ST. ITA’S HOSPITAL

DEVELOPMENT OF FACILITIES OFF-SITE

- MENTAL HEALTH
- INTELLECTUAL DISABILITY

IN LINE WITH

THE

ST. ITA’S DEVELOPMENT CONTROL PLAN

18\textsuperscript{th} March, 2004
INTRODUCTION

At its meeting in February 2002 our Board approved a development control plan for the St Ita’s Campus - the plan proposed the development of alternative facilities off site for the

- Psychiatric Services (Appendix I)
- Intellectual Disability Services (St. Joseph’s) (Appendix II)

The attached outlines the community developments required to effect transfer of services off site and the strategic location of the new facilities.

An administrative / management base will be required to accommodate the needs of both services. It is not possible to determine the location of this base until a clear picture emerges on the Health Service Restructuring, the further integration of services in the community, the structures proposed to meet this development and the strategic location of management facilities.

While St Joseph’s service is an independent service for the intellectually disabled there is an anomaly in the status of the residents in as much as they are in care in a hospital designated under the Mental Health Treatment Act 1945.

We have been concerned for some time regarding the necessity to de-designate most of the St. Joseph’s facilities - however, the Mental Health Commission will require each intellectual disability facility nationally to be registered with the Mental Health Commission and this will bring the St. Joseph’s Service in line with service organisations both public and voluntary.
EXECUTIVE SUMMARY

REDEVELOPMENT OF ST. JOSEPH’S INTELLECTUAL DISABILITY SERVICE POPULATION BY LOCATION

<table>
<thead>
<tr>
<th>Location</th>
<th>Places</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Ita’s Campus</td>
<td>60</td>
</tr>
<tr>
<td>St. Brendan’s Campus</td>
<td>30</td>
</tr>
<tr>
<td>St. Joseph’s Raheny</td>
<td>40</td>
</tr>
<tr>
<td>St. Mary’s Phoenix Park</td>
<td>10</td>
</tr>
<tr>
<td>Lusk</td>
<td>10</td>
</tr>
<tr>
<td>Clonmethan</td>
<td>11</td>
</tr>
<tr>
<td>Community Housing</td>
<td>36</td>
</tr>
<tr>
<td>Partnership with Voluntary Agencies</td>
<td>14</td>
</tr>
<tr>
<td>Private Nursing Homes</td>
<td>16</td>
</tr>
<tr>
<td>Respite</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>237</strong></td>
</tr>
</tbody>
</table>

AREA 8 COMMUNITY BASED MENTAL HEALTH SERVICE INFRASTRUCTURAL REQUIREMENTS

DAY HOSPITALS
- Relocation of Coolock Day Hospital to new purpose built premises
- Extensive refurbishment of St Francis Day Hospital
- Provision of appropriate facilities for Balbriggan Day Hospital in proposed primary care centre (20 places)

DAY CENTRES
- Dedicate the Artane Mental Health Centre to Day Centre Services and expand the range of activities available
- Develop Day Care Centre in Swords with a range of appropriate activities in a premises to be identified

OUTPATIENT SERVICE
- Relocate the Killester Outpatient Service to new premises as part of a primary care development
- Relocate the Kilbarrack East catchment area team to Baldoyle, preferably as part of a primary care facility
- Relocate Darndale catchment area team to a suitable facility
- Establish day hospital/outpatient unit in Rush/Donabate to meet the growing need - preferably in a new primary care facility

REHABILITATION SERVICE
- Development of High Support Residence and Rehabilitation Day Centre - North County
- Development of Intensive Residential Rehabilitation Unit (15 places) based on “Core and Cluster” Model - St. Joseph’s Hospital

PSYCHIATRY OF OLD AGE
- Community based team headquarters and day hospital for the Psychiatry of Old Age Service
- 55 Bed - Residential Unit (challenging behaviour and frail mentally ill) - St. Joseph’s Hospital
- 6 Beds - Assessment Unit (pre-senile dementia) - St. Joseph’s Hospital - attached to above.

The background of each of the individual services is set out in Appendix I (Mental Health Services) and Appendix II (Intellectual Disability Service).

M. Windle, 18th March 2004
Chief Executive
Plan For The Continued Development Of Community Mental Health Services In Area 8 In The Context Of The Development Control Plan For St Ita’s Hospital Campus

INTRODUCTION

The adult mental health service aims to achieve the optimum level of mental health well being and quality of life for each individual within our Board. These aims are achieved through the provision of appropriate services responsive to patient’s needs.

In developing services for people with a mental health problems, our Board has moved from an institutional model of service delivery to a community based model, as envisaged by Planning for the Future (1984). The three principles on which Planning for the Future was based are the development of comprehensive community based services; the rehabilitation and resettlement of long-stay patients from institutional care to community living; and the transfer of acute psychiatric admissions from the major psychiatry institutions to psychiatric units in general hospitals.

PROGRESS TO DATE

The programme of deinstitutionalising long stay patients is now complete. Likewise consultant led multidisciplinary teams and support staff have been deployed at sector level in the community. Significant investment has been made in community infrastructure at strategic locations; further development is required in this area as well as an investment in staffing resources to meet existing needs and the needs of an expanding population.

Plans for the new acute unit at Beaumont Hospital to replace the acute facilities at St Ita’s Hospital are at an advanced stage and work is currently under way to finalise detailed project design preparatory to seeking Department of Health and Children approval to go to tender. This development includes 54 beds for adult psychiatry and 6 assessment beds for psychiatry of old age.

Our Board has adopted a Development Control Plan for the St. Ita’s Hospital campus to support the move of acute services to Beaumont Hospital. This plan envisages a range of complementary community facilities to augment the move to Beaumont Hospital and to meet the needs of users of our services. The future development of these facilities will take place off site.

Our Board plans to develop a 40-bed unit for elderly mentally ill service users with challenging behaviour on the campus of St Joseph’s Hospital Raheny. A smaller unit of 15 beds for frail elderly with assessed lower level of need will be developed attached to the 40 bed unit and provision will also be made in this complex for a 6 bed assessment unit for people with pre-senile dementia.

A total of 30 beds is required for extended active community rehabilitation. Our Board intends to develop a 15-bed unit on the St. Joseph’s Hospital Campus in Raheny and plans to identify a site for another 15-bed unit in the North County area.
In line with discussions ongoing with Fingal County Council regarding the provision of a site for a residential unit for elderly people in the Balbriggan area our Board plans to provide for a 15-bed unit for frail elderly with co-psychiatric morbidity at this complex.

The completion of these proposals together with similar proposals for the St Joseph’s Intellectual Disability Service will allow for the rationalisation of the St. Ita’s Hospital campus, and it’s disposal towards funding of community psychiatry and intellectual disability services in the first instance and other health related facilities as appropriate.

**CONTEXT FOR DEVELOPMENT OF COMMUNITY BASED SERVICES**

The 2002 Census shows an increase in population for the Area 8 of 10,500 overall. This consists of an increase of almost 15,000 in the North County area with some small decreases in population in the Killester, Coolock, Darndale and Kilbarrack areas.

Fingal County Council figures show that 7000 houses were completed in the Council’s area in 2003 representing 10% of the national total. Current indications are that this trend will continue into the foreseeable future with major population expansions being planned for Balbriggan, Lusk and Rush, Donabate and Baldoyle up to 2010. Dublin City Council is also preparing for major residential developments in the Baldoyle area with a total expansion of population in that area alone expected to be in the region of 30,000 in the coming decade. Our Board is working closely with both local authorities on assessing the implications of these development plans for the provision of health services and more accurate estimates of population expansion will be available later in the year.

Our Board engaged with the ERHA and the two Area Boards in developing a Strategic Framework for Mental Health in the course of 2003. The Framework identifies the major challenges facing mental health service development over the coming years and ways to address these. It proposes a tiered strategic service model for the continued development of appropriate services including the development and expansion of such initiatives as:

- early intervention
- home care
- crisis management services
- psychotherapy and psychological services
- peer advocacy services

In the development of mental health services our Board is guided by international and national best practice, the interface of our clinical staff, experience gained in localised pilot projects and ongoing changes in demography. The professional bodies, particularly the Irish College of Psychiatrists and An Bord Altranais develop policy papers on issues pertinent to the interests and professional development of their members, users of services and the general public.

Considerable work is needed to develop the full range of community mental health services in line with changing needs and the expectations of the public for an expanded range of high quality services. The service components required to enable our Board to offer a full range of assessment, treatment, rehabilitation and ongoing care to service users in their local communities are:

- Further enhancement of multidisciplinary teams
- A broad range of therapeutic interventions including psychotherapy
Day hospitals and day centres
A range of community accommodation options
Access to training and employment opportunities

COMMUNITY – BASED SERVICES
Dublin North East Psychiatric Catchment Area 8 serves the densely populated urban districts in the North Eastern city region, fast growing suburban centres in the North County and a small number of contracting rural communities. Community services are delivered through six distinct sectors.

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>POPULATION – 1996</th>
<th>POPULATION – 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Killester</td>
<td>24,624</td>
<td>24,211</td>
</tr>
<tr>
<td>Coolock/Darndale</td>
<td>25,289</td>
<td>24,230</td>
</tr>
<tr>
<td>Kilbarrack East</td>
<td>40,602</td>
<td>38,250</td>
</tr>
<tr>
<td>Kilbarrack West</td>
<td>31,946</td>
<td>31,940</td>
</tr>
<tr>
<td>Balbriggan</td>
<td>26,341</td>
<td>33,003</td>
</tr>
<tr>
<td>Swords</td>
<td>53,358</td>
<td>61,020</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>202,157</td>
<td>212,654</td>
</tr>
</tbody>
</table>

Consultant led multidisciplinary teams have been established in each sector and these need to be continually developed and strengthened to meet the demand for an ever widening range of services from an expanding population. Each team provides a range of services including outpatient clinics, stress management programmes, bereavement counselling, depot clinics, family support, health education and individual casework.

DAY HOSPITALS
Day hospitals are located in Raheny, Coolock and Swords and provide a range of acute services for patients. The current services are operated on a 9-5, five day basis and include individual assessment, counselling, family meetings, relaxation training, personal development, medication management, art therapy, arts and crafts and social activities. Some patients attending the Day Hospitals are acutely ill, others are diagnosed as severely mentally ill whilst others are perhaps inappropriately placed there because of the unavailability of other options.

Following discussions with the clinic teams in the day hospitals, there is a consensus regarding the need to provide more intensive support and follow up after hours as some patients continue to seek admission to the acute admission unit. It would be more appropriate to enable some patients where clinically determined to attend the day hospital for extended hours and to put strategies in place to enable them to continue living at home. A restructured service will provide the following:

- Comprehensive psychiatric interventions / treatment on a seven day twelve hour cycle to patients who have acute mental health problems and who are severely ill (sub acute) in a Day Hospital setting.
- Intensive treatment / interventions to patients who are acutely ill and severely ill and who are not actively a danger to themselves or others in a Day Hospital Setting.
- Intensive home based care to patients in specific circumstances.
- A crisis intervention service for the outpatient service and GP’s. This to include an immediate assessment of a patient in ‘crisis’ and referral to most appropriate service.
- A supervised detoxification programme for persons with alcohol problems who would ordinarily be treated in the acute psychiatric unit. This would include daily attendance for medication, review and support.
- Management of the implementation of ‘Clozaril’ medication. (This is currently being undertaken in the acute admission unit.)
- Robust medication management programmes and psycho-education programmes. This strategy has been shown to significantly increase compliance and consequently reduce relapse and the need for hospital admission.
- Family support, advice and education
- Facilitation of early discharge of patients from acute inpatient services.

<table>
<thead>
<tr>
<th>Service Development Description:</th>
<th>Reconfiguring day hospital services to provide 12 hour, 7 day range of services for people with acute mental health problem and who are severely mentally ill.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resource Details:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>A: Coolock Day Hospital</strong></td>
<td>Relocation of present service to new purpose built premises</td>
</tr>
<tr>
<td><strong>B: St Francis Day Hospital</strong></td>
<td>Extensive refurbishment of current premises</td>
</tr>
<tr>
<td><strong>C: Balbriggan Day Hospital</strong></td>
<td>Provision of appropriate facilities in health centre proposed for Balbriggan</td>
</tr>
</tbody>
</table>

**DAY CENTRE SERVICE**
Day centre facilities at Artane and Balbriggan provide intensive support for patients who have enduring mental health needs, many of whom are attending daily from local community accommodation. All the activities relate to the quality of daily living with an overall aim of improving the quality of life of patients.

At present the Day Centre Service in Artane shares premises with the Killester Outpatient Service. Space is at a premium and the divergent needs of the clients of these two services are often incompatible.
It is therefore proposed to develop the services as follows:

**Service Development Description:** Development of additional Day Centre facilities and services to provide places in line with recommended norms

**A:** Dedicate the Artane Mental Health Centre to Day Centre Services and expand the range of activities available

**Physical:** Refurbishment

**B:** Develop Day Care Centre in Swords with a range of appropriate activities

**Physical:** Suite of rooms to provide full range of day care activities in building to be identified

**OUTPATIENT SERVICE**

Killester outpatient services are curtailed from delivering a comprehensive outpatients service due to the physical capacity constraints in the health centre. A Dialectical Behaviour Therapy Group with developmental training has been established and is currently being facilitated on the premises. There is now a requirement to develop family therapy and offer alternative psychotherapeutic interventions. Some staff already have this skill set in line with ongoing personal and professional development of psychiatric nurses and other professions allied to medicine. In progressing this initiative, the team are already working successfully in partnership with the team in the Psychiatric Liaison Service in Beaumont particularly with the DBT.

**Service Development Proposal:** Relocate the Killester Outpatient Service to premises with dedicated space for the services required and provide a psychotherapy suite.

**Physical:** Suite of rooms to provide clinic space, waiting area, office accommodation and interview rooms

There are two psychiatric teams working out of Kilbarrack outpatient facility delivering a service to a catchment area of 70,000 approximately. Facilities are inadequate to meet the demands of the service. Outpatient attendances have grown from 1200 per year in 1984 to 6,500 a year in 2003. This level of usage means that it is not possible to facilitate the range of services to meet the specific needs of individual patients and groups of patients.

**Service Development Proposal:** Relocate the Kilbarrack East catchment area team to Baldoyle to dedicated premises, preferably as part of a new mental health centre facility.

**Physical:** Suite of rooms to provide clinic space, waiting area, office accommodation and interview rooms
The catchment team in Darndale is currently operating out of very cramped and inadequate premises. This service also requires the development of a dedicated facility.

**Service Development Proposal:** Relocate Darndale catchment area team to suitable facility

**Physical:** Suite of rooms to provide clinic space, waiting area, office accommodation and interview rooms

There has been a significant growth in the costal communities and hinterland of Lusk, Rush and Donabate in recent years and this trend is set to continue into the future. Accessibility to a local service is set to become an issue for growing numbers of service users who currently make a round trip of up to 26 miles from Rush to Balbriggan to avail of the nearest mental health service.

**Service Development Proposal:** Establish a new sector team in Rush/Donabate

**Physical:** Suite of rooms to provide clinic space, waiting area, office accommodation and interview rooms

**REHABILITATION SERVICES**

Rehabilitation psychiatry is now recognised as a specialist tertiary service. Since the government document “Planning for the Future” (1984) recommended the introduction of specialist rehabilitation services in Ireland there has been growing interest in establishing and developing specialist rehabilitation services throughout the country, with the awareness that rehabilitation has much to offer in meeting the needs of individuals with severe and enduring mental illness.

Rehabilitation is based on the concept of enhancing personal autonomy and enabling individuals with severe and enduring mental illness to adopt an appropriate social role and to lead a fulfilling life as possible. Rehabilitation relates to the prevention, reduction, elimination or control of illness related deficits and disablers of people with severe and enduring mental illness. There is an increasing emphasis on adaptation to live as normal a life as possible regardless of the disability, while at the same time recognising that the long-term disabilities associated with mental illness fluctuate. There is also recognition that the service should empower the families/informal carers of clients of the rehabilitation service with the knowledge skills and support necessary to assist them in their caring role and to minimise the stress associated with that role. Rehabilitation is about long term commitment to working with the individual and not about a transient service delivery. In addition there is a growth of emphasis on the shared partnership between the service user and the service provider exemplified by the “concept of recovery”. Recovery is an active process that the service user goes through to adapt to living with disability.

The core philosophy of rehabilitation is to provide individualised care programmes for patients and carers, based on identified need and implemented as much as possible in a non-institutionalised setting.
TARGET GROUPS
- All patients with a severe and enduring mental illness, who as a result of that illness, suffer from disabilities in their psychosocial adjustment, particularly in the areas of refractory symptoms, personal care, social skill.
- The families and carers of such patients.

SERVICE DELIVERY
- Development of a local community based rehabilitation service in Area 8 based in Kilrock House collaborating with both mainstream and specialist provider agencies such as the VEC, FAS, EVE Ltd and NTDI and also linked to a regional specialist rehabilitation centre based in the Grangegorman Campus which is to be developed as an integrated site for health and education facilities in partnership with the Dublin Institute of Technology.
- The establishment of true multidisciplinary teams which includes medical, nursing, social work, occupational therapy, psychology and other allied therapies, care assistant, domestic support and administrative support are essential components of the team.
- Assessment of needs and care plan.
- Provision of spectrum of therapeutic approaches, which include biological, social and psychological and alternative therapies.
- Establishment and implementation of models of community rehabilitation care such as assertive outreach and continuing care (require high staff to patient ratios 10:1).
- Provision of family education and support programme
- Interface with Sector services.
- Interface with other specialist services.
- Intensive rehabilitation residential units: “Core and Cluster Model”
- Provision of a range of supported community residential accommodation and independent residential accommodation such as single occupancy houses or flats.
- Provision of Vocational/Daytime Occupation
- Liaison with voluntary organisations such as Schizophrenia Ireland, MIND, GROW and Advocacy groups.

<table>
<thead>
<tr>
<th>Service Development Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of community rehabilitation team to provide services to people with enduring mental illness in the community</td>
</tr>
<tr>
<td><strong>Physical:</strong> Extensive refurbishment of Kilrock House headquarters</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Development Description: Development of High Support Residence and Rehabilitation Day Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical:</strong> Extensive refurbishment of Kilrock House</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Development Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of Intensive Residential Rehabilitation Unit based on “Core and Cluster” Model</td>
</tr>
<tr>
<td><strong>Physical Resource:</strong> Site to be identified</td>
</tr>
</tbody>
</table>
**PSYCHIATRY OF OLD AGE**
A new consultant led Psychiatry of Old Age service (located at Beaumont Hospital/St Ita's Hospital) came on stream in 2002. This team provides a community orientated service to people 65+. This service will have 6 assessments beds in the new acute facility in Beaumont Hospital when it comes on stream in 2005.

**Service Development Proposal:** To provide a community based team headquarters and day hospital for the Psychiatry of Old Age Service.

**Physical:** Suite of rooms to provide clinic space, waiting area, office accommodation and day hospital.

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**ADVOCACY SERVICES**
Advocacy has always been a feature of mental health services and operates at different levels and in variety of ways. In recent years there is a growing recognition of the need to develop the capacity of service users to advocate on their own behalf. The Irish Advocacy Network provides an opportunity for this among service users and it is expected that in 2004 the Network will be in a position to appoint a full time advocate to work with the mental health services in our Board.

**Service Development Proposal:** Facilitation of full time advocate interacting with patients and staff. Facilitation of provision by advocate of ongoing education, training and support to peer advocates to enable them to participate at all levels in service development, management and review.

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**SERVICE USERS FORUM**
A service user forum could be developed to provide a mechanism for service users to actively participate in addressing service delivery issues, to engage in service monitoring and evaluation and to contribute to the overall development of services.

**Service Development Proposal:** Establishment of a service user forum representing service users across the services provided to work out and operate within a terms of reference appropriate to such a group.

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**BEFRIENDING SERVICE**
Research highlights the social isolation experienced by many people with mental illness in the community. In particular people with psychiatric illness tend to have limited social contacts outside of the psychiatric professionals and fellow service users.

**Service Development Proposal:** Research the level of need for this service and current models of service delivery.
VOLUNTARY ORGANISATIONS
Many service users regularly access and benefit from services provided by voluntary service providers and our Board supports and works with a number of voluntary service providers in this regard.

Service Development Proposal: Establish a Board wide meeting twice a year of representatives of the statutory, voluntary and service user groups to exchange information on service delivery and development and discuss matters of common concern.

INFORMATION TECHNOLOGY
A modern community based mental health service requires an up to date information technology system to provide appropriate information and communications support to the service as well as facilitating activity tracking and full service audit.

Service Development Proposal: Development of hardware infrastructure across the service and installation of and training on appropriate software

Physical: I.T. hardware and software in all appropriate locations

ALLIED THERAPISTS
Across the service there is a growing demand for the provision of alternative therapies to assist service users in the treatment of their illnesses. The treatment of problem alcohol use is still a significant activity within the service and there are currently no alcohol counsellors available to the service. Other activities such as art and arts and crafts as well as art therapy, drama therapy and music therapy are proving very beneficial.

Service Development Proposal: Providing for the engagement of specialist therapists across the mental health services on a sessional basis.

Physical: Appropriate space designation for sessional therapists

CONCLUSION
Much of the work envisaged by Planning for the Future is now complete in respect of mental health services for Area 8. The plans for the transfer of acute in patient facilities from St Ita’s Hospital to Beaumont Hospital is at an advanced stage and planning for the development of a range of complementary community facilities to meet the needs of other high dependent patients has begun. These developments give an impetus to the development of plans for community based mental health services for the area.

The future development of community based services will need to take account of the significant expansion in population that has occurred in recent years and that is set to accelerate over the next decade. Changing needs and expectations and the emergence of a widening range of therapeutic interventions along with considerations of access and equity will all be contributing factors to the shape of these services. Against this background our Board has identified the physical infrastructure required to deliver these services and is committed to working towards the provision of this infrastructure to facilitate the development of comprehensive community based mental health services into the future.
APPENDIX II

Development Of Community Facilities For St. Joseph’s Intellectual Disability Services In The Context Of The Development Plan For St. Ita’s Hospital Campus

The development plan for the Intellectual Disability services at St. Ita’s Hospital was adopted by our Board in 2002 and it proposed that most of the residents would move off site into core and cluster developments. It is appropriate that the intellectual disability services currently provided at St. Ita’s should now be reviewed taking account of the following:

(i) Geographical Location
(ii) Client Need
(iii) Voluntary Agencies
(iv) Other Service Provision

This will enable relocation off campus in line with identified service needs and service provision in the future.

OTHER CONSIDERATIONS
1. The management structure of St. Joseph’s Intellectual Disability Services should be reviewed in the context of the strategic plan.

2. Responsibility in relation to rehabilitation/training/communalisation of services should be further examined.

3. Staffing – It is important that appropriate resources (including multidisciplinary teams) are put in place to ensure ongoing training and development for staff within the service.

4. Staff ceilings across disciplines should be clarified.

The number of residents on the campus in St. Joseph’s Service is 231 and can be broken down as follows:

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 16 to 19 years</td>
<td>0.43%</td>
</tr>
<tr>
<td>Age 20 to 44 years</td>
<td>36.79%</td>
</tr>
<tr>
<td>Age 45 to 64 years</td>
<td>36.36%</td>
</tr>
<tr>
<td>Age 65 to 74 years</td>
<td>20.34%</td>
</tr>
<tr>
<td>Over 75 years</td>
<td>6.49%</td>
</tr>
</tbody>
</table>

The client profile can be divided into three broad groupings.
1. Challenging Behaviour / Mental Health
2. Care of the Aged/High Dependency
3. Special Needs
1. **Challenging Behaviour / Mental Health (18/02/04)**

   Dunhaven (B Male) 13 residents  
   St. Fiachra’s 16 residents  
   Rushbrook House 15 residents  
   Failte 7 residents  
   Dun na Ri 20 residents  
   Total 71

2. **Care of the Aged/High Dependency (18/02/04)**

   La Vista (C Male) 20 residents  
   Tara (Unit H) 19 residents  
   Ashleigh (Unit J) 19 residents  
   Carriglea (C Female) 19 residents  
   Hillview (Unit 13) 20 residents  
   St. Clares (Unit 12) 18 residents  
   Total 115

3. **Special Needs (Ambulant Needing High Support) (18/02/04)**

   St. Vincent’s 8 residents  
   St. Joseph’s 18 residents  
   Wayside 3 residents  
   Fernlodge 7 residents  
   Total 36

**Special Needs/Severe/Profound/Physical and Intellectual Disability (18/02/04)**

   **Hadleigh Lodge 14 residents**
   Total 14

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*It is important to note the ageing profile of the residents and changing needs associated with same.

**The 14 residents presently receiving care in Hadleigh Lodge have a severe to profound intellectual disability coupled with severe physical deficits. Should this group of residents (14) be catered for off campus they will require a specific service developed to meet their needs or be accommodated by a specific service provider who can provide a tailor made programme of care.*

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**CHALLENGING BEHAVIOUR / MENTAL HEALTH**

The reorientation of the challenging behaviour service on campus must take account of the overall delivery of services to persons with challenging behaviour in the community. The multidisciplinary team (in the Central Support Office) should play an active role in meeting the needs of all of the clients who have challenging behaviour. A specific assessment/short term treatment facility should be established; this is a major deficit in our Board’s area at present.

The future needs of the clients (71) on campus who present with challenging behaviour should be met in the form of core and cluster developments which by their nature would provide a supportive living environment meeting future service needs. 36.9% of the present campus population fall between the ages of 20 and 44, the majority of whom exhibit challenging behaviour.

The recent purpose built developments - Hawthornes, Blackrock, Co. Dublin and Clonmethan Lodge meet the needs of 60 clients with challenging behaviour who transferred from the St. Joseph’s Campus. The clients have adapted very successfully to their new environment, having achieved significant health and social gain including the amelioration of their challenging behaviour. It is important that the further development of the programme should facilitate strategic development of facilities in our Board’s area so that the service will be accessible and responsive to emerging needs.
The management of these facilities should be operationally linked to the overall management of challenging behaviour within our Board’s area.

It will be necessary to build four core and cluster developments within our Board’s area to meet the above need. One development should cater for 60 clients (2 clusters on St. Ita’s Campus) similar to the Clonmethan model and a further two developments aiming for 30 clients in each. Day Services should be an integral part of these developments. The provision of day facilities will also provide access for clients in the community.

FAILTE

Failte, a group home on campus that caters for 7 residents who exhibit challenging behaviour as well as antisocial behaviour, will be incorporated into one of the core and cluster developments on the St. Ita’s campus. This is a “high profile” service requirement to deal with crisis cases arising from loss of institutional care.

The predicted future need would indicate that a service similar to Failte with 5 beds should be established. This future service should be on a core and cluster site; Clonmethan is considered to be a suitable location.

CARE OF THE AGED/HIGH SUPPORT

We have at present 115 clients on campus who will need to be catered for within the high dependency framework. In line with the census of 31/12/03, 66.19% of residents fall within the age limit of 45 years to greater than 75 years. The figures specifically break down as follows:

- 45 to 64 years of age 36.36%
- 65 to 74 years of age 20.34%
- Greater than 75 years of age 6.49%

The mortality rate for the year ending 31/12/03 stood at 3 residents. The previous years figure was 10. It is recognised that persons with an intellectual disability are now living into older age. However, we would anticipate that the attrition rate would continue over the course of the development period and it is estimated that client numbers will reduce by 15 within this group. The majority of our residents who fall within the 63.19% have high dependency needs, a smaller number are more ambulant and require high support (24 hour) but at a less intensive level.

It is proposed to meet this need by the provision of 5 small cluster units (10 places each) throughout our Board’s area; entering into contractual arrangements with private nursing homes for a further 16 places and the balance being accommodated in the core and cluster facility on St. Ita’s Campus. To meet the present needs of our residential base and to take account for future demands on the service from the wider community we should develop a care of the aged service with its own specific profile.

It is appropriate that the frail elderly with an intellectual disability should have equity of access to elderly residential services in line with the general population. In this context provision is being made for these services on sites where general elderly services are located or proposed as well as the contracting of nursing home places from the private sector.
SPECIAL NEEDS
A significant number of clients are assessed as being suitable to live in customised group homes in the community. Fingal County Council already provided 2 houses in Beaverstown which have been adapted in line with identified needs; Fingal County Council also propose allocating a further 4 houses in Balbriggan at a later stage. Additional places will be sourced directly by our Board or in partnership with the voluntary providers in our Board’s area.

RESPITE/HOME SUPPORT
The community support team should be augmented to include an appropriate skill mix which would mirror the principles of normalisation. Respite services should be managed and supported by identified resources i.e. residential houses (coordinated through the community support team).
REDEVELOPMENT OF ST. JOSEPH’S INTELLECTUAL DISABILITY SERVICE POPULATION BY LOCATION

<table>
<thead>
<tr>
<th>Site</th>
<th>Challenging Behav/Mental Health</th>
<th>Continuing Care/High Support (Elderly)</th>
<th>Special needs/ambulant</th>
<th>Special Needs</th>
<th>Respite</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Ita’s Campus</td>
<td>60</td>
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<td></td>
<td></td>
<td>60</td>
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<tr>
<td>St. Brendan’s Campus</td>
<td>20</td>
<td>10</td>
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<td></td>
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<td>30</td>
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<tr>
<td>Lusk</td>
<td>10</td>
<td></td>
<td></td>
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<td>10</td>
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<tr>
<td>St. Joseph’s Campus Raheny</td>
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<tr>
<td>St. Mary’s Phoenix Park</td>
<td>10</td>
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<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Clonmethan</td>
<td>6 assessment + 5 places</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Community Houses / ? Site</td>
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<td></td>
<td></td>
<td>36</td>
<td>10</td>
<td>46</td>
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<tr>
<td>Partnership with Voluntary Agencies</td>
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<td></td>
<td>14</td>
<td>14</td>
<td>28</td>
</tr>
<tr>
<td>Nursing Homes</td>
<td></td>
<td></td>
<td></td>
<td>16</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>111</strong></td>
<td><strong>66</strong></td>
<td><strong>36</strong></td>
<td><strong>14</strong></td>
<td><strong>10</strong></td>
<td><strong>237</strong></td>
</tr>
</tbody>
</table>

Present client population is 231 clients
Allowing for attrition 15 deaths – 216 to be accommodated
5 new beds in Forensic type unit (Failte II), 6 assessment places in Clonmethan and 10 respite beds = 237 places required

*Fingal County Council have already provided 2 houses in Beaverstown (8 places) and propose the provision of 4 further houses in Balbriggan (16 places)
Location for 20 further places to be nominated.