

NORTHERN AREA HEALTH BOARD

Report No: 3/2004

NORTHERN AREA HEALTH BOARD MENTAL HEALTH SERVICES 2003

INTRODUCTION

Services for people who are mentally ill in the Northern Area Health Board are provided both directly by our Board and in partnership with St. Vincent's Hospital, Fairview, the Mater Hospital and the voluntary and statutory sector. 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's area. This is achieved through the provision of appropriate services responsive to patient's needs and through the promotion of positive mental health.

1. MENTAL HEALTH SERVICE NEEDS

1.1 DEVELOPMENT OF MENTAL HEALTH SERVICES – CURRENT CONTEXT FOR PLANNING OF SERVICES

The 1984 Government policy document *Planning for the Future* was the key policy document underpinning services for people with a mental illness in the Northern Area Board. 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.

The strategic direction for mental health services in the Northern Area Health Board is underpinned by key policy documents and reports, including the 1984 Government policy document *Planning for the Future*, the former Eastern Health Board policy document, *Proposed development of a Community Based Adult Psychiatric Service (1986)* and *Psychiatric Services - Development Programme into the Next Millennium 1995* and the most recent document developed jointly by the three area Health Boards and ERHA *A Strategic Framework for Mental Health Services in the Eastern Region 2003 - 2010*. The main principles for the development of mental health services as set out in these documents included the following:-

- The development of comprehensive community-based services and teams.
- The rehabilitation and resettlement of long-stay patients from institutional care to community living.
- The transfer of acute psychiatric admissions from the major psychiatric institutions to psychiatric units in general hospitals.
- The development of a range of extended care / rehabilitation services.

- The development of an additional range of services for the homeless mentally ill.
- The development of specialist services for the disturbed mentally ill.
- Developing the links with primary care services to ensure better initial response and aftercare in the treatment of those with a mental illness
- Promoting positive mental health within the community

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. The interface of our Board's management and professional staff with the voluntary sector (Mental Health Association, AWARE, GROW, Schizophrenia Association, Samaritans, etc) as well as mental health advocates, is also a very good conduit in relation to ascertaining service need.

1.2. INSPECTOR OF MENTAL HOSPITALS

The development of services for people with a mental illness must take cognisance of the annual audit carried out by the Inspector of Mental Hospitals. Various reports of the Inspector have highlighted in particular the deficit in the community infrastructure in our mental health services.

1.3. ACUTE BED STUDY - "WE HAVE NO BEDS"

The psychiatric acute bed study *We have no beds* was commissioned by the DOH & C, in conjunction with the EHB in 1999. This study revealed a high occupancy rate for in-patient psychiatric beds some of which was inappropriate due primarily to a lack of appropriate community facilities and supports. The development of these supports is seen as a priority to enable comprehensive response to the issue of mental illness. Considerable work still needs to be done to address the conclusions of the particular report. See Appendix 1 for profile of length of stay 2003.

1.4. DEMOGRAPHICS

It has long been established that the incidence of mental illness is highest in the areas of severe deprivation. Of the twenty-five most deprived areas in the county identified under the Revitalising Areas by Planning, Investment and Development (RAPID) Programme, it is indicated that six areas with a population of 60,018 (Census 1996) are located in the NAHB. This represents over one-third of the national targeted population.

The Acute Bed Study *We have no beds* points out that considerable psychiatric morbidity can be expected in the areas of greatest deprivation, with

consequent increased demand on the psychiatric services in these areas. The Acute Bed Study found that Catchments Area 6 and Catchments Area 7 were ranked first and third highest with respect to the proportion of the population in the most deprived DEEDS by Community Care Area.

There is a strong tendency for people with psychotic disorders to be concentrated in inner cities. Social drift operates with people with severe mental illness migrating to inner cities areas.

In developing services for people with a mental illness, our Board has moved from an institutional model of service delivery to a community based model, as envisaged by *Planning for the Future (1984)*. Up to the mid 1980's, those suffering from a mental illness tended to be admitted to long stay institutions for treatment over a long period with continuing care being the outcome for a large number of patients. Since the mid 1980's, there has been large-scale relocation of psychiatric patients from the large institutions to community living. In addition new referrals to the service have been treated on a community-based pathway of care. This involves the reconfiguration of services within the hospitals:

- > the parallel transfer of resources to the community;
- > the setting up of Consultant-led psychiatric teams in each sector (30,000 pop. approx.);
- > the development of management teams in each catchment area;
- > the development of specialist teams - psychiatry of old age, rehabilitation, alcoholism, etc.;
- > the development of community infrastructure - day hospitals, day centres, community housing, vocational training & sheltered employment facilities.

See Appendix 2 for Bed / Occupancy in St. Brendan's and St. Ita's (Psychiatry) 1985 - 2003.

1.5 HOMELESS

There was a small decline in the overall number of persons presenting as homeless in 2003. Single people seeking support from the Board's Homeless unit continues to rise as is demonstrated in the following table:

Table 2 – Applications by single persons for services from Homeless Person's Unit.

<i>Year</i>	<i>Number</i>	<i>Variance</i>
2001	1846	
2002	2441	+32%
2003	2593	+6%

Conversely between 2002 and 2003 there has been a 46% decrease in the numbers of couples and families presenting. Anecdotal evidence would

suggest that increased supply in the housing market coupled with a levelling out in the cost of renting has helped this client group.

This is accompanied by a marked increase in demand for psychiatric services for this population. A person can drift into homelessness because of a particular life event. The small number of homeless persons with an overriding psychiatric illness should have equity of access to mainstream acute care, rehabilitation and community supports in keeping with the general population.

1.6 FORENSIC PSYCHIATRY

There is a significant growth in the numbers of people being resettled into hostel accommodation by the forensic psychiatry service at the Central Mental Hospital (CMH). This is in line with the CMH Development Plan in having a clear focus on its proactive response to the prison population and clients with acute mental health needs and community discharge as appropriate. Patients with a forensic history are being placed in homeless accommodation and while the CMH provides a three-month follow up service these patients retain their homeless status; this is leading to a capacity and skills deficit problem which need to be addressed in the community.

1.7 ASYLUM SEEKERS

This is a relatively new client group, which is placing a growing demand on services. In 2002 11,643 people sought asylum in the State but this number reduced in 2003 to 7,900 giving an average of approximately 600 applications a month.

The following table shows a continuing decline in applications in 2003.

Table 1 - No of persons making application for asylum – 2003.

<i>Quarter</i>	<i>No. of Applications</i>
1	2,818
2	1,932
3	1,912
4	1,238
Total	7,900

All asylum seekers are accommodated for their first weeks of residence in the formal reception centre in the Dublin area before being allocated to accommodation throughout the country. There are particular challenges in

providing services to this group because of language and cultural issues and the circumstances that prompted many of these clients to leave their country of origin. However, the cumulative number of applicants over the last 5 years, many of whom have settled in our Board's area, continues to put demands on services. There is, therefore, an ongoing need to develop services appropriate to the needs of this client group. Our Board has entered discussions with the Reception and Integration Agency about providing appropriate psychiatric services

1.8 HEALTH STRATEGY CONTEXT

In 2001 the Government published its Health Strategy- *Quality and Fairness – A Health System for you*. This Strategy had four principles –Equality, People-centeredness, Quality, and Accountability. The Strategy sets out the development of a new action programme for mental health. This programme aims to build on recent initiatives in mental health services and developing services in areas where gaps have been identified. In particular, its sets out key actions around a range of issues, which our Board is actively pursuing in 2003. These include:

- the implementation of the new Mental Health Act 2001;
- a review and up-date of *Planning for the Future*;
- development of further services
- development of programmes aimed at specific areas including suicide presentation, independent patients advocacy services, programmes to promote positive attitudes to mental health and specific services aimed at groups such as elderly and homeless people.

Our Board will continue to pursue, with the Eastern Regional Health Authority, the necessary capital and revenue resources required to respond to the needs of people presenting with mental illness, and also to ensure that our services are structured, managed, monitored and evaluated to meet those needs in line with best practice.

1.9 NEW LEGISLATIVE REQUIREMENTS

Mental Health Act 2001

The Mental Health Commission expects to have the remaining sections of the Mental Health Act 2001 enacted in 2004. The immediate implication of this enactment will be the establishment of the Mental Health Tribunals. We are currently undertaking work on the service requirements for our Board in the implementation of the Act and these will be substantial in both staff and other resources.

Criminal Law (Insanity) Bill

The enactment of this bill will empower the judiciary to direct people involved in the criminal justice system to approved mental health centres for assessment, care and treatment. The major concern from a health service perspective is that this could be done without reference to the receiving service

or to the adequacy of the services and facilities to cater for the particular needs of the clients so referred. Considerable additional resources will be required to implement the provisions of the legislation. Our Board was concerned that this legislation was drafted without due regard to the negative impact the implementation of the Bill would have on the delivery of mental health services and the consequences of this for current service users, carers and staff. Following submissions to the Department of Justice, Equality and Law Reform from various service providers and our Board we understand that this particular Bill is being redrafted.

Smoke Free Workplace

The implementation of the Public Health Tobacco Act 2003 will require the adoption of strategies within mental health services. Strategies include smoking cessation programmes, the provision of shelters in open spaces, the provision of special ventilation facilities, and measures to allow staff special breaks away from smoking environments and possibly the offer of regular health checks. Work is progressing on priority responses, as appropriate.

2. PROGRESS TO DATE

- 2.1 During the year a major programme of assessment and resettlement of psychiatric patients was carried out.

ST. BRENDAN'S HOSPITAL

- Approximately 30 patients transferred to long stay community facilities with some frail elderly transferring to nursing homes. This facilitated the closure of Unit 23A and freed up some blocked beds in the acute units 3A and 3B.
- Activity in the Assessment unit has been substantially reduced and some staff redeployed to other duties.
- 22 frail elderly patients were transferred to nursing homes in our Board's area. This facilitated the closure of a long stay unit in Cherry Orchard Hospital under the management of St. Brendan's Hospital.
- The clients attending the industrial therapy unit at St. Brendan's (55 places) were transferred to a purpose designed facility in the community under the management of EVE Ltd. This service is more appropriate to the needs of clients in that it is community based, more immediately accessible with high quality personalised programmes to meet individual needs and aspirations.

This has effectively reduced the capacity on the St. Brendan's site to a number of specialist services envisaged in the development plan. The main challenge now remaining is the development of the facilities as highlighted in the Brendan's Development Plan. The demand for these residential services requires a response in custom-built facilities. Providing these facilities is an urgent priority and in this context we will continue our dialogue with the ERHA and the DOH & C to ensure that this plan continues to be prioritised.

ST. ITA'S HOSPITAL

A programme was put in place to relocate elderly patients, whose primary requirements was for a high level of nursing care, to nursing homes. The main focus of this process was concentrated on the Reilly's Hill complex. In all over 50 patients were relocated from Reilly's Hill - Reilly's Hill is now closed.

In parallel with this development staff resources have been redeployed to provide additional staffing to the rehabilitation team for Area 8, and Kilrock House has been developed to provide 12 community rehabilitation places and day facilities with 25 places inclusive of those in residence. It will also serve as headquarters for the Consultant – led rehabilitation team. Staff were also assigned to community mental health teams - nursing, occupational therapy and psychology.

This has allowed a keener focus on the core psychiatric activities - community, acute care, rehabilitation and psychiatry of old age. This in effect means that St. Ita's has been re-engineered in line with national norms and can move into the purpose built mental health facilities proposed in the St. Ita's Development Plan adopted by our Board.

VERVILLE RETREAT

This facility was also closed in the course of the year (37 patients). Patients were assessed and arrangements made for their long-term care in line with the assessments in a new nursing home complex.

A total of 130 patients were relocated to more appropriate community-based facilities from our Board's mental health services.

- 2.2 Building of the new acute units at James Connolly Memorial Hospital is complete. In line with the hospital development this unit is now ready for commissioning. Our Board is in consultation with the ERHA and the DOH & C for the additional funding and staffing to commission the unit over and above what can be transferred from St. Brendan's and JCM with the closing of Unit 9.

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 planning permission has recently been secured for the development.

- 2.3 Control plans for the strategic development of St. Ita's Hospital campus and St. Brendan's Hospital Campus are in place.

- 2.4 Our Board continues to identify service developments in line with presenting needs and has applied for ongoing revenue for these developments including:
- Development of specialist rehabilitation, Liaison and old age psychiatry services.
 - Further development of the specialist homeless service.
 - Further development of community services including community housing, day facilities and day hospitals.
 - Suicide prevention response.
 - Development of advocacy services.
 - Partnership arrangements with voluntary organisations.
 - Upgrading of facilities.

3. GAPS IN SERVICE PROVISION

3.1 INSPECTOR OF MENTAL HOSPITALS REPORT

As referred to earlier, the transition from the institutional service to the community has been effected on a phased basis and facilities have been put in place in a strategic manner as opportunities arise in the property market. Our Board, in the main, serves an urban population and consequently, has had to make temporary arrangements in some areas in establishing a community facility pending building or acquiring the optimum facility. As a consequence the Inspector continuously reinforces the need for appropriate infrastructure in the community and on occasions highlights the unsuitability of premises.

Whilst the Inspector's comments and proposals are welcomed, they usually reflect the policies of our Board in relation to services development.

Likewise, the Inspector focuses on the need for deployment of additional staff, particularly in the community at multidisciplinary level. This is in line with our Board's own programme of service realignment and service bids to ERHA and the Department.

These themes have been reinforced in the recommendations of the Inspector in the 2002 report; he refers to the expansion of community services particularly staffing levels, the provision and refurbishment of facilities, the opening of the acute unit in JCM Hospital and developing plans for St. Ita's and St. Brendan's (Appendix 3).

Significant Reconfiguration

The Eastern Health Board and our Board, since its establishment, has been concentrating on shifting the locus of mental health services from institutional care towards community care with a corresponding shift in the allocation of resources. As services were discontinued in the institutions every effort has been made to transfer staffing and financial resources to community services. Because of our particular stage of transition and the necessity to maintain large institutional buildings a disproportionate share of the mental health budget is

required in the institutions. This requirement slows down the development of adequate community mental health services.

During 2003 our Board engaged in a major exercise to bring employment ceiling in line with Government policy and this resulted in the loss of posts across all services. The mental health service absorbed its share of the burden. In addition twenty-four new development posts for mental health services, approved prior to the implementation of the employment ceiling, cannot now be proceeded with. These adverse developments are taking place within a context of new and emerging demands in terms of increased population; ethnic mix; increased incidents of homelessness; client needs and legislative requirements. The re-engineering of services over the last two years will lead to the freeing up of 70 staff posts (approx.) - these posts will be rediverted as new service developments - acute unit, JCMH; homeless mentally ill; community housing; day hospitals and mental health centres, Blanchardstown and Finglas; further development of rehabilitation and multi-disciplinary teams.

3.2 ST. BRENDAN'S HOSPITAL CAMPUS DEVELOPMENT PLAN

A strategic plan was developed in 2001 led by the Department of An Taoiseach, and involving the DOH & C, the Department of Education and Science, our Board and ERHA, for the St. Brendan's site; this plan took on board the range of health facilities set out in the development of the health plan for the Grangegorman site adopted by our Board in 2001. The legislation for this - Grangegorman Development Agency Bill 2003 - is now nearing completion.

The services in St. Brendan's Hospital will be re-engineered in two phases. Phase 1 will involve the transfer of acute admissions to JCM Hospital, complete closure of unit 23 (20 places) and the reduction of patients on the site overall to 110. It will also involve the re-configuring of support services on site, catering, administration, grounds maintenance, transport, etc. This will allow the transfer of resources, mainly staffing, towards the opening of the acute unit at JCM; staffing of community facilities in Blanchardstown such as the new day hospital at Techport; augmenting community services.

Phase 11 will involve the implementation of the St. Brendan's Development Plan, which includes facilities for mental health on and off site as well as other health and social service facilities on site. This is detailed in Appendix 4, *Development of the Health Plan for the Grangegorman Site.*

Our Board proposals acknowledge that the mental health facilities, proposed on-site and off-site, are the immediate priority, and will be subject to consultation with the ERHA and the DOH & C with regard to phasing and the necessary funding.

The opening of the new acute unit at James Connolly Memorial Hospital will radically change the function of St. Brendan's Hospital within the spectrum of services remaining on the campus.

3.3 ST. ITA'S HOSPITAL DEVELOPMENT PLAN

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.

- 1 x 40 bed unit for elderly mentally ill with challenging behaviour on the site of St. Joseph's Hospital, Raheny.
- 2 x 15 bed community rehabilitation units at St. Joseph's Raheny and in a site yet to be identified in North County Dublin.
- 2 x 15 bed units for frail elderly with co-psychiatric morbidity at St. Joseph's and in Balbriggan.
- A range of community day hospital and day care facilities.
- A headquarters for the mental health and intellectual disability services.

Likewise it is proposed that the St. Joseph's Intellectual Disability Service on campus will be relocated to purpose built facilities at strategic locations in the community to accommodate the clients in the service and to meet emerging needs in the longer term thus improving the quality of service and access overall. The completion of these proposals will allow for the rationalisation of the St. Ita's Hospital campus.

4. PATHWAYS FOR FUTURE DEVELOPMENT

4.1 THE EXPERT GROUP ON MENTAL HEALTH POLICY

The DOH & C has established an expert committee to review mental health policy. The group is chaired by Professor Joyce O Connor of the National College of Ireland and has eighteen members drawn from the Department, the Mental Health Commission, a wide range of statutory and voluntary service providers, and user and carer organisations.

It is envisaged that in preparing a national policy framework to replace *Planning for the Future*, the committee will examine models of care; the respective roles of medication and complementary therapies; measures to reduce stigma; and psychiatric services for special groups - children, adolescents, homeless mentally ill and prisoners. The committee has received in the region of 140 submissions and is planning to engage in a series of consultation meetings countrywide to inform its work. It is tasked with reporting in June 2005.

4.2 MENTAL HEALTH COMMISSION

The Mental Health Commission was established in April 2002, appointed a Chief Executive Officer in December. The Commission proposes to introduce Mental Health Tribunals for those involuntarily detained in 2004 and discussions are underway nationally with Health Boards on this issue. The work of the Commission will also relate to benchmarking and monitoring standards (we can anticipate an increased level of activity from the Commission on the development of standards for mental health services during 2004). We are concerned with the number of patients which are being detained; we have a further concern relating to the costs associated with tribunals. We propose carrying out a retrospective audit of detentions with a view to determining whether we could overcome the need for detention in some instances and the resources required to undertake this development.

4.3 ERHA STRATEGIC FRAMEWORK

The ERHA in conjunction with the three Area Boards developed a Strategic Framework for Mental Health during 2003. Our Board engaged in a large-scale consultation with staff, service users and voluntary service providers in relation to the development of the Framework and participated fully in the process. The Framework identifies the major challenges facing the mental health service over the coming years and ways to address these. It proposes a tiered strategic service model and a plan for the implementation of the framework. Our Board welcomes the Framework and looks forward to working conjointly with ERHA and the other Area Boards as well as other stakeholders in the implementation of the Strategic Framework.

5. SERVICE ACTIVITY

5.1 NATIONAL

At a national level the Mental Health Research Division of the Health Research Board produces an annual report on activities in Irish Psychiatric services. The 2002 report was published in December 2003. A summary of this report is contained in Appendix 5. The three Area Health Boards in the ERHA region have the third lowest rate of admissions nationally and the lowest number of community residential places. Acute admissions in the East need to be further analysed in the context of homeless mentally ill admissions e.g. 50% of admissions to St. Brendan's are homeless patients.

5.2 NORTHERN AREA HEALTH BOARD

Key activity levels for the service as a whole are outlined below and reflect a decrease in the level of admissions to hospital in line with national and Board policy.

Services	Activity 2001	Activity 2002	Activity 2003
<i>Admissions to hospital</i>	2823	2524	2554 *
Per 1.000	5.2%	4.7%	4.8%
<i>Community Housing</i>			
High Support Residences	15	16	15
Medium Support Residences	12	9	10
Low Support Residences	10	11	9
Total No. of Residences	37	36	34
Total No. of Places	357	404	388
<i>Day Hospitals</i>			
No. of Places	145	145	145
Total Attendances	17658	16928	16.040
<i>Out-Patient Clinics</i>			
No of clinics held	2637	2436	
Total attendances	48963	47424	47427
<i>Day Centres</i>			
No. of Places	383	383	
Total no. of attendances	42633	40.460	44.704
<i>Eastern Vocational</i>			
Number of people using	246	278	

* Preliminary Figures

5.2.1 Community Accommodation

Since the establishment of the NAHB, the further development of community accommodation has been an important objective of our mental health service. This was funded by the ERHA directly; indirectly by the disposal and reinvestment of proceeds of assets, as well as local authority leases.

- Church Avenue, Blanchardstown - 5 places.
- Castlecurragh, Mulhuddart - 2 houses allocated by Fingal County Council - 6 places.
- Dunluce Road, Clontarf - 4 places.
- Lindsay House, Glasnevin - 6 places.
- Lispopple, Swords - 8 places.
- Balrothery, Balbriggan - 10 places.
- Rush - Beaverstown (1); Donabate (2) - allocated by Fingal County Council - 12 places.
- Navan Road, Swords - 8 places.
- Avondale House, Pinnock Hill - 10 places.

This involves reassigning 50 staff to these services.

5.2.2 Local Authorities and Housing Associations

Strategic alliances have been developed with Fingal County Council, HAIL Housing Association and Fingal Mental Health Association in relation to meeting the emerging community accommodation needs of people with a mental illness in addition to the above. These alliances will continue to be progressed. Fingal County Council have intimated that additional community housing will be made available to Voluntary Housing Associations in Balbriggan and Buzzardstown, Co Dublin.

5.2.3 Community Accommodation Refurbishments

Considerable refurbishment work has been carried out in the last three years to ensure that all community houses meet the necessary fire, health and safety standards and conforms to relevant regulations. In addition approximately €380k was spent on a major renovation of St. Elizabeth's Court, North Circular Road, and a further €100k was spent on Adelphi House, North Circular Road.

Further sums totalling €185k have been allocated in the current year for refurbishment of 102/3 Casino Park, Marino, further upgrading of Adelphi House as well as the commissioning of St. Catherine's, Rush.

5.2.4 Day Hospitals

Our Board is currently in the process of providing additional day hospital services in the Finglas and Blanchardstown sectors, as well as sector headquarters.

5.2.5 Out –Patient Services

Mater Sector

Funding was provided to the Mater Hospital to upgrade the Mental Health and Professorial Unit at 62/63 Eccles St.. Further developments are planned to facilitate the provision of day services on this site.

Our Board's policy is that frontline mental health service should be provided in conjunction with the full range of primary care services, in line with the Primary Care Strategy. In this context dedicated mental health facilities are included in the briefs of new primary care centres planned for Ballymun, North Inner City, Rathdown Road, Blanchardstown, and Balbriggan and will be a feature of all future briefs.

5.2.6 Homeless Psychiatric Services

Specialist Services

The aim of the homeless psychiatric programme is to develop and implement a comprehensive management programme for the homeless mentally ill, in collaboration with existing psychiatric services and other statutory and voluntary providers.

Catchment Area Services

There has been a considerable increase in demand for our Board's inner city mental health services, particularly the North Strand and Mater Sectors. In response to this demand, our Board provided additional medical and nursing expertise to these services in order to meet presenting needs.

Assessment of Need

Our Board, in co-operation with the Mater and St. Vincent's Hospital, Fairview is engaged in a review of the impact of homeless and non-nationals on mental health services in the North Inner City. This review will be published shortly and will inform the development of future services for homeless people

5.2.7 Rehabilitation Services

A multi disciplinary consultant led rehabilitation team was established in St. Brendan's Hospital in the late 1980's when upwards of 1000 patients resided on the campus. This team was highly successful over the years with the hospital now accommodating approximately 130 patients, mainly in special services.

In 2002 a consultant led rehabilitation team was established in St. Ita's Hospital. The focus of this team relates to rehabilitation programmes in the community. Our Boards next challenge is to establish consultant led rehabilitation teams in Areas 6 and 7. This development is a high priority so as to ensure that clients in the community are facilitated with personally tailored rehabilitation programmes to enable them to function at their maximum potential.

5.2.8 Vocational Training and Supported Employment

Eastern Vocational Enterprises Limited (E.V.E.) is a wholly owned subsidiary of ERHA which provides a rehabilitation network involving certified training, on the job training, and quality long term supported and sheltered employment for those with mental health and learning difficulties.

The organisation provides a range of vocational and psychosocial programmes funded by the Boards and FAS. Within the past year E.V.E. has transferred its training centre based in Coolock (Mahylock) to a new premises in Finglas and in the process provided additional training places for many of those attending the IT/OT centre at St. Brendan's Hospital.

The Mahylock Centre has now been redeveloped as a Clubhouse providing a service user centred programme of daytime activities, which includes personal support, personal development, social and community activities and employment opportunities. Another Clubhouse is currently being planned for Blanchardstown.

A new service is currently being planned in partnership with the National Training and Development Institute to provide a vocational training and rehabilitation service to people with mental health difficulties in Balbriggan.

5.2.9 Liaison Services

Dedicated liaison services are provided in partnership arrangements between our Board and Beaumont, the Mater and Rotunda Hospitals. Plans are at an advanced stage for the provision of dedicated liaison services to James Connolly Memorial Hospital.

5.2.10 Suicide Prevention

The Health Strategy 2001 identified suicide prevention as a key target area for action. The recommendations of the National Task Force on Suicide (1998) forms the template for our Board to respond to this sensitive issue. Since the establishment of our Board a number of initiatives have taken place in relation to suicide prevention.

A Mental Health Promotion/Suicide Resource Officer has been recruited. Support and funding has been provided for a number of community based listening services for people bereaved by suicide. The resource officer has consulted widely with education and youth representative bodies with regard to the operation of suicide awareness guidelines in schools. Training initiatives have been organised for healthcare professionals. A resource manual for mental health promotion and suicide prevention in third level institutions was produced as part of a collaborative project between the NAHB and Trinity College in 2002 and this was launched in 2003.

In addition to the above, a multi-disciplinary steering group has been established in our Board's area to oversee and co-ordinate responses. A directory of voluntary and statutory services, which provides support to

vulnerable persons, was launched in 2003. The group is currently engaged in the development of a strategy on suicide for our Board's area. A wide-ranging consultative process is nearing completion and the strategy will be launched in 2004.

5.2.11 Voluntary Organisations

The voluntary sector plays a key role in the provision of services to people with mental illness. Our Board is committed to further develop partnership arrangements with a range of voluntary organisations, and in particular to ensure that service users have a voice in the development of service provision. Since establishment our Board has supported:

- Schizophrenia Ireland - provide advice and support network - clients and families as well as advocacy services
- GROW - provide advice and support network - clients and families as well as advocacy services
- The Samaritans - provide crisis support network and helpline
- Marino Therapy Centre - provide counselling service and specialise in eating disorder

Our Board works conjointly with the SWAHB and the ECAHB in the development of advocacy initiatives in the region. Two training programmes for service users have been completed with the Irish Advocacy Network.

In parallel with this development, utilising funds secured from the Nursing and Midwifery Development Unit a module of the BSc Nursing Programme at Dublin City University has been devised to prepare nursing staff for the introduction of self and peer advocacy. This programme has been accredited by DCU and has been developed in association with ERHA, Mental Health Services Directors of Nursing and the Irish Advocacy Network.

5.2.12 Elderly Services

Psychiatry of Later Life

A new Consultant-led Psychiatry of Old Age Service (based at St. Ita's and Beaumont) came on stream in 2002. This service provides a community orientated outreach service to Community Care Area 8. This service will have 6 assessments beds in the new acute facility in Beaumont Hospital when it comes on stream in 2005. This service compliments the existing services in Area 6 and 7. It is important to highlight that the Area 6 and 7 service was developed in the late 1980's as a pilot project. The service was a quality service from the outset and has served as the benchmark for service developments in all health boards since then. In addition a plan for integrated services between adult psychiatry, general medicine for the elderly and the psychiatry of old age services in relation to non-acute residential services has been piloted across the North East city and county.

SUMMARY

Our Board has substantially completed the programme envisaged by *Planning for the Future*. Over the years the population of the psychiatric hospitals has decreased incrementally. This has facilitated the reconfiguration of services and the transfer of staff into a broad range of community based mental health services. Over the years a portfolio of community houses has been acquired to provide for the long and short term residential requirements of vulnerable patients. The development plans of St. Brendan's and St. Ita's campuses will make a significant contribution to the development of community mental health services in the years ahead.

The provision of mental health services continues to face significant challenges. Nationally the proportion of the health budget expended on mental health has declined from 10.7% of total non-capital expenditure (1990) to 8.9% (1999) - Value for Money Audit of the Irish Health System (Deloitte & Touche, 2001, p. 126).

Meanwhile the population of the east region rose by 156,089 between the 1991 census and the 2002 census, an increase of 11.1%.

A recent analysis of figures in the Report of the Inspector of Mental Hospitals shows that the ERHA area comes bottom of the health board league table in the number of beds, the number of hostel places, the numbers of nursing and non nursing staff per 10,000 population.

It comes third lowest in the number of day centre places while coming fourth out of eight in the number of day hospital places.

It is important to highlight that of the 23 RAPID Areas designated nationally, 6 are in the Northern Area Health Board. The increasing numbers of asylum seekers in the population are placing new demands on services and there is a growing requirement for the provision of forensic psychiatry services in the community. Evolving needs and the expectations of customers of higher standards in services along with a developing range of therapies and improved medical technology will place demands for continuing change on mental health service delivery. Our services will continue to operate in a flexible and innovation way in meeting challenges as they present, as well as improving standards of delivery overall.

M. Windle
Chief Executive

19th February 2004

APPENDICES

Appendix 1	Profile of Length of Stay 2003
Appendix 2	Bed / Occupancy in St. Brendan's and St. Ita's (Psychiatry) 1985 - 2003
Appendix 3	IMH Report Response 2002
Appendix 4	Development of the Health Plan for the Grangegorman Site
Appendix 5	2002 Activities of Irish Psychiatric Services