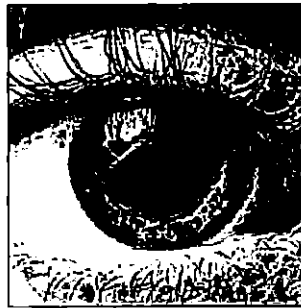
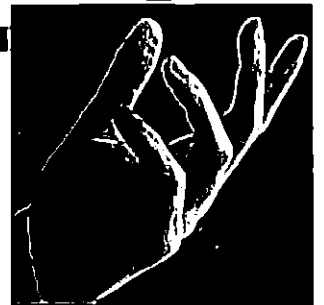


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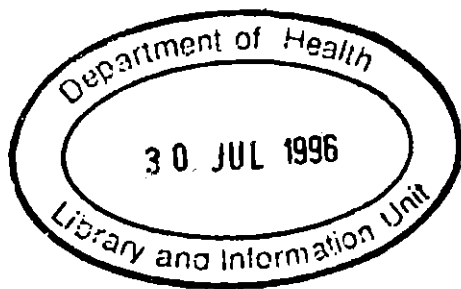


mental health

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Mid-Western Health Board



Annual Report 1995

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Mid-Western Health Board

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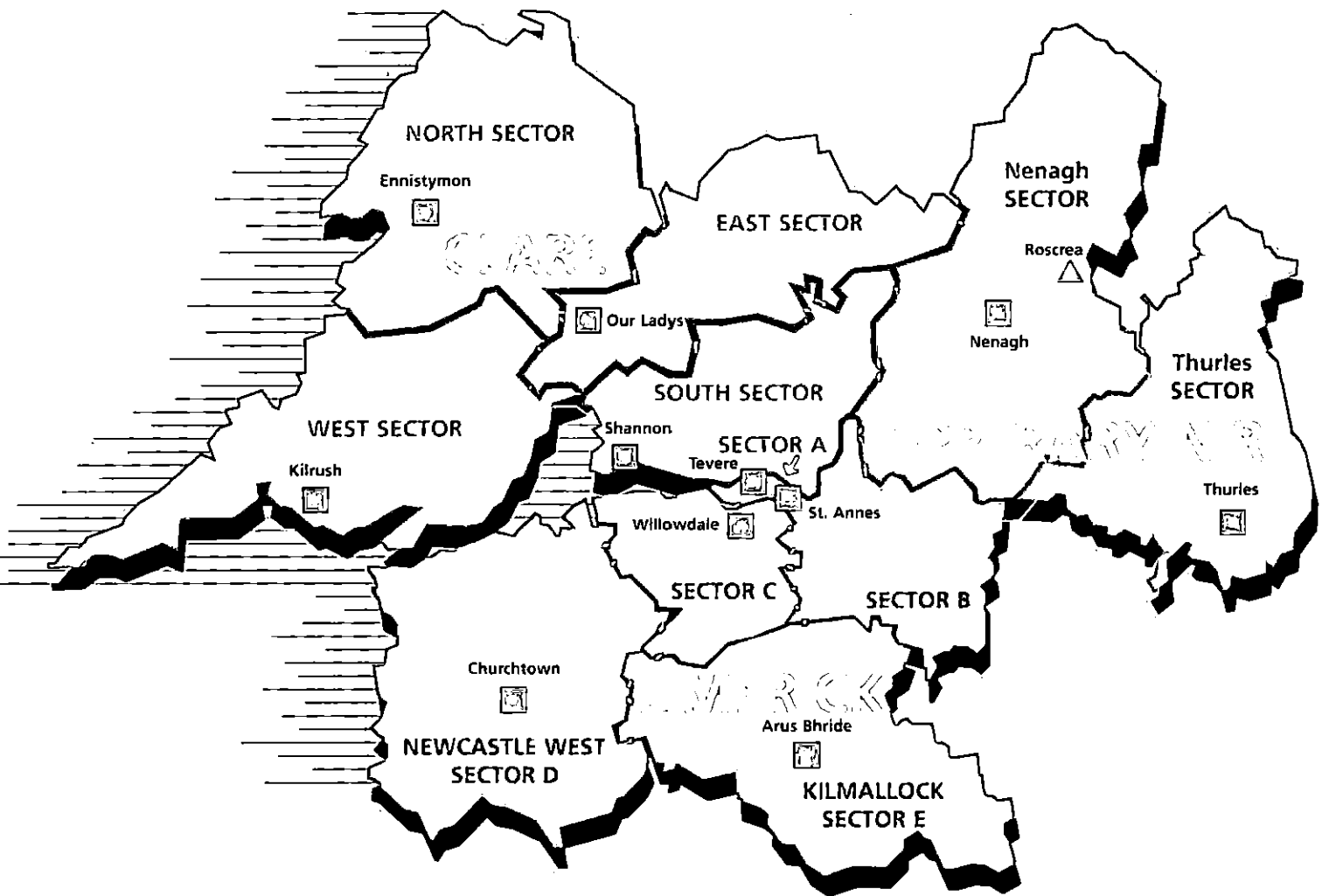
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Mission Statement

We aim to sustain and develop an equitable, high quality community based mental health service, engaged both in the promotion of health and in the prevention and treatment of illness, which is sensitive and responsive to the needs of those availing of the service; the staff entrusted with its delivery; and the community which it serves.



Mid-Western Health Board *Sectors* *Mental Health Service*



 SECTOR HEADQUARTERS



Contents

Contents



	Page
Preface	7
Introduction and Overview	8
Part I	
<i>Service Elements Review</i>	9
Service Elements	10
Service Quality	16
Service Activity - Comparative Rates per '000 population	17
Diagnostic Groups - Rank Order '95	18
Part II	
<i>Service Activity Overview</i>	19
Community Services	20
In-Patient Services	21
Part III	
CATCHMENT AREA REPORTS AND STATISTICS	
<i>Limerick Mental Health Service</i>	27
Profile 1995	28
Reports: Community Services	30
Old Age Psychiatry Service	38
Non-Medical Services	40
In-Patient Services	45
Activity Statistics	
Community Services	47
Non-Medical Services	51
Acute In-Patient Services	53
St. Joseph's Hospital	57
Hospital Rehabilitation Services	61
Unit 5B/St. Josephs Hospital	62
Old Age Psychiatry Service	66
Child & Adolescent Psychiatry Service	67

Contents

Continued



	Page
<i>Clare Mental Health Service</i>	68
Profile 1995	69
Reports: Community Services	71
Non-Medical Services	74
In-Patient Services	80
Activity Statistics	
Community Services	82
Non-Medical Services	86
Acute In-Patient Services	89
Our Lady's Hospital	91
Hospital Rehabilitation Services	92
 <i>Tipperary N.R. Mental Health Service</i>	 93
Profile 1995	94
Reports: Community Services	96
In-Patient Services	99
Activity Statistics	
Community Services	100
Non-Medical Services	102
In-Patient Services	103
 APPENDIX (1) <i>Mental Health Expenditure</i>	 105

Preface

Preface



The development of alternative service arrangements in the provision of mental health care in this Board's area has been informed by the principles of "Planning for the Future" (DOH, 1984) and more recently by the Board's Service Plan "A Better Way" (MWHB, 1992). The new perspective, provided by the National Health Strategy "Shaping a Healthier Future (DOH, 1994) and the Board's Corporate Strategy and Corporate Quality Statement (MWHB, 1994), has created a greater need to become more patient centred in service design and delivery.

Participation and involvement by primary stakeholders in the strategy process for this care group has provided insights which will be formally addressed in a Consensus Conference on the 10th May, 1996. The outcome of the process will result in a Statement of Strategic Intent and Direction, with Priority Actions. This will enable the Board to set clear goals and monitor service performance with increasing emphasis on health and social gain for this care group. The Board's 1996 Service Plan has initiated the first steps in this new orientation.

This Report provides reference data on service activity and developments during 1995. The inclusion of diagnostic group data, points to the future of service review in this specialist service. The continuing improvement of information systems, clinical and organisational research and influencing better practice will be actively pursued, to improve the mental health status of the MWHB population.

Stiofán deBúrca

Asst. Chief Executive Officer

April, 1996

Introduction & Overview

Community Services are provided to maximise acute intervention and treatment for referred patients within their own locality. They also support persons with enduring mental illness through a variety of service arrangements who, in the past, may have required continuous or frequent hospital based services.

The Limerick admission rate in 1995 was 5.27 with a Day Hospital attender rate of 7.66; Out-Patient Clinic rate of 9.2 and Day Centre attender rate of 0.598 per '000 population.

The Clare admission rate was 6.68 with a Day Hospital attender rate of 8.8; Out-Patient Clinic rate of 8.28 and Day Centre attender rate of 1.824.

The Tipperary (N.R.) admission rate was 5.98 with a Day Hospital attender rate of 7.8; Out-Patient Clinic rate of 10.65 and Day Centre attender rate of 1.574.

The dominant diagnostic in-patient groups were Depressive Disorders, Schizophrenia and Alcoholic Disorders. In Out-Patient/Day Hospitals, Depressive Disorders, Schizophrenia dominated in Limerick and Tipperary as against Neuroses and Depressive Disorders in Clare.

The provision of alternative residential accommodation for long-stay patients is subject to funding, the planning and consultative processes and the level of support required. Additional accommodation (high support) will be available in Limerick and Clare during 1996.

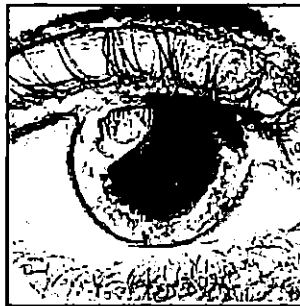
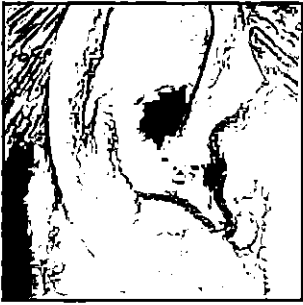
The appointment of a design team for the new psychiatric unit at Nenagh General Hospital and the planning team for the Ennis Unit are significant developments. There is a need, however, to improve the resource input to community services development to ensure a responsive and supportive care system for a variety of needs.

Comprehensive plans are being finalised to complete the implementation of "Planning for the Future" in all areas

Part I

Service Elements

Review



Service Elements

1.0 Community Services

1.1 Day Hospitals

Aims:

To provide accessible and early assessment and treatment interventions for people with specific mental health needs.

Programmes:

A holistic approach is adopted, with an emphasis on individual care plans. Programmes are designed by staff based on assessment and the appropriate intervention necessary for each individual. They include, individual psychotherapy, out-patient detoxification, addiction counselling, psychological and psychiatric assessment, marital therapy and a behaviour cognitive approach to depression, group or individual therapy.

Personnel:

Multi-disciplinary teams are assigned to each Sector's Day Hospital. Nursing staff are based whole-time in each Sector and provide domiciliary, crisis, day hospital/centre and out-patient clinic services. Medical, Psychology, Social Worker, Occupational Therapy and Addiction Counselling Services are generally available on a sessional basis in many sectors. It is proposed to increase the non-medical sessions to whole-time status, in each discipline, subject to funding.

Activity:

The attenders rate per '000 population was 7.66 (Limerick), 8.8 (Clare) and 7.8 (Tipp. N.R.) . Average attendances per client p.a. were 11.875 (Limerick) 13.77 (Clare) and 13.96 (Tipp. N.R.).

Out-patient clinic attenders rates were: 9.2 (Limerick), 8.28 (Clare) and 10.65 (Tipp. N.R.). Average attendances per client p.a. were: 5.48 (Limerick), 4.46 (Clare) and 5.6 (Tipp N.R.).

Diagnostic Groups:

The dominant diagnoses for Out-Patient/Day Hospital attenders were as follows:

Limerick	Clare	Tipperary (N.R.)
<i>Depressive Disorders</i>	<i>Neuroses</i>	<i>Depressive Disorders</i>
<i>Schizophrenia</i>	<i>Depressive Disorders</i>	<i>Schizophrenia</i>
<i>Neuroses</i>	<i>Schizophrenia</i>	<i>Mania</i>
<i>Mania</i>	<i>Alcoholic Disorders</i>	<i>Neuroses</i>

Facilities:

A new Day Hospital was officially opened by the Minister for Health in Newcastle West in September, '95. This replaces the service which had been provided at O'Connell House and released accommodation for the Day Centre.

The provision of an alternative facility is being explored. There is an access issue to be dealt with for patients in the Killaloe part of the South Clare Sector.

1.2 Day Centres

Aim:

To provide maintenance and support for persons with chronic mental illness through contact with the care system. The intended outcome is improved quality of life and the reduction of the incidence of "breakdown" and referral to in-patient care for these persons.

Personnel:

Nursing staff provide activation, social and recreational support. Therapeutic intervention, counselling, medication review and personal care is provided, as required. Additional befriending support is arranged through voluntary organisations.

Activity:

The attenders rate per '000 populations was 0.598 (Limerick), 1.824 (Clare) and 1.574 (Tipp N.R.). Average attendances per client p.a. were: 104.14 (Limerick), 97.89 (Clare) and 37.46 (Tipp. N.R.).

Facilities:

A second Centre will become operational in Limerick City in the near future. Additional centres are planned for Limerick City and Kilmallock.

The development of Centres at Scariff and Shannon are planned for 1996. Clubhouse projects were initiated in Ennis and Limerick. The latter was delayed into 1996. These are being undertaken by the MHA/SAI with the support of the Board. The expected benefits relate to social integration for persons with chronic mental illness. They also offer an alternative social outlet for persons in the residential service.

1.3 Community Residences

Aim:

To provide a home-like environment for discharged long-stay patients. The objectives relate to quality of life and social integration.

Model:

The use of "Values to Action" (Normalisation Model) in Ferndale (Limerick) and Deilginis (Shannon) during 1995 was successful. It is proposed to apply the model to other residences and practice settings, during 1996.

Personnel:

The high support hostels have full nursing cover with appropriate non-nursing input. Medium and low support have part-time or general service support.

Provision:

There are 131 residential places (low, medium and high) in Limerick and 94 in Clare. This represents a rate per '000 population of 0.808 and 1.033, respectively.

Facilities:

Progress was made in the physical development of a second high support residence in Limerick City. It will be commissioned during 1996. There is a proposal to initiate a similar project in Kilmallock.

The difficulties affecting the Kilrush project have been overcome. On completion, that facility will provide substantial residential accommodation and day care.

The provisions of separate high support hostels for mentally handicapped persons and persons with mental disabilities, in the Ennis area, is being progressed. Industrial relations problems have delayed the commissioning of the residence for mentally handicapped persons in Kilrush.

2.0 Acute Services

Aim:

To provide adult persons with acute assessment, and treatment intervention services on an in-patient basis, when appropriate. Liaison psychiatry is available to the general non-psychiatric service.

Personnel:

The core nursing services are complemented by the regular input of the relevant sector multi-disciplinary team. This maintains the principle of continuity of care and is supported by key worker and case management concepts.

Activity:

A total of 855 persons (including 19 young people) were admitted to Acute In-Patient Care in Limerick i.e. a rate of 5.27 per '000. There were 608 admissions in Clare, i.e. a rate of 6.68. Admissions to St. Michael's Unit, Clonmel in respect of Tipperary N.R. were 346, i.e. a rate of 5.98. Sector admission rates ranged from 4.06 in Limerick (Sector B) to 8.21 in Clare (West Sector).

Diagnostic Groups:

The dominant diagnoses for 1995 admissions were:

Limerick	Clare	Tipperary (N.R.)
<i>Depressive Disorders</i>	<i>Schizophrenia</i>	<i>Depressive Disorders</i>
<i>Schizophrenia</i>	<i>Alcohol Disorders</i>	<i>Schizophrenia</i>
<i>Alcohol Disorders</i>	<i>Depressive Disorders</i>	<i>Alcohol Disorders</i>
<i>Mania</i>	<i>Mania</i>	<i>Mania</i>

Facilities:

The major extension and upgrade of the Acute Psychiatric Unit, Dooradoyle, was completed during 1995.

The recent announcement of the Minister approving the appointment of a Planning Team for an Acute Psychiatric Unit at Ennis General Hospital, was widely welcomed.

A Design Team will be appointed shortly for the Acute Psychiatric Unit, Nenagh. This development has implications for the service presently provided at St. Michael's Unit, Clonmel.

3.0 The Mentally Handicapped in Psychiatric Hospitals

Aim:

To relocate such persons in more appropriate residential arrangements in the community. Preference is indicated for integrating with the mainstream Mental Handicap Services.

Facilities:

The Kilrush Project is still subject to the resolution of an industrial relations issue. Accommodation in Ennis is being purchased, subject to the planning process.

Following the recent welcome announcement by the Minister for Health, a Planning Team is being established to progress the provision of residential accommodation and day care arrangements for 36 persons who are at present in St. Joseph's Hospital, Limerick.

4.0 Alcohol and Substance Abuse

Aim:

To maximise prevention, treatment and rehabilitation at community level.

Personnel/Facilities:

Services are provided in Acute units and at Day Hospitals. Addiction Counsellors provide Sector based services in Limerick and Tipperary N.R. A residential, treatment, rehabilitation and outreach service is provided through Clarecare. The goal is to provide a whole-time counsellor in each Sector so as to limit the need for in-patient care in Acute Units.

5.0 Old Age Psychiatry

Aims:

To provide a dedicated service for elderly persons with dementia and for those over 65yrs with first onset of mental illness. The priority is to create a patient-centred community based service with essential in-patient back-up facilities.

Personnel:

The team consists of a Consultant in Old Age Psychiatry, N.C.H.D., Psychiatric Nurses and a part-time secretary. The Acute Psychiatric Unit (Regional Hospital, Limerick) staff provide support for the elderly admissions. Liaison services are provided for the Regional Hospital.

Activity:

Domiciliary assessment and outreach is provided insofar as possible with a total of 60 domiciliary visits made in '95.

Facilities:

A short-stay dementia unit and day hospital at St. Camillus', Limerick provides the core in-patient service. This is complemented by six designated beds at the Acute Psychiatric Unit (Regional Hospital, Limerick).

6.0 Non-Medical Services

6.1 Community Workshops

Aim:

To provide Vocational Training, placement and employment opportunities for persons with disability referred by the N.R.B. The principle is that training and employment are essential activities for the health, social and economic well-being of the disabled.

Programmes:

A new Training Opportunities Programme (TOP's) has been introduced to meet the needs of people with disabilities whose primary focus is social integration. Level I and II Training Programmes are primarily geared towards skill acquisition to facilitate employment. The new standard for Vocational Training (S1/95) requires all Training Agencies to satisfy accreditation criteria.

Personnel:

Workshop Managers and Instructor/Supervisors provide the approved trainee programmes in the Vocational Training Centres. There is a Project Manager and Supervisor assigned to the business projects. A Supervisor has operational responsibility for the Sheltered Unit in Ennis.

Activity:

There were 44 approved places and 55 actual placements in the Limerick Centres at y/e '95. During the year, a number of trainees were successfully placed with employers. Ten trainees received certificates on completion of courses (Teagasc and R.S.A.). The Clare Centres had 51 approved places and 57 actual placements at y/e '95. Eleven trainees received mainstream certification (Teagasc and R.S.A.) Positive outcomes were realised for eleven e.g. employment or higher training.

Facilities:

The Training Service Centre, Newcastle West, was formally opened by the Minister in September, 1995. The development of this facility is continuing. A major development was proposed and part funded for Raheen, Dooradoyle. A successful outcome on an application for ERDF funding will enable the foregoing and projects in Clare, to proceed.

ERDF finance was made available to relocate the Horticultural Project, Kilrush, during, 1995.

The employment projects, based primarily in Ennis, are being consolidated through an employment unit. A Sheltered Unit in Ennis undertakes sub-contract work and provides activation for 15 persons.

6.2 Psychology

Clinical Psychologists participate as members of multi-disciplinary teams in Sectors and Hospitals. Referrals are accepted within these contexts. Their activities include, clinical assessment and treatment interventions, teaching and research. Psychologists successfully completed a programme of counselling for persons infected with the Hepatitis C Virus from blood products, by October, 1995.

Sector activity data for Limerick indicated an aggregate of 429 episodes and 1505 consultations. In Clare, 204 episodes and 1493 consultations were recorded for 1995. Tipperary (N.R.) data indicated 107 episodes and 757 consultations. Teaching activities included the M. Psych. Sc. Course; the Certificate in Behavioural Therapy for Nurses; the Certificate Course in Psycho-Social Nursing Care for the Older Adult, the Values to Action Programme and lectures to the public.

Research was confined to assisting the Board's Focus Group Project on eliciting service providers and users views.

6.3 Social Work

The focus is to help individuals achieve self realisation and potential with due regard to the interest of others, and to help clients obtain rights and services to which they are entitled. Referrals are taken through the Sector and Hospitals Teams.

Activity data indicates referrals in the following categories:

Individual Counselling, Family Counselling, Welfare Work, Family Law, Placement, Social Work Assessment and Group Therapy.

Clients with placement problems comprise a relatively small percentage of referrals but take up a considerable amount of time. The two main categories of patient are the homeless and those who need nursing home care. An increase in referrals of cases relating to family law issues is indicative of the increase of perceived breakdown of traditional social/family patterns. A Research Study was published on discharged long-stay patients from Our Lady's Hospital, Ennis. This was broadly similar to an earlier study undertaken in Limerick.

During 1995 there were 482 referrals to the Limerick Service (a rate of 2.97 per '000) and 1,462 contacts. In Clare, there were 198 referrals (a rate of 2.17 per '000) and 137 domiciliary visits.

6.4 Occupational Therapy

This professional service provides assessment and treatment through the specific use of selected activity. This is designed by the Occupational Therapist. The purpose is to prevent the disability and to fulfil the person's need by achieving optimum function and independence. Referrals are made through the multi-disciplinary teams. Occupational Therapy involvement is both on a group and individual basis. Areas targeted include Community Living Skills, Personal Development, Social Skills, Domestic Hygiene, Literacy, Numeracy and Budgeting. Patients are assessed by both the nurse and occupational therapist.

In Limerick, 320 individuals were seen and 2049 persons in groups. In Clare, there were 1433 individual contacts and 1736 persons attended in groups with a total of 5694 attendances.

6.5 Voluntary Groups

The contribution of Voluntary Organisations is essential in gaining community support, changing attitudes to mental illness and in re-integrating this care group into mainstream society.

Activities vary and include befriending, personal and social support, housing and activation, prevention and education. There are two Development Officers (MHAI) supporting 11 Branches in Limerick, Clare and Tipperary N.R. GROW, which receives a major portion of its funding from the Board has 1 Branch in the region.

Service Quality

Quality initiatives are increasing. These projects include BIOMED - Clare Mental Health Service and the Record Keeping and Protocol Manuals in the Acute Psychiatric Unit, Limerick.

Local Sector and discipline based projects were in evidence in West Clare and the Psychology Services. The Social Work Service in Limerick has undertaken the first steps in the development of a quality of life database for service users.

A Participatory Action Research project in a Limerick and Clare Sector adapted and implemented a new professional practice model. This effects positive outcomes for service users of residential accommodation.

The Alternative Acute Care Study based at St. Anne's, Roxboro (Sector B, Limerick) was completed and the Research Report published in December, 1995: This is the first evaluative study of its type to be completed in the Irish Mental Health Service. A follow-up study based on the data will commence shortly on the cost-effectiveness dimension.

During 1996, a "Total Systems Change Model" will be developed for the Mental Health Service. This will be influenced by the developing Care Group Strategy and will reflect Quality and Outcomes principles.

Service Activity



Comparative Rates Per '000 Population

	Limerick		Clare		Tipperary N.R.	
	No.	Rate	No.	Rate	No.	Rate
Day Hospitals						
Attenders	1,241	7.66	801	8.8	451	7.8
Attendances/Average	14,737	(11.875)	11,033	(13.77)	6,297	(13.96)
Out-Patient Clinics						
Attenders	1,494	9.2	754	8.28	616	10.65
Attendances/Average	8,187	(5.48)	3,363	(4.46)	3,456	(5.6)
Day Centres						
Attenders	97	0.598	166	1.824	91	1.574
Attendances/Average	10,102	(104.14)	16,250	(97.89)	3,409	(37.46)
Community Residences						
Places	131	0.808	94	1.033		
Community Workshops						
Places	55	0.34	72	0.79		
Psychology Service						
Clients	429	2.617	206		107	1.85
Consultations Average	1,505	3.55	1,493		757	7.07
Social Work Service						
Referrals	482	2.97	198	2.17		
Contacts Average	1,462	9.025	137	1.505		
Occupational Therapy Service						
Clients	320	1.97	1,736	19.077		
Group Attendance Av.	2,049	6.403	5,694	62.57		
Admissions						
	855	5.27	608	6.68	346	5.98

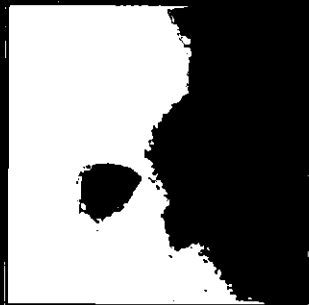
Diagnostic Groups

Rank Order 1995



	In-Patient	Out-Patient/Day Hospital
Limerick	<i>Depressive Disorders</i> <i>Schizophrenia</i> <i>Alcoholic Disorders</i> <i>Mania</i>	<i>Depressive Disorders</i> <i>Schizophrenia</i> <i>Neuroses</i> <i>Mania</i>
Clare	<i>Schizophrenia</i> <i>Alcoholic Disorders</i> <i>Depressive Disorders</i> <i>Mania</i>	<i>Neuroses</i> <i>Depressive Disorders</i> <i>Schizophrenia</i> <i>Alcoholic Disorders</i>
Tipperary N.R.	<i>Depressive Disorders</i> <i>Schizophrenia</i> <i>Alcoholic Disorders</i> <i>Mania</i>	<i>Depressive Disorders</i> <i>Schizophrenia</i> <i>Mania</i> <i>Neuroses</i>

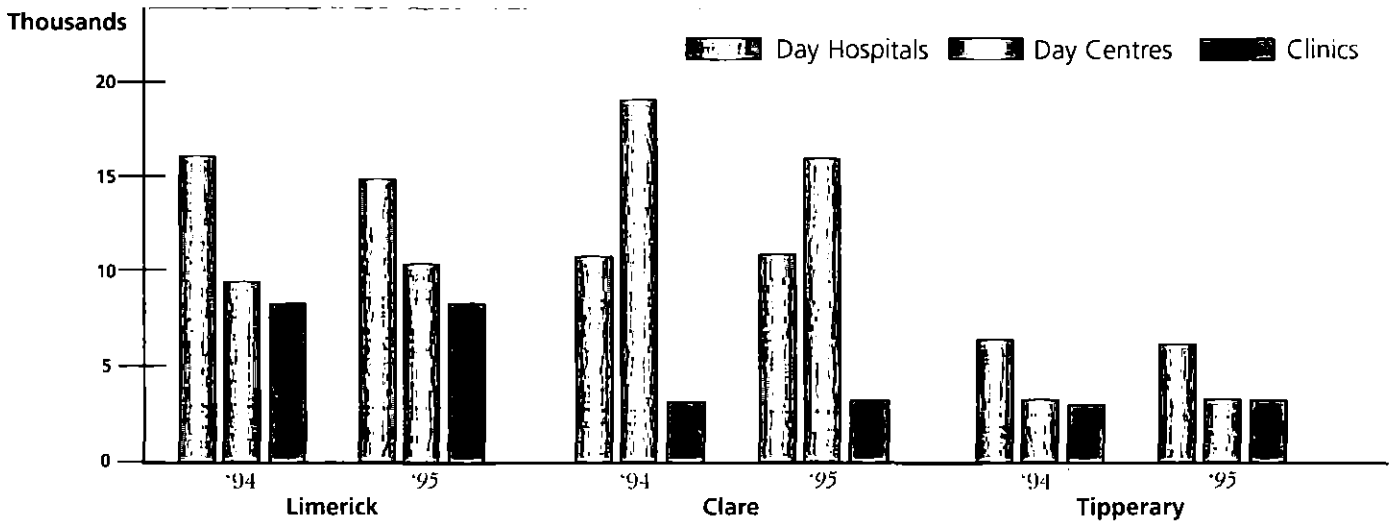
Service Activity Overview



Service Activity

1. Community Services

Figure 1



1.1 Day Hospitals

Attendances overall at Day Hospitals in Limerick, Clare and Tipperary N.R. decreased from 35,770 in '94 to 32,067 in '95.

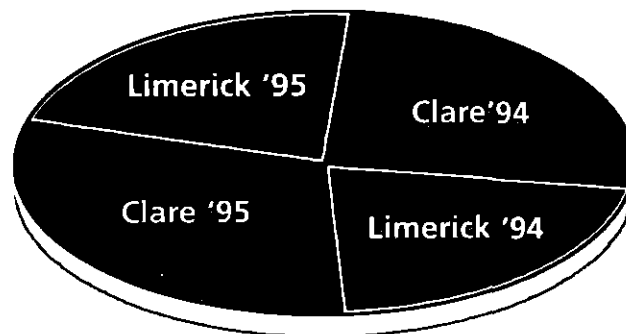
1.2 Day Centres

Day Centre attendances increased in Limerick and decreased in both Clare and Tipperary N.R. during '95. There was a small reduction in the overall attendance number from 30,968 in '94 to 29,761 in '95.

1.3 Clinics

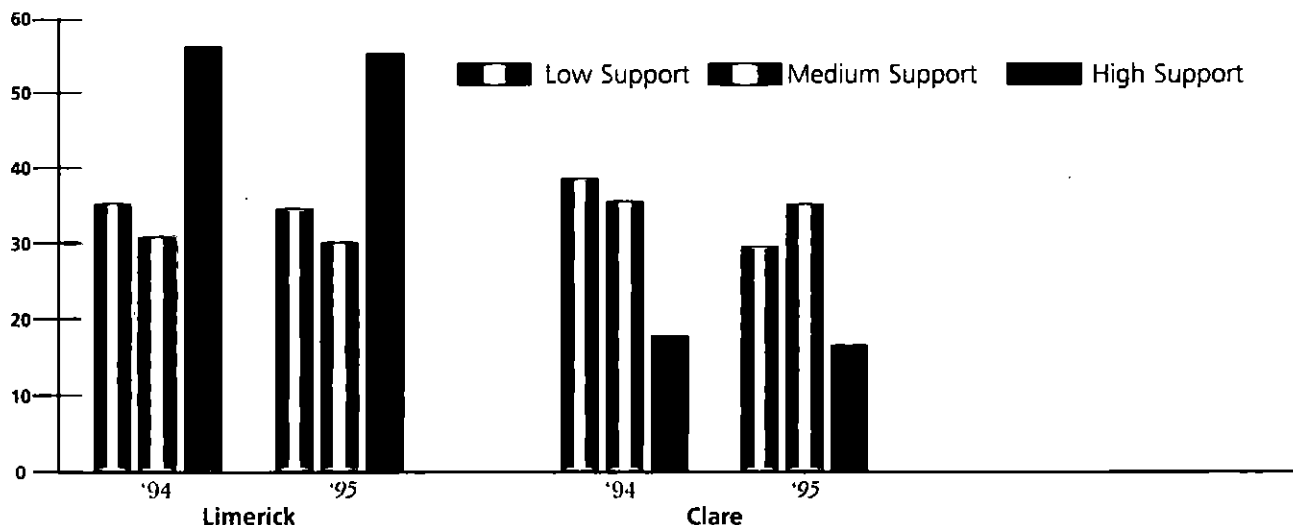
Attendance at clinics in all three catchment areas increased from 14,457 in '94 to 15,006 in '95.

2. Community Workshops - Trainees Figure 2



The number of trainees in the Community Workshops varied between '94 and '95. Clare increased from 61 to 72 although 10 of the 72 were classified as sheltered employees and Limerick trainees reduced by 2 from 47 to 45.

Community Residences *Figure 3*



There were 120 people living in 14 hostels in Limerick at y/e '95; 3 less than y/e '94. In Clare there were 82 people living in 13 hostels i.e. a reduction of 10 on y/e '94.

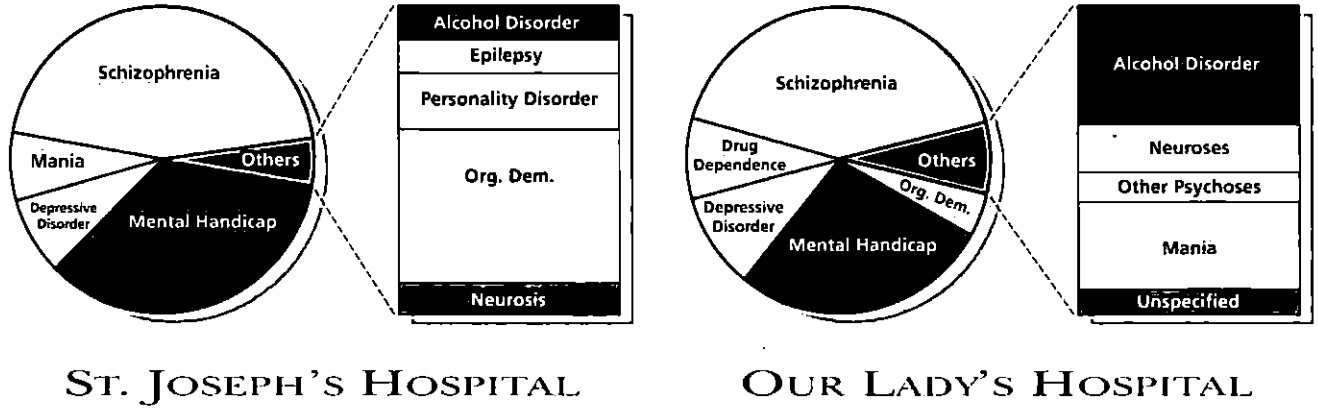
In-Patient Services

1. Residents in Longstay Care *Figure 4*



The number of patients resident at year end in St. Josephs Hospital (not including in-patients in Unit 5B) decreased from 224 in '94 to 214 in '95. The apparent increase in residents in Our Lady's Hospital (including patients in the Acute Admission Unit) from 213 to 221 is accounted for by a change in activity recording which included for the first time patients on pass at year end '95. In both hospitals there is a larger male than female population.

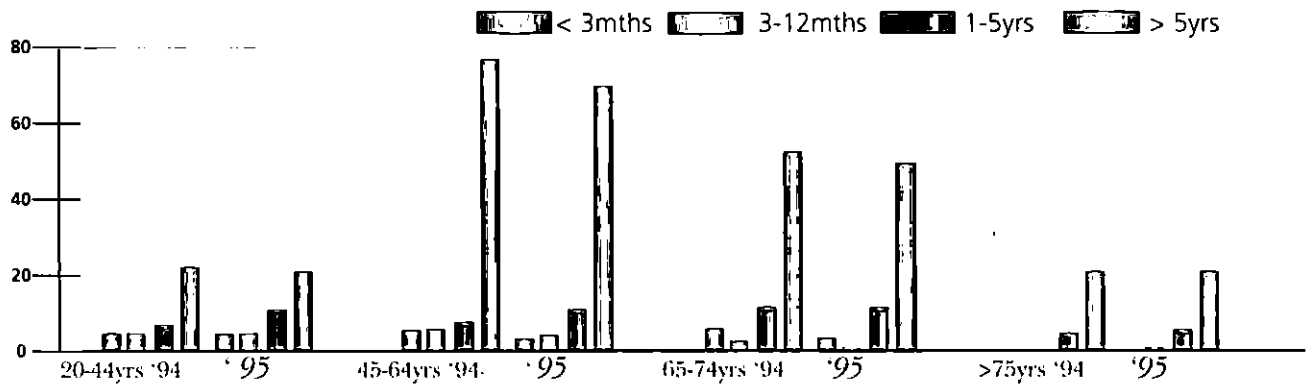
2. Diagnosis *Figure 5*



In both St. Josephs and Our Lady's Hospital the dominant diagnosis is Schizophrenia although reducing, 105 and 106 in '94, to 97 and 84 in '95, respectively. Both hospitals still have a large mentally handicapped population i.e. 75 in St. Joseph's and 54 in Our Lady's. Depressive disorder is the next largest grouping i.e. 16 and 24 respectively. Of note is the 25 people resident in Our Lady's Hospital with a diagnosis of drug dependency. This is the first time that this diagnosis has appeared for this group of longstay residents.

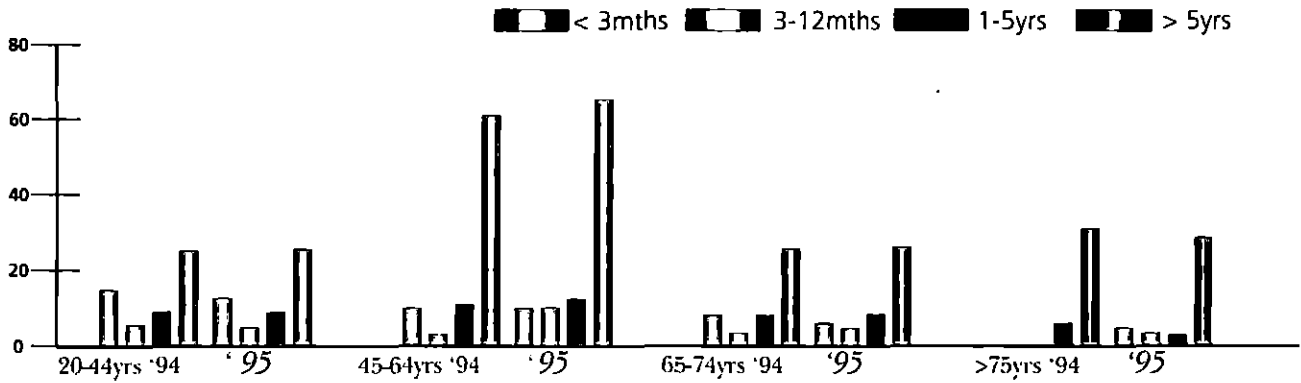
3. In-Patient Age and Length of Stay *Figure 6*

ST. JOSEPHS HOSPITAL



88 in-patients in St. Joseph's at y/e '95 were in the 45-65 years age group i.e. a reduction of 5 on y/e '94. This was the largest group and of these, 69 people had a length of stay more than 5 yrs. The 75yr+ group has remained the same, 18 for '95 and '94, the 65-74yrs group has reduced by 2 and the 20-44yrs group has also reduced from 23 in '94 to 20 in '95. The number of patients resident in the hospital more than 5yrs was 156 in '95 a reduction of 13 from the previous year.

OUR LADY'S HOSPITAL Figure 7



Similar to St. Joseph's Hospital the 45-64yrs age group is the largest in Our Lady's Hospital, 84 in '94 and 94 in '95. Of this group 61 in '94 and 64 in '95 had a length of stay of more than 5 years. The 75yrs+ group increased from 37 in '94 to 38 in '95. The 65-74yrs group reduced from 40 to 39 between '94 and '95. The 20-44yrs group reduced from 52 in '94 to 48 in '95. 142 patients were resident in Our Lady's more than 5 years at y/e '95, the corresponding figure for y/e '94 was 141.

4. Admissions Per Sector Rates Per '000 Figure 8



4.1 Overall

The overall admission rate per '000 total population for the three catchment areas decreased from 6.1 in '94 to 5.8 in '95.

4.2 Limerick

There were 844 admissions to Unit 5B during '95 which included 19 admissions of adolescents (less than 16yrs of age). There were 11 direct admissions to St. Joseph's Hospital making a total of 855 admissions to in-patient facilities in Limerick a reduction of 35 on '94. Admissions from all sectors decreased except sector D and E which increased from 145 and 85 to 159 and 93 in '94 and '95 respectively. The combined rate per '000 for Unit 5B and St. Joseph's Hospital reduced from 5.5 in '94 to 5.27 in '95. This however, includes 19 admissions of persons under 16yrs of age.

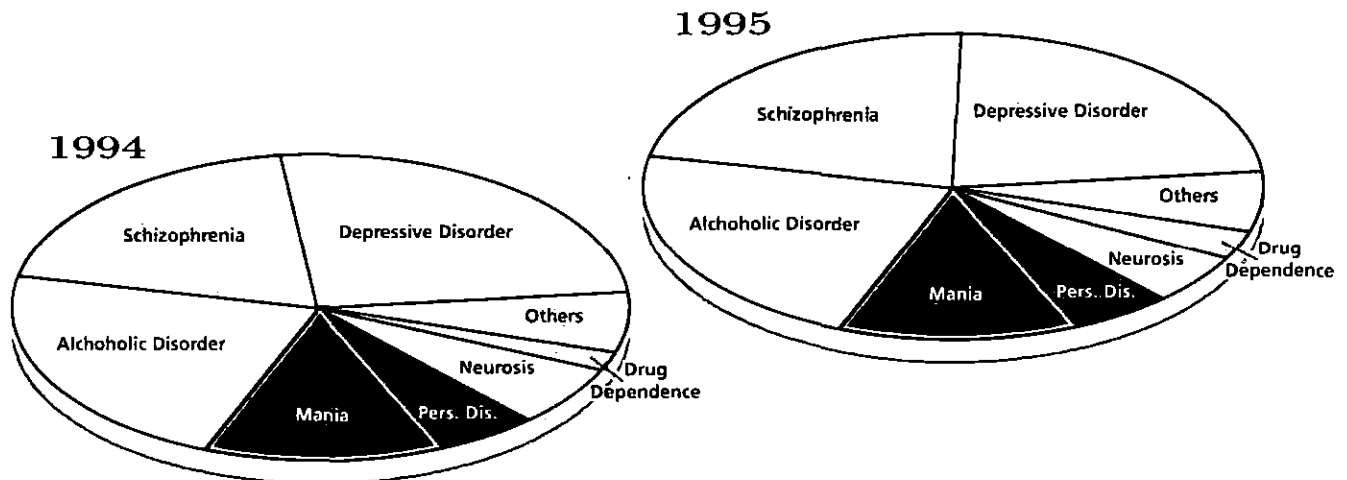
4.3 Clare

Admissions to Our Lady's Hospital reduced from 621 in '94 to 608 in '95. Admissions from the North Sector were the same (130) for the two years under review. Admissions from the South Sector decreased from 145 in '94 to 120 in '95, the East and West Sectors increased 173 to 177 and 145 to 162 in '94 and '95 respectively. The admission rate per '000 has decreased from 6.83 in '94 to 6.68 in '95.

4.4 Tipperary N.R.

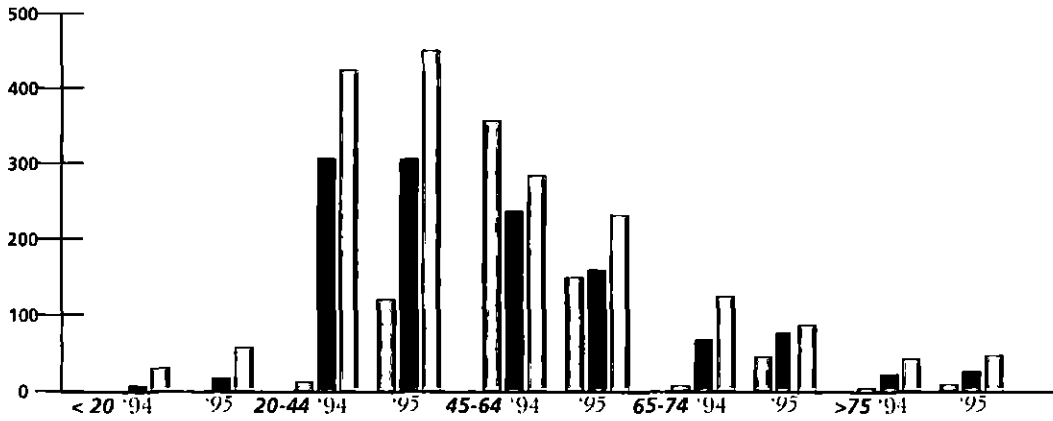
Admissions from the Thurles Sector to St. Michaels Unit/St. Lukes Hospital decreased from 244 in '94 to 216 in '95. Admissions from the Nenagh Sector increased by 4 i.e. 126 in '94 to 130 in '95. The rate per '000 of admissions from Tipperary N.R. decreased from 6.40 in '94 to 5.98 in '95.

Admissions Diagnosis - Limerick, Clare and Tipperary N.R. Figure 9



The dominant admission diagnosis for the three catchment areas changed from Depressive Disorder in '94 (510) to Schizophrenia in '95 (441). Depressive Disorder was the next largest category for '95 at 437 followed by Alcoholic Disorder 334 in '95 and 400 in '94. The Diagnostic Group Mania was 300 in '94 and 243 in '95. Of particular interest is the increase in Drug Dependence which has increased from 19 in '94 to 50 in '95.

6. Admissions Age Profile *Figure 10*

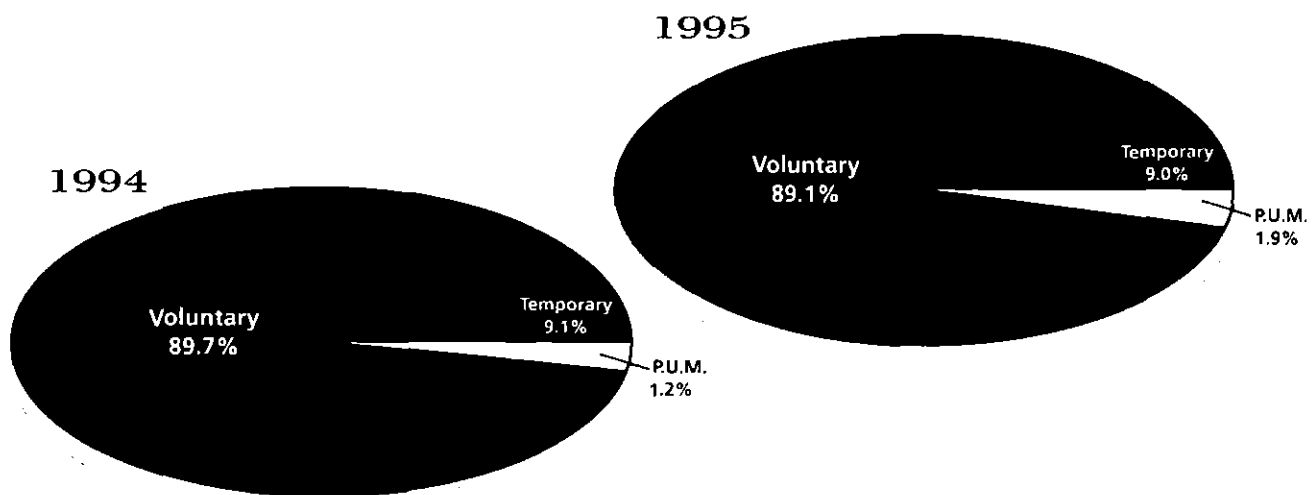


More than half of the patients (52%) admitted to the Acute Unit in Limerick were in the 20 - 44 yrs age group. 26% were in the 45 - 64 yrs group, 16% were over 65yrs and 6% were less than 19 yrs of age.

The position in Our Lady's was similar, 51% in the 20 - 44 yrs group, 29% in the 45 - 64 yrs age group and 17% in the 65 yrs + group. Only 2% were in the 15 - 19yrs age group.

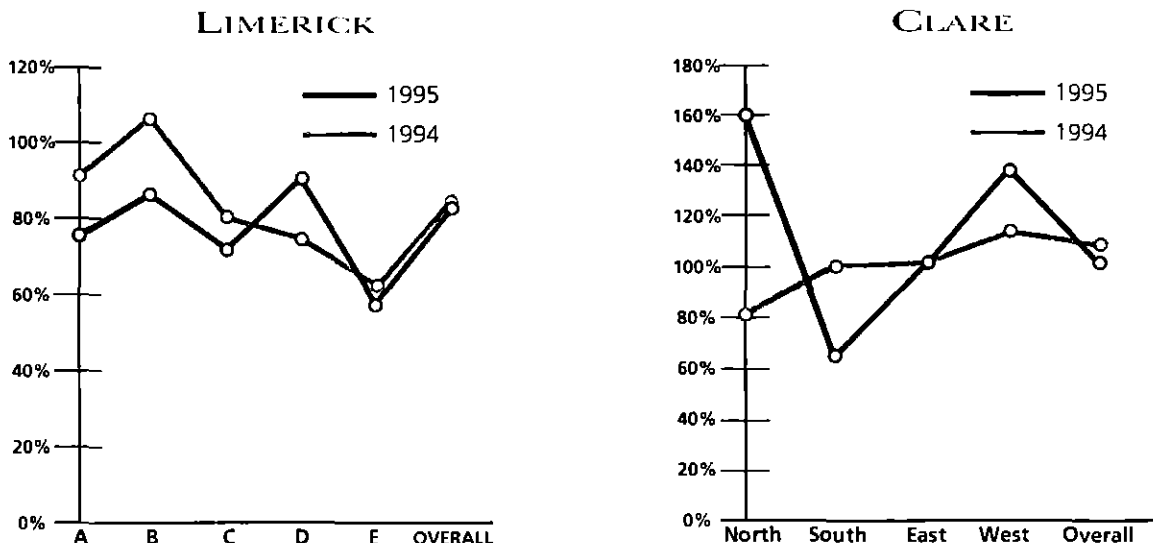
In Tipperary N.R. admissions in the 45 - 64 yrs group was the largest (48%) followed by 20 - 44 yrs group (20%) and the 65 yrs+ group (17%).

7. Admissions *Figure 11*



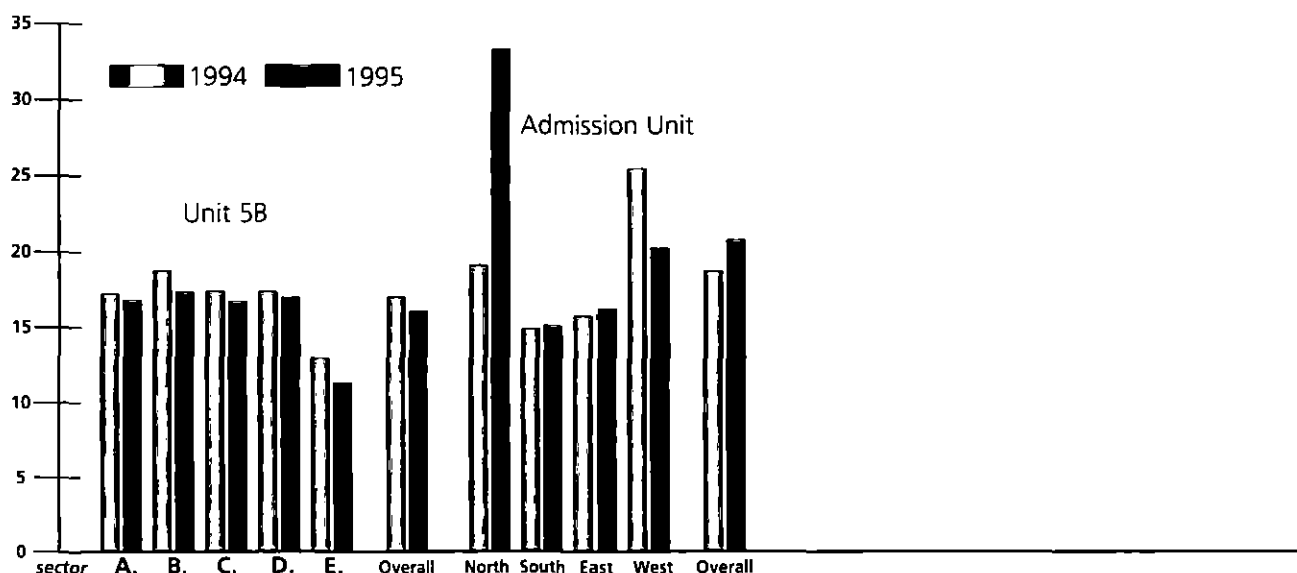
Voluntary admissions formed 89.1% of all admissions to in-patient facilities in '95 i.e. a reduction of .6% in '94. Temporary admissions decreased slightly from 9.1% in '94 to 9.0% in '95. P.U.M admissions increased from 1.2% in '94 to 1.9 in '95.

8. % Occupancy *Figure 12*

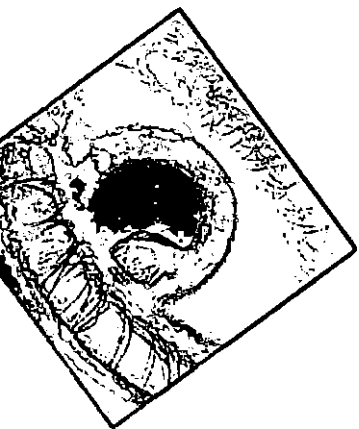
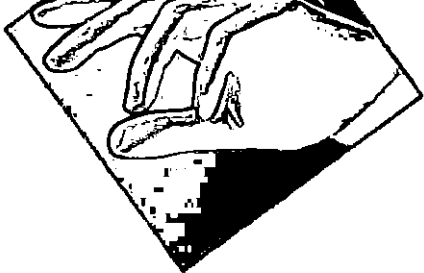


The % occupancy overall at 85%, in Unit 5B did not vary between '94 and '95. However, there was considerable variation in some sectors most notably Sector B which decreased to 88% in '95 from 107% in '94. In contrast the % occupancy in the Admission Unit in Our Lady's Hospital decreased to 103% in '95 from 109% in '94. Of note here was the % occupancy for the North Sector which decreased dramatically from 159% in '94 to 77% in '95. The % occupancy for the South Sector increased from 69% in '94 to 99% in '95. The other sectors did not vary significantly:

9. Average Length of Stay *Figure 13*



The average length of stay in Unit 5B has increased from 16.35 days in '94 to 17.36 days in '95. In contrast the average length of stay in the Admission Unit, Our Lady's Hospital has reduced from 20.53 days in '94 to 18.24 days in '95.



Some
are

Location	Places	Attenders	Attendances
Annes	25	229	3,829
Willowdale	25	271	4,032
Churchtown	25	364	2,236
Arus Bhride	125	199	2,485
Total		1,241	14,737

Day Centres

Location	Sector	Places	Attenders	Attendances
Gerald Griffin House, Limerick	A	148	382	2,453
St. Connell House, Newcastle West	B	160	266	1,744
	C	138	279	1,474
	D	124	332	1,510
	E	88	235	1,006
Total		658	1,494	8,187

Community Workshops

Location	TRAINEES				Total	No. of Projects
	Level 1	Level 2	TOPS	DOH		
Raheen Enterprise Centre	17	1	22	5	45	5
Training Centre, Newcastle West	-	10	-	-	10	1
Total	17	11	22	5	55	6

Community Residences

Status	Residences	Places	Residents
Low Support	6	36	34
Medium Support	5	35	31
High Support	3	60	55
Total	14	131	120

In-Patient Services at 31/12/1995**St. Joseph's Hospital**

Zones	Wards	Patients
Long Stay High Dependency	3	49
Long Stay Low Dependency	1	33
Medium Acute/Unit 10	1	32
Mental Handicap	3	42
Psycho Geriatric	2	58
Total	10	214

Unit 5B

1 47

Pay

Non-Pay

Total

EXPENDITURE 1995

£85128m

£1,772m

£9.9m

Limerick Mental Health Service

Community Services



1. Sector A

1.1

The day hospital for this sector is located at Tevere on the Shelbourne Road. This is a predominantly urban sector which stretches from the borders of South East Clare through Moyross, the Ennis Road, Thomondgate, St. Mary's Park the Sandmall and out to and including Corbally and serves a total population of 29,573.

During 1995 three Out-Patient Clinics per week were provided at "Tevere", two were Return and one was specifically for New Patients. In all 148 Clinics were held with 124 new referrals and 29 re-referrals. Total Attenders were 382 and total attendances throughout the year was 2,453.

Day Hospital activity increased in 1995 compared to 1994. 229 patients attended the Day Hospital, either on a daily basis or on a number of occasions per week. Total admissions to in-patient facilities were 143. This reflects a rate of admission per '000 of population of slightly below 5 per thousand. This would appear to be a very acceptable rate of admission given the fact that the population is mainly an urban one with multiple psychiatric and social problems. Whenever possible patients with a diagnosis of alcoholism were as before treated on an out-patient model and unnecessary hospitalisations were avoided. Unfortunately the Alcohol Counsellor retired during the year due to ill health. The sector now shares an alcoholism counselling service with a number of other day hospitals. Social Work Services during the year provided Social Assessments, Group Therapy and Individual Psychotherapy. The Occupational Therapist and Social Worker introduced a new Women's Support Group which was very successful.

The Psychologist provided Outpatient Assessments, Individual Psychotherapy, Relaxation Therapy, Assertive Training and Marital Therapy.

The Occupational Therapy Services provided Assessment of Client's needs, Skills Assessments and referral to Rehabilitation Services.

Nursing Services in the Sector were very much involved with the Day Hospital in 1995 given the increased number of Day Hospital attenders. This is a very important service as it helps to reduce the need for unnecessary admissions to hospital. Nurses also provided Depot Clinics, Relaxation Therapy, Individual Psychotherapy, Bereavement Counselling and Domiciliary Assessments.

All patients were seen as urgently as required and all emergencies were dealt with immediately. In the area of rehabilitation of patients, however, difficulties were encountered with referring patients to the N.R.B. This is an ongoing problem.

1.2 New Developments 1996

It is expected that the new High Support Hostel which is currently being developed, and new Day Centre will be opened during '96. In particular the Day Centre should provide a welcome addition to the service given the number of Day Hospital attendances. It is envisaged that the provision of a Day Centre will reduce the need for in-patient admissions. Throughout 1996 it is planned to have a number of Team Building Exercises.

2. Sector B

2.1

The Sector Headquarters for Sector B is St. Anne's Day Hospital which is situated on the Roxboro Road. This is the largest sector in the Limerick Catchment Area with a population of 39,000. The geographical area encompasses Limerick City (East & South; Population 15,000) and the rural area of Limerick East (Population 24,000).

2.2 Operational Policy

This team is highly committed to the aspiration of the Board's Mission Statement, i.e. *"the sustaining and development of an equitable high quality community based mental health service which is sensitive and responsive to the needs of those availing of the service"*. To this end a number of important concepts of patient care have been introduced. There is policy of rapid response to referrals from any agency. Following initial assessment all patients referred to the service have a key worker assigned to them who acts as primary therapist and also is responsible for liaison as appropriate with other team members, family, general practitioner and other relevant health professionals. A pro-active approach is taken to missed appointments and a policy of active follow-up of the patient in the first instance, and subsequently, with the referring agency is implemented.

An assertive outreach model of service delivery is employed for the severely mentally ill. A specific depot clinic has been established and developed to enhance communication with carers; the policy of active follow-up is particularly emphasised in the area of missed injections. These elements of service have resulted not only in a better quality service but also have been responsible for the significant reduction in hospital admission rates for the sector witnessed since the implementation of this approach. Prior to the opening of the Day Hospital in 1988, the admission rate for the sector was 15 per '000. In 1995 the rate was 4.06 per '000, the lowest since the sector was established. This performance compared extremely favourably with national figures.

The Day Patient Programme focuses on the treatment of acute psychiatric illness in the community setting, avoiding the trauma and disruption associated with admission to a psychiatric hospital, especially for patients who have no previous contact with a psychiatric service. The programme of therapeutic activities reflect a multi-disciplinary approach to treatment philosophy and the consumer can avail of a five day week, 9 - 5 treatment schedule.

In 1994 a formal admission and discharge procedure was introduced to support research data and to act as a quality assurance measure. The structure and format of the day patient programme is unchanged in 1995 and continues to be offered as an alternative form of treatment for acute psychiatric illness and to emphasise the multi-disciplinary input to treatment.

2.3 Day Patient Activity Data 1995

Interestingly, the diagnostic profile of day patients does not report the previously suggested idea that community services would focus on the "worried well". The data indicates the highest percentages of patients attending the day hospital suffer from major psychiatric illnesses.

2.4 Out-Patient Clinics

The number of scheduled clinic sessions is unchanged for 1995, i.e. 4 clinics per week. The number of scheduled appointments for new patients available has been increased to 5 per week. Emergency referrals are seen on request outside scheduled clinic times.

2.5 Addiction Programme

A full addiction programme is offered although the sector has the services of an addiction counsellor on a half time basis only. The Addiction Counsellor attached to the sector for the past three years had been involved in a special schools project which has absorbed one session per week. This special project came to an end in 1995. An impact assessment report on this project is awaited.

The overall number of referrals to the Addiction Programme reduced in '95. There seems to be some increase in the numbers of patients being referred for drug problems other than alcohol.

2.6 Domiciliary Nursing Activity

The management strategy for the Sector's domiciliary case load relies primarily on the key worker system of care. Particular emphasis is placed upon ongoing nursing team reviews of each client. Where possible community supports are mobilised in order to maximise the quality of the client's life in the community with maximum support structures. The nursing staff use their creativity to respond to individual needs by accessing a broad range of statutory and voluntary supports. These include home help, meals on wheels, Credit Unions, E.S.B., FAS Schemes, Corporation, County Council, NRB and advocacy.

Assessing and teaching basic living skills form a large part of the nurses role in the patients home. Enlisting the help of family members, supporting and teaching relevant management techniques promotes positive attitudes and as a result encourages more adaptive coping mechanisms within the family system.

An important tenet of the operational policy is the liaison with G.P.'s, Public Health Nurse and Community Care. Consistent with the policy of discharging clients to referral source, the domiciliary case load is under constant review for phased withdrawal of domiciliary service and ultimately, discharge.

2.7 Community Residences

The number of community residences for the sector is unchanged for 1995. Presently there are no vacancies within any of the community residences and there is an urgent need for further supervised accommodation. In addition to those living in the community residences there are 6 former patients resident in the St. Vincent de Paul Hostel in John's Square.

2.8 Day Centre/Sheltered Workshop

Sector B is still without its own day centre and continues to have a small allocation of places from Gerald Griffin House. The absence of a day centre and a sheltered workshop type service generally, continues to put the day hospital under pressure and at times impedes its acute service function. Again both of these areas need to be urgently addressed.

2.9 Research

The study undertaken in June, 1994 to measure outcome and satisfaction with acute psychiatric treatment services for Sector B was completed in May' 1995. The results of the study have been analysed and compiled and published in a report form. The report, "Alternative Acute Care - A Study in Mental Health Care" was published in December, 1995 and is available from Regional Development Unit, St. Camillus Hospital, Shelbourne Road, Limerick.

2.10 Roxboro & District Mental Health Association

A local branch of the Mental Health Association of Ireland was established at St. Anne's Day Hospital in January, 1995. This new branch called the "Roxboro & District Mental Health Association" which reflects its aspirations to support individuals receiving professional services in the Sector Area.

The voluntary group whose members include both professional and lay people, incorporate the two main aims of the national body which are; *to promote positive mental health and support individuals with mental health problems*. Within this context priority is given to the destigmatisation of mental illness along with projects that enhance the socialization of individuals with psychiatric difficulties.

2.11 Admissions to In-Patient facilities

1995 has seen a major reduction in the rate of admission to in-patient care for this sector. Analysis of the admission data for 1995 again shows that 66% of admission from this sector occurred at times when the day hospital is closed; this is an increase on the 1994 figure of 58% of admissions occurring at times when the day hospital is closed. Hence, this team's particular interest in exploration of models of extending the availability of community-based services, e.g. crisis teams or extended opening hours. Admissions to hospital occurring between the hours of 9am to 5pm (i.e. when the day hospital is opened) are for the most part referred from the day hospital - again highlighting that, even with a comprehensive community based service, it is not always possible to treat acute psychiatric illness in a non-hospital setting.

The diagnostic profile of admissions for 1995 shows a number of interesting changes. While the majority of admissions continue to have a diagnosis of depressive illness, the overall percentage of admissions with a diagnosis of either depression or schizophrenia is less than in 1994; the percentage of admissions with a diagnosis of depression has fallen from 46% in 1994 to 29% in 1995; the percentage of admissions with a diagnosis of schizophrenia has fallen from 18% in 1994 to 15% in 1995. Of concern is the simultaneous increase in the percentage of alcohol related admissions; which increased from 19% in 1994 to 24% in 1995. Of particular interest also is the increase in the percentage of admission for treatment of drug related problems, this having risen from 1% in 1994 to 8% in 1995. This increase in admissions for alcohol and drug related problems is of particular concern given that it is occurring against a background of reduced referrals to the day hospital addiction programme. In view of the commitment to dealing specifically with alcohol and drug related problems on an out-patient/day-patient basis, this change in trend warrants serious review by the sector team.

3. Sector C

3.1

The sector headquarters is located at "Willowdale" in Raheen. This is a mainly urban sector which covers Raheen, Dooradoyle, Ballinacurra and Janesboro as well as a large portion of the City centre. The rural element includes Patrickswell and Croom and caters to a sector population of 37,325.

3.2 Services Development and Change during 1995

The refurbishment and extension of the In-patient Unit at Limerick Regional Hospital was completed and opened in April.

A hostel for people formerly resident in the Mentally Handicapped Zone in St. Joseph's Hospital was opened in the sector and houses 6 residences. The Dooradoyle and District Branch of the Mental Health Association of Ireland was opened during the year.

3.3 Proposed plans for 1996

It is hoped that the Social Worker post will be filled. There are plans to open a Day Centre in St. Joseph's Street in the centre of Limerick. This should enable many of the existing patients who have no occupation to be occupied by day.

3.4 Sector Activity for 1995

Referrals to Sector C Day Hospital were much the same as the previous year. Admissions to Unit 5B at Limerick Regional Hospital decreased by 18% on 1994 and discharges from Unit 5B reduced by 27% from 1994.

4. Sector D

4.1

The Day Hospital is located on the outskirts of Newcastle West at Churchtown. This community service to the people of West Limerick opened on the 18th April, 1988 but moved from O'Connell House to a modern, refurbished building on 29th April, 1995. The Day Hospital plays a central role in the provision of a comprehensive Mental Health Service to a rural population of 33,494. It caters for day clients who are referred to the unit for either assessment or specific therapies carried out by members of the multi-disciplinary sector team. The aim of the service is to provide care to people with specific needs related to mental health maintenance and to help promote mental health in the community. Churchtown Day Hospital is committed to a holistic approach to the health care of people with an emphasis on individual care plans.

Churchtown Day Hospital focuses on the:

- provision of quality mental health care
- development of mental health maintenance programmes
- promotion of healthy lifestyles.

4.2 The Day Hospital Programme

A programme is designed to meet the individual needs of the people attending each day. Programmes are designed by staff members, based on assessment and the appropriate intervention necessary for each individual attending. These programmes may involve group or individual sessions.

- Anxiety Management, Group/Individual Therapy
- Behavioural Cognitive approach to Depression, Group or Individual Therapy
- Relaxation Therapy
- Social Worker Consultation
- Self Care Skills Training
- Social Skills Training
- Individual Psychotherapy
- Out-Patient Detoxification Programme and Addiction Counselling
- Psychological Assessment and Intervention
- Nursing and Psychiatric Assessment
- Out-Patient Pharmaco-Therapeutic Intervention
- Assertiveness Training
- Occupational Therapist Consultation
- Anger Management
- Personal Development
- Bereavement Development
- Marital Therapy
- Coping with Depression Group
- Mood Disorder Group

Other services based in the Day Hospital include Depot Injection Clinics and Lithium Clinics which are incorporated in the out-patient clinics. Domiciliary visits are carried out by the community nurse and when necessary the Day Hospital provide crisis intervention. The Day Hospital is involved with and supports the various voluntary organisations represented in the sector.

4.3 Operational Policy

The Day Hospital functions within the concept of the therapeutic community and is based on a multi-disciplinary team approach.

All referrals are made by G.P.'s and Health Care Professionals. A referral letter/form is a pre-requisite on presentation to the Day Hospital.

Admissions into in-patient care will only arise in circumstances where sector based community services are deemed to be inappropriate by the multi-disciplinary team.

4.4 Sector Resources

The multi-disciplinary team has access to In-patient Services in the Department of Psychiatry Limerick Regional Hospital, Horticultural Unit via the N.R.B., the Day Centre in O'Connell House and Respite/Residential Care in O'Connell House.

4.5 Mental Health Association

The Mental Health Association is well established and active in West Limerick and provides an invaluable service in educating the public, dispelling outdated myths and assisting those with mental health problems to regain and maintain a full place in the community. The association organises and fund raises for its various activities which include:

- Educational talks to schools and general public.
- Promotion of the mental health public speaking project in local second level schools.
- Social functions for the community and those in community residences.
- Helping people by refurbishing and decorating homes.

4.6 Clinics

New and review clinics are held in Churchtown Day Hospital, Foynes and Abbeyfeale. Lithium and Depot Clinics where necessary are incorporated with out-patient clinics.

4.7 Day Hospital Services

The Sector D Team provide the full range of interventions and has the services of a psychologist, social worker, addiction counsellor and occupational therapist on an appointment basis only.

4.8 Current Active Caseload at 31/12/1995

Total active caseload for this sector is 313 i.e. 160 males and 153 females. These are mainly people residing in their own homes, in the community residences and St. Ita's Hospital.

4.9 Developments in 1995

Churchtown Day Hospital commenced operation on Monday 24th April, 1995 and had moved from its previous location in O'Connell House. The Day Hospital was officially opened by Minister, Michael Noonan, T.D. on the 8th September, 1995.

G.R.O.W. the community mental health movement which operates in the areas of education, prevention and rehabilitation was restarted in September, 1995 at the Day Hospital.

The clinic appointment system was restructured to implement improved quality of service. Special clinic appointment diaries were drawn up for the three clinic locations - designed to facilitate a more efficient appointment system.

A post discharge group was instituted at the end of the year to provide an educational and support group for those recently discharged from in-patient care. Its aims are to inform individuals of:

- (i) Day Hospital facilities and programmes.
- (ii) Reduce the number of readmissions by encouraging attendance at the Day Hospital.

A nursing assessment was carried out on all new referrals to the clinic thus giving nursing staff an opportunity to ascertain knowledge of the people, develop a rapport and improve clinic efficiency.

4.10 Plans for 1996

The multi-disciplinary team plan to continue the post discharge group with a view to decreasing admissions to the in-patient service.

It is hoped to target attendance at this group via the pre-discharge group in the acute admission unit 5B.

It is also planned to complete a survey of the number of admissions outside Day Hospital hours with a view to assessing why these individuals did not present to the Day Hospital during crisis and to design and publish a pamphlet providing information about services and therapeutic programmes available at the Day Hospital.

Faster response time for new referrals is targeted as is increased contact with the G.P.'s and other referral agencies with a view to improving the referral system, increasing the utilisation of the service and decreasing the admission rate.

It is also intended that all those on depot medication will be assessed for side effects under the Abnormal Involuntary Movement Scale (AIMS) and it is planned that this scale will be repeated yearly.

4.11 Conclusion

The multi-disciplinary team aim to provide a high quality Mental Health Service based on an existing expertise and developing new skills, thereby adapting to new roles and responding more efficiently to the needs of people who use our service.

The Sector Team believes in the integrity and worth of the human person, that the values of respect, dignity and equality are an integral part of health care and that all persons are unique and capable of change and of participating in decision making related to their health needs. They are ever mindful of the health needs of contemporary and future societies in a rapidly changing environment. Human being are continually adapting to their environment in order to meet biological, psychological, social and spiritual needs. Their aim is to foster adaptation, promote, maintain and restore optimum health to individuals, families, groups and the community by means of the multi-disciplinary team approach.

5. Sector E

5.1

Kilmallock Day Hospital opened in 1988 and provides a service to a rural population of 22,248 in South Limerick and is the main focus for Mental Health in the South and South East of the County. It focuses on patient centred care which is community based, comprehensive and continuous. It is also equitable, sensitive and responsive in a manner which respects the privacy and dignity of the individual. Services are provided by a multi-disciplinary team to a current caseload of 192.

5.2 Day Centre/High Support Hostel

There is a pressing need, in the area, for a Day Centre and High Support hostel to obviate the need to admit new longstay patients to St. Joseph's Hospital. Site acquisition difficulties has to date prevented such developments.

5.3 Group Therapy Sessions

There are twenty eight people attending for group sessions on Wednesday and Thursday each week i.e. the days on which the minibus is available to provide transport. It is difficult to cater for such a large group with differing needs simultaneously. There is a need for extra hours so that the groups can be scheduled in over a three day period.

5.4 Care of the Elderly

Difficulties are being encountered with people who have a functional psychiatric disorder and who are no longer able to cope on their own at home. These people could function quite well in nursing homes but because of the assessment method and the low level of subvention they are unable to avail of this service.

5.5 Crisis Intervention

Crisis intervention is one of the services offered by the Sector Team and is one of several modes of community psychiatry. A crisis situation needs immediate response due to the temporary depletion or absence of coping resources within an individual. The intervention of responding professionals would be wholly compensatory. In 1995 the number of crisis intervention calls decreased by 50% because of better communication and support to the patients, relatives and G.P.'s and early intervention before the crisis occurred.

5.6 Rehabilitation

Extensive use is made of services offered by FAS, VTOS and local development agencies. These options are extremely important in helping people with a mental illness to return to the normal work environment. At present there are seven people attending FAS, six people attending Rehab and one person attending VTOS.

5.7 New Services 1995

The Co. Vocational Education Committee has sponsored an Art Therapist to work with patients at the Day Hospital for an indefinite period. This has proven very successful to date.

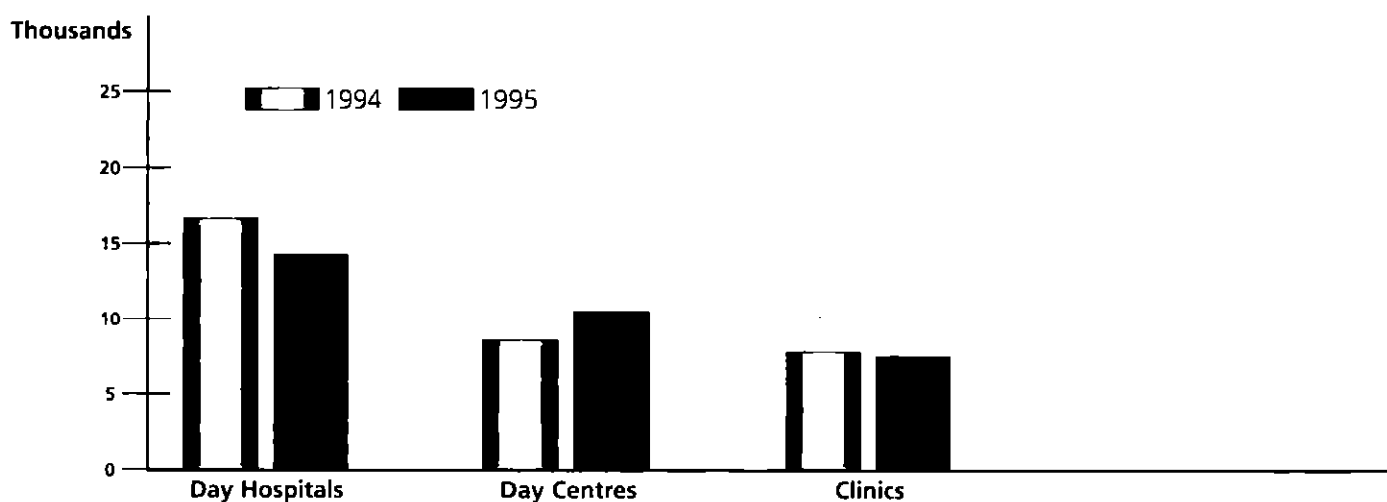
In addition to the ongoing clinics a further clinic to cater for people currently on Clozapine therapy has been added to the treatment programme. The Addiction Programme has been further developed with the setting up of a spouses' group to support each other and to cope with living with a person with an alcohol problem. The programme was designed to meet the needs of the spouse and included information giving and supportive psycho-therapy, anxiety management, problem solving and general discussion.

5.8 Future Plans

1. At present there are twenty people who require a Day Centre Service and are inadequately catered for in the existing facilities.
2. A High Support hostel is urgently required in this Sector. There are 12 people approximately with a chronic mental illness, living in the community, who have frequent admissions to the Acute Unit and who in the near future will require long term care. The number of hours involved in supporting and maintaining this number has increased enormously over the past twelve months.
3. It is proposed to measure the quality of life of a sample of patients with chronic psychiatric illness from Sector E. The instrument to be used is Lehman's Brief Quality of Life interview and analysis will be done using a computer programme that reads raw data from the questionnaire which computes the scales and codes a permanent data set which is compatible with SPSS.

6. Overall Sector Activity

Figure 14



Attendances at Day Hospitals and Clinics have decreased overall between '94 and '95 to 14,737 and 8,187 in '95 from 16,795 to 8,273 in '94 respectively. Day Centre attendances have increased from 9,319 in '94 to 10,102 in '95

7. Old Age Psychiatry Service

7.1

This new service commenced in 1995 with the opening of the Elderly Mental Infirm (E.M.I.) unit in St Camillus' Hospital. Six beds have been designated in the acute psychiatric unit in Dooradoyle for patients with a functional mental illness. The team consists of a Consultant in Old Age Psychiatry, a psychiatric trainee, a part time secretary and five staff nurses who were appointed to work in the E.M.I. unit.

Initially the service was limited to patients in Limerick City and its immediate environs, but was extended in November to cover County Limerick.

The service includes the following elements.

7.2 Domiciliary Visits

Where possible all referrals of patients with dementia are initially assessed in their home situation. Both medical and nursing staff also do follow up visits in the home situation where this is appropriate.

7.3 Elderly Mentally Infirm Unit St. Camillus' Hospital

This is an acute assessment and rehabilitation unit for patients with dementia and associated behavioural problems.

7.4 Functional Mental Illness Facility Regional Hospital, Dooradoyle

Six beds have been dedicated in Unit 5B for the treatment of patients with a functional mental illness.

7.5 Respite Care St. Camillus Hospital

Two to three beds have been allocated from the compliment of beds in Unit 6 for respite care. As this is a female unit, male patients admitted for respite care of necessity have had to be admitted to the E.M.I. unit.

7.6 Out-Patients Service, St. Camillus Hospital

This consists of a clinic once per week for both new referrals of patient with a functional mental illness and for follow up care.

7.7 Liaison Service to the Regional Hospital, Dooradoyle

Referrals of patients aged 75 years and upwards are accepted.

7.8 Future Developments

In order to fully develop the service into a comprehensive one, the appointment of extra nursing staff is necessarily. At this time the ten bedded E.M.I. unit is staffed by five nurses. As a consequence the maximum number of beds that have ever been occupied have been seven for safety reasons. It has also meant restrictions on the amount of community work the nursing staff have been able to carry out.

As general practitioners have become more aware of the service, the number of referrals from rural areas has been increasing. In the future it will be necessary to have Day Hospital access operating at least one day a week in rural areas. Initially possibly one day per week alternating between Kilmallock and Newcastlewest.

It has also become apparent in the past year that the services of a social worker would be a great advantage to the Old Age Psychiatry Service. Because of the nature of the population to whom a service is offered i.e. the elderly, problems are encountered where the expertise of a social worker would be a valuable asset. It has also become increasingly evident that the services of a psychologist are required.

Non Medical Services

8. Psychology Department

8.1

The issue of matching resources to increased service demand provided the Psychology Department with its main challenges during 1995. Increased demand was experienced in all areas of Psychological Activity. The pressure to see as many people as possible, often militates against Psychologist's wider involvement in organisational and managerial health service matters. Despite these pressures a balance has been maintained between direct clinical work, teaching and research activities.

The identification of a new care group, those infected with the Hepatitis C Virus from blood products and who were in need of urgent psychological counselling, constituted a large increase in demand for services. It was decided at Board level that this demand would be met on an ad-hoc basis, which will be difficult to sustain in the longer term. Psychologists from Limerick Mental Health Service in conjunction with those in Tipperary North Riding, and in collaboration with colleagues from Community Care, put together a programme to see some fifty or so people infected with Hepatitis C, whether individually or in a group, for a time limited period. This programme was successfully completed by October, 1995. This work was undertaken in addition to the ordinary caseload and budgeted separately.

The commitment to teaching continues to form a major component of the psychological workload. The policy of committing large amounts of resources to teaching takes into account that a large number of psychological interventions are applied by other disciplines. The cascade effect of providing others with certain psychological skills enables more extensive coverage and impact, and is a very cost-effective means of providing a Service. It is important to note that this is provided in the context of a Mental Health Service which operates via multi-disciplinary teams, where the use of such psychological skills is subject to the procedures and discipline of multi-disciplinary functioning.

Research activity was more difficult to deliver as resources were not available to effect a comprehensive and professional research service. Our research activities were confined to assisting in the Board's Focus Group Project to elicit the detailed views of service users and service providers. As well as acting as facilitators in this process, we were able to offer detailed technical advice on the conduct of the research project.

8.2 Operational Policies and Procedures

All Clinical Psychologists are independent clinicians who function as members of multi-disciplinary teams. Referrals are accepted within the framework of the multi-disciplinary teams to which the Psychologists are assigned and to whom they report.

The Psychologist assigned to each Sector is responsible for the in-patients in Unit 5B from that Sector. Priority is given to the needs of acute in-patients (either Unit 5B or the Day Hospital) over those of out-patients. It is expected that any patient should be seen within 2 working days of referral where this is required.

Analysis of psychology caseload suggests a move towards more assessment and more in depth therapy casework. Adult survivors of child sexual abuse form the largest single therapeutic group as measured by numbers of contacts (in Sector C 26% of all contacts). It should be noted that many of this group presented initially with other complaints. That these cases are reaching Psychologists reflects the increased sophistication of the Service provided by the Psychiatric clinics and by the many G.P.'s who often refer directly.

8.3 Values to Action Programme

This is an in-service training programme designed to introduce psychiatric nurses to the principle of normalisation and how these principles can be applied in their work practises to enhance the quality of life of people availing of the Board's residential and community-based Mental Health Service. The Project was initiated by the Psychology Department in conjunction with Mr. Pat Brosnan, Chief Nursing Officer, Tipperary North Riding and was facilitated by Ms. Dympna Walsh the Director of the Psychology Department within the Daughters of Charity Services for persons with a mental handicap, and Mr. Mitchell Fleming who is a Senior Clinical Psychologist within the Daughters of Charity Services for persons with mental handicap. A total of 18 Staff throughout the Board participated in the programme and the Psychologists in the Board acted as chairpersons for the shared action meetings which were a central part of the programme and constituted the main evaluation element.

In general the programme was considered to be highly successful and it is hoped to repeat the process again perhaps in a modified form.

8.4 New Developments

It is hoped to examine issues surrounding caseload management, and to produce a coherent policy aimed at providing the highest possible services to clients whilst safeguarding professional standards and the wellbeing of clinicians.

A coherent strategy to utilise research expertise will also need to be developed. Whether they are best applied at Sector, Catchment or Board level needs to be decided.

9. Social Work Department

9.1 Operational Policies and Procedures

The Social Work Department operates within the code of professional practise as set down by the Irish Association of Social Workers. The focus of social work is to help individuals achieve self realisation and maximum potential with due regard to the interest of others, and to help clients obtain rights and services to which they are entitled.

Referrals are taken through the sector and functional teams. Where there are self referrals or referrals from other agencies such as Community Care or the Probation Service, these are discussed within the teams to decide if they are appropriate.

The Senior Social Worker is responsible for the overall supervision of the social work team, implementing and maintaining high standards and the development and training of social work staff. The Senior Social Worker has responsibility for personnel management e.g. ensuring deployment of resources within agreed policy guidelines, and ensuring records are maintained in a effective manner.

9.2 Social Work Activity

The activity data in this report has been compiled with a view to assessing the initial reason for referrals to the Social Work Department. These referrals are divided into the following categories.

- Individual Counselling
- Welfare Work
- Placement
- Group Therapy
- Family Counselling
- Family Law
- Social Work Assessment

It is clear from an analysis of the reason for referrals that many are linked to social adversity and the perceived general breakdown in society as reflected in longterm unemployment, family violence, marital breakdown etc. The skills which are used are geared towards reducing the impact of socio-economic factors on people with mental illness and empowering people to enable them to obtain services to which they are entitled, as well as aiming for overall improvement in quality of life.

Social Workers act as consultants on a range of issues to staff and patients alike when an information deficit exists e.g. housing, employment, welfare rights, voluntary agencies, legal matters etc.

Clients with placement problems comprise a relatively small percentage of referrals but take up an enormous amount of time. They include people who sometimes take up an acute bed, so a speedy response clearly has cost implications. The two main categories of patient are the homeless and those who need nursing home care. A considerable effort has been made to liaise with hostels in Limerick City i.e. St. Patricks, Brother Russell Home, Thomond House, 60 Clare Street hostel for women. The good relations which have been fostered has resulted in residents being taken back to these hostels after short stays in Unit 5B. Also a number of homeless individuals have been placed because staff were aware of follow up from the sector day hospital. The housing departments in Limerick Corporation and Limerick County Council are more responsive to our clients needs due to constant advocacy on their behalf.

Nursing Home beds are in great demand and the application process for subvention can raise difficulties. A person's need for nursing home care is determined more by physical rather than psychiatric or psychological dependency thus reducing the level of subvention. It would be useful for senior management to look into the possibility of leasing beds in nursing homes for community patients.

9.3 Family Law:

There has been a noticeable increase in clients requiring information and counselling where family violence or marital breakdown has occurred, immediate advice on relevant procedures and options is usually available if the client has initially been referred to another team member.

9.4 Child Protection:

The Social Work Department has helped to draw up a protocol for exchange of information between the Psychiatric Services and Community Care. This is operational at present and has helped to clarify policies and procedures to be followed where child protection is an issue.

9.5 Groups:

The pre-discharge group has been running successfully in Unit 5B. The high referral rate for group therapy reflects the practical application of the training course in social and health skills which the social workers have completed. Groups are run in Newcastle West and Tevere Day Hospitals. The Social Work Department has responded to the large demand for information by starting an information clinic in Unit 5B towards the end of the year. This is run in conjunction with a permanent display of information on a wide range of subjects from Social Welfare to Training and Education.

9.6 Service Targets for 1996

To analyse all referrals initiated for family law or placement problems and indicate the outcome. It is hoped this will help to develop indicators for social gain for this type of referral.

Arrange workshops for other staff on:

- (1) Child Protection issues
- (2) Family Law
- (3) Entitlements for Patients

To utilise Lehman's Brief Quality of Life Scale to develop a permanent data set compatible with SPSS, for selected patient groups. Some suggestions include:

- (1) Analysis of completed questionnaires for group homes in Sector B.
- (2) Survey of patients with chronic illness in Sector E.

10. Occupational Therapy Department

10.1

The focus of Occupational Therapy is to achieve a realistic understanding of the individual client and his/her capacity to cope with daily life. The Occupational Therapist works through media which relate to the clients individual values, interests and lifestyle.

All Therapists accept referrals through their multi-disciplinary teams. Activities are undertaken on a group and individual basis in a variety of settings e.g. Day Hospital, Acute unit, Rehabilitation and Long-Stay wards.

10.2 Occupational Therapy Services

The Occupational Therapy Department accepts individual referrals of both in-patients and out-patients. It provides in the day hospitals women's groups and mixed skills group, which concentrate on functional/ domestic or personal care type skills but with the emphasis on developing communications and interactive skills through informal discussion.

The interventions that Occupational Therapy provides are addressing the holistic needs of the clients in looking at where the deficits are in their daily lives. It concerns itself with promoting the skills for healthy living which the individual has and uses these as the foundation for coping with a clients ill health.

In Unit 5B the department provides three groups per week covering a range of topics and skills.

These include:

- Self-esteem building
- Assertiveness
- Stress management
- Healthy living
- Time & Leisure Management
- Communication skills
- Beauty Therapy
- Cookery.

10.3 Referrals

Individual referrals have improved, but a difficulty lies in the fact, that although appropriate individuals referrals are very welcome, a lack of staffing sometimes makes an adequate response and follow through difficult across the service. The majority of referrals and contacts are Vocational assessments or NRB referrals.

10.4 Rehabilitation

In early January five patients moved from St. Josephs Hospital to reside in Beech Hill, Roxboro Road, Janesboro. The Occupational Therapy intervention was to assist them and increase their skill level in this significant move.

10.5 Medium Acute Unit

There are two groups in Unit 10. In one group the clients have a learning difficulty and the other group do not. In both groups the emphasis is on acquiring concentration skills, community awareness and the development of skills in the areas of self care and appearance.

10.6 Ashleigh Lodge

The Occupational Therapy Department has been working with residents in Ashleigh Lodge for two years. This group are awaiting a new community home and expect to relocate '96.

11. Vocational Training Services**11.1 New Developments**

The European Union's Operational Programme for Human Resource Development 1994 - 1999 came into force on the 1st January, 1995 for Vocational Training. Under the programme a new subset of people with disabilities can now access training. The new course, Training Opportunities Programme - TOPS, has been designed to meet the training needs of people with disabilities whose primary focus is social integration. This programme, in addition to the existing Level I and Level II programmes, are now being offered at Dooradoyle and Raheen.

Likewise under the Operational Programme monies are being made available from the European Regional Development Fund to complement and reinforce the revenue funding provided for European Social Funded Training of people with disabilities.

During 1995 the Board secured monies from this to further develop the training facilities at Newcastle West. Part funding has also been provided to complete Phase I of a new development at Dooradoyle which will eventually provide a 60 place training centre to replace the existing rented facilities at Raheen. This new centre will be completed during 1996/1997.

11.2 Training Centres

In September, 1995 the Minister for Health, Mr. Michael Noonan, T.D., formally opened the Training Centre at Newcastle West. In December, the first group of trainees at Newcastle West received their Certificates in Horticultural Skills having completed a three year Horticultural Skills Course, which was designed and compiled by Mr. Donal Cooper, Horticultural Instructor and which is validated by Teagasc.

Likewise at Dooradoyle/Raheen four trainees who were completing a Business Administration Level I Course, validated by the Royal Society of Arts, London, received their certificates. One of those trainees has since secured secretarial employment with Limerick County Council.

11.3 Employment Focus

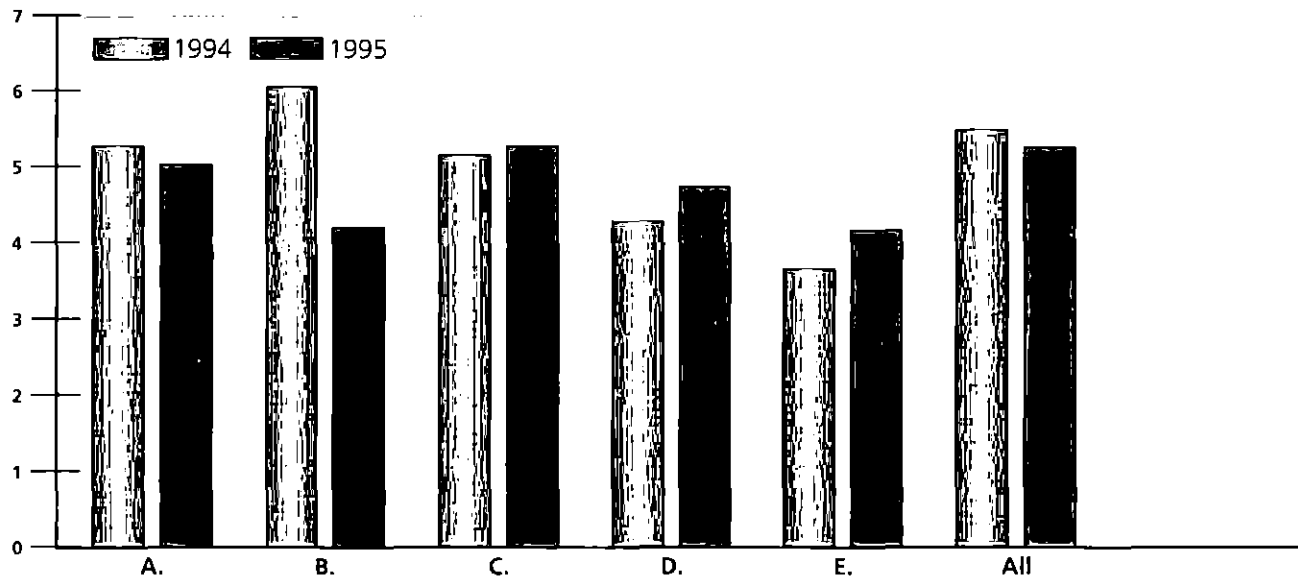
Level I and Level II Training Programmes are primarily geared towards skill acquisition to facilitate employment. During 1995 a number of trainees were successfully placed with employers. A contract has been negotiated with the Regional Hospital Limerick to provide manpower to manage the postal services in the hospital. Two former trainees are employed on a 'supported basis' on this contract.

A new Standard for Vocational Training (S1,95) N.R.B. has been published. This standard will require all Training Agencies to satisfy accreditation criteria which will ensure the provision of high quality certified vocational training programmes. This standard will be implemented on a phased basis during the period of the Operational Programme.

In-Patient Services



1. Admissions Per Sector: Rates per '000 *Figure 15*



Admission rates per sector for the total population to both the Acute Unit 5B and St. Josephs Hospital are illustrated above. This includes '94 and '95 data and demonstrates the following position.

The overall admission rate per '000 decreased from 5.5 in '94 to 5.27 in '95. Sector C had the highest rate at 5.3 in '95 an increase of .1 from '94. Sector B admission rate decreased sharply from 5.96 in '94 to 4.1 in '95, the lowest admission rate in any of the Limerick Sectors. Sector A decreased from 5.3 per '000 in '94 to 5 per '000 in '95. The admission rate for Sectors D and E increased from 4.4 and 3.8 in '94 to 4.7 and 4.2 in '95 respectively.

2. St. Joseph's Hospital

There were 214 residents on the St. Joseph's Hospital campus at year end '95 and in accordance with Health Board policy efforts to provide more appropriate accommodation for these residents are ongoing.

A three year comprehensive action plan has been drawn up which details the various options available to each of the Care Groups still resident in St. Joseph's. The plan seeks to identify the alternative service provisions that each Care Group will require which will in turn lead to the complete closure of the hospital. The plan looks at capital and revenue costs, and manpower implications of each individual development. It also addresses the other issues i.e. staff relations, options for the hospital site and difficulties in relation to procuring suitable premises/sites etc. for alternative accommodation.

Agreement was reached with the Daughters of Charity in relation to the provision of services for patients with a mental handicap transferring from St. Joseph's to St. Vincents, Lisnagry. The Department of Health sanctioned an initial capital grant of £300,000 towards the provision of six bungalows and a separate day care facilities to be provided on the latter site. The difficulty in relation to the financing of the revenue deficit as set out by the Daughters of Charity was resolved by the Minister for Health with his recent announcement of a further £1.4m which will fund the development of purpose built residential and daycare facilities. It is expected that the first group of patients will move from St. Joseph's in late '97 with the remaining clients moving in early '98.

The ongoing programme of refurbishment continued and the environment and quality of care was commented on favourably by the Inspector of Mental Hospitals during his visit in September 1995.

The Fas Community Employment Scheme was continued throughout the year with 16 participants i.e. 8 each week plus one supervisor being employed. They have contributed greatly to the upkeep of facilities in both St. Joseph's and the Community Residences.

3. Acute Admission Unit - Unit 5B

The refurbished and extended Acute Admission Unit at the Regional Hospital, Dooradoyle was officially opened on April 19th, 1995 by the Minister for Health Mr. Michael Noonan. This is now a 49 bedded Unit with private, semi-private and public ensuite accommodation. A mother and baby suite is also nearing completion and when finished will bring the number of beds back up to 50. The dining and recreational areas have all been upgraded and a new E.C.T. Suite, Special Care Suite, Art Room, Games Room and Group Therapy Room have been provided. A Training Kitchen has also been built where many of the residents are learning to cook.

Limerick Mental Health

Community Services

Day Hospitals

Year	Sector/Location	No. of Places	Attendances	Attendees		
				New	Return	Total
1994	Sector A	25	3,334	78	92	170
1995	Tevere	25	3,829	92	137	229
1994	Sector B	25	5,132	199	139	338
1995	St. Anne's	25	4,032	103	168	271
1994	Sector C	25	2,558	149	102	251
1995	Willowdale	25	2,236	139	225	364
1994	Sector D	25	3,727	32	93	125
1995	Church Town D/H	25	2,485	28	171	199
1994	Sector E	25	2,044	*	180	180
1995	Arus Bhride	25	2,155	*	178	178
Total	1994	125	16,795	458	606	1,064
	1995	125	14,737	362	879	1,241

* First referrals seen at outpatients clinic.

Day Centres

Year	Sector/Location	Places Available	Attendees	Attendances	Daily Average
1994	Sector B	25	41	5,523	22
1995	Gerald Griffin House	25	32	5,520	22
1994	Sector D	25	69	3,796	16
1995	O'Connell House	25	65	4,582	22
1994	Total	50	110	9,319	38
1995		50	97	10,102	44

Clinics New and Review

Mental Health Out-Patient Clinic Activity y/e 31st December

Year	Sector	Location	No. of Clinics	No. of Attenders	No. of Attendances		
					New	Return	Total
1994	A	Tevere	145	330	133	2,399	2,532
1995			148	382	153	2,300	2,453
1994	B	St. Anne's	196	195	146	1,724	1,870
1995			160	266	102	1,642	1,744
1994	C	Willowdale	162	400	98	1,584	1,682
1995			138	279	159	1,315	1,474
1994	D	Newcastle West	106	215	96	938	1,034
		Abbeyfeale	12	23	3	135	138
		Foynes	12	27	1	107	108
		TOTAL:	130	265	100	1,180	1,280
	1995	Newcastle West	100	267	143	1,100	1,243
		Abbeyfeale	12	36	10	132	142
		Foynes	12	29	10	115	125
	TOTAL:	124	332	163	1,347	1,510	
1994	E	Kilmallock	90	210	95	814	909
1995			88	235	124	882	1,006
1994		OVERALL	723	1,400	572	7,701	8,273
1995		TOTALS:	658	1,494	701	7,486	8,187

Diagnosis: Out-Patient/Day Hospital Attenders 31/12/1995

Sector	Organic/ Dementia	Schizophrenia	Other Psychoses	Depressive Disorder	Mania	Neuroses
A	7	103	27	118	49	146
B	10	122	48	120	20	118
C	12	96	15	112	68	67
D	3	91	-	84	40	47
E	6	52	6	33	46	19
Total	38	464	96	467	223	397
Sector	Personality Disorder	Alcoholic Disorder	Drug Dependency	Mental Handicap	Other	All Diagnoses
A	35	73	30	7	16	611
B	11	56	13	5	14	537
C	27	44	20	28	154	643
D	2	21	3	6	16	313*
E	-	14	-	6	10	192*
Total	75	208	66	52	210	2,296

*Diagnoses of Caseload entered 31.12.95.

Depot and Lithium Clinics			No. of Clinics		Attendances	
Sector	Location	Clinic Type	1994	1995	1994	1995
A	Tevere	Depot	104	104	1,717	1,881
B	St. Anne's	Depot	52	52	1,929	1,409
C	Willowdale	Depot	52	50	1,036	1,010
		Lithium	52	50	88	78
D	Newcastle West	Depot	26	26	336	276
E	Kilmallock	Depot	52	52	748	617
		Lithium	4	8	85	104
Total		Depot	286	284	5,766	5,193
		Lithium	56	58	173	182
Overall			342	342	5,939	5,375

Community Workshops		Trainees				Trainee Health Status			Total	Projects
Year	Sector/Location	L.1	L.2	TOPS	DOH	M.I	P.D	L.D		
1994	Sector C	45	2	-	-	21	4	22	47	5
1995	Raheen Enterprise Centre	17	1	22	5	13	5	27	45	5
1994	Sector D	-	10	-	-	5	2	3	10	1
1995	Training Centre Newcastlewest	-	10	-	-	5	3	2	10	1
Total	1994	45	12	-	-	26	6	25	57	6
	1995	17	11	22	5	18	8	29	55	6

L.1: Level 1 L.2: Level 2

TOPS: Training Opportunities Programme D.O.H.: Department of Health

M.I.: Mental Illness P.D.: Physical Disability L.D.: Learning Disability

Community Residences

Sector	Location	Status	Places		Residents at 31/12		
			1994	1995	1994	1995	
A	Landsdowne Park	Medium Support	6	6	5	5	
	Shelbourne Road	Medium Support	6	6	6	5	
B	Garryowen	Low Support	4	4	4	4	
	Johnsgate	Low Support	10	10	10	10	
	Sweetbriar	Medium Support	7	7	6	7	
C	Norbiton Hill	Low Support	6	6	5	5	
	Josephs Street	Low Support	4	4	4	3	
	2/3 Verona Tce.	Low Support	10	10	10	9	
	Vizes Court	Medium Support	6	6	6	6	
	Beech Hill	Medium Support	6	6	5	5	
	Ivernia House	High Support	15	15	14	15	
	Ferndale	High Support	20	20	19	18	
D	Maple Lodge	Low Support	6	6	6	6	
	O'Connell House	High Support	25	25	23	22	
Total		1994	1995				
	Low Support	6	6	36	36	35	34
	Medium Support	5	5	35	35	32	31
	High Support	3	3	60	60	56	55
Overall Totals		14	14	131	131	123	120

Non-Medical Activity



Psychology Department

Sector		A	B	C	D	E	Total
Clients	1994	79	150	170	45	39	483
	1995	66	138	126	45	49	424
Referrals	1994	63	96	111	46	23	339
	1995	30	72	50	19	32	203
Consultations	1994	279	535	661	142	91	1708
	1995	185	529	561	139	91	1505
Tel. Contacts	1994	17	4	12	12	-	45
	1995	10	-	-	3	-	13
Contacts In-Patients	Unit 5B	1	5	9	10	8	32
	1995 St. Joseph's	4	4	10	8	8	34

Psychology Department: Frequency of Consultations

Sector	Number of Consults			
	1	2-5	6-10	11+
A	35	47	15	3
B	25	48	18	9
C	19	52	20	9
D	33	46	15	4
E	51	35	14	0
Total	163	228	82	25

Social Work Department

Sector	A	B	C	D	E	Unit 5B	Total
Sessions per week 94	5	5	Emergency	3	3	1	17
95	5	5	cover only	3	3	1	17
Referrals 94	104	147	44	49	56		400
95	86	177	62	70	87		482
Contacts - Unit 5B 94	217	316	88	126	154		901
95	317	494	160	264	227		1,462

Reason for Referral	No. Referred
Individual Counselling	64
Family Counselling	44
Welfare Work	80
Family Law	49
Placement	52
Social Work Assessment	45
Group Therapy	140
Other	8
Total	482

Occupational Therapy Department

Sector	Attendance at Groups		Number of Individuals seen In-Patient and Out-Patient	
	1994	1995	1994	1995
A	417	55	84	58
B	673	111	30	82
C	654	225	64	51
D	536	197	91	70
E	194	-	48	6
Unit 5B	-	931	-	4
Ashleigh Lodge	-	183	-	20
Unit 10	-	50	-	10
Beech Hill	-	297	-	19
Total	2,374	2,049	367	320

Acute In-Patient Service

Unit 5B

Position at 31st December

Year	No. of Beds	No. of Wards	No. in Residence	Male(M) Female(F)
1994	48	1	48	20(M) 28(F)
1995	49	1	47	20(M) 27(F)

In-Patients: Legal Status

Year	Temporary	Voluntary	P.U.M.	Total
1994	11	37	-	48
1995	8	39	-	47

In-Patient Diagnosis

Year	Organic/ Dementia	Schizophrenia	Other Psychoses	Depressive Disorder	Mania	Neuroses
1994	-	11	-	17	10	2
1995	4	12	-	13	6	2
Year	Personality Disorder	Alcoholic Disorder	Drug Dependence	Mental Handicap	Other	All Diagnoses
1994	4	4	-	-	-	48
1995	4	1	3	2	-	47

In-Patients Age and Length of Stay 31st December

Length of Stay		Age						All Ages	% of Hospital/Unit Population
		<15	15-19	20-44	45-64	65-74	>75		
<3 mths	1994	-	-	21	12	13	1	47	97.92%
	1995	1	1	21	11	9	1	44	93.61%
3-12 mths	1994	-	-	-	1	-	-	1	2.08%
	1995	-	-	1	1	1	-	3	6.38%
1-5 yrs	1994	-	-	-	-	-	-	-	-
	1995	-	-	-	-	-	-	-	-
>5 yrs	1994	-	-	-	-	-	-	-	-
	1995	-	-	-	-	-	-	-	-
All Lengths of Stay	1994	-	-	21	13	13	1	48	100%
	1995	1	1	22	12	10	1	47	100%
% of Hospital/Unit Pop.	1994	-	-	43.76%	27.08%	27.08%	2.08%	-	100%
	1995	2.12%	2.12%	46.80%	25.53%	21.27%	2.12%	-	100%

Admissions: By Sector

Sector	Total Admissions		1st Admissions		1st Admission as a % of Total Admissions	
	1994	1995	1994	1995	1994	1995
A	158	144	44	34	27.85%	23.61%
B	223	159	43	46	19.28%	28.93%
C	193	193	37	52	19.17%	26.94%
D	144	159	43	45	29.86%	28.30%
E	85	93	18	27	21.18%	29.03%
Others	73	96	32	37	43.83%	38.54%
Total	876	844	217	241	24.77%	28.55%

Admissions: Legal Status

Year	Temporary		Voluntary		P.U.M.		Total
	M	F	M	F	M	F	
1994	40	48	417	369	1	1	876
1995	52	38	372	379	2	1	844

Admissions: Rate Per '000 by Sector

Sector	Population*	Admissions		Rate Per '000	
		1994	1995	1994 #	1995
A	29,573	158	144	5.13	4.86
B	39,316	223	159	5.91	4.04
C	37,325	193	193	5.13	5.17
D	33,494	144	159	4.33	4.74
E	22,248	85	93	3.76	4.18
Others		73	96		
Total	161,956	876	844**	5.41	5.21

* Sector Boundaries changed from 1/3/1994 thereby changing the population of each sector

Admission Rates per '000 '94 have been adjusted to reflect the changes in sector population

** Includes 19 admissions under 16yrs of age

Admissions: Diagnosis

Year	Organic/ Dementia	Schizophrenia	Other Psychoses	Depressive Disorder	Mania	Neuroses
1994	18	181	3	248	122	42
1995	20	177	7	216	114	69
Year	Personality Disorder	Alcoholic Disorder	Drug Dependence	Mental Handicap	Other	All Diagnoses
1994	72	149	10	9	22	876
1995	48	144	22	19	8	844

Admissions: Age Analysis

Year	<15	15-19	20-44	45-64	65-74	>75	All Ages
1994	-	29	418	284	114	31	876
1995	8	43	440	219	94	40	844

Discharges: By Sector

Sector	Discharges (Including Deaths)		Deaths	
	1994	1995	1994	1995
A	142	142	1	
B	203	147	1	
C	181	163	1	
D	131	150		
E	74	93		
Others	66	84		
Total	797	779	3	

Unit Usage

Sector	Beds Available		Average % Occupancy		Average Length of Stay*	
	1994	1995	1994	1995	1994	1995
A	10	10	90.33%	74.10%	16:71	17:06
B	10	10	106.90%	87.86%	17:37	18:90
C	12	12	82.49%	71.30%	16:75	17:34
D	10	10	73.89%	89.06%	17:48	17:74
E	6	7	60.41%	54.27%	11:24	13:73
Total	48	49	84.66%	85.17%	16:35	17:36

* This refers to average number of days in Unit 5B.

In-Patient Services

St. Joseph's Hospital

Position at 31st December

Year	No. of Beds	No. of Wards	No. in Residence	Male(M)	Female(F)
1994	227	10	224	142(M)	82(F)
1995	220	10	214	136(M)	78(F)

In-Patients: Legal Status

Year	Temporary	Voluntary	P.U.M.	Total
1994	6	199	19	224
1995	4	192	18	214

New Longstay

Year	No. Who Became New Longstay During The Year		
	<65yrs	>65yrs	Total
1994	7	2	9
1995	11	3	14

In-Patient Diagnosis

Year	Organic/ Dementia	Schizophrenia	Other Psychoses	Depressive Disorder	Mania	Neuroses
1994	8	105	-	12	15	1
1995	6	97	-	15	16	1
Year	Personality Disorder	Alcoholic Disorder	Drug Dependence	Mental Handicap	Other	All Diagnoses
1994	2	-	-	80	1	224
1995	2	1	-	75	1	214

Age and Length of Stay of all Patients at 31st December

Length of Stay		Age						All Ages	% of Hospital Unit Population
		<15	15-19	20-44	45-64	65-74	>75		
<3 mths	1994	-	-	4	5	5	-	14	6:25%
	1995	-	-	4	3	3	-	10	4:67%
3-12 mths	1994	-	-	5	6	2	-	13	5:80%
	1995	-	-	4	4	1	1	10	4:67%
1-5 yrs	1994	-	-	7	7	10	4	28	12:50%
	1995	-	-	10	12	11	5	38	17:76%
>5 yrs	1994	-	-	23	75	53	18	169	75:45%
	1995	-	-	20	69	49	18	156	72:90%
All Lengths of Stay	1994	-	-	39	93	70	22	224	100%
	1995	-	-	38	88	64	24	214	100%
% of Hospital/ Unit Pop.	1994	-	-	17.41%	41.52%	31.25%	9.82%	-	100%
	1995	-	-	17.76%	41.12%	29.91%	11.21%	-	100%

Admissions: By Sector

Sector	Total Admissions		1st Admissions		1st Admission as a % of Total Admissions	
	1994	1995	1994	1995	1994	1995
A	6	4	-	1	-	25%
B	2	1	-	-	-	-
C	4	3	-	-	-	-
D	1	-	-	-	-	-
E	-	-	-	-	-	-
Others	1	3	-	1	-	33%
Total	14	11	-	2	-	18:18%

Admissions: Legal Status

Year	Temporary		Voluntary		P.U.M.		Total
	M	F	M	F	M	F	
1994	2	-	6	6	-	-	14
1995	-	-	6	5	-	-	11

Admissions: Rate Per '000 by Sector

Sector	Population*	Admissions		Rate Per '000	
		1994	1995	1994 #	1995
A	29,573	6	4	.20	.14
B	39,316	2	1	.05	.03
C	37,325	4	3	.11	.08
D	33,494	1	-	.03	-
E	22,248	-	-	-	-
Others		1	3		-
Total	161,956	14	11	.09	.07

* Sector Boundaries changed from 1/3/1994 thereby changing the population of each sector

Admission Rates per '000 '94 have been adjusted to reflect the changes in sector population

Admissions: Diagnosis

Year	Organic/ Dementia	Schizophrenia	Other Psychoses	Depressive Disorder	Mania	Neuroses
1994	1	8	-	-	1	---
1995	-	4	-	2	2	---
Year	Personality Disorder	Alcoholic Disorder	Drug Dependence	Mental Handicap	Other	All Diagnoses
1994	-	3	-	1	-	14--
1995	2	1	-	-	-	11--

Admissions: Age Analysis

Year	<15	15-19	20-44	45-64	65-74	>75	All Ages
1994	-	-	7	2	4	1	14--
1995	-	1	7	1	2	-	11--

Discharges: By Sector

Sector	Discharges (Including Deaths)		Deaths	
	1994	1995	1994	1995
A	21	16	5	1
B	13	22	1	4
C	28	19	8	2
D	18	12	7	3
E	9	9	3	2
Others	12	9	1	
Total	101	87	25	12

Transfers In - From Unit 5B

Sector	1994	1995
A	19	13
B	20	20
C	18	24
D	10	13
E	8	9
Others	7	13
Total	82	92

Hospital

Rehabilitation Services

Rehabilitation Unit

Name and Location	Year	No. of Residents at 31st December	Total No. who Resided in Rehab Unit During Year	Average Length of Stay in Rehab Unit
Ashleigh Lodge,	1994	14	17	18 mths
Mulgrave Street,	1995	15	20	3 yrs

Industrial/Occupational Therapy Unit

Mulgrave Street, Enterprise Centre	Year	No. of Units	Total No. of In-Patients who Attended	Total No. of Out-Patients who attended	Average Daily Attendances
Industrial Therapy	1994	1	13	41	50
	1995	1	10	47	47
Occupational Therapy Activation	1994	1	70	5	35
	1995	1	78	6	35
Total	1994	2	83	46	85
	1995	2	88	53	82

In-Patient Services

Unit 5B/St. Joseph's Hospital

Position at 31st December

Year	No. of Beds	No. of Wards	No. In Residence	Male(M)	Female(F)
1994	275	11	272	162(M)	110(F)
1995	269	11	261	156(M)	105(F)

In-Patients: Legal Status

Year	Temporary	Voluntary	P.U.M.	Total
1994	17	236	19	272
1995	12	231	18	261

In-Patient: Diagnosis

Year	Organic/ Dementia	Schizophrenia	Other Psychoses	Depressive Disorder	Mania	Neuroses
1994	8	116	-	29	25	3
1995	10	109	-	28	22	3
Year	Personality Disorder	Alcoholic Disorder	Drug Dependence	Mental Handicap	Other	All Diagnoses
1994	6	4	-	80	1	272
1995	6	2	3	77	1	261

Unit 5B/St. Josephs Hospital

Age and Length of Stay of all Patients at 31st December

Length of Stay		Age														% of Hospital/ Unit Population	
		<15		15-19		20-44		45-64		65-74		>75		All Ages			
		5B	S.J.	5B	S.J.	5B	S.J.	5B	S.J.	5B	S.J.	5B	S.J.	5B	S.J.	5B	S.J.
<3 mths	1994	-	-	-	-	21	4	12	5	13	5	1	-	47	14	97.92%	6.25%
	1995	1	-	1	-	21	4	11	3	9	3	1	-	44	10	93.61%	4.67%
3-12 mths	1994	-	-	-	-	-	5	1	6	-	2	-	-	1	13	2.08%	5.80%
	1995	-	-	-	-	1	4	1	4	1	1	-	1	3	10	6.38%	4.67%
1-5 yrs	1994	-	-	-	-	-	7	-	7	-	10	-	4	-	28	-	12.5%
	1995	-	-	-	-	-	10	-	12	-	11	-	5	-	38	-	17.76
>5 yrs	1994	-	-	-	-	-	23	-	75	-	53	-	18	-	169	-	75.45
	1995	-	-	-	-	-	20	-	69	-	49	-	18	-	156	-	72.9%
All Lengths of Stay	1994	-	-	-	-	21	39	13	93	13	70	1	22	48	224	100%	100%
	1995	1	1	-	-	22	38	12	88	10	64	1	24	47	214	100%	100%
% of Hospital/ Unit Pop.	1994	-	-	-	-	43.76%	17.41%	27.08%	41.52%	27.08%	31.25%	2.08%	9.82%			100%	100%
	1995	2.12%	-	2.12%	-	46.80%	17.76%	25.53%	41.12%	21.27%	29.90%	2.12%	11.25%			100%	100%

Admissions: By Sector

Sector	Total Admissions		1st Admissions		1st Admissions as a % of Total Admissions	
	1994	1995	1994	1995	1994	1995
A	164	148	44	35	26.83%	23.64%
B	225	160	43	46	19.11%	28.75%
C	197	196	37	52	18.97%	26.53%
D	145	159	43	45	29.66%	28.30%
E	85	93	18	27	21.18%	29.03%
Others	74	99	32	38	43.24%	38.38%
Total	890	855	217	243	24.38%	28.42%

Admissions: Rate Per '000 by Sector

Sector	Population*	Admissions		Rate Per '000	
		1994	1995	1994 #	1995
A	29,573	164	148	5.25	5.00
B	39,316	225	160	5.96	4.06
C	37,325	197	196	5.20	5.25
D	33,494	145	159	4.36	4.74
E	22,248	85	93	3.76	4.18
Others		74	99		
Total	161,956	890	855**	5.50	5.27

* Sector Boundaries changed from 1/3/1994 thereby changing the population of each sector.

Admission Rates per '000 '94 have been adjusted to reflect the changes in sector population.

** Includes 19 admissions under 16yrs.

Admissions: Legal Status

Year	Temporary		Voluntary		P.U.M.		Total
	M	F	M	F	M	F	
1994	42	48	423	375	1	1	890
1995	52	38	378	384	2	1	855

Admissions: Diagnosis

Year	Organic/ Dementia	Schizophrenia	Other Psychoses	Depressive Disorder	Mania	Neurosis
1994	19	189	3	248	123	42
1995	20	181	7	218	116	69
Year	Personality Disorder	Alcoholic Disorder	Drug Dependence	Mental Handicap	Other	All Diagnoses
1994	72	152	10	10	22	890
1995	50	145	22	19	8	855

Admissions: Age Analysis

Year	<15	15-19	20-44	45-64	65-74	>75	All Ages
1994	-	29	425	286	118	32	890
1995	8	44	447	220	96	40	855

Discharges: By Sector

Sector	Discharges (Including Deaths)		Deaths	
	1994	1995	1994	1995
A	163	158	6	1
B	216	169	2	4
C	209	182	9	2
D	149	162	7	3
E	83	102	3	2
Others	78	93	1	-
Total	898	866	28	12

Old Age Psychiatry Service

Functional Mental Illness

This new service commenced in March '95 with the appointment of a consultant in Old Age Psychiatry. There are 6 beds designated in Unit 5B as a regional resource for elderly patients with a function mental illness with first onset over 65 yrs. The associated Dementia Care Services activity is dealt with in the Report on Elderly Care 1995.

Admissions

Sector	A	B	C	D	E	Other	Total
No. of Admissions	4	5	10	1		2	22

Admissions: Age Analysis

60-64	65-69	70-74	75-79	80-84	85-89	90-94	Total
1	3	5	6	4	2	1	22

Admissions: Diagnosis

Depressive Disorder	Dementia	Schizophrenia	Personality Disorder	Neuroses	Total
12	5	3	1	1	22

Admissions: Source of Referral

G.P.	Regional Hospital	Other Hospitals	Consultant Rooms	Unit 5B*	Family	Total
6	8	3	2	2	1	22

* Patients transferred from the General Psychiatric Services, Unit 5B to the Old Age Psychiatry Service, Unit 5B

Discharges

Sector	A	B	C	D	E	Other	Total
Discharged	4	4	10	1		2	21

Child & Adolescent Psychiatry Service

This data refers to young persons admitted to Unit 5B, Regional Hospital, Limerick. There is an urgent need to provide a dedicated unit for this care group, a cross-programme group is at present examining ways and means to provide an interim arrangement. A longterm solution is being considered in the context of the hospital development plan.

Admissions: By Sector

Sector	A	B	C	D	E	Other	Total
No. of Admissions	3	5	6	3		2	19

Admissions: Age Analysis

12yrs	13yrs	14yrs	15yrs	Total
1	6	1	11	19

Admissions: Diagnosis

Drug Dependence	Depressive Disorder	Personality Disorder	Schizophrenia	Neuroses	Total
8	4	3	2	2	19

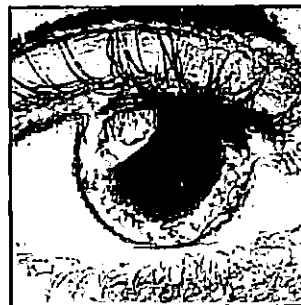
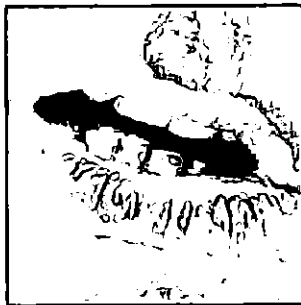
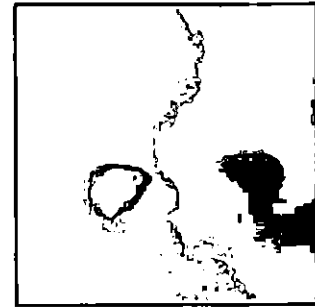
Admissions: Source of Referral

Regional Hospital	G.P.	Other Hospitals	Social Worker	Liaison Officer	Total
11	5	1	1	1	19

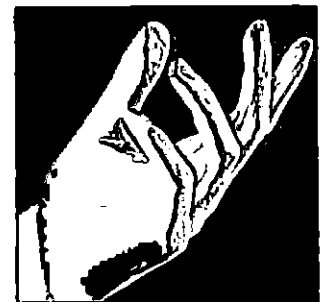
Discharges: By Sector

Sector	A	B	C	D	E	Other	Total
Discharged	3	5	5	3		2	18

Clare Mental *Health Service*



Part III Catchment Area Reports and Statistics



Clare Mental Health Service



Profile 1995

Community Services

Day Hospitals

Location Sector/Location	Sector	Places	Attenders	Attendances
Ennistymon	North	10	113	2,264
Shannon	South	12	114	2,086
Ennis	East	15	317	3,951
Kilrush	West	12	257	2,732
Total		49	801	11,033

Outpatient Clinics

Location	Sector	Clinics	Attenders	Attendances
Ennistymon	North	73	101	528
Shannon	South	119	160	522
Ennis	East	168	307	1,481
Kilrush	West	96	186	832
Total		456	754	3,363

Day Centres

Location	Places	Attenders	Attendances
Ennistymon Community Centre	10	18	2,077
Friary Hall Ennis	40	90	10,161
Kilrush Community Centre	10	58	4,012
Total	60	166	16,250

Community Workshops

Location	TRAINEES				Projects
	Level 1	Level 2	TOPS	Total	
Dulick E.C.	18	14	18	50	6
Teach Ború (Sheltered)	-	-	-	15	1
Kilrush Training Centre	5	-	2	7	1
Total	23	14	20	72	8

Community Residences

Status	Residences	Places	Residents
Low Support	7	35	30
Medium Support	5	39	34
High Support	1	20	18
Total	13	94	82

In-Patient Service at 31/12/1995

Our Lady's Hospital

Zones	Wards	Patients
Long Stay High Dependency	1	21
Long Stay Low Dependency	2	34
Medium Acute Unit	1	26
Mental Handicap	1	41
Psycho Geriatric	3	66
Rehab	1	22
Total	9	210

EXPENDITURE 1995	Pay	Non-Pay	Total
	£5.882m	£1.492m	£7.374m

Clare Mental Health Service

Community Services



1. North Sector

1.1

The headquarters for the North Sector is located at Ennistymon. A good quality service is provided here despite less than ideal accommodation. The priority for '96 is to establish improved Day Hospital facilities to meet the longterm needs of the sector. The multi-disciplinary team has made a number of suggestions regarding both design and sites for a new day hospital and day centre.

1.2 New Referrals

The dominant diagnosis of new referrals during '95 to this sector was depressive disorder followed by schizophrenia. In the re-referrals category the dominant diagnosis was again depressive disorder but followed this time by alcoholic disorder and schizophrenia. There were no new referrals with a diagnosis of alcoholic disorder. The majority of patients attending the day hospital suffered from depressive disorder and schizophrenia.

1.3 Clinics

More patients are seen in Our Lady's Hospital Out Patient Clinic (314) than at the Day Hospital in Ennistymon (214). This can be accounted for by the fact that people in the eastern part of the this Sector are nearer to Ennis than they are to Ennistymon. The Nursing Clinics in Miltown Malbay, Liscannor and Lisdoonvarna are also active. The Depot Clinics have been successful and have reduced the number of domiciliary visits that were previously demanded. New referrals to the clinic again point to depressive disorder and schizophrenia as the dominant diagnoses followed by alcoholic disorder.

The Attendances at the Day Centre averages 8 attenders each day approximately, and the total number of attenders was 18 which is exactly the same as it was in 1994.

2. South Sector

2.1

The Sector headquarters in this area is located in Shannon and forms part of Shannon Health Centre. A high support community residence provides accommodation for 20 people. Depression is the major diagnosis of people attending the day hospital and schizophrenia is the main diagnosis of in-patient admissions for the sector.

The multi-disciplinary team in this area have experienced difficulties in the placement of elderly patients who are confused and may need medium stay care. Lack of treatment facilities for teenagers with behavioural problems is another area which is causing concern to the team.

2.2 Future Developments

It is difficult for patients from the Killaloe area to attend the Day Hospital because of inadequate public transport. A day centre and monthly out-patient clinic in Killaloe would be a valuable asset to the area. There is a need in the Shannon area for a day centre which could cater for both community patients and patients resident in the community hostels.

3. East Sector

3.1

The Sector Headquarters for this area is Ennis Day Hospital located on the campus of Our Lady's Hospital. This is the largest of the Clare Sectors and has a very active Day Hospital, Day Centre and Sheltered Workshop in Teach Boru.

3.2 Referrals

Patients are referred to the Day Hospitals by their G.P.'s and as there is no waiting lists, are seen within 24 hours. Clinic appointments are seen within a week. Patients are reviewed at the Lodge, which to all intents and purposes, can be seen as part of the Day Hospital Complex as it has additional interview rooms which can be used by all medical, nursing and psychological staff.

The major diagnosis of the East Sector Day Hospital patients is depression followed by mania, schizophrenia, neuroses and organic psychoses.

The very strict Admission Policy was adhered to throughout the year. There has been a noticeable increase in persons presenting with drug dependence syndrome. There is also a significant increase in referrals of acutely ill patients, G.P.'s treat the simple depressions or alcohol problems but the more severely ill patients with long family histories are being referred to the Day Hospital.

Initiatives on the quality of community residences and the social functioning of residents were undertaken and the outcome has shown upgrading of these facilities towards the end of '95 which will be continued into '96.

Out-patient clinics are held in Ennis and Scariff.

3.3 Future Aims

Aims for the future would centre on the provision of an extra high support hostel, de-designation of the mental handicapped, improved and continued upgrading of the community facilities presently available to patients and continued monitoring of admissions with the aim of having more patients treated and assessed at the Day Hospital.

4. West Sector

4.1

The sector headquarters is located at Kiltrush. Out-patient Clinics are provided at Kiltrush, Kilkee and Ennis. There are three community residences in this sector and the day centre is located in temporary accommodation in the Community Centre. Negotiations to purchase property for use as a workshop, day centre and community residence were finalised in '95. It is planned that work will commence on developing this facility during the first half of '96.

77% of all patients admitted to the Day Hospital suffer from Schizophrenia and affective disorder i.e. those with severe mental illness rather than the "worried well". The numbers treated for alcohol related problems was low. Following the Quality Assurance/Policy Meeting on the 22nd September 1995 a working party on alcoholism was set up consisting of a nursing officer, occupational therapist, social worker and psychologist. To date the team have visited treatment centres for alcohol related problems in 5B: St. Anne's, Bushy Park, Clarecare and Naas. The Working Party hopes to correlate findings and publish these in 1996.

Efforts to transfer 10 patients to the old C.B.S. Monastery in Kilrush failed due to industrial relations difficulties. However, it is hoped that this situation will change in early '96. Planning permission has been sought for a residence in Ennis to relocate a group of 10 patients to the community.

4.2 Day Centre Facility

The Day centre facility has worked well during the year and has catered for an average of 16 clients per day. The Shannon Heights Horticultural Project is a great asset to the Day Centre. It is currently run by a Fas Employee who works closely with the nurse in charge of the day centre.

4.3 Resource Group

The two resource groups which have been in operation since 1986 continued. The VEC fund one employee to run the groups. These groups have been attended by 18 clients per week. This is an exercise in prevention of admissions both to Our Lady's Hospital and Kilrush Day Hospital. During 1995 only 1 person of the 19 who had attended the group had to be admitted to Kilrush Day Hospital and this was for a short duration (2 weeks). The appointment of the Mental Health Liaison Officer is a vital link in the success of these groups.

4.4 Mental Health Association

An active West Clare Mental Health Association continues in the area. During the year the Mental Health Association donated £5,000.00 towards the purchase of new transport facilities. Their priority is to work with the Health Board in relocating community patients to more suitable accommodation.

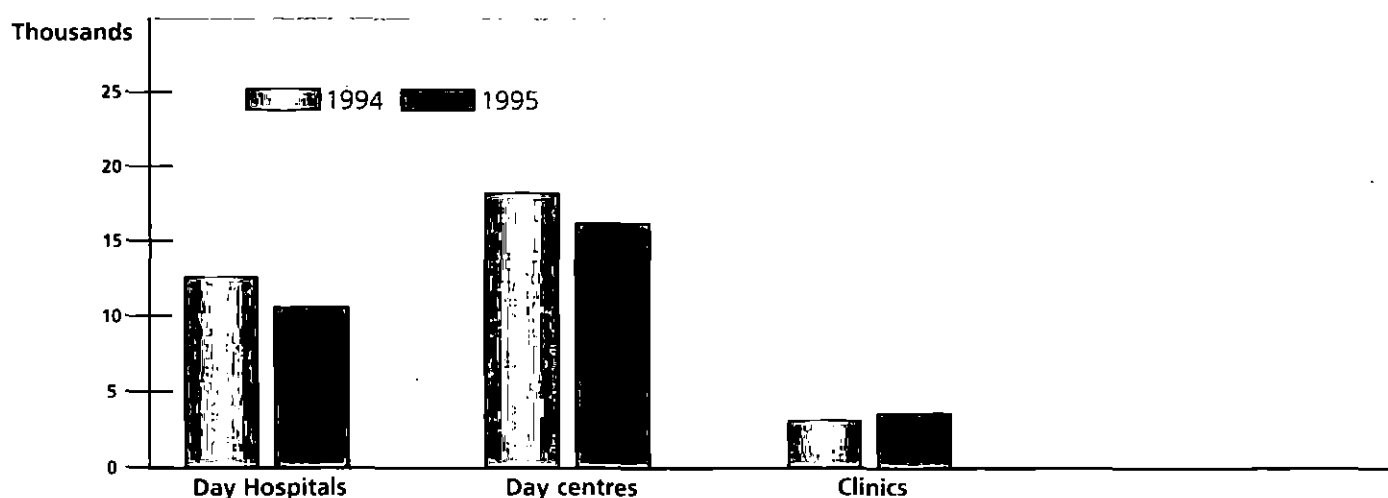
4.5 Research

A meeting was held with the general practitioners in the Sector and both the senior house officer and consultant psychiatrist gave a short presentation on the diagnosis of depression. To date the general practitioners have completed 120 Beck Inventory's on those attending their surgeries who have presented with depression. It is hoped to meet with the general practitioners when all assessments are completed to formulate a policy on the management of depression in general practice. It has been estimated that 50% of suicides never avail of psychiatric services and this is an effort to ascertain the level of hidden depression encountered by general practitioners.

4.6 Plans for 1996

The provision of a high support hostel in the area during 1996 and the transfer of day centre facilities to that high support complex is a priority.

Plans are well advanced to computerise all records in the sector during '96.

5. Overall Sector Activity *Figure 16*

Attendances at Day Hospitals and Day Centres in Clare reduced marginally from 12,557 and 18,119 to 11,033 and 16,250 in '94 and '95 respectively. Clinic attendances increased from 3,214 in '94 to 3,363 in '95.

Non Medical Services

6. Psychology Department**6.1**

During 1995 the Psychology Department continued to endorse the principles of the Board's Mission Statement and develop its own Quality Assurance Procedures. In particular, its emphasis focused on the needs of clients and professional bodies availing of the service by means of the promotion of health and in the treatment of illness.

6.2 Activities and Functions

The range of expertise demanded of the individual psychologists is multifaceted and exacting. Presenting problems are varied. In the main, the functions of the three Catchment Psychologists are based on assessment and treatment of problems referred to each by the respective multi-disciplinary teams. Treatment sessions concentrated mainly on younger clients who had not been in the service long. Problems addressed included post-natal depression, anxiety management, grief counselling, drug and alcohol dependency, sexual assault and depression.

6.3 Service Development

A regular out-patient clinic was established in the West Sector.

Quality Assurance was an important feature of the overall policy of the Day Hospital and the Psychology Department implemented its own Quality Assurance Policy for 1995.

The Psychology Department and the A.C.N.O. Community Services are currently examining assessment procedures for the community placement of persons with enduring mental illness. A report of the findings is due in '96

The Psychology Department was increasingly involved in extensive public lectures on suicide. This came about partly in response to the Mid-Western Health Board's concern regarding the apparent increase in suicide in the region.

A new Self Esteem/Personal Development Group was set-up at Ennis Day Hospital.

Closer liaison with Community Care in Shannon was established particularly regarding Child Sexual Abuse reporting. The Psychology Department has become increasingly more involved with Community Care in the area of case reviews and conferences.

In April, as part of the M.W.H.B.'s commitment to developing in-service training, the Values to Action Programme was initiated. All three psychologists from Clare participated in this programme which involved lengthy meetings and examination assessments.

In May, the Psychosocial Nursing Care of the Older Adult Course was initiated. This involved commitment from the three psychologists towards lecturing and supervision of the four participants on the course from Clare.

The department also ran ongoing groups for women in Clare who have been tested positive for the Hepatitis C. Virus in response to the Department of Health's commitment to rectifying the trauma experienced by these individuals.

6.4 Referral Sources

The picture for 1995 regarding the profile of referral sources was consistent with that of 1994, with the multi-disciplinary team being the primary source of referral to our service.

7. Social Work Department

Social Work is concerned with the interaction between people and their social environment and how this interaction affects the ability of people to accomplish their life tasks, alleviate distress and realise their aspirations and values.

7.1 New Referrals

The total number of new referrals to the Social Work Department during 1995 was 198. This number reflects the limited social work service presently provided but does not reflect on time, interventions and crisis intervention provided.

7.2 Service Development

Mid-Western Health Board/Schizophrenia Association of Ireland

Following discussions between the Schizophrenia Association of Ireland, the Mid-Western Health Board and the Mental Health Associations a pilot survey of respite care needs of carers/sufferers of schizophrenia was initiated in two sectors (East and South).

It became apparent during discussions that there was a need for a Social Club facility for service users in the community. Following receipt of a special grant of £10,000 from the Department of Health, it is hoped that this facility will commence, on a weekly basis initially, early in 1996.

7.3 The Child Care Act, 1991

The major portion of the Child Care Act came into operation during the year and brought resulting implications for all health services including adult psychiatric services. The raising of the age of children from 16 to 18 years in the Act (compared to the present age of 16 under the 1945 Mental Treatment Act) is an area requiring some caution and further consideration, as is the need to share "confidential" information with Community Care in Child Protection Cases. These should have major practice implications from now on. There is a clear need to have a Child and Adolescent Psychiatric Service covering the Clare Catchment area as soon as possible.

7.4 Child Abuse - Health Board/Gardaí Reporting Procedures

The Department of Health issued procedures during 1995 requiring Health Boards to report all known child abuse cases to the Gardaí. The implications on issues of disclosure by adults in therapy concerning abuse as children has raised considerable concern for all clinical staff and needs to be addressed urgently by all clinical teams. It may be appropriate that this issue should be discussed more closely with the Mental Health Services, Clare Community Care, Gardaí and the Health Board Legal Advisors.

7.5 Research

The "Where are they Now" Study by Dr. Susan Finnerty, Paul Guckian and Edward Lough was published and presented in 1995.

A proposal has been submitted to the M.W.H.B. to undertake a study to identify the perceived needs of both sufferers of schizophrenia and their carers/families in the Clare Catchment Area.

7.6 Plans/Needs for 1996

It is hoped that the Social Work Department will foster closer relationships with user groups such as SAI in developing further joint ventures. It is hoped that this will commence with a community based social club shortly.

The pending introduction of a new Mental Health Act will have major implications for the Clare Mental Health Services. The Social Work Department wishes to fully participate in any developments in this area.

8. Occupational Therapy Department

8.1 Introduction

Occupational Therapy is defined as the assessment and treatment through the specific use of selected activity. This is designed by the Occupational Therapist and undertaken by those who are temporarily or permanently disabled by physical or mental illness, by social or developmental problems. The purpose is to prevent the disability and to fulfill the person's need by achieving optimum function and independence in a work, social or domestic environment.

Occupational Therapy in the Clare Mental Health Services is part of an overall multi-disciplinary team approach as outlined in "Planning for the Future" and the Boards own document "A Better Way".

Occupational Therapists support and endorse the Department of Health's document "Shaping a Healthier Future", and the Mid-Western Health Board's Corporate Strategy which are influential in providing a framework for service provision.

8.2 Functions of the Occupational Therapy Department

The aim of Occupational Therapy is to achieve a realistic understanding of the individual and his/her capacity to cope with daily life by assessing the individual performance and the social and physical environment in which they live. The Occupational Therapist works through media and activities which relate to the clients individual values, interests and lifestyles in a variety of group or individual settings.

8.3 Referrals

All Occupational Therapists operate within the framework of multi-disciplinary teams (both sector and hospital functional teams). Referrals, in the main, are made via the multi-disciplinary team. They may also come directly from a consultant or from case conference. Written referrals are encouraged, particularly for the Admission Unit.

8.4 Community Psychiatric Services

The Occupational Therapy Department provides a service in all 4 Day Hospitals in the Clare Catchment Area.

The Occupational Therapist working in a Day Hospital provides assessment in the areas of work, domestic skills, communication skills and a variety of coping skills. Therapy includes training in these areas and exploration of personal issues via projective techniques or personal development groups. Training and education is provided in the areas of relaxation, time management lifestyle and health issues. The focus for the Occupational Therapist working in a Day Hospital is to help the client to equip themselves with the skills they need to function in their daily lives and to decrease the likelihood of relapse through the promotion of good mental and physical health.

The Occupational Therapy Service delivered in day centres focuses on providing activities to promote personal development, self awareness and increased self-esteem whilst at the same time developing leisure interests. Activities such as ceili dancing and carol singing have taken place. At Christmas a group of clients presented a one act play, which met with great response. Ongoing education regarding health and social issues also take place.

8.5 In-Patient Services

Occupational Therapy involvement in rehabilitation is both on a group and individual basis. Areas targeted include Community Living Skills, Social Skills, Domestic Hygiene, Literacy, Numeracy and Budgeting. Patients are assessed by both nurse and Occupational Therapist - using the Hall and Baker Assessment Scale.

Input in the psycho-geriatric wards is also on a group and individual basis for 2/3 sessions per week. Activities include reality orientation, reminiscence therapy, leisure activities, daily living skills, assessments and assessments for technical aids and appliances seating or splints. Occupational Therapy involvement also focuses on liaison with Rehab Staff in St. Joseph's Hospital, Ennis, and company representatives for technical aids.

In the acute Admission Unit intervention was on an individual to individual basis primarily. Each therapist received referrals from their respective sector teams. At the end of 1995, a multi-disciplinary team was formed in order to draw up a programme and have input into the Admissions Unit. The Occupational Therapy Department have committed themselves to participating in this team and in implementing a programme of groups on the ward. This commitment may affect occupational therapy input in other areas.

Occupational Therapy provide 2 sessions per week in St. Paul's Mental Handicap Unit. The therapist works with a specific selection of clients who have been identified for long term hostel placement in Kiltrush. The focus has been on assessment and training in key areas such as community living skills, safety awareness, basic money management, social skills etc. Due to delays and postponements, these clients did not move out, as planned. It is hoped that the High Support Hostel will open in 1996.

8.6 Future Priorities and Needs

The first priority for the Department is an ongoing aim to improve the quality of service. This may be achieved by improved procedures, such as referral and reporting systems. In 1996, the Occupational Therapy Department will be carrying out group work in the Admissions Unit.

The Department expect further demands on the services from both the Acute Admissions and Long Stay Wards. An increase in staffing is crucial if these needs are to be fulfilled.

Ongoing training and support in the computerisation process in order that all Occupational Therapists are inputting to PHC.

In view of the ongoing move to the community, the provision of community occupational therapists in Mental Health is an issue that will need to be addressed.

The Occupational Therapy Department hope that further developments can be made in the Community Services. The opening of the High Support Hostel in Kiltrush must be seen as a priority. Many valuable hours of occupational therapy time is taken up preparing people for discharge to these facilities. The provision of a day centre and medium support hostel in the South Clare Area must be viewed as a need for that sector.

9. Vocational Training Services

9.1 Training and Employment

A new exchequer funded Training Opportunities Programme (T.O.P.'s) was introduced in January 1995 for people who are suited to pre-vocational training with particular emphasis on social rehabilitation. Additional W.T.E. training places were not provided for this new programme.

During 1995 the biggest demand for Training Places were for the Level 1 and T.O.P.'s Programmes (*see table*).

W.T.E. Places 1995

	T.O.P.'s	Level 1	Level 2	Total
Allocated Places	18	13	20	51
Actual Places	20	24	11	55
Trainees at Year End	20	23	14	57

Eleven trainees received mainstream Certification during 1995. Six in the Horticulture Programme through Teagasc and five in the Office Procedures Programme through the R.S.A.

1995 was a very successful year for the Work Experience Programme with up to 100% placement being recorded in some of the training projects.

9.2 Catering

The Gallery Restaurant catered for 45,000 customers approximately resulting in sales of £147,000. The Restaurant which was opened in April 1989 was totally refurbished in December 1995.

The Training Programme has been affected by the pressure of production but a proposal is being considered to employ additional production staff which would make it possible to deliver quality training in line with C.E.R.T. standards.

In 1996 it is hoped to achieve the Quality Mark for the Catering Project. Catering supervisory staff have had discussions with the Environmental Health Department with a view to introducing H.A.C.C.P. Even though that H.A.C.C.P. is not yet required under law it would enable hygiene audits to be carried out in which hazards would be identified and controls put in place.

9.3 Horticulture

The Ennis Garden Centre had sales of £33,551 for 1995. The Centre employed a horticulturist with experience in garden centres in August 1995. She has proposed changes in layout and the type of stock carried which should result in increased sales.

It is planned to introduce a computerised sales and stock control system early in 1996 to enable easy monitoring of sales on a daily/weekly basis. It is also planned to provide a canopy in some of the outdoor sales area so that customers can be facilitated regardless of the weather conditions. Automatic ventilation will also be required for the production glass house and shop. This would improve the quality of produce as well as minimising losses in extreme climatic conditions.

The Training Programme is still being run in association with Teagasc with thirty people from the locality joining trainees every week for lectures. Six trainees received Certificates in Horticulture from Teagasc in 1995.

9.4 Office Procedures

The Office Procedures Training Programme which is associated both with the Ennis Business College and The Royal Society of Arts, London is one of the most popular areas for many young trainees referred to the Centre. Three trainees received Certificates in Computer Literacy and Information Technology and two received their National Vocational Qualification Certificates in Business Administration.

9.5 Other Units

- Hairdressing/Social Skills
- Woodwork
- Sewing

These units are concentrating on delivering the Skill Base and T.O.P.'S Training Programmes. The emphasis in these levels of training is on social rehabilitation.

The Certification/Standards Department of the N.R.B. have set up a joint pilot project with the woodwork section in which Modules of the Integrated Assessment System will be tested.

9.6 Horticulture Project Kilrush

Seven trainees are currently participating in the Horticulture Programme. It has not been possible to introduce mainstream certification as the existing facilities do not meet the required standard. However, now that a site has been secured in Kilrush construction work will begin on the new site in the first quarter of 1996.

The £150,000 E.R.D.F. funding allocated to the project will ensure that a modern facility will be provided in line with (SI/95) The Standard for Vocational Training.

9.7 E.R.D.F. Funding

The Dulick Enterprise Centre was approved in 1995 for £550,000 E.R.D.F. funding. The allocation will be used over a four year period (1996/99) to upgrade facilities that will enable the Centre to experiment in new programmes and techniques which in turn will facilitate trainee integration into the labour market.

9.8 Teach Ború

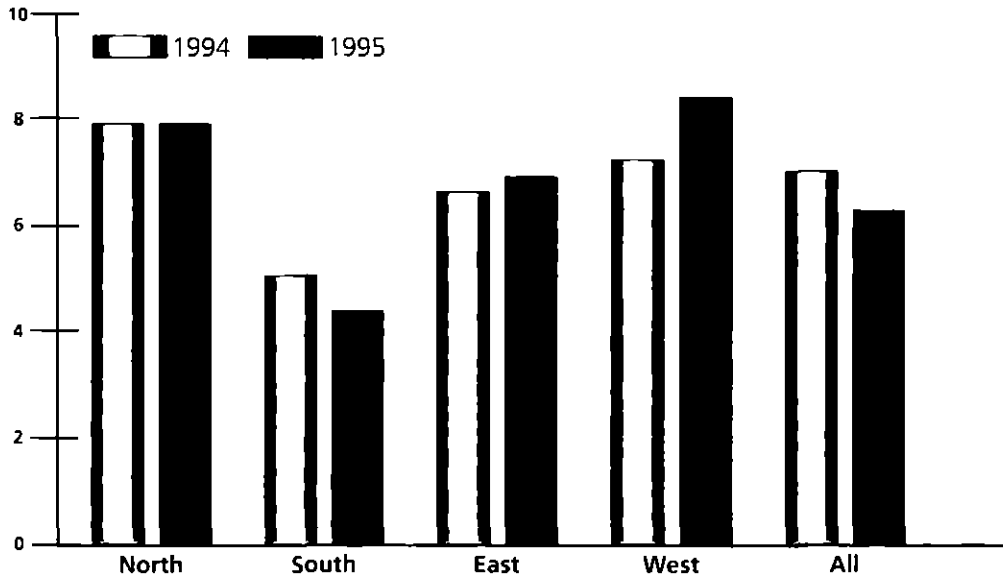
There are fifteen people attending the Sheltered Unit. The Supervisor has continued to forge links with industry both in Ennis and Shannon. Sub-contract work to the value of £8,700 was carried out at the Unit in 1995.

Teach Boru uses a mini-bus to transport the sub-contract work. However, as the mini-bus will be required more for transporting trainees into the community to enable them to complete some of the modules outlined in the Dulick Enterprise Centre T.P.S. consideration will have to be given to providing separate transport for the Sheltered Unit.

In-Patient Services



1. Admissions Per Sector: Rates per '000 *Figure 17*



The South Sector had the lowest admission rate per '000 at 4.2 and 5.1 for '95 and '94 respectively. The West Sector had the highest admission rate per '000 at 8.21 for '95 and 7.35 for '94. Admission rates in the East Sector increased from 6.64 to 6.79 in '94 and '95 respectively. The admission rate for the North Sector was unchanged at 7.79 for both '94 and '95. Overall the admission rate reduced slightly from 6.83 in '94 to 6.68 in '95.

2. Our Lady's Hospital

2.1 In-Patient Services

There were a total of 221 residents in Our Lady's Hospital at the end of 1995. This figure includes residents who were on pass and who are included for the first time.

The Acute Admission Unit continues to be located at Our Lady's Hospital. The Minister for Health has recently given the go ahead to draw up a planning brief for an acute psychiatric unit at Ennis General Hospital.

A written complaints procedure has been implemented and copies of the procedure was made available to all wards. Following this formal mechanisms for informing patients of their rights were put in place. As part of this process an information leaflet is made available to all patients on admission to hospital.

During the year the heating system at Our Lady's Hospital was converted to gas and will be fully operational from early 1996.

The roofs and gutters in the main Hospital were repaired and replaced where appropriate and the church was re-roofed.

The area adjacent to the out-patients clinic and Day Hospital on the grounds was resurfaced.

2.2 Mental Handicap

There are a total of 42 patients resident in the mental handicap unit in the Hospital. There is residential accommodation for 10 persons available at Kilrush. However, due to an industrial dispute the residential accommodation was not opened during 1995. The Board plans to provide a second community residence in Ennis during 1996.

2.3 Elderly Care

The Board entered into negotiations with the associations representing nursing staff during the past year to provide extended care and respite care for this group on the site at St. Joseph's Hospital, Ennis. This service will result in the transfer of some patients from Our Lady's Hospital.

2.4 Rehabilitation

Rehabilitation continues to be provided at two levels in the pre-discharge unit of 24 beds and the post discharge unit containing 12 beds.

2.5 Special Needs Unit

There are a total of 24 patients in this area. There is a requirement to provide a special needs unit for this group off campus which could serve the needs of the whole Mid-Western region.

2.6 Long Stay - Low Dependency

Two units in the long stay low dependency area were refurbished during 1995 and are now occupied by patients transferred from the other areas within the building. There are four units now closed in the main block of the Hospital. It is envisaged that the majority of patients in this dependency category will transfer to high support residential accommodation in Kilrush and Ennis as soon as it becomes available.

Clare Mental Health

Community Services

Day Hospitals

Year	Location/Sector	No. of Places	Attendances	Attendees		
				New	Return	Total
1994	Ennistymon	10	2,323	35	180	215
1995	North	10	2,264	42	71	113
1994	Shannon	12	2,313	43	41	84
1995	South	12	2,086	62	52	114
1994	Ennis	15	4,708	57	322	379
1995	East	15	3,951	43	274	317
1994	Kilrush	12	3,213	30	562	592
1995	West	12	2,732	27	230	257
Total	1994	49	12,557	165	1,105	1,270
	1995	49	11,033	174	627	801

Diagnosis: Day Hospital Attendees 1995

Sector	Organic/ Dementia	Schizophrenia	Other Psychoses	Depressive Disorder	Mania	Neuroses
North	-	27	2	42	7	12
South	-	24	-	25	-	61
East	2	31	-	113	9	132
West	-	92	1	52	22	34
Total	2	174	3	232	38	239
Sector	Personality Disorder	Alcoholic Disorder	Drug Dependence	Mental Handicap	Other	All Diagnoses
North	1	7	1	-	14	113
South	-	4	-	-	-	114
East	2	10	12	3	3	317
West	21	16	3	7	9	257
Total	24	37	16	10	26	801

Day Centres

Year	Sector/Location	Places Available	Attenders	Attendances	Daily Average
1994	NORTH	10	18	2,151	8
1995	Ennistymon Com. Centre	10	18	2,077	8
1994	EAST	40	96	10,287	40
1995	Fairy Hall, Ennis	40	90	10,161	39
1994	WEST	10	51	5,681	21
1995	Kilrush Com. Centre	10	58	4,012	15
1994	Total	60	165	18,119	69
1995		60	166	16,250	62

Clinics New and Review**Mental Health Out-Patient Clinic Activity y/e 31st December**

Year	Sector	Location	No. of Clinics	No. of Attenders	No. of Attendances		
					New	Return	Total
1994	North	Ennistymon	24	50	10	189	199
		Our Lady's Hospital	50	52	23	265	288
		TOTAL	74	102	33	454	487
1995	North	Ennistymon	23	42	12	202	214
		Our Lady's Hospital	50	59	17	297	314
		TOTAL	73	101	29	499	528
1994	South	Shannon Day Hospital	43	73	31	169	200
		Sixmilebridge	12	15	6	39	45
		Shannon Workshops	10	14	-	54	54
		Our Lady's Hospital	43	41	13	138	151
		TOTAL	108	143	50	400	450
		1995	South	Shannon Day Hospital	49	87	64
Sixmilebridge	12			15	10	38	48
Shannon Workshops	11			14	-	70	70
Our Lady's Hospital	47			44	30	124	154
TOTAL	119			160	104	418	522
1994	East			Our Lady's Hospital	131	195	80
		Scariff	11	21	7	82	89
		TOTAL	142	216	87	1,225	1,312
1995	East	Our Lady's Hospital	118	219	67	1,094	1,161
		Scariff	10	24	6	69	75
		Day Centre, Ennis	40	64	-	245	245
		TOTAL	168	307	73	1,408	1,481
1994	West	Kilrush D/Hospital	44	185	28	632	660
		Kilkee	10	25	3	95	98
		Our Lady's Hospital	47	56	7	200	207
		TOTAL	101	266	38	927	965
1995	West	Kilrush D/Hospital	47	122	23	540	563
		Kilkee	10	21	2	83	85
		Our Lady's Hospital	39	43	9	175	184
		TOTAL	96	186	34	798	832
1994	Overall Totals:		425	727	208	3,006	3,214
1995			456	754	240	3,123	3,363

Diagnosis: Clinic Attenders 1995

Sector	Organic/ Dementia	Schizophrenia	Other Psychoses	Depressive Disorder	Mania	Neuroses
North	-	39	-	34	10	1
South	-	48	-	52	-	35
East	3	32	-	67	9	151
West	1	76	-	55	13	22
Total	4	195	-	208	32	209
Sector	Personality Disorder	Alcoholic Disorder	Drug Dependence	Mental Handicap	Other	All Diagnoses
North	-	9	1	1	6	101
South	-	17	8	-	-	160
East	-	17	14	4	10	307
West	7	10	1	1	-	186
Total	7	53	24	6	16	754

Community Workshops

Year	Sector/Location	Trainees			Trainee Health Status					Total	Projects
		L.1	L.2	TOPS	M.I.	M.H.	P.H.	V.I.	H.I.		
1994	EAST Dulick Centre	36	12	-	14	23	11	-	-	48	6
	Teach Ború	10	-	-	9	1	-	-	-	10	1
1995		18	14	18	17	21	5	2	5	50	6
		-	-	-	14	1	-	-	-	15	1
1994	WEST	3	-	-	1	2	-	-	-	3	1
1995	Kilrush Training Centre	5	-	2	6	1	-	-	-	7	1
1994	TOTAL	49	12	-	24	26	11	-	-	61	8
1995		23	14	20	23	22	5	2	5	72	8

L.1: Level 1 L.2: Level 2

TOPS: Training Opportunities Programme M.I.: Mental Illness M.H. Mental Handicap

P.H.: Physical Handicap V.I.: Visually Impaired H.I.: Hearing Impaired

Community Residences

Sector	Location	Status	Places		Residents at 31/12		
			1994	1995	1994	1995	
North	Prague House, Ennistymon	Medium Support	7	7	6	6	
South	Delginish, Shannon	High Support	18+2 Respite Beds		19	18	
East	Mountain View	Medium Support	9	9	8	9	
Ennis	Ashfield Park	Medium Support	9	9	8	7	
	New Park	Medium Support	7	7	7	7	
	Corrovorin Grove	Low Support	5	5	5	4	
	Corrovorin Cres.	Low Support	5	5	5	4	
	Oak Park*	Low Support	5		5		
	Kincora Park	Low Support	5	5	5	5	
	Shannon Park	Low Support	5	5	5	4	
West	Mountain View	Low Support	5	5	3	5	
	Beech Park	Medium Support	7	7	6	5	
	Kilrush	Sycamore Drive	Low Support	4	4	4	2
	Shannon Heights	Low Support	6	6	6	6	
Total		1994	1995				
	Low Support	8	7	40	35	38	30
	Medium Support	5	5	39	39	35	34
	High Support	1	1	20	20	19	18
Overall Totals		14	13	99	94	92	82

* Closed 24/11/95

Non Medical Activity



Psychology Department

Sector	Assessments						Treatments						Groups	
	In-Patients		OPD		Day Hospital		In-Patients		OPD		Day Hospital			
	1994	1995	1994	1995	1994	1995	1994	1995	1994	1995	1994	1995	1994	1995
North	43	17	24	17	22	21	48	61	263	316	111	142	32	35
South	4	-	40	28	22	4	1	-	330	257	57	33	-	-
East	24	2	22	32	49	19	10	-	494	404	162	48	11	47
West	28	16	25	10	45	40	38	12	78	128	96	92	32	-
Total	99	35	111	87	138	84	97	73	1,165	1,105	426	315	75	82

Social Work Department

Sector	Referrals		Domiciliary Visits	
	1994	1995	1994	1995
North	8	19	6	7
South	18	19	15	12
East	83	98	89	75
West	101	62	41	43
Total	210	198	151	137

Source of Referral	No. Referred
Day Hospital/M.D.T.*	79
Admission Unit/M.D.T.*	21
Mental Health Professionals	55
Self/Family Referral	18
Statutory/Voluntary Agencies	25
Total	198

* Multi-disciplinary Team

Reason for Referral	No. Referred
Social Work Assessment	56
Family Intervention	32
Resource Networking	20
Childcare Issues	11
Income Support	21
Housing Accommodation Issues	27
Marital Difficulties	3
Family Law Issues	19
Other	9
Total	198

Occupational Therapy Department 1995

Sector	Patients Treated		Contacts		New Referrals	
	In-Patients	Out-Patients	In-Patients	Out-Patients	In-Patients	Out-Patients
North	184	344	223	107	29	14
South	51	143	50	177	10	26
East	182	619	111	162	21	92
West	420	169	389	214	32	93
Total	837	1,275	773	660	92	225

	In-Patient	Out-Patient
No. of Groups	209	577
Clients Seen	584	1,152
Attendances	1,556	4,138

Acute In-Patient Service

Admissions Unit

Admissions: By Sector

Sector	Total Admissions		1st Admissions		1st Admission as a % of Total Admissions	
	1994	1995	1994	1995	1994	1995
North	130	130	17	15	13.08%	11.54%
South	145	120	29	34	20.00%	28.33%
East	173	177	26	36	15.03%	20.33%
West	145	162	16	28	11.03%	17.28%
Others	28	19	18	11	64.29%	57.89%
Total	621	608	106	124	17.07%	20.39%

Admissions: Rate Per '000 by Sector

Sector	Population	Admissions		Rate Per '000	
		1994	1995	1994	1995
North	16,693	130	130	7.79	7.79
South	28,443	145	120	5.10	4.21
East	26,065	173	177	6.64	6.79
West	19,717	145	162	7.35	8.21
Others		28	19		
Total	90,918	621	608	6.83	6.68

Admissions: Legal Status

Year	Temporary		Voluntary		P.U.M.		Total
	M	F	M	F	M	F	
1994	28	22	315	235	18	3	621
1995	33	12	316	216	23	8	608

Admissions: Age Analysis

Year	<15	15-19	20-44	45-64	65-74	>75	All Ages
1994	1	7	315	219	63	16	621
1995	-	14	313	177	83	21	608

Admissions: Diagnosis

Year	Organic/ Dementia	Schizophrenia	Other Psychoses	Depressive Disorder	Mania	Neuroses
1994	8	141	6	99	120	36
1995	10	162	-	113	79	38
Year	Personality Disorder	Alcoholic Disorder	Drug Dependence	Mental Handicap	Other	All Diagnoses
1994	25	165	19	2	-	621
1995	21	146	21	7	11	608

Admission Unit: Usage

Sector	Beds Available		Average % Occupancy		Average Length of Stay*	
	1994	1995	1994	1995	1994	1995
North	8	8	158.97%	76.54%	33:06	18:31
South	8	8	64.55%	99.38%	14:77	14:00
East	8	8	102.74%	102.39%	15:45	15:10
West	8	8	111.54%	135.41%	20:87	25:27
Total	32	32	109.45%	103.43%	20:53	18:24

* This refers to the average number of days in the Admission Unit.

Discharges: By Sector

Sector	Discharges (Including Deaths)		Deaths	
	1994	1995	1994	1995
North	134	138	4	2
South	142	115	1	3
East	181	173	2	3
West	157	168	4	3
Others	30	18	-	-
Total	644	612	11	11

In-Patient Service

Our Lady's Hospital

Position at 31st December

Year	No. of Beds	No. of Wards	No. In Residence	Male(M) Female(F)
1994	222	9	213	137(M) 76(F)
1995	221	9	221	144(M) 77(F)

In-Patients: Legal Status at 31st December

Year	Temporary	Voluntary	P.U.M.	Total
1994	11	192	10	213
1995	5	202	14	221

New Longstay

No. Who Became New Longstay During The Year

Year	<65yrs	>65yrs	Total
1994	10	7	17
1995	8	3	11

In-Patients: Diagnosis

Year	Organic/ Dementia	Schizophrenia	Other Psychoses	Depressive Disorder	Mania	Neuroses
1994	6	106	2	12	16	3
1995	11	84	2	24	7	4
Year	Personality Disorder	Alcoholic Disorder	Drug Dependence	Mental Handicap	Other	All Diagnoses
1994	1	8	-	57	2	213
1995	-	9	25	54	1	221

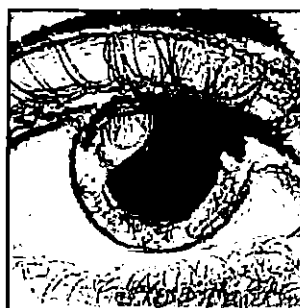
In-Patients: Age and Length of Stay at 31st December

Length of Stay		Age						All Ages	% of Hospital Population
		<15	15-19	20-44	45-64	65-74	>75		
<3 mths	1994	-	-	14	9	7	-	30	14:08%
	1995	-	2	10	9	5	4	30	13:58%
3-12 mths	1994	-	-	5	3	3	-	11	5:16%
	1995	-	-	4	9	4	3	20	9:05%
1-5 yrs	1994	-	-	8	11	7	5	31	14:55%
	1995	-	-	8	12	7	2	29	13:12%
>5 yrs	1994	-	-	25	61	23	32	141	66:20%
	1995	-	-	26	64	23	29	142	64:25%
All Lengths of Stay	1994	-	-	52	84	40	37	213	100%
	1995	-	2	48	94	39	38	221	100%
% of Hospital/ Unit Pop.	1994	-	-	24.41%	39.44%	18.78%	17.37%		100%
	1995	-	.90%	21.71%	42.53%	17.64%	17.19%		100%

Hospital Rehabilitation Services

Name	Year	No. of Residents at 31st December	Total No. who Resided in Rehab at 31st December	Average Length of Stay in Rehab Unit
Teach. Na. Belthe	1994	7	26	33 weeks
	1995	8	25	38.5 weeks

Tipperary (N.R.) *Mental Health Service*



Part III Catchment Area Reports and Statistics



Tipperary (N.R.) Profile 1995

Community Services

Day Hospitals

Location	Sector	Places	Attenders	Attendances
Thurles	3A	12	269	4,121
Nenagh	3B	10	182	2,176
Total		22	451	6,297

Out-Patients Clinics

Sector	Clinics	Attenders	Attendances
Thurles	124	357	1,789
Nenagh	129	259	1,667
Total	253	616	3,456

Day Centres

Location	Sector	Places	Attenders	Attendances
Thurles	3A	20	66	2,953
Nenagh	3B	3	25	456
Total		23	91	3,409

Expenditure 1995

Expenditure 1995	Pay	Non-Pay	Total
	£.387m	£.099m	£.486m

Tipperary (N.R.)

Mental Health Service



1. Introduction

In keeping with the Mental Health Service Mission Statement, the primary aim and purpose is to enhance the mental health and quality of life of people to whom services are addressed.

The recently published National Health Strategy, set out in a clear and distinct way the health agenda and the future direction of health services in this country. This strategy will continue to influence the health status of the people who are its focus, well into the twenty first century. The strategy's core principles of health and social gain identifies the philosophy and values of health promotion and illness prevention which are its driving force. The trend in health care as we move to the twenty first century will be clearly focused on "wellness" and the critical question then is to what extent do we as a mental health service buy into this "wellness" model.

All too often health service systems and health professionals proceed without listening to or engaging in dialogue with its user partners to influence healthier life options. A criticism which holds some validity, is that health professionals approach health in a highly individualistic and private way giving only token attention to the notion of being in partnership with those to whom it provides services, and of failing to recognise and influence family systems, the immediate environment, the school, the workplace the neighbourhood and the effect which society generally can have on health status. It is crucial that professional philosophies and service systems pay more than lip service to these key influences on "wellness". It is essential also that the person is seen in context, and as a psycho-biosocial "whole".

Respect for the person is one of the core principles underpinning all professional practice. Abelson (1977), viewed the term "Person" as a moral principle much like the moral term "good". Used in this way it follows that respect for the person is an important moral term inherent in all professional practice. This principle of respect is also related to principles such as Autonomy, Caring, Kindness and Justice. These principles are operationalised in professional practice in the way professional assistance is given, in the way people are treated and valued even though their own personal autonomy and ability to make choices and function independently may be impaired by their condition. Caring in this sense must be positive, it is about meeting the individual at their point of deficit, working with them, respecting their values and beliefs rather than imposing ones own. The health professional intervenes only when there is an inability of persons to provide continuously for themselves the amount and quality of required self care, because of situations related to their personal health (Orem).

These comments are made by way of setting down clearly the purpose and function of a mental health service endeavouring to respond appropriately to the issues effecting mental health and the changing mental health needs of people in North Tipperary.

2. Background

The strategy agreed in November 1987 between the Mid-Western Health Board, the South Eastern Health Board and endorsed by the Department of Health for the implementation of a phased transfer of the necessary resources to the Mid-Western Health Board for the provision of Mental Health Services in the Tipperary (N.R.) Catchment area progresses slower than was originally anticipated.

The transfer which was to occur in three phases, was to be complete by the year end '93. Considerable progress has been made in developing services to date, however it is clear that the strategic change over will require further funding by the Department of Health.

Community Services

3. Thurles Sector

3.1 Day Hospital

The Sector Day Hospital located at St. Mary's Health Centre opened in April 1990, and provides a service to a population of 27,535.

3.2 Addiction Counselling Service

The problem of alcoholism and drug addiction has featured significantly in the diagnostic profile and service activity for this sector area. In order to respond to the needs of this care group a member of the nursing staff was seconded in 1993 to the Hazelden endorsed training programme for Addiction Counsellors.

This staff member resumed duty as an Addiction Counsellor in the Thurles Sector of the North Tipperary Service in 1995. This service is very well received by both clients and general practitioners in the area. It would appear that the addition of this service in the sector has had a significant impact on the previous high reliance on the in-patient services by this care group.

3.3 Psychology Service

The Psychology Service in the Catchment Area was extended with the temporary appointment in November 1995 of a Basic Grade Clinical Psychologist from the Masters course in Clinical Specialisation in U.C.D. The addition to the sector team of a full time psychologist will help in reducing the present waiting list for Psychological Services.

Early in 1996 in response to local demand for the service, it is planned to extend the sectors' Psychology Services to the Roscrea Area. The sector Clinical Psychologist will attend at the Roscrea Health Centre on a once fortnightly basis. This development will have pilot status and will be reviewed appropriately throughout 1996.

3.4 Emerging Problems

Emerging problems in 1995 were the growing number of referrals of young males with problems relating to drug abuse, mood disturbance, suicidal behaviour and psychosis. Although this number is still relatively small, it could become a major problem if current trends continue. This client group require lengthy periods of hospitalisation and quickly relapse into drug taking behaviour after discharge.

Another emerging difficulty has been the increasing number of referrals of females in their teens who present with complex problems including sexual abuse and family dysfunction. Such presentations place a significant demand on the time and energy of professional staff.

3.5 Day Centre

The Mental Health Day Centre is also located in St. Mary's Health Centre which opened in May 1992. The Day Centre Service caters for those with enduring mental illness, and who require a supportive setting where particular needs in relation to activities of daily living are met. Emphasis is placed on promoting and maintaining living skills and independence.

Concentrating on those with enduring mental illness, the Day Centre Service allows for greater attention to the needs of this care group, it also allows the Day Hospital Service to cater for those presenting with more acute illness.

Sheltered employment opportunities for those attending at the day centre are being investigated with local firms, there may be some positive developments in this area in 1996.

3.6 Out-Reach Clinic

The out-reach review clinic operating from the Roscrea Health Centre continues to provide a more accessible service to those with enduring illness living in this part of the sector. All clinics in this sector are organised on an individual patient appointment basis.

3.7 Domiciliary Visits

A Psychiatric Nurse attached to the sector team is currently assigned to duties on the district as part of her overall responsibilities. She currently provides a home visiting service to those who for whatever reason are unable to attend at services provided in the Day Hospital or Day Centre.

A key worker approach supported by a managed care strategy is needed for this care group. Greater involvement by the General Practitioner is also recommended, this involvement would of course be supported by the assigned professional mental health worker from the team who would continue to provide appropriate support in partnership with other professionals. The possible value of nursing clinics is also under consideration for this care group.

3.8 Voluntary Organisations

The Schizophrenia Association of Ireland established a branch in Thurles in 1994. The group is co-ordinated by a Psychiatric Nurse from the sector service, it is now becoming more self reliant. This support group continues to provide a greatly valued service to the carers of those with Schizophrenia.

The Mental Health Association of Ireland established a branch of the association in Thurles in February 1995. A significant enterprise was facilitating client participation in the "Reflections Through Art" project run in association with Ireland's hosting the international conference of the Mental Health Association. This initiative was very successful, adding greatly to the self-esteem of those participating.

A community house has been secured by the association from the Urban District Council in conjunction with the statutory service. This house will become home for three service users currently living in poor housing conditions. The house share is an example of a service responding to those wider environmental and social issues which effect mental health.

GROW is also well established and continues to provide essential support to individuals accessing its services.

4. Nenagh Sector

4.1 Day Hospital

Sector services commenced in September 1991 with the appointment of a Psychiatric Nurse with an initial assignment to the Nenagh Sector. The ongoing commitment of the Sector to the continuation and development of a quality community based service has been enhanced with the appointment to the Day Hospital of a Nursing Officer, and the full-time appointment of a Clinical Psychologist. The availability of an Addiction Counsellor in Thurles to accept referrals from Nenagh has been a valued addition to services.

The Day Hospital is the locus of mental health services delivery in the sector. At present it provides a limited service to those with enduring illness and who have special support needs. As the elements of a comprehensive service are put in place the needs of this group will be better cared for.

4.2 Day Centre

As part of the comprehensive service network, the needs of those burdened with enduring illness and needing essential support services will need urgent attention. This client group is now solidly identified, some will in the future require access to long stay residential facilities. A current priority for this care group is the provision of a dedicated day service at a suitable location with access to appropriate services and facilities.

4.3 New and Review Clinics

New patient and review clinics have been considerably enhanced in 1995 and the service is now well organised and responsive to users needs. The outreach clinic established in the Newport area in 1994 is principally a review clinic and is much appreciated by those availing of the service and the referring General Practitioners in the area. New referrals from the area particularly those on an urgent basis are seen at one of the three weekly outpatient clinics at the Day Hospital. The psychiatric review clinic is supported by a Nursing Clinic which commenced in 1995 and runs fortnightly on alternate weeks.

Newport, sitting on the periphery of the Catchment Area presents with unexpected difficulties effecting mental health and provides many challenges to the mental health professional.

It is planned to develop an outreach psychology service in the Newport area once fortnightly. This development will be introduced early in 1996.

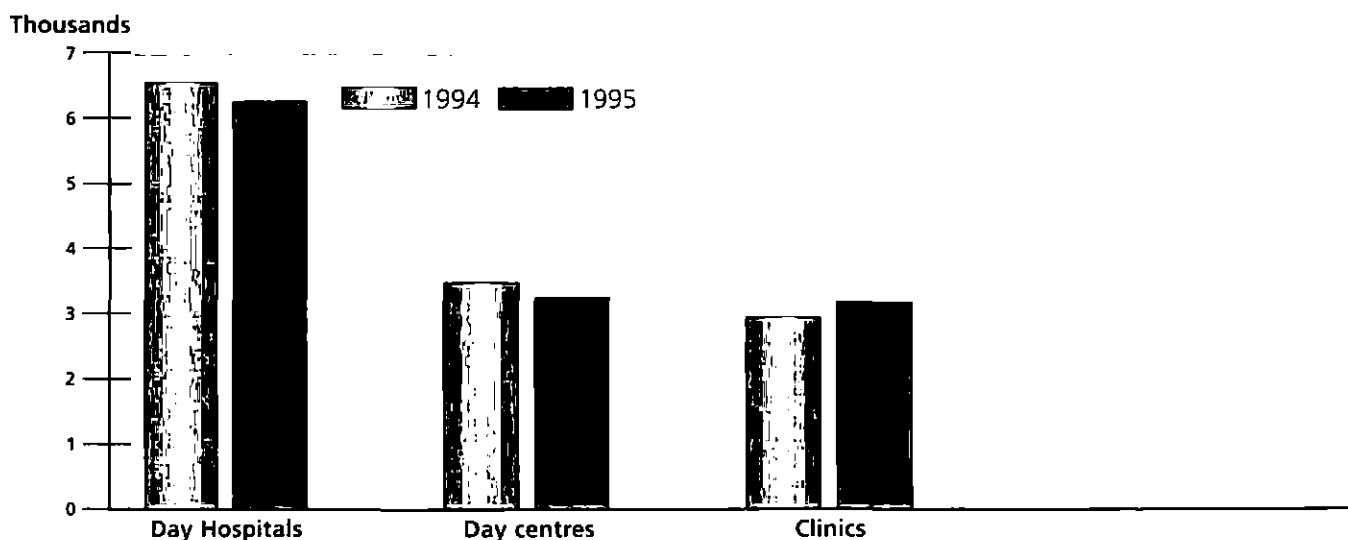
4.4 Developments

1995 saw many reviews and changes, included here was the introduction of the key worker concept. As already mentioned in the case of the Thurles Sector this approach is a recognised improvement in the delivery of a quality service. the approach needs to be further developed and this is our commitment.

The provision of a range of high and low support community residences at sector and catchment area level will be required to meet the accommodation needs of those presenting with functional and organic diagnosis. Such development needs careful planning at this point.

Linkages to training facilities and employment opportunities is facilitated through the appropriate statutory organisations.

5. Overall Sector Activity *Figure 18*

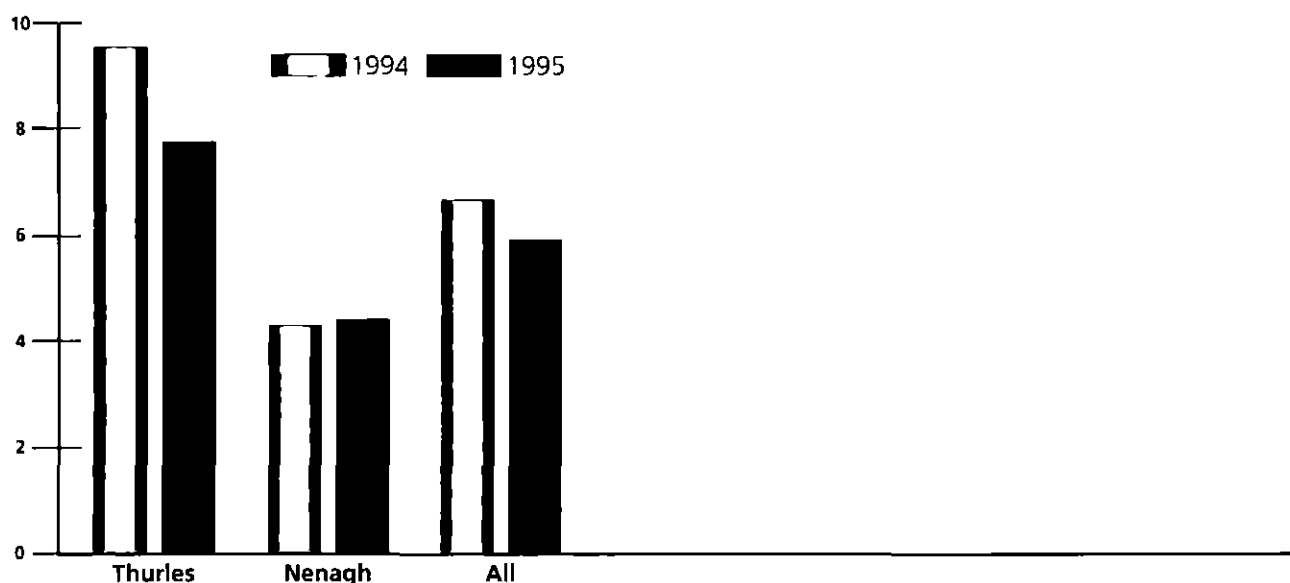


Attendances at Day Hospitals and Day Centres decreased minimally between '94 and '95 from 6418 to 6209 and 3530 to 3409 respectively. Total attendances at clinics increased from 2970 to 3456 between '94 and '95.

In-Patient Services



1. Admissions Per Sector: Rates per '000 *Figure 19*



There was a significant decrease in the inpatient admissions to St. Luke's Hospital, Clonmel from the Tipperary Catchment Area. The admission rate per '000 for the Thurles Sector decreased from 8.9 in '94 to 7.8 in '95. The admissions from the Nenagh Sector increased marginally bringing the admission rate per '000 from 4.2 in '94 to 4.3 in '95. Overall the admission rate for the Catchment Area reduced from 6.4 in '94 to 5.98 in '95.

2. Acute Unit - Nenagh General Hospital

A draft planning brief for the 20 bed acute in-patient treatment facility has been submitted to the Department of Health. The Department visited the Catchment Area in April 1994 and discussions took place on this project. The announcement in 1995 of the commitment of capital resources for this development is welcomed. The appointment of a firm of architects is awaited and it is anticipated that significant progress will be made throughout 1996.

It is imperative that the Catchment Area becomes independent of the South Eastern Health Board in providing for its own in-patient treatment needs. While strategic planning continues to focus around the provision of an acute treatment unit attached to Nenagh General Hospital, other community treatment models are being examined, and these alternative models will need careful consideration.

Tipperary (N.R.) Community Services



Day Hospitals

Year	Location	No. of Places	Attendances	Attendees		
				New	Return	Total
1994	Thurles	12	3,565	62	112	174
1995		12	4,121	142	127	269
1994	Nenagh	10	2,853	179	146	325
1995		10	2,176	65	117	182
Total	1994	22	6,418	241	258	499
	1995	22	6,297	207	244	451

Diagnosis: Day Hospital Attendees

Year	Organic/ Dementia	Schizophrenia	Other Psychoses	Depressive Disorder	Mania	Neuroses
1994	1	111	-	244	61	23
1995	1	101	-	210	54	60
Year	Personality Disorder	Alcoholic Disorder	Drug Dependence	Mental Handicap	Other	All Diagnoses
1994	1	57	1	-	-	499
1995	-	24	1	-	-	451

Day Centres

Year	Location	No. of Places	Attendees	Attendances		
				New	Return	Total
1994	Thurles	20	63	6	3,063	3,069
1995		20	66	-	2,953	2,953
1994	Nenagh	3	25	7	454	461
1995		3	25	-	456	456
Total	1994	23	88	13	3,517	3,530
	1995	23	91	-	3,409	3,409

Clinics

Mental Health Out-Patient Clinic Activity y/e 31st December

Year	Sector	Location	No. of Clinics	No. of Attenders	No. of Attendances		
					New	Return	Total
1994	Thurles	Day Hospital	99	311	127	1,441	1,586
		Roscrea	23	68	10	382	392
		TOTAL	122	379	137	1,823	1,978
1995	Thurles	Day Hospital	101	296	97	1,349	1446
		Roscrea	23	61	12	331	343
		TOTAL	124	357	109	1,680	1,789
1994	Nenagh	Tyone Day Hospital <i>(opened 14/7/94)</i>	25	89	22	327	349
		OPD General Hospital,	26	100	21	540	561
		Newport <i>(opened 28/2/94)</i>	11	17	7	75	82
		TOTAL	62	206	50	942	992
1995	Nenagh	Tyone Day Hospital	93	167	76	904	980
		OPD General Hospital,	24	72	18	562	580
		Newport	12	20	5	102	107
		TOTAL	129	259	99	1,568	1,667
1994	Overall Totals:		184	585	187	2,765	2,970
1995	Overall Totals:		253	616	208	3,248	3,456

Diagnosis: Out Patient Clinic Attenders

Year	Organic/ Dementia	Schizophrenia	Other Psychoses	Depressive Disorder	Mania	Neuroses
1994	3	176	-	202	105	63
1995	2	201	-	192	97	78
Year	Personality Disorder	Alcoholic Disorder	Drug Dependence	Mental Handicap	Other	All Diagnoses
1994	6	30	-	-	-	585
1995	8	38	-	-	-	618

Non-Medical Activity

Psychology Department

		Thurles*	Nenagh	Total
Clients	1994	46	33	79
	1995	62	45	107
Consultations	1994	266	238	504
	1995	369	388	757
D.N.A.	1995	52	49	101
Telephone Contacts	1995	50	63	113

* New Psychologist assigned to Thurles Sector - Commenced November '95 and has taken over the caseload.

Addiction Service 1995

	Thurles	Nenagh	Total
Clients	55	1	56
Consultations	728	13	741

In-Patient Services

St. Michaels Unit/ St. Luke's Hospital



Position at 31st December

Year	No. in Residence	Male(M)	Female(F)
1995	28	11(M)	17(F)

In-Patients: Legal Status at 31st December

Year	Temporary	Voluntary	P.U.M.	Total
1995	5	23	-	28

In-Patient: Diagnosis

Year	Organic/ Dementia	Schizophrenia	Other Psychoses	Depressive Disorder	Mania	Neuroses
1995	1	13	-	10	-	2

Year	Personality Disorder	Alcoholic Disorder	Drug Dependence	Mental Handicap	Other	All Diagnoses
1995	-	2	-	-	-	28

Admissions: By Sector

Sector	Total Admissions		1st Admissions		1st Admission as a % of Total Admissions	
	1994	1995	1994	1995	1994	1995
Thurles	244	216	58	41	23.77%	18.98%
Nenagh	126	130	34	25	26.98%	19.23%
Total	370	346	92	66	24.86%	19.07%

Admissions: Age Analysis

Year	<15	15-19	20-44	45-64	65-74	>75	All Ages
1995	-	-	121	167	48	10	346

Admission: Rate Per '000 by Sector

Sector	Population	Admissions		Rate Per '000	
		1994	1995	1994	1995
Thurles	27,535	244	216	8.86	7.84
Nenagh	30,294	126	130	4.16	4.29
Total	57,829	370	346	6.40	5.98

Admissions: Legal Status

Year	Temporary		Voluntary		P.U.M.		Total	
	1994	1995	1994	1995	1994	1995	1994	1995
Thurles	22	16	222	200	-	-	244	216
Nenagh	9	12	117	118	-	-	126	130
Total	31	28	339	318	-	-	370	346

Admissions: Diagnosis

Year	Organic/ Dementia	Schizophrenia	Other Psychoses	Depressive Disorder	Mania	Neuroses
1994	8	101	-	144	53	4
1995	7	98	-	106	48	24
Year	Personality Disorder	Alcoholic Disorder	Drug Dependence	Mental Handicap	Other	All Diagnoses
1994	2	55	-	2	1	370
1995	10	43	7	3	-	346

Discharges: By Sector

Year	Thurles	Nenagh	Total
1994	244	122	366
1995	208	124	332

Mental Health

Expenditure

Area	1994			1995		
	£ Pay	£ Non-Pay	£ Total	£ Pay	£ Non-Pay	£ Total
Limerick Mental Health Service	7.732m	2.002m	9.734m	8.128m	1.772m	9.900m
Clare Mental Health Service	6.052m	1.656m	7.708m	5.882m	1.492m	7.374m
Tipperary N.R. Mental Health Service	.257m	.146m	.403m	.387m	.099m	.486m
Total Expenditure	14.041m	3.804m	17.845m	14.397m	3.363m	17.76m

APPENDIX (1)

Notes:

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*Prepared by the REGIONAL DEVELOPMENT UNIT, SPECIAL HOSPITAL CARE,
in collaboration with SENIOR STAFF of the Programme.*