rehabilitation team was markedly under-resourced, having a staffing level 25% of that recommended in AVFC for nursing, occupational therapy and social work. There was no clinical psychologist.

The rehabilitation service was provided across in-patient beds in two old institutional units at St. Ita’s Hospital (24 beds), a day centre in Artane with 24 places, three 24-hour community residences with 31 places and seven low support residences. Occupational Therapy had completed an assessment of the needs of service users to address vocational rehabilitation needs in Dublin North.
Liaison Psychiatry Service

There was one liaison psychiatry team based in the 500-bed Beaumont Hospital which provided emergency and acute care services across 54 medical specialties to a local community of some 290,000 people. The service was funded by Beaumont Hospital apart from two Emergency Department whole-time-equivalent mental health nurses. In addition, Beaumont Hospital was a designated Cancer Centre and the Regional Treatment Centre for Ear, Nose and Throat, and Gastroenterology. It was also the National Referral Centre for Neurosurgery and Neurology, Renal Transplantation, and Cochlear Implantation. Beaumont Hospital also had the largest Neurology service in the country accepting tertiary referrals from all parts of Ireland. Beaumont Hospital had a large and busy Emergency Department providing a service to in excess of 45,000 patients each year.

The liaison service provided a service in Beaumont Hospital during office hours five days a week, an on-call service from 1000h till 1400h at the week-end and a nurse on-site during office hours on Sundays. A particular focus of the liaison service was neuropsychiatry, psycho-oncology, psychohepatology, somatoform disorders, alcohol services, suicide prevention and bereavement support. The team included two whole-time-equivalent consultant psychiatrists, five whole-time-equivalent non consultant hospital doctors, one whole-time-equivalent clinical nurse specialist and one whole-time-equivalent registered psychiatric nurse, a half-time equivalent social worker, a half-time-equivalent clinical psychologist and a half-time-equivalent addiction counsellor. There was no occupational therapist on the team. The liaison service reported difficulties in the timely transfer of patients from Beaumont Hospital to St. Ita’s Hospital and vice versa, and in accessing in-patient care and treatment for 16 to 17 year olds.

Mental Health and Intellectual Disability (MHID)

There was no MHID team in the SCA. MHID services within the SCA were provided by St. Joseph’s Intellectual Disability service and a number of voluntary agencies. The St. Joseph’s service had a long experience in the management of individuals with an intellectual disability who had challenging behaviour and severe mental illness, of generic intellectual disability care and in the care of older persons with an intellectual disability. Historically individuals with complex intellectual disability and forensic needs were treated in the approved centre. A screening of residents in 2009 indicated that approximately 50% had an autism spectrum disorder. Services provided included, acute in-patient care, residential care, respite care, day services and community outreach services.

In-patient services were provided by the St. Joseph’s Intellectual Disability Service, the country’s largest approved centre with 160 beds, which was based at the St. Ita’s Hospital Portrane campus. Knockamann, an attractive streetscape layout of ten new bungalows with 60 beds and a day activity centre had been built on the campus. Day activities and therapeutic services and programmes were provided in Knockamann Resource Centre. St. Fiachra’s, an older 18-bed unit remained open and provided care in dilapidated conditions. Most residents were long-term and there was limited provision for crisis or acute admissions. There had been no admissions, discharges or transfers up to the time of inspection in 2010. A purpose built admissions unit was required. The MHID admissions unit planned at Beaumont Hospital had been deferred indefinitely owing to fiscal constraints.

The service reported that there were 284 nurses and 190 healthcare assistants based in in-patient services for those with intellectual disabilities in the SCA. Forty additional nursing posts had been filled to open the Knockamann development and nursing was fully staffed. €3.2 million had been spent on nursing overtime costs in the preceding year. A multidisciplinary team had only been established for one year. The team was addressing a backlog of needs, and was reviewing and developing approaches to the management of challenging behaviour. The team comprised a whole-time-equivalent senior social worker, a whole-time-equivalent senior occupational therapist, a whole-time-equivalent senior dietician, a whole-time-equivalent senior clinical speech and language therapist and a whole-time-equivalent senior physiotherapist. Sessional clinical psychology service was contracted in by the service but there was no clinical psychology post in the super catchment area. Additional MHID teams were required to both meet the existing case load in the approved centre and to match the AVFC super catchment recommendations.
Forensic Mental Health Services

There was no forensic mental health team in the SCA. The SCA reported that accessing secure beds continued to be an issue.

Substance Misuse Service

The drug and alcohol service in the SCA was provided under the auspices of the Drug Treatment Centre Board (DTCB), Trinity Court. There was a ten-bed dedicated detoxification and stabilisation unit in Beaumont Hospital. The services provided by the DTCB included: a dual diagnosis clinic, an attention deficit hyperactivity disorder clinic, hepatitis-C treatment, a sexual health clinic, a liaison midwifery service, a poly-substance misuse programme, an under-18's young persons programme and primary care.
General Adult

<table>
<thead>
<tr>
<th>Table</th>
<th>Catchment</th>
<th>Total AVFC Recommendation per 50,000 population (Pg. 95)</th>
<th>AVFC-for this SCA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>222,049</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant Psychiatrist</td>
<td>7</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Clinical Psychology</td>
<td>2.7</td>
<td>2.7</td>
<td>2</td>
</tr>
<tr>
<td>Social Work</td>
<td>6.6</td>
<td>6.6</td>
<td>2</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>3</td>
<td>3</td>
<td>2-3</td>
</tr>
<tr>
<td>Community Mental Health Nurses</td>
<td>16.38</td>
<td>16.38</td>
<td>6-8</td>
</tr>
</tbody>
</table>

There was a marked difference in the population numbers served by the various sector teams, with the largest sector having five times the population of the smallest sector. Sector populations were as follows: Killester 13,582; Coolock/Darndale 23,550; Kilbarrick East 36,036; Kilbarrick West 34,833; Swords 68,086; and Balbriggan 45,684.

Table
Community Based Services

<table>
<thead>
<tr>
<th>Community Based Services</th>
<th>Number of facilities</th>
<th>Number of Places</th>
<th>AVFC</th>
<th>AVFC-for this SCA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Houses</td>
<td>None in SCA</td>
<td>0</td>
<td>1 per 300,000 population with 10 places (Pg. 73)</td>
<td>1 house with 8 places</td>
</tr>
<tr>
<td></td>
<td>3 Crisis beds in the St. Joseph’s Intellectual Disability Service</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day Hospitals</td>
<td>3</td>
<td>79</td>
<td>1 per Community Mental Health Centre (CMHC) (Pg. 96)</td>
<td>4</td>
</tr>
<tr>
<td>Day Centres</td>
<td>2</td>
<td>54</td>
<td>1-2 per 300,000 population with 30 places (Pg. 73, 109)</td>
<td>1 with 22 places</td>
</tr>
<tr>
<td>24-Hour Nurse Staffed Community Residences</td>
<td>3  St. Joseph’s MHD</td>
<td>81</td>
<td>30 places per 100,000 (Pg. 73, 261)</td>
<td>66</td>
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<tr>
<td>Assertive Outreach</td>
<td>0</td>
<td>0</td>
<td>1 sub-group per rehabilitation team (Pg. 108)</td>
<td>2</td>
</tr>
<tr>
<td>Home Based Treatment</td>
<td>2</td>
<td>15 per community psychiatric nurse</td>
<td>1 per CMHT (Pg. 99)</td>
<td>7</td>
</tr>
</tbody>
</table>

The SCA had three mental health service 24-hour supervised community residences and seven low support residences. These included: Kilrock House, Howth (12 places); Carlton House, Lispopple (10 places); Inch House, Balrothery (nine places); Ferrycarrig Group Home (eight places); Grange Park, Raheny (eight places); Castletimon Gardens (five places); Bymier, Raheny (10 places); Castlefarm, Swords (seven places); 24/26 Barn wall Crescent (eight places); St. Catherine’s Drive, Rush (four places. There were three day hospitals, namely: Coolock Day Hospital (24 places); St. Francis Day Hospital (30 places); Castlebrook Day Hospital (25 places). The St. Francis Day Hospital had a case load of 51 persons and had received 156 referrals between April and November 2010. The psychotherapy service at this day hospital included cognitive behaviour therapy, cognitive analytic therapy, integrative therapy and Jungian therapy.

There were two day centres: Artane (24 places) and Laurena Day Centre in Balbriggan (30 places). The home-based teams in Swords and Balbriggan had carried out 1,812 and 1,936 home-based interventions respectively during 2009. The SCA had eight outpatient clinics and provided 20,000 out patient appointments annually.

The St. Joseph’s Intellectual Disability Service had five 24-hour supervised community residences with 58 places at: Clonmethan Lodge (30 places); Glebe House (six places); Hilltop House (seven places); Woodlawn (eight places); Avoca (seven places). An additional residence Barden Lodge, Julianstown (nine places) was due to open by the end of 2010.
Governance

Executive Clinical Director and the Management Team

The Executive Clinical Director (ECD) had been in post for one year. There was one Local Health Manager (LHM). The SCA did not operate as a single governance unit and there were two distinct services with two different funding arrangements and two management teams. The management team in St. Ita’s Hospital was in line with AVFC recommendation (16.4) and comprised the hospital manager, the clinical director, the executive clinical director, the director of nursing, the principal social worker, the occupational therapy manager, the principal psychologist and the patient advocate. In contrast, a more traditional tripartite management team was in place in St. Joseph’s Intellectual Disability Service, comprising the service manager, executive clinical director and the director of nursing. The ECD had clinical responsibility for St. Joseph’s Intellectual Disability Approved Centre. The LHM met separately with both management teams on a six-weekly basis.

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

Dublin North had two large approved centres, St. Ita’s Hospital with 122 beds and St. Joseph’s Intellectual Disability service with 155 beds which was the largest approved centre in the country. The 48 acute admission beds at St. Ita’s Hospital were in line with the number recommended in AVFC, however, the location and quality of accommodation was not fit for purpose. It was planned to cease admissions to St. Ita’s Hospital when a new psychiatric unit was developed at Beaumont Hospital. The expected date for commissioning of the unit at Beaumont Hospital was November 2012. St. Joseph’s Intellectual Disability service had developed new accommodation at Knockamann, an attractive streetscape design including a new day centre and small residential units.

There was wide variation in the size of the seven sector populations, ranging from 13,582 to 68,086. None of the community mental health teams had a full complement of health and social care professionals and only two sector teams had a home-based team.

The St. Joseph’s Intellectual Disability service staff configuration comprised two whole-time-equivalent consultant psychiatrists, 234 nursing staff and one whole-time-equivalent staff member in occupational therapy, social work, clinical speech and language therapy, physiotherapy and dietetics. Clinical psychology was contracted from a private provider on a half-time equivalent basis.

Quality of Patient Experience/Advocacy Involvement

The Irish Advocacy Network (IAN) provided a weekly advocacy visit to St. Ita’s Hospital. Feed back from the advocate stated that advocacy was well supported and facilitated by staff. IAN reported that in general, patients were satisfied with the availability and willingness of nursing staff to listen to and engage with residents. Residents were positive about their own participation in the self-care and recovery group. Issues of concern to in-patients included the lack of privacy in the dormitories, the drab and out-dated ward conditions, and a small number were concerned about personal belongings disappearing from the bedside. IAN reported that a number of service users had expressed dissatisfaction with the time lapse between their general practitioner (GP) making a referral to the mental health service and seeing a psychiatrist.

The rehabilitation team had conducted a focus group with carers to inform service development. The POA team had been running an ongoing carers group for approximately three years. The SCA carried out patient satisfaction surveys in all services.

Service users had not been involved in education, service planning or research within the SCA.
The St. Joseph’s Intellectual Disability service had a service user forum chaired by service users. St. Joseph’s also had a family and friends of service users group who met regularly and had input into service planning, meeting with management on a monthly basis. Inclusion Ireland facilitated a weekly self advocacy group. A variety of easy to read/pictorial information leaflets about the service and about medications were produced for residents.

Risk Management

A clinical risk management committee was in place. Risk assessment was in place and incident reports were monitored and a risk register maintained.

Audit tools and processes were in place to support compliance with Mental Health Act 2001, Regulations and Rules.

An infection control committee supported the self-assessment infection control framework on units and there was an infection control nurse.

Quality outcomes

The SCA sought to promote quality outcomes through the following measures:

- Level of compliance with Mental Health Regulations and Rules.
- Monitoring of Incident Reports.
- Use of Key Performance Indicators (KPI’s): The service returned statistics to the Health Research Board (HRB) that were calculated and published quarterly as Mental Health Indicators. These included admission rates, involuntary admission rates, readmission rates, length of stay. The service also measured and monitored outpatient, home-care, day hospital and day centre activity in general adult psychiatry on a monthly basis and monitored waiting lists. Psychiatry of Old Age counted referral numbers and patient visits as per location of same. Rehabilitation and MHID also kept records of activity.
- Consultation with service users and their families.
Conclusion

The Dublin North catchment area had a population of 222,049 and geographically comprised an urban and rural mix, with 60% lying within Fingal County Council and 40% lying within Dublin City Council areas. The SCA had an Executive Clinical Director and one local health manager but had two separate management teams and funding structures; one for the mental health and one for the intellectual disability service and as such did not function as a unified SCA.

The sector population sizes varied significantly within the SCA and merited rationalisation. Only two of the sector teams had home-based treatment teams. The embargo on recruitment within the HSE combined with the significant number of retirements in nursing personnel had led to nursing shortages and redeployment of nurses from the community to in-patient care. This compromised the development of community services. The Dublin North catchment area had a higher rate of readmission than the national average. A recent development in St. Ita's Hospital had been the assignment, on a pilot basis, of one whole-time-equivalent consultant psychiatrist with responsibility for the female admission unit for the purpose of a more cohesive management and care of admissions. Initial experience was positive and the practice was due to be reviewed and possibly introduced for male admissions also. The commissioning of a new admission unit at Beaumont Hospital was scheduled for 2012. There was a deficit in the provision of specialist mental health services in Rehabilitation, in Child and Adolescent Mental Health Services and in Forensic Mental Health.
Recommendations and areas for development

1. Develop an admission unit in Beaumont Hospital.
2. Provide appropriate admission facilities for older persons.
3. St. Ita’s Hospital was not fit for purpose and should close.
4. Address the issue of skill mix in residential and community based services, including mental health support workers and health care assistants and resource numbers in line with AVFC recommendations.
5. Develop local quality improvement initiatives.
6. Develop a unified mental health catchment area (super catchment area) management team.
7. In-patient beds should be in line with AVFC recommendations.
8. Community based services should be urgently developed.