

Mental Health Services 2010
Mental Health Catchment Area Report

MENTAL HEALTH CATCHMENT AREA (SUPER CATCHMENT AREA)	North Lee, North Cork
HSE AREA	South
MENTAL HEALTH SERVICES	North Lee, North Cork
POPULATION	248,470
NUMBER OF SECTORS (GENERAL ADULT)	7
NUMBER OF APPROVED CENTRES	St. Michael's Unit, Mercy Hospital, Cork St. Stephen's Hospital, Glanmire, Co. Cork Carraig Mór Centre, Shanakiel, Cork
NUMBER OF DAY HOSPITALS, DAY CENTRES AND 24 HOUR RESIDENCES	2 - Day Hospitals 8 - Day Centres 7 - 24-Hour Nurse Staffed Community Residences
SPECIALIST TEAMS (e.g. CAMHS, MHID, POLL, Rehab, Liaison, Forensic)	4 - Child and Adolescent Mental Health Services 0 - Psychiatry of Old Age 1 - Mental Health of Intellectual Disability 1 - Rehabilitation 1 - Liaison 1 - Forensic
PER CAPITA EXPENDITURE 2010 [>18 YEARS]	€185.68
DATE OF MEETING	21 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, Rehabilitation, Psychiatry of Old Age, Forensic 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

1. Individual care plans should be introduced in St. Michael's Unit, Mercy Hospital and Carraig Mór Centre.

Outcome: Individual care plans were in use on Carraig Mór Centre. In St. Michael's Unit, Mercy Hospital individual care plans had been introduced but not every resident had one at the time of the approved centre inspection.

2. Specialist services in rehabilitation and psychiatry of old age should be put in place in North Lee.

Outcome: There had been no progress on this recommendation.

3. Plans should be drawn up to provide care in more suitable accommodation for the long-term residents in the continuing care ward of Carraig Mór Centre.

Outcome: There had been no progress on this recommendation.

4. North Lee multidisciplinary teams should be adequately resourced to provide full multidisciplinary care.

Outcome: There had been no progress on this recommendation.

5. Management and the Irish Advocacy Network representative should meet regularly on a formal basis in North Cork.

Outcome: This had been achieved and was reported to be working well.

6. A clear plan for the amalgamation of North Lee and North Cork catchment areas should be completed. This should include plans for the future accommodation of long stay residents in St. Stephen's Hospital and the future location of the acute unit.

Outcome: Planning for the amalgamation of the two catchments was underway with the appointment of one local health manager and one executive clinical director. Specific plans for long stay residents in St. Stephen's Hospital were not provided.

Super Catchment Area comparison with *A Vision for Change*

Range of Specialist Mental Health Services

Range of Specialist Teams SCA population 248,470		AVFC	AVFC-for this SCA
Child and Adolescent	4	2 teams per 100,000 population (Pg. 72)	5
Mental Health Intellectual Disability	1	2 teams per 300,000 population (Pg. 129)	2
Psychiatry of Old Age	0	1 team per 100,000 population (Pg. 118)	2
Rehabilitation	1	1 team per 100,000 population (Pg. 107)	2
Liaison	1	1 team per 500 Bedded-General Hospital (Pg. 155)	1
Forensic	1	1 team per HSE Region (Pg. 139)	1 per region

There was no specialist provision of Psychiatry of Old Age or Liaison services. All other services need significant enhancement to be in line with *A Vision For Change*.

Child and Adolescent Mental Health services (CAMHS)

There were three community based CAMHS teams, two in North Lee and one in North Cork. No information was provided on the range of services provided, the caseload or the length of time waiting for access to services. There was an eight bed interim in-patient unit located in St. Stephen's Hospital with a dedicated team attached. A 20-bed child and adolescent in-patient facility was under construction and it was expected to be completed and commissioned by the end of 2010.

Mental Health in Intellectual Disability (MHID)

Mental Health Services for persons with an intellectual disability were provided, on a regional basis covering North Cork, North Lee, South Lee, West Kerry, and West Cork, by one consultant psychiatrist with special interest in intellectual disability. This post was supported by 0.5 whole-time-equivalent (WTE) non consultant hospital doctor (NCHD) and one whole-time-equivalent clerical officer with no dedicated specialist multidisciplinary team. The consultant psychiatrist worked closely with the multidisciplinary teams in the generic intellectual disability services. Services were provided to a number of voluntary and statutory service providers in the area. There were no dedicated in-patient facilities and admissions were to the acute units in the local approved centres.

Psychiatry of Old Age (POA)

Services for Psychiatry of Old Age were resourced from within the sector teams. The social worker from North Lee had been attending Age Care meetings to facilitate the movement of older people to nursing homes.

Liaison Mental Health Services

A liaison service was delivered by 0.2 whole-time-equivalent consultant psychiatrist and a full-time NCHD and two whole-time-equivalent nursing staff. The service was delivered Monday to Friday 0900h-1700h. Liaison services were provided to the Mercy Hospital which service users attended from a wide geographical area.

Forensic Mental Health Services

There was a forensic service based in Carraig Mór Centre providing services for North Cork, South Lee and North Lee. There was an 18-bed psychiatric intensive care unit on the ground floor in Carraig Mór Centre. This service had developed an excellent outreach service which provided intensive intervention to support service users initiate and maintain their move to the community. The team also provided a prison in-reach service. There were significant gaps in service provision due to the absence of a clinical psychologist on the team, the absence of rehabilitation input and a lack of step down facilities. The 20 residents located on the first floor were mostly a residual population from the closure of St. Kevin's Hospital in 2002 and came from North Cork, South Lee and West Cork.

General Adult

General Adult	SCA POPULATION 248,470	AVFC	AVFC-for this SCA
General Adult CMHT's	7 SECTOR TEAMS	1 per 50,000 sector population with 2 Consultant Psychiatrists (Pg. 95)	5
Number Acute In-patient Beds	76	50 in-patient beds per 300,000 population (Pg. 97)	42

There were seven sector teams with nine consultant psychiatrists. In North Lee there were four sectors with populations ranging between 55,134 and 36,311. In North Cork there were three small sectors with populations ranging between 32,005 and 20,196. All of the teams had a full complement of NCHD's. All other team members were short of *A Vision For Change* recommendations. None of the teams had a full complement of health and social care professionals.

Table

Catchment	Catchment	Catchment	Total	AVFC Recommendation per 50,000 population (Pg. 95)	AVFC-for this SCA
	North Lee	North Cork			
Population	167,536	80,795			
Consultant Psychiatrist	6	3	9	2	10
Clinical Psychology	4.6	1.5	6.1	2	10
Social Work	4.7	1	5.7	2	10
Occupational Therapy	4.8	1.8	6.6	2-3	10-15
Community Mental Health Nurses	10	7.5	17.5	6-8	30-40

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	2	30	1 per Community Mental Health Centre (CMHC) (Pg. 96)	5
Day Centres	8	173	1-2 per 300,000 population with 30 places (Pg. 73, 109)	1 with 25 places
24 Hour Nurse Staffed Community Residences	7	116	30 places per 100,000 (Pg. 73, 261)	7 with a maximum of 10 places in each
Assertive Outreach	0	0	1 sub-group per rehabilitation team (Pg. 108)	2
Home Based Treatment	1	-	1 per CMHT (Pg. 99)	5

There were no crisis houses or assertive outreach teams, although the intensive care team in Carraig Mór Centre proved outreach services to a number of their service users. There were seven 24-hour supervised community residences. The four community residences in North Lee were under the care of sector teams and the three residences in North Cork were under the care of the rehabilitation team. Two of the four sectors in North Lee had day hospitals, while there were none in North Cork. The only home based crisis team was in the city north sector in North Lee, which provided a comprehensive service targeting adults who required urgent assessment and or treatment in the community. The team comprised one whole-time-equivalent consultant psychiatrist, one whole-time-equivalent NCHD, one whole-time-equivalent clinical psychologist, one whole-time-equivalent occupational therapist and four whole-time-equivalent nursing staff.

Governance

Executive Clinical Director and the Management Team

One local health manager was responsible for the North Lee North Cork services. An Executive Clinical Director (ECD) had been appointed and a locum consultant psychiatrist post on a two day a week basis had been allocated to allow time to the ECD. No formal multidisciplinary management structures had been implemented across the extended catchment area of North Lee and North Cork. Clinical directors were in post in the three approved centres in the super catchment area.

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

St. Stephen's Hospital, Glanmire, accommodated approximately 71 residents in long stay care, including high dependency units and high dependency psychogeriatric units. No specific plans for the reconfiguration of existing long stay facilities for residents with mental health issues were provided, although a number of long stay residents had been discharged to community residences in recent years.

Quality of Patient Experience/Advocacy Involvement

North Lee

Residents generally reported positively on in-patient and community based services. Regular meetings between staff and peer advocates had been working well. Some residents reported being discharged too early from St. Michael's unit and not feeling listened to by their treating consultant psychiatrist. In Carraig Mór Centre and St. Michael's there were complaints about delays in getting documentation from the Mental Health Commission for involuntary patients. In Carraig Mór Centre patients complained about being in an acute unit for a number of years and of having little to do during the day.

North Cork

Staff were identified as being very helpful to service users. Trips out and additional recreational activities were appreciated by long stay residents. More flexibility about getting tea at night in the acute units and increased access to cigarettes for long stay residents were identified as areas for improvement.

Risk Management

There were risk management structures in place. All approved centres had risk management policies. The moratorium on staffing highlighted areas of clinical risk as a result of staff shortages.

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.

The in-patient CAMHS service in St. Stephen's Hospital was part of a Quality Network for Child and Adolescent Mental Health services which provided peer evaluation and review, as well as involving the use of specific outcome measures.

Conclusion

The supercatchment area had a population of 248,470. There was an Executive Clinical Director and one local health manager in place with responsibility for the area. Although there were no other formal management structures in place, this was a good first step at integrating the areas of North Cork and North Lee.

Plans for the closure and re-configuring of long stay beds in mental health, mostly located in St. Stephen's Hospital, were not provided. The staffing moratorium was presenting significant challenges in both the capacity of the service to maintain current service provision and in considering future developments.

In line with *A Vision for Change* the super catchment had nine general adult consultant psychiatrists and sector teams had a generous complement of 18 NCHDs, compared to the recommended 10. Some reconfiguring of the sector teams was required as some teams catered for populations well below the recommendations of *A Vision for Change*. Staffing of health and social care professions and community mental health nursing posts were well below recommended levels. There were deficits in specialist service provision particularly in the areas of psychiatry of old age and liaison.

There was great variation in the provision day hospital and day centres with two day hospitals available in North Lee and none in North Cork and a relatively good spread of day centres in the North Cork area.

Recommendations and areas for development

1. Progress plans for the future use of St. Stephen's Hospital, Glanmire.
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 AVFC levels.
6. In-patient beds to be in line with AVFC recommendation.
7. Community based services to be urgently developed.