362.11

EASTERN HEALTH BOARD

RE-ORGANISATION OF ST. BRENDAN'S HOSPITAL

REPORT OF THE R.M.S./CHIEF PSYCHIATRIST

I.0 SCOPE OF THIS REPORT.

I.I In formulating Board policy for the development of the Community Mental Health Services, the Ad.Hoc Committee recognised the problems facing a large mental hospital such as St. Brendan's and made specific recommendations to deal with them.

I.2 This report outlines the existing situation and complex problems facing St. Brendan's and outlines proposals for the re-organisation of St. Brendan's in the context of the Board's policy to develop a comprehensive community based psychiatric service.

2.0 HISTORY OF ST. BRENDAN'S HOSPITAL.

2.I St. Brendan's Hospital today mainly exists in a series of older antiquated buildings which, apart from being increasingly difficult and uneconomic to maintain, are inherently unsuited in design and layout to meet the needs of a modern psychiatric service.

2.2 This complex of buildings began its life as a centralised institutional system of asylum care and psychiatric treatment in I8I4 as the Richmond Lunatic Asylum. Appendix "A" to this present report contains abstracts from a report recently prepared for the Board which documents some of the history of St. Brendan's Hospital thereby helping to put into perspective the problems facing it today.

3.0 RECENT BACKGROUND.

3.1 In elaborating this policy the Ad Hoc Committee and the Board explicitly recognised the existing deficiencies in accommodation and treatment facilities in many of the Board's institutions.

3.2 Apart from the perennially small size of the resources allocated to psychiatry compared with the remainder of the medical services, in adopting report IO/77 on St. Brendan's Hospital the Board recognised that these deficiencies had mainly originated in the recent world economic recession. The ensuing financial cutbacks had caused a virtual standstill in the development of alternative community psychiatric facilities proposed in the 1972 report, along with the postponement of necessary works of improvement in certain areas of St. Brendan's.

3.3 This left the hospital in a situation in which it was expected to deal with its usual case load from the three area teams, the overflow and unmanageable cases from other areas and the increasing pressure on beds from a growing population, against a background of deficiencies in accommodation made steadily worse by an accumulating backlog of maintenance and up-grading works.

3.4 Not-with standing the comprehensive development programme outlined by the Ad Hoc Committee all this left the Board open to criticism in the news media which was, in the event, manifestly uninformed, misrepresentative and lacking in perspective.

3.5 It could be fairly argued that the strains and pressures upon St. Brendan's, and hence the deficiencies, would have been greater were it not for the range of predominantly Community based Psychiatric Services which had already been provided over the past few years:-

20 Hostels and Group Homes
3 Rehabilitation Workshops
20 Day Hospitals/Day Centres
II Acute in-patient Units
3 Child Residential Units
7 Child Day Centres.

The efficacy of these alternative community-based services is indicated by the fact that the number of in-patients in St. Brendan's has dropped by over five hundred in the past twelve years - no mean achievement when contrasted against the population explosion which has been taking place over the same period.

4.0 BOARD POLICY.

4.1 The policy of the Board, as formulated in paragraph 3.1 of the Ad Hoc Committee March 1978 report, is

> "to develop a full range of facilities and services in each catchment area which, supported by certain central and specialised services, will

(i) provide a comprehensive community based psychiatric service

(ii) provide an acceptable common standard of care for all patients, and, as a consequence

(iii) enable the traditional large Mental Hospital to be scaled down and eventually phased out.

4.2 In elaborating this policy the Ad Hoc Committee and the Board explicitly recognised that

(i) a transitional period would exist between the building up of a comprehensive community psychiatric service and the scaling down and phasing out of the traditional large mental hospital.

(ii) effective provision had to be made for the maintenance of an acceptable level of care and accommodation for those patients remaining in large mental hospitals during this transition period.

4.3 To make effective provision for the maintenance of acceptable levels of patient care and accommodation in large mental hospitals during transition period, the Ad Hoc Committee recommended, and the Board agreed, that :-

(i) the proposed five year development programme should contain an annual capital provision specifically for maintenance and reconstruction works in the large mental hospitals such as St. Brendan's Hospital.

(ii) the Minister for Health be requested to give financial recognition to the existence of such a transition period.

4.4 If the Ad Hoc Committee's recommendations for an annual capital provision specifically for maintenance and reconstruction works in St. Brendan's Hospital is to be implemented, then, as the Board has already been informed by the Programme Manager, with arrears of maintenance that exist for reasons already indicated, a sum of £250,000 would be necessary this year, in addition to the annual capital provision of £165,000 already allocated for structural improvement works in 1979. The purpose for which this sum is required is outlined in Paragraph 16.

5.0 WORKLOAD STATISTICS.

5.1 Through its three psychiatric teams working from the hospital into their respective catchment areas, St. Brendan's serves a direct population in the region of 450,000 people. As it takes the overflow and unmanageable cases from most of the rest of the psychiatric service, indirectly it serves a notional population greatly in excess of this figure. In the year ending 31st March 1978 these three teams saw over 1,000 new out-patients and had a total out-patient attendance of over 41,000 visits. There is an admission rate of just under 3,000 patients annually with an approximate ratio of two readmissions to each first admission. The in-patient population of St. Brendan's at any one point in time then is approximately 1,100 - 1,150 patients divided into the following broad categories.

(i)	Acute and short-stay psychiatrically ill	225
(ii)	Disturbed psychiatric patients	100
(iii)	Long-stay chronically ill psychiatric patients	400
(iv)	The disturbed elderly, i.e. psycho-geriatric	350
(v)	Mentally Handicapped	50

5.2 It should be understood that, pending the proposed re-survey of the resident population in St. Brendan's, the numbers in these categories are approximate.

5.3 By far the most of the therapeutic activity generated by these numbers presenting to the three area teams could, and should, be carried out in facilities located in their respective catchment areas i.e. acute units operating on a 24 hours a day basis, out-patient clinics in the catchment area, acute treatment day hospitals, day centres, hostels and group homes etc. Unless and until these facilities are financially sanctioned and implemented, the pressures on St. Brendan's will continue to grow with a return to previous levels of over-crowding and deficient accommodation.

6.0 PROBLEMS FACING ST. BRENDAN'S.

6.1 By virtue of its historical development as a centralised institutional source of asylum care and psychiatric treatment, St. Brendan's Hospital has, over the years, acquired a particular resident patient population. A sizeable number of this population is not, strictly speaking, psychiatrically ill but includes the elderly, the mentally handicapped and a range of socially incompetent or unwanted people for whom other facilities are, as yet, lacking and for whom St. Brendan's has traditionally been a last refuge. For all these, and the psychiatrically ill, St. Brendan's has provided care and treatment in a legacy of antiquated buildings most of which are inappropriate to meet the requirements of a modern Psychiatric Service.

6.2 Recognising this history and legacy, recognising the particular categories of patients it caters for, and the fact that St. Brendan's is in a transition period between the decentralisation of psychiatric services from an institutional to a community basis, the particular problems facing St. Brendan's can be seen at the following levels (not necessarily in order of priority):-

(i) the control and reduction of inappropriate admissions of elderly people into St. Brendan's Hospital.

(ii) The provision of appropriate facilities for the elderly and mentally handicapped.

(iii) the control and reduction of inappropriate psychiatric admissions.

(iv) the provision of short term facilities for the disturbed psychiatric patient.

(v) the planning of longer term facilities for the disturbed psychiatric patient.

(vi) the control and reduction in numbers of long stay psychiatric patients.

(vii) the development of programmes of training and rehabilitation of long-stay patients for placement in work, day centres and community based residential facilities.

(viii) the provision of an adequate range of hostels, group homes, day centres, sheltered workshops to take these long-stay patients.

(ix) the provision of adequate programmes of treatment, social therapy, occupational therapy and other activities for all in-patients.

(x) the provision of adequate and appropriate programmes of maintenance and up-grading for patient occupied ward areas.

7.0 FUNCTIONAL REORGANISATION.

7.1 As a result of Board Policy, St. Brendan's is now in a transitional period in the decentralisation of psychiatric services from an institutional to a community based setting. In this period of transition it must maintain an acceptable standard of accommodation for its resident patient population.

7.2 Having regard to these facts and in order to allow the three area psychiatric teams operating from St. Brendan's to move more completely into their respective catchment areas and develop a community based psychiatric service in accordance with Board policy, I propose to carry out a functional re-organisation of St. Brendan's Hospital to make provision for adequate levels of patient care and accommodation during the transition period.

7.3 This re-organisation of St. Brendan's would be at the level of the problems identified in paragraph 6.2 of this report. In effect, as recommended by the Ad Hoc Committee, St. Brendan's would eventually be divided into two separate institutions - a Geriatric Hospital on the East side and St. Brendan's proper on the West side.

8.0 THE CARE OF THE ELDERLY - SHORT AND LONG TERM PROPOSALS.

8.1 The Psychiatric Service has traditionally in the past catered for elderly patients who became their responsibility because of the absence of more appropriate facilities in which to treat and manage these patients.

8.2 Accordingly the Ad Hoc Committee recognised that the problems of the Psychiatric Service, and especially St. Brendan's Hospital, could not be solved successfully unless there was a clearly articulated policy and development programme for the care of the aged.

8.3 It is understood that the Board is shortly to meet and up-date its policy on the enormous problems of the care of the aged, and also that there has been evolving as policy an approach which would require general hospitals to provide Geriatric Assessment Units and extended care beds as these hospitals are built.

8.4 In the light of this, proposals for dealing with the problems of the elderly facing St. Brendan's Hospital necessarily have to be both short term, which will cater for the actual problem as it exists on a day to day basis, and longer term as a result of planning based on policy for the care of the aged in so far as it affects the psychiatric service.

8.5 This report then outlines certain short term proposals based on the Lower House of St. Brendan's Hospital, which are already partly in train, and some medium term proposals of a holding nature pending the development, acceptance and implementation of longer term policy for the care of the aged.

8.6 In report 10/77 and the subsequent report of the Chief Psychiatrist in November 1977 to the Board, the Board in effect adopted proposals to develop a Department of Geriatric Psychiatry in the Lower House of St. Brendan's Hospital by establishing a forty bed admission and assessment unit for the psychiatrically disturbed elderly patient along with the other 400 beds in the Lower House as a medium and long-stay back up for this category of patient. One half of this admission-assessment unit is now completed and work is due to commence shortly on the other half. The decision to establish a Department of Geriatric Psychiatry has been shown to be well justified with an annual admission rate to St. Brendan's now approaching 400 elderly patients.

8.7 A post of Consultant Psychiatrist Geriatrician, at Clinical Director level, to head up this department has been submitted to An Comhairle. A copy of the application for this important post is enclosed for the information of Board members as considerable anxiety is felt about Comhairle's recent policy to the creation of posts of Consultant Psychiatrist.

8.8 Adjacent to the Lower House, in premises supplied by this Board, is the Geriatric Assessment Unit at present attached to St. Laurence's Hospital, with its team of Consultant Physicians in Geriatric Medicine. This Unit provides for the medical care of the elderly who are not psychiatrically disturbed.

8.9 With two such Units adjacent to each other, one of which is attached to St. Laurence's Hospital for the time being, the Board is in an exceedingly fortunate position in effect to have available to it a comprehensive Geriatric Service in the short term.

8.IO Negotiations are actively underway to formalise a reciprocal Consultant Service between the Department of Geriatric Psychiatry, Lower House and the Geriatric Assessment Unit whereby the Geriatric Assessment Unit would collaborate actively in the medical assessment and care of elderly patients presenting to the Admission and Assessment Unit of the Lower House. This has been agreed in principle subject to completing discussions between St. Laurence's Hospital, the Special Hospital and General Hospital Care Programmes.

8.II Ultimately then, subject to completion of legal technicalities which would have to allow for the involuntary admission of certain patients under the Mental Treatment Acts, and to necessary staff negotiations etc., St. Brendan's would then be poised for separation, as recommended by the Ad Hoc Committee, into two functionally separate hospitals. Until this separation is legally complete both the East and West side would remain for the time being under the continued direction of the R.M.S. - Chief Psychiatrist.

8.I2 Pending development of long term policy and planning for the care of the elderly, the Board should now consider making a formal request for the use of St. Laurence's Hospital premises on their vacation, if only as a holding operation, should that be necessary. In the mean time it is recommended that the Board, as part of the programme of active acquisition of hostels to relieve St. Brendan's, should try to buy a building suitable for the residential care of the elderly, i.e. a disused school or convent which could take from 50 to I00 patients. If such a building can be acquired, this would enable us to empty Unit A in the Lower House and to relocate a further 60-70 elderly patients still resident on the West Side of the Road. Such a development combined with the Hostel programme would more than take care of the excess patients to be dealt with when the disturbed patients are re-located to O, P, Q and R. The alternative, which would take longer, is to plan two purpose built units for the care of these elderly patients one on the North Side, and one on the South Side.

9.0 CONTROL OF PSYCHIATRIC ADMISSIONS.

9.I Once the separation of St. Brendan's into two separate parts has been achieved, the buildings on the West Side of the Road will constitute St. Brendan's proper and will be utilised for the treatment of psychiatric patients for some time. There are at present just over 6CO beds on the West Side of the Road.

9.2 It is proposed to establish and put into operation a IO bed overnight Assessment Centre and crisis intervention centre in the existing Assessment Unit on the West Side of St. Brendan's. All psychiatric patients presenting for admission to the West Side of the Road will be retained there until a decision is made as to whether admission to hospital is the appropriate action to be taken. The only exceptions to this procedure will be where the admission of a patient is arranged directly by one of the consultants of the psychiatric team working out of St. Brendan's. There will be a consultant appointed in charge of this IO bed Unit, responsible directly to the R.M.S. A letter will be circulated to all G.P.'s in the Eastern Health Board area who avail of the services in St. Brendan's, informing them of this new arrangement to avoid night admissions to St. Brendan's after 8.00 p.m., except in the case of emergencies. It should be stressed that all cases presenting to the Assessment Unit must be seen by a Doctor. The Assessment Centre will require to be fully staffed up. Much depends on the degree of success which will be achieved by this Unit in controlling admissions to St. Brendan's.

9.3 The vagrant and homeless person constitutes a definite problem presenting to St. Brendan's Hospital. A Ward is specifically allocated on an interim basis, for the management of these persons pending the implementation of Board Policy that appropriate support services be provided for the vagrant and homeless person in conjunction with the Community Care Programme. A further report on the nature of this service will be brought to the Board on completion of discussions with the Community Care Programme.

9.4 Once this Assessment Unit is operational patients admitted from it will be admitted, under a proposed re-organisation of functional Ward areas, to what will be designated as the new admission areas for all three

psychiatric teams pending the complete development in each catchment area of acute in-patient units operating on a 24 hours a day basis. The admission area will be Wards 3A, 3B, and Unit IO.

9.5 Considerable progress has been made in two of the three catchment areas served from St. Brendan's towards providing such acute units and revised plans have been submitted to the Department for a unit in the third area. According as these units open and become fully functional, the pressure on St. Brendan's will be drastically reduced.

IO.O CARE OF THE DISTURBED.

IO.I In paragraphs 6.3 to 6.5 inclusive of the Ad Hoc Committee's report, extensive recommendations are made on the care of the disturbed. The following short term arrangements for the care of the disturbed patient who cannot be managed in an open unit in St. Brendan's are outlined.

IO.2 The patients presently remaining in the O, P, Q and R block will be relocated in appropriate other facilities such as Hostels as they are acquired, or in other Wards in the East or West Side of St. Brendan's as are appropriate. According as the works of reconstruction proceed in Wards O, P, Q and R, the existing disturbed patients in 2, 7, and 8 will be transferred there.

IO.3 This is an interim short term solution until it becomes clear whether a closed ward in each new catchment area acute unit can be made available for the care and treatment of these patients or whether purpose built facilities must be planned for them in St. Brendan's or else where. The Ad Hoc Committee deferred making a decision on this issue until it became clear from the experience to be gained in Units O, P, Q and R which of the above two proposals was likely to be the most useful one. It is recommended that this Policy be reviewed by the Ad Hoc Committee and the Board about six months after Wards O, P, Q and R are occupied by disturbed patients on foot of a report of experience gained in that time.

II.0 THE CARE OF LONG STAY PSYCHIATRIC PATIENTS/ACQUISITION OF HOSTELS.

II.I It is proposed that an active programme of training and rehabilitation be developed forthwith for long stay psychiatric patients to enable placement in those residential facilities such as hostels, group homes, day centres and workshops to be acquired and developed under the active programme of acquisition of hostels commenced last year.

II.2 These programmes, training and rehabilitation and acquisition of hostels etc., are a vital part of gaining effective control of the numbers of long-stay psychiatric patients already in existence and equally important, in preventing the acquisition of new long-stay institutionalised patients.

II.3 A post of Consultant Psychiatrist for this Rehabilitation and Training Programme for long-stay patients in St. Brendan's Hospital has also been submitted to An Comhairle along with the request for a Consultant Psychiatrist Geriatrician. Members have a copy of this document.

II.4 A programme of acquisition of hostels to accommodate patients discharged from St. Brendan's last year is in the process of producing 50-60 places for such patients. It has already been proposed as a priority in the Ad Hoc Committee's development programme. It is vital to continue with this programme of acquisition of hostels with all possible urgency.

I2.0 REORGANISATION OF FUNCTIONAL WARD AREAS.

I2.I With the work actually in progress and with the re-organisations as proposed, the redesignation of functional areas is a necessary further step in establishing firm control over the direction of St. Brendan's Hospital during the transitional period.

I2.2 According as this work proceeds and patients are relocated within St. Brendan's proper, the East Side and in Hostels, the functional areas will be as follows:-

(i) The Assessment Centre.

Units 21, 22 and Unit 10

(iii) The Disturbed - from Units 2, 7, 8 to Units O, P, Q and R.

(iv) The long-stay psychiatric patient:- IABC, 23 and 23A.

I2.3 At the moment, of necessity, one finds acute admissions into long-stay wards and psychiatric patients on the East Side of the Road. There will continue to be some overlap such as this for the immediate future but accordingly as control is established over admissions, as hostels became available and as the Geriatric Hospital develops separately, these functional areas will become discrete.

I3.0 SCALING DOWN AND PHASING OUT OF ST. BRENDAN'S.

I3.1 As outlined in its present Development Programme, it is Board Policy to develop a comprehensive Community Mental Health Service which will provide an acceptable common standard of care for all patients and which will, as a consequence, enable traditional large Mental Hospitals such as St. Brendan's to be scaled down and phased out according as these alternative community based facilities become available.

I3.2 Therefore it will only be possible to consider a time scale for this process when resources are pledged to the implementation of the Development Programme for community based facilities with adequate provision for maintenance of acceptable levels of patient care and accommodation in the transition period.

I3.3 On the basis that these will be forthcoming, the proposed programme of phasing out old and unsuitable buildings in St. Brendan's Hospital is as follows:-

LOCATION	UNIT	APPROXIMATE BED NUMBERS
A: West Side		
(i)	2, 7, 8 and 4	(130)
(ii)	either 9,	(34)
	IABC,	(125)
	or 23 and 23A	(60)

B. East Side

(i) - Unit A (28)

(ii) - L, M, N. (78)

I3.4 Again it must be stressed that this, apart from 2, 7, 8 and A in the early future, is very tentative.

I4.0 STAFF CONSULTATION AND TRAINING: POLICY.

I4.I STAFF CONSULTATION.

I4.I.I By virtue of the short time scale necessitated in the preparation of this preliminary report on St. Brendan's Hospital, it has not been possible to engage in consultation to ascertain staff views to a degree that I would consider as adequate. Therefore this report should be regarded as an initial interim report on the re-organisation of St. Brendan's Hospital consequent on the Board's Policy for the development of a Community Psychiatric Service as outlined in the Ad Hoc Committee's Report and Development Programme.

I4.I.2 It will be necessary to submit a further interim report on the progress of this re-organisation as well as an annual report on St. Brendan's Hospital as recommended by the Ad Hoc Committee. It is intended to discuss with staff the on-going implications of this re-organisation and, through some mechanism such as strengthening or extending the scope of the existing Executive Committee, to establish an effective liaison and advisory channel between various staff groupings and the R.M.S. This will enable me as R.M.S. and Chief Psychiatrist to identify and take account of the views of staff generally in the management and direction of St. Brendan's Hospital during this transition period.

I4.I.3 Further to the comments in paragraph I3 on the scaling down and phasing out of St. Brendan's Hospital, it is recommended that the Board again repeat the reassurances given in the Ad Hoc Committee's Report that there will be no redundancies consequent on scaling down and that adequate training programmes will be introduced.

I4.2 TRAINING PROGRAMME.

I4.2.I It is the policy of the Board, as outlined in the Ad Hoc Committee's report that the Board should provide an adequate and on-going Porgramme of Education and Training for staff in the Special Hospital Care Programme.

I4.2.2 As this is one of the functions envisaged for the Professorial Unit in collaboration with the Research and Development Unit and the Psychiatric Service generally, I propose to engage in further discussions with psychiatric staff generally to ascertain the specific requirements of St. Brendan's Hospital for such programmes of Training and Education as are necessary in the transition period ahead.

I5.0 MEDICAL ADMINISTRATION.

I5.I In setting up services for the elderly, the disturbed and the long-stay patient with a new assessment centre and admission policy each under the direction of a specific consultant responsible directly to me as R.M.S., I have commenced a re-organisation of St. Brendan's for the transitional period ahead which, as intimated in paragraph I4.I, I intend to supervise closely and directly as R.M.S.

I5.2 Given the other demands as my time as Chief Psychiatrist, and given the considerable task which the direction and control of St. Brendan's in a transition period represents, it will be necessary to appoint an Assistant R.M.S. to assist in this task. This person will be chosen from among the Consultant Psychiatrists of the Eastern Health Board.

I6.0 MAINTENANCE AND UPGRADING.

I6.I As outlined in paragraphs 3.I, 3.2, 3.3, and 4.4 of this report, a substantial backlog of maintenance works have accumulated recently for which, on the advice of the Programme Manager, an additional sum of £250,000 is being sought over and above the annual capital provision of £I65,000 already allocated for structural improvement works in I979.

I6.2 It is proposed that, as already requested by the Programme Manager, the Board now request the Minister to provide this additional sum of £250,000 by way of special grant.

I6.3 It must be clearly understood that the purpose for which this sum is required, and the extend to which it can reach financially, is to do no more than bring patient occupied areas up to an acceptable level of accommodation in respect of painting, furnishings, flooring, curtains, and such personal comforts as television sets etc.

I6.4 This sum does not cater for major works of reconstruction which would be required to bring St. Brendan's Hospital up to an acceptable level structurally and otherwise in the event of the Community based Development Programme not being implemented as planned. The Programme Manager has already advised the Board that this figure is very considerably in excess of £3.5 millions.

I6.5 To help retain St. Brendan's at an acceptable level of accommodation and cleanliness it is recommended that the Board agree to the Programme Manager's request to increase the number of domestic staff.

I7.0 RE-SURVEY OF PATIENTS.

I7.I For planning to have any degree of success and meaning, it will be necessary to undertake a comprehensive survey of all patients in St. Brendan's Hospital, including new admissions, to provide information as to age, sex, diagnosis and treatment facility in which these patients should be located, were alternatives available under such headings as:

- Disturbed
- Total Care
- Hostel or Group Home
- Acute and dischargeable
- Elderly
- Mentally Handicapped etc.

I7.2 Therefore, as recommended by the Ad Hoc Committee, it is requested that the Research and Development Unit should, as one of its priority tasks, carry out this re-survey and arrange for a report thereon to the Board.

IVOR BROWNE
R.M.S./CHIEF PSYCHIATRIST.

16th January, 1979.

ENCLOSURES:

Appendix "A": "History of St. Brendan's", abstracts from report of Chief Psychiatrist to the Eastern Health Board, dated 7th December 1977.

Appendix "B": Copy of application to Comhairle na n-Ospideal for additional Consultant posts in St. Brendan's Hospital.

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