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COMMUNITY PSYCHIATRY

SOCIAL WORK DEPARTMENT

ANNUAL REPORT

For Year Ending 31st December 1996

Contents

	Page No
Introduction	1
Social Work in Community Psychiatric Area 2	2
Social Workers in County Wicklow Psychiatric Service	9
Social Work in Forensic Psychiatry Central Mental Hospital, Dundrum	12
Report on the Social Work Service in the Crumlin Sector for the year ending 31.12.96	14
Report on the Social Work Service in the Ballyfermot/Clondalkin Sector for the year ending 31.12.96	16
Tallaght Mental Health Social Work Report 1996	20
Social Work in Kildare Area 9	25
Social Work in St Ita's, Area 6	26
Social Work Team - Child Psychiatry	27

INTRODUCTION

The year 1996 was a momentous one for Social Workers in Psychiatry in the Eastern Health Board. Four Team Leaders were appointed by upgrading, one for Child and Adolescent Psychiatry and three to Adult Psychiatry in addition, an acting Senior Social Worker was appointed from September 1996.

This report therefore, is this department's first attempt at an Annual Report. Our aim was to describe the state of Social Work in the Psychiatric Services at the end of the year, by describing the number and type of clients and the sort of problems these presented as well as the social work response offered and the volume of referrals.

The reports are very individualised but there are some consistent themes - housing and placement problems, marital and family difficulties, special placement problems presented by the elderly, poverty and welfare issues and the demanding area of sexual abuse cases.

Social work staff in the Eastern Health Board now numbers 22 - Fourteen in Adult Psychiatry and 7½ posts in Child Psychiatry. As of this writing all the posts are full but this was not the case earlier in the year. All three social workers in Kildare joined in the last 12 months as did all those currently in both County Dublin so their statistics are not included in this report.

The pressure from referrals is reflected in the numbers herein, with populations growing everywhere especially South Dublin City, Kildare and North County Dublin. With most Social Workers servicing 2 or more sector teams in Adult and Child Psychiatry. Similarly, the whole team is often responsible for 2, 3 or 4 sectors (e.g. Finglas/Blanchardstown/Ballyfermot/Lucan, South Inner City/Clondalkin, in child psychiatry or Clondalkin/Ballyfermot, Swords/Balbriggan in Adult).

A number of areas still have no social work service: Area 6, St Brendan's Hospital and Area 7 in Adult Psychiatry and Area 6 (Castleknock, Finglas) in Child Psychiatry. Some discussions have begun to rebuild this situation as over 20 years social worker posts have appeared to have been absorbed by other programmes or reassigned to other professions.

We have focused on team building this year and all teams now meet regularly. Office accommodation remains a problem for social workers in most areas as it is a problem for other members of the multidisciplinary team, with insufficient interview rooms in many locations and half of the social workers obliged to share cramped quarters in some of their locations where space is a premium in old buildings or new temporary locations.

SOCIAL WORKERS IN COMMUNITY PSYCHIATRIC AREA 2

The two psychiatric social workers based in Vergemount, Clonskeagh in Area 2 cover a portion of the whole catchment area with a population of 97,000 (total population 1996 census 105,681). The Outpatient Department is based in Baggot Street Community Hospital with an additional satellite clinic in Irishtown Health Centre. This is broken into four sectors. Sector 1 (Dublin 2 & 14) and Sector 2 (Dublin 8) are looked after by one social worker who works to two consultants including the new consultant for post natal depression linking Area 2 with Holles Street and St Vincent's. Previously this social worker provided a limited service to the consultants providing a psychogeriatric service for newly referred patients over 65. This is now the responsibility of the new Consultant Psychiatrist of Old Age. A social work post dedicated to that team has been created and the new worker has already taken up work in Area 2 based in Carew House, St Vincent's Hospital, Elm Park. Sector 1 and 2 are both quite settled but depressed and impoverished areas with a substantial amount of local authority family housing and several hostels for homeless people.

Sectors 3 & 4, (postal districts 4 and 6 respectively) are quite different in profile. Dublin 4 includes poverty stricken settled local authority housing for families and the elderly as well as private flats and other accommodation. Dublin 6 is predominantly transient rented accommodation - single people or families moving through including immigrants. These demographic differences are reflected in the differences in presenting problems referred to the social workers.

Patient accommodation continues to be the number one reason for referral to the psychiatric social work service in Area 2. This includes homeless people in and out of hospital, people in substandard private accommodation or those unhappy in overcrowded local authority housing and those who are not managing to cope practically financially, socially or psychologically where they are living. The problem is compounded year to year by the lack of investment in public housing and the general 'exclusion' for all practical purposes of single people under 65 (without children) from housing lists.

Family referrals are the next largest number of referrals. Problems range from marital problems, substance abuse and gambling, child care and domestic violence to support and information for the carers of those with long-term illnesses.

Financial problems and social welfare queries are often another initial point of referral. Both staff and clients often use this 'presenting problems' as a way in to the social worker. The social workers note that this is often a useful way to identify other family burdens for example, gambling, marital disharmony etc., or clients ready to avail of vocational planning and training programmes.

It should be noted that social welfare information is also easily obtainable from local community welfare officers, from the Department of Social Welfare information office in Pearse Street and from community information sources such as Ringsend and Irishtown Community Centre, St Andrews Community Centre and the National Social Services Board.

Referrals for nursing home assessments and placements decreased from last year. This is really a reflection of a review done by the psychogeriatric team of Units D and E in the previous year attempting to move some existing residents on to nursing homes. (Of fifteen such referrals in this review only one patient, a ward of court, moved to a nursing home.)

Similar reviews were done for a few residents of the high support hostel but were equally unsuccessful. Although a small number moved to the psychogeriatric units D or E, no one accepted a nursing home placement. This may be due to the financial implications for families. The ceiling on the nursing home subvention and the strict means test normally means families pay more for nursing homes. In addition the quality of life and opportunities for occupational and other therapies is seen as being an advantage in Unit D and E.

Family cases are usually the priority on the psychiatric social worker's case load whether getting to know a new patient and their family and helping them learn about the illness and the relevant services or intervening in family crises, including family break-ups, sick children, ageing carers, or the ramifications of child sexual abuse, violence or substance abuse.

A large number of cases defy closure. This is a combination of the long-term nature of many psychiatric illnesses, the settled nature of much of the community we serve and, in Dublin 6 and 8 for example, the poor quality of private accommodation versus the dearth of suitable local authority housing elsewhere in the inner city.

In response to the increase in case work a liaison - only service was offered to the local Schizophrenia Association Branch where previously the social workers facilitated monthly meetings committee work and other developments with this group. Both social workers supervised a total of three family support workers, paid for by Community Care Programme who provide a service to the children of parents attending our service. We enjoyed one post graduate student only for fourteen weeks early in the year and declined another as the time coincided with the promotion of one of the social workers to Acting Senior Social Work Manager for Special Hospital Care Programme (child and adult services). We continued to liaise with the Vergemount Housing Fellowship Trust regarding the group home in Grove Park and organised interviews when vacancies arose and provide a consultation service to patients and staff in the hostels, group homes, day hospitals and day centres. Such rehabilitation services would be enhanced and their development assisted by the appointment of an additional social worker with a rehabilitation brief.

One further service involves casework and consultation for the changing mental handicap unit in Donnybrook Convent as part of the sector team for Dublin 4. A number of the residents there looked for social work service. In two cases clients were enabled to move out the convent hostel to the community. There is a case to be made for a specialised rehabilitation social worker with experience in mental handicap to be involved there in helping to de-institutionalise the residents and identify those capable of being more independent and more involved in community activities. Most have lost contact with families but links with family and community could, with work, be re-established. The following statistics give an indication of the types and volume of cases taken during the year.

TYPES OF CASES	Sectors 1& 2		Sectors 3 & 4
	M Walsh	P Daly	TOTAL
Housing	18	70	88
Vocational counselling	22	38	60
Family	42	42	84
(including childcare, custody carers)	15	18	24
Nursing home	18	15	33
Assessments	3	9	12
Isolation	5	8	13
Financial, social welfare	32	49	81
Child sexual abuse	5	10	15
(including adult victims)			
Tracing (adoption)	1	4	5
Mental Handicap	1	4	5

POSTAL DISTRICT	NUMBER OF CASES		
	M Walsh	P Daly	TOTAL
Dublin 2	68	9	77
Dublin 4	6	119	122
Dublin 6	6	77	82
Dublin 8	52	4	56
Dublin 14	21	6	27
N.F.A.	3	5	8
Other	2		
	153	219	
SUBTOTALS			
TOTAL	373		
CLOSED OR TRANSFERRED	29		

Other Commitments

A patient's holiday was organised in May to Ballymoney Co Wexford in conjunction with the community nurses and occupational therapists. Fund-raising efforts in conjunction with the Patients' Holiday Committee benefited that holiday and patient participation in other holidays was supported by local charities including Protestant Aid, the local Schizophrenia branch and Friends of Vergemount.

Future Plans

The Area 2 team has recently been associated with the psychiatric social workers in Wicklow and the forensic team under the new social work management structure. With a view to the regionalisation of the Eastern Health Board into Local Health Authorities we will continue to build links within this 'team'. In this regard the new Team Leader, Fred Rountree was upgraded in his Wicklow post to supervising Team Leaders professional social workers in the team. He reports like the other Team Leaders to the Acting Senior Social Worker and supervises the three other team members.

There has long been a case for an additional worker for the third recently divided team sector and recent population and work load increases highlight the need. In recognition of increased demands on the service and the Acting Senior Social Worker's responsibilities in all the catchment areas delivering Eastern Health Board Child and Adult psychiatric services, we have looked for an additional social work post with as yet no success as a matter of urgency. Accommodation for social workers has long been an issue and with the portacabin having long since passed it's ability to safely cope with normal demands a healthier permanent office accommodation was requested.

Clinical Workers area 2
Patricia B Daly
Acting Senior Social Worker

Margaret Walsh
Psychiatric Social Worker

Team Leader: Fred Rountree

SOCIAL WORKERS IN CO WICKLOW PSYCHIATRIC SERVICE

There are two social workers covering the psychiatric service for the greater part of Co Wicklow which comes under Newcastle Hospital services. The Catchment Area caters for a population of approximately 100,000.

The services are divided into three sectors - North Wicklow, Mid Wicklow and South Wicklow.

North Wicklow caters for the town of Bray, which is an ever expanding area similar in nature to much of Dublin. It has however, an overabundance of Nursing Homes which bring with them a high proportion of elderly.

Mid Wicklow caters for Greystones as its main focus of population but also has clinics in Wicklow town, Rathdrum and Roundwood, so it has rather a mixed urban rural clientele. With the development of the N11, this area has all become potential dormitory towns and are showing marked growth in housing and population.

The Southern sector has Arklow as its primary urban area but it caters for a vast area of outlying towns with clinics in Aughrim, Tinnahely, Shillelagh and Carnew.

The Northern and Southern sector are each covered by one social worker, while the mid Sector is shared jointly. We also had one postgraduate student on a three month supervised placement in 1996.

REFERRALS

Referrals are primarily received through the multidisciplinary treatment review meetings held weekly by each consultant. Each social worker also maintains an ongoing active interest in all the clients in our hostels and day centres and attends review meetings in those locations. Vocational guidance can sometimes be quite time consuming work and both social workers continue to maintain a liaison link with New Dawn, National Training and Development Institute, Youthreach, etc.

Client accommodation continues to be a difficult problem. Much of the lower priced private rented accommodation in Bray has been upgraded and landlords are less keen to accept the EHB, rent allowance client. The catchment area does present some difficulties in terms of its large geographical size and the consequent time involved in travel.

Financial problems and social welfare queries are very often the initial point of contact, but in most cases, there are multiple problems which result in many different types of interventions. In addition to individual and family work one social worker is a facilitator for MOVE (Men Overcoming Violence). This is a self-help group in which men look at the violence they vent on their wives, partners, families etc, talk about what is causing this violent behaviour and learn techniques and ideas which enable them to behave in non-violent ways. The other social worker is a joint facilitator in a group for alcoholics.

The statistics below illustrate the range of interventions where in some cases, a number of different actions were involved.

	F Rountree* (Bray and North Co Wicklow)	D Robinson (Arklow and Vicinity)
Total Number of Cases	140	83
Primary Focus of Work		
Individual Counselling	40	32
Work with Families	35	27
Social Welfare Entitlements	34	16
Vocational Guidance	22	15
Housing/Accommodation	19	19
Nursing Homes	14	05
Anger Management	--	09
Budgeting	10	--
Self Neglect/Social Isolation	--	08
Hostel Placements	07	--
Domestic Violence	--	07
Mental Handicap	07	03
Legal Affairs	06	04
Drug/Alcohol Abuse	06	08
Marital	-	03
Bereavement Counselling	05	--
Temporary Admissions	03	--
Liaison with Schools/ Employer Other	09	--
Sexual Abuse	02	09
Repatriation	02	--
Tracing	02	01
Fostering	01	--

* *Mid-Wicklow referrals are shared between the two social workers*

Derek Robinson - Psychiatric Social Worker

Fred Rountree - Team Leader.

SOCIAL WORK IN FORENSIC PSYCHIATRY CENTRAL MENTAL HOSPITAL

The Social Work Post at the Forensic Psychiatry facility is as single-handed post. With the legal and security dimensions making it interesting and challenging. Annually, 70/80 short-term cases are dealt with. There are also about 60 long-stay patients in the hospital and these give rise to periodic involvement by the Social Worker. The present Social Worker is in the post 14 years, thus having an extensive knowledge of the patient and their circumstances.

The initial assessment and pre-release planning would be a major focus of social work intervention. There are few options on release for long-term patients who do not have supportive family. Some of the existing options do not offer quality of life that exists for them at the Central Mental Hospital.

TYPES OF REFERRALS

Ex-patients who are in the Community are resistant to involvement with the Services and create on-going problems. (5)*

Many of the patients seen have problems with contacting their legal representatives, families or locating their possessions. (17)

Patients wishing to keep contact with their children who are in care need assistance in arranging access visits on an ongoing basis. (6)

Patients also approach social work service for access to cash or allowances while In-Patients (9). Recently bail passes have been made available to long stay patients which is very beneficial to those who enjoy unaccompanied parole.

Major cases of a sensitive and difficult nature during past year involving follow-up with family post suicide. The tracing and involvement of a daughter who had no contact with her late father. The transfer of two patients to community settings and liaison for follow up with other services. (5)

Lack of appropriate accommodation for the many homeless people when discharged from Central Mental Hospital is the big gap in the services. This group can often include treatable mentally ill who often subsequently fail to attend for local follow-up services because they have no fixed address. There is also little available or suitable accommodation for disabled mentally handicapped persons. (9)

The social worker is also involved in the multidisciplinary treatment service to sex abusers. About 100 perpetrators are referred annually and for about 9 years weekly sessions were held for incest abusers. At present, our programme has been withdrawn as few appropriate referrals are on the waiting list at present.

THE FORENSIC SOCIAL WORKER

A post graduate student was supervised for the period January to April 1996. Visits of observation were arranged for two small groups of other students on placements. Elsewhere, two short seminars were also given to interested student groups on the services to sexual offenders.

The Social Worker also liases with AA Group who use the service in the hospital. The education services in the hospital were initiatives taken 16 years ago by the social worker and have been successful since that time.

The physical environment at the Central Mental Hospital is daunting but also comfortable and secure, with staff who are pleasant and co-operative and most people who work here enjoy the experience. The atmosphere is one conducive to Mental Health.

*** The numbers in parenthesis refer to the number of cases taken on.**

Ms Theresa Kearney
Psychiatric Social Worker

REPORT WORK IN PSYCHIATRY AREA 4 AND 5 ST LOMAN'S HOSPITAL

Report on the Social Work Service in the Crumlin Sector

for year ending 31.12.96

Social Work Service

- Available to see clients Monday a.m and Thursday a.m at Curlew Road Health Centre.
- Attend the multidisciplinary assessment meeting Wednesday at Armagh Road Day Hospital
- Liaise with both Crumlin teams but unable to attend meeting as overlap of time.

Number and types of Referrals - January to December 1996

Homeless Accommodation Problems	23
Nursing Home placements, respite care, residential accommodation	10
Financial	14
Advocacy and information re Welfare Rights	16
Child Care	12
Individual Counselling	12
Family Work (general stress)	20
Family Work (mental health issues)	23
Assessment and re-referral re Community Services	19
Total	149
Cases open in January 1997	30

Other Work Undertaken

- Member of area rehabilitation Meeting
Participated in Committee to examine the services for the homeless mentally ill in the Eastern Health Board Region.
- From September 1996 attended the hospital/area management meeting as Psychiatric Social Worker Team Leader
- As Social Work Team Leader for the St Loman's and Kildare Service also available to the social work staff in Kildare for consultation/practice supervision on a regular basis.
- Continued to maintain links with HAIL Voluntary Housing Association
- A member of the area housing sub-committee and developments of the sub-committee
- Clondalkin Project is now awaiting planning permission and discussions are taking place on proposed project for the Tallaght area.

**REPORT OF THE SOCIAL WORK SERVICE IN THE
BALLYFERMOT/CLONDALKIN SECTOR FOR THE YEAR ENDING 31.12.96**

Staffing:

The Social Work staffing in these sectors remains highly unsatisfactory. There is just one social work post for both of these separate sectors and the Ballyfermot sector has two Consultant Teams. As a result, of the part-time commitment of the social worker to each of the sector team the service provided can only be seen as an emergency service. There is little opportunity to develop long-term work with individuals or with families or to be fully involved as a social worker should be in all aspects of the team services.

Social Work Service - Clondalkin Mental Health Service:-

- Attend the Clondalkin team meeting on Monday morning.
- Attend the Management meetings on Monday morning.
- Am available to see clients on a Monday in the Mental Health Centre, Orchard Road
- Attend the Clondalkin ward rounds on Tuesday mornings.
- Conduct an Educational Session with staff weekly.

Ballyfermot Sector:

- Available to see clients on Thursday morning in the Mental Health Centre.
- Attend the Day Hospital meetings on Thursday
- Attend the sector team meetings.
- Attend the Ward rounds for Ballyfermot patients in St Loman's Hospital on Wednesday

Number and Types of Referrals January - December 1996

Homeless/Accommodation problems:

21

This category includes those who become homeless during a hospital stay and require placement in order to be discharged, out-patients who are awaiting housing by the local authorities or those particularly in the upper Ballyfermot area who are dissatisfied with their local authority housing and are looking for transfers.

The main difficulty with accommodation and homeless problems is the increasing number of young people who are diagnosed with schizophrenia plus alcohol or drug problems. Some cannot be placed because of this dual diagnosis and others are living in highly unsatisfactory city centre hostel accommodation.

Psychosocial Education to Families where Members Have A Severe Mental Illness: 28

This category refers to education that families have received on an individual family basis. *Group education is referred to separately.*

General Family Stress 40

This category includes families with relationship problems, difficulties with coping with children and other stresses.

Childcare 12

These cases specifically refer to the children of patients of the psychiatric service who maybe at risk and require the liaison between the psychiatric and community care programmes.

Elderly 9

This category refers to elderly people who require nursing home placement or follow-up of patients in nursing home care.

Financial 10

This category refers to clients who are referred to the social worker primarily with financial difficulties. Other families may also have financial difficulties but would have other stresses and would be included under general family stress.

Marital**6**

This category refers to couples, one of whom would have a mental illnesses and thus would be unable to avail of traditional marital counselling services and who would be seeing the social worker for that purpose.

Social Welfare Advice/Referral to Other Services **30**

Total **156**

Cases opened December 1996 **44**

* Refers to numbers of cases taken on

Vickie Somers
Psychiatric Social Worker

The above numbers apply to referrals to where two or more interviews have taken place and involve ongoing work. Many people seen on a once off basis generally for information concerning entitlements and/or referral to other services.

Other Work Undertaken

Education regarding Schizophrenia: were co-ordinated three information days for relatives of patients having schizophrenia. Two of these information days were introductory days for relatives. The third workshop was a follow-up workshop for relatives. These workshops are held on a cross sectoral basis and the venues and staff are alternated:-

- Co-operation with Schizophrenia Association of Ireland: the Psychiatric Social Worker established a Phrenz Group in the Ballyfermot Area and was involved in the setting up of a similar group in Clondalkin.
- In conjunction with the Head Social Worker, Community Care, Area 5 the Psychiatric Social Worker organised a workshop for other social workers in the Clondalkin Area and the staff of the Mental Health Service. The aim of the workshop was to improve understanding between the two services and it is intended that a similar workshop will take place in 1997.

- A Mental Health Course for staff in both the statutory and the voluntary services in the Clondalkin area was organised and co-ordinated by the Psychiatric Social Worker. There were twenty places on the course which was over subscribed. The course lasted ten weeks and there was an average of 75% attendance. The details of the evaluation of this course are not available as yet but there apparently is a demand for a similar course in 1997.

TALLAGHT MENTAL HEALTH SOCIAL WORK SERVICE

INTRODUCTION

The Tallaght Mental Health Social Work post has existed since July 1995. In its second year the focus of work was direct client work with continued, limited development work.

DEVELOPMENT WORK

1. Community Networking

The psychiatric social worker continued to make new community based service contacts and to develop existing networks. During 1996, the teamleader Claire Tuohy and I met with the Community Care team Area 4. I also had contact with a range of city wide services including Health Dublin, Combat Poverty and the African Society.

2. Training

This psychiatric social worker transferred post-graduate studies in Health Promotion to the University of Ulster, Jordanstown campus. She also attended training in computers in Social Work and delivered training on the role of the Mental Health Social Worker to students at TCD and on assessment and practice teaching at a NAPT seminar.

She initiated and co-organised interdisciplinary training programme at St Loman's Hospital for students and staff members, facilitating a session on work with service users.

3. Meetings

Throughout 1996 the Tallaght psychiatric social worker represented the St Loman's Hospital Social Workers on the User Group for the new Tallaght Regional Hospital. This work included drafting an operational policy for the new psychiatric unit.

4. Practice Teaching

In early 1996, the Tallaght psychiatric social worker, an experienced practice teacher completed a placement with a Junior Freshman from TCD. She subsequently had one student from University College Dublin and two from Trinity College Dublin for their final placements. To assist this work the worker developed a student induction/information pack.

5. Information

A lottery bid for a mental health information resource at Tallaght Mental Health Centre was submitted, unsuccessfully. The worker therefore, requested a list of mental health books available from the County Council libraries and circulated these within the service as well as information materials held in the Social Work Service.

As well as attending and acting as secretary to the St Loman's Hospital Library Committee . The worker completely reorganised the library in preparation for the move to Tallaght Regional Hospital. This involved close liasion with the Librarian at the Meath Hospital.

CASEWORK

New Referrals by sector and Consultant Psychiatrist

Dr Benbow	24
Dr McKay	51
Dr Murphy	89

Two referrals were from people not attending a Consultant Psychiatrist

CATEGORIES OF PRESENTING OR PRIMARY PROBLEM

Accommodation

	Public	Private Rented	Owner Occupied	No Fixed Abode
Number	100	8	32	13

Income

	Salary	Benefit	Ward of Court	Maintenance
Number	18	130	1	3

3. CASEWORK ACTIVITY

New Referrals by month:

	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AU
Received	36	17	13	25	11	1	17	14
Contact	32	16	12	21	10	1	14	14
No Contact	4	1	1	4	1		3	
Re-referrals	3	6	4	4	1		5	4

<u>Annual Total:</u>	New Referrals	183
	No Contact	17
	Re-Referrals	44
	Number seen	166

**NB: The Tallaght Social Worker was on holiday during June 1996*

New Referrals by Sex

MONTH	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT
MALE	14	7	2	7	1	1	6	9	5
FEMALE	18	9	10	14	9	9	8	5	12

New Referrals by Age

Age	< 20	20's	30's	40's	50's	60's
Number	18	29	37	30	26	6

During 1996, 63 males and 103 females were seen by the Mental Health Social Worker

Issues Addressed

Finances	74
Accommodation	56
Social Isolation	27
Childcare	18
Family Work - Stress	11
Domestic Violence	11
Neighborhood Harassment	8
Sexual Abuse	7
Family Work - Carer Support	7
Drugs	5
Alcohol	2
Information - Community Resources	2
Detention - Mental Treatment Act	1

Interventions Provided

Welfare Rights	76
Advice	53
Accommodation	52
Counselling	21
Referral/Statutory Service	16
Liaison	12
Referral/Voluntary Service	11
Assessment	8
Referral/Mental Health Service	7
Advocacy	1

SOURCE OF REFERRALS BY NEIGHBOURHOOD

No Fixed Abode	13	Bohernabreena	1	Jobstown	31
Not Known	1	Brittas	1	Killinarden	19
Avonbeg	4	Brookfield	2	Cushlawn	4
Aylesbury	1	Castle Park	7	Kilnamanagh	8
Ballbrooke	3	Clondalkin	2	Kingswood	1
Balrothery	1	Fatima Mansions	2	Milbrooke	4
Belgard	1	Fettercairn	6	Old Bawn	10
		Glenview	1	Old Court	4
Raheen	1				
Rossfield	4				
Rathfarnham	1				
Springfield	18				
Templeogue	3				
Terenure	1				
Tallaght Village	2				
Tymon North	9				

It is clear from these numbers that there are social "hot spots" in the Tallaght area itself

CONCLUSION

In conclusion, the Social Work Service delivered by the social psychiatric social worker associated with St Loman's Hospital continues to remain seriously under staffed as already outlined in the development plan for the area. There is an urgent need for an increased social work post for the Ballyfermot/Clondalkin sectors to ensure the necessary minimum requirement of one social work post per sector, as a priority. With the impending closure of St Lomans and the move to Tallaght and the increased number of hostel/community residences and other proposed development there is an urgent need for a social worker with specific responsibility for rehabilitation.

The immediate social work staffing needs are

- One social work post for Clondalkin/Ballyfermot sector area.
- One social work post for rehabilitation

Claire Tuohy, Team Leader (with clinical work in Crumlin Sector)

Vicki Somers, Psychiatric Social Worker, Ballyfermot/Clondalkin

Iris Elliot, Psychiatric Social Worker, Tallaght

SOCIAL WORK IN KILDARE, AREA 9

The Psychiatric Service centres in Naas with acute treatment in the Lakeview Unit in Naas General Hospital. The North Kildare team has its headquarters in Celbridge, the mid-Kildare team in "Tus Nua" in Kildare town and South Kildare in "Abbeyview" Castledermot. At the end of 1996, only one of the three Social Worker posts were filled. As the new member of staff joined late in the year, his first weeks were spent in orientation and no statistics are available for the year ending 31st December 1996. At the time of publication all three posts were filled. The Kildare social workers are supervised by Team Leader, Claire Tuohy and linked with the St Loman's Team.

SOCIAL WORK IN ST ITA'S , AREA 8

Acute services are delivered from St Ita's Hospital, Portrane. Area teams have Day Hospital and Out Patient services based in Coolock, Artane, Raheny and Swords and includes a service for the Psychiatry of Old Age. Psychiatric social work personnel in Area 8 are all new members of staff. This year two previous workers resigned, one moving to private industry and the other to Community Care in the West of Ireland. Therefore, there are no statistics available for the year ending 1996, due to the change of staff.

At time of publication, all three posts are now filled with the new Team Leader, Victoria Somers taking up her management responsibilities as of September 1997 with clinical responsibilities in the Artane/Coolock areas.

Area 6 (Blanchardstown and Finglas) and Area 7 (Fairview and Ballymun) have no psychiatric social work for adult services although both areas had social work departments numbering five workers each as recently as the 1970s. Development meetings continue in an attempt to rectify this situation.

Mental Handicap Services in the Eastern Health Board have currently no social work staff. Informal and formal meetings are scheduled regarding the timely development of this service.

SOCIAL WORK TEAM - CHILD PSYCHIATRY**LOCATION OF POSTS AT 31.12.96*****Clinics:-***

Ballyfermot Clinic	2 posts
Castleknock Clinic	No child psychiatric post (Social Work Service traditionally delivered by Community Care Social Work Team).
Kildare Services - Athy	1 post
Celbridge	1 post (vacant) as of 31.12.96
St James's Clinic	1 post (vacant) from mid-November 1996
Adolescent Day Services	1 post (based in Castleknock at present)

Residential Units:-

Warrenstown House	1 post
Courthall	½ post (locum filled)

Autism Services:-

Beechpark, Stillorgan	1 post
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OVERVIEW OF SERVICE 1996

1996 was characterised by numerous staff changes. There were posts vacant in Beechpark, Kildare, St James' and Courthall for part of the year and Ballyfermot had a 5 month gap in service while one of the social workers was on Maternity Leave. Prior to social work management structures being put in place a new post in Kill created in early 1996 under the Department of Health Child Care Act funding was temporarily connected to a medical registrar post.

It was also a year of welcome developments with three new permanent staff members appointed. 1996 also saw the long awaited beginning of a social work management structure with the appointment of an acting Senior Social Worker for Child and Adult psychiatry and an acting Team Leader for Child Psychiatry.

WORK UNDERTAKEN

During 1996, the Social Work Team have been involved in a wide range of service provision both directly to clients and in the wider community. Given the diverse nature of the various areas of work, the statistics are presented in three sections, the clinics, the residential units and the autism services.

Clinics

Within the clinic teams, the social workers have been involved in family assessments, individual work with children and families and groupwork. The main areas of involvement are bereavement, families involved in marital breakdown, families whose children have been victims of abuse or bullying. All attend their clinic team meetings. There is also an increasing community focus and social workers are involved in various networking activities.

Casework

Total number of new assessments	251
number seen by Social Worker alone	191
number seen jointly with other team member	60
Review appointments offered	1515
Overall number of families 'active' at end 1996	90
Intervention primarily with family	50
Intervention directly with child	40

Groupwork

1. Therapy group for child victims of sexual abuse aged 4-8
2. Anger management group for teenagers in residential care.
3. Training group with residential workers re managing sexualised behaviour
4. Therapy group for children aged 4-7 whose parents had separated.
5. Therapy group for children aged 7-10 who had been bereaved.

Residential Units

Within the residential units, the social work role is that of family therapist. Each resident child's family attend for weekly therapy sessions. The social workers are also fully involved in the referral, admission, treatment planning and discharge process. The following activity audit reflects the work in Warrenstown House as due to staff changes meaningful numbers are not available for Courthall. However, the type of work undertaken is similar in both units.

Referral meetings	45
Day visits	28
Admissions	4
Family Therapy sessions	307
Home visits	6
Therapy Conferences	64
Community Care Conferences	13
Multi-Disciplinary hand-overs	170
Team Meetings	9

Autism Services - Beechpark

1996 saw the establishment of the first full-time social work post, the Autism Service now based in the new premises in Stillorgan, in Beechpark. Much of the work this year has involved developing the social work role with a focus on overall service development for autistic children and their families.

There are 34 families using the Beechpark services of whom 6-10 require individual casework intervention at any given time.

The social worker has also been involved in facilitating a parents group and in running a sibling group during the summer holidays. There has also been considerable work undertaken with the speech and language therapist on the Hanen programme which aims to enhance communication with children by working intensively with their parents.

The community development aspect of the work includes fund-raising and researching the needs of service users in conjunction with other staff.

OTHER WORK UNDERTAKEN BY SOCIAL WORK TEAM

Attendance at Friday case conference presentations

Involvement in new Registrar orientation programme.

Involvement in case presentations to medical students from both Royal College of Surgeons and Trinity College Dublin

Involvement in setting up, and lecturing on, specialist Diploma in Child Adolescent Psychiatric Nursing Course with Dublin City University.

OTHER WORK CONTINUED

Parent Training: Individual and Group work.

Supervision of students from professional social work training courses,
UCD and TCD

Involvement, including executive position in the Association of
Child Psychiatry and Psychology (ACPP)

Attendance at national group meetings of social workers in Child and Adolescent
Psychiatry.

Attendance at local networking meetings.

Involvement in steering group for inter-agency, school based groupwork
in Ballyfermot.

Involvement in committee planning new Eastern Health Board, Family
Resource Centre in Ballyfermot.

Involvement with adult psychiatric services offering intervention in local
community following an adolescent suicide.

Attendance at Community Care case conferences and liaison with Community
Care Teams re child protection issues.

Lisa Brennan
A/Team Leader, Ballyfermot
On behalf of Social Work Team
Child Psychiatry

SOCIAL WORKERS

Lilly Britto, Ballyfermot

Carmel McCarthy, Warrenstown House

Angela Quinn, Beechpark

Liz O Connell, Courthall

Gwyneth Delaney, Athy

Sharon Galligan, Adolescent Day Services

(Carmel Murphy, St James Department of Child Psychiatry transferred to Community Care Area 6. She had offered a service as a member of Community Care Team).

At the time of going to press the Acting Team Leader, Lisa Brennan was confirmed and had taken up the post in a permanent capacity.

CONCLUSION

The effect of homelessness and the housing crisis in the Dublin Area impacts hugely on all the work of psychiatric social workers, compounded voraciously by poverty in urban, suburban and rural areas.

After interventions around primary needs (money and housing etc) are made, much of the social workers work focuses on the carers, the families of the identified patient adult, adolescent or child. It is at this interface that real quality change can come about and much preventive work occurs. In this context, some mental health work and other family therapy work is often involved as well as mental health education and work on parenting skills.

Almost all the workers identified child care liaison work with Community Care as a significant aspect of their workload.

Interventions around and reporting of abuse of adult and child victims, victims of sexual or physical or mental abuse are another growing area of work. Counselling and groupwork with victims and perpetrators of domestic violence, incest, neighborhood harassment and elder abuse are all included in the range of social work in psychiatric settings.

Most of us have clients with dual diagnosis: a primary psychiatric diagnosis plus another disability such as a mental handicap, addiction or another physical condition, complicating their social and psychiatric rehabilitation.

Because of our distinctive professional training, social workers generally take the wide view of whatever care system they join and, it is interesting to note, the amount of education and training work ongoing by social workers in psychiatry with families and with Health Care professionals in a huge variety of settings and contexts. Equally, the amount of development and penetrative work primarily done through groupwork or work with voluntary bodies is

significant as demonstrated, for example, social workers in child and adult psychiatry have reached out to community groups for the betterment of their clients and client groups whether through anger management groups, bereavement work and groups and courses for parents and carers despite the growing number of referrals and increasing populations and the multiplicity of communities and sector teams they serve.

The introduction of the social work management structures this year has given us all, along with promotion prospects, a sense of service, a reinforcement of our professional values and a different concept of "team". We hope to make the annual report of the department of social workers in psychiatry a way of reviewing and examining our work. It has already highlighted the area of seconding our work as a focus for the future. We would welcome comments from all our professional colleagues in the many mental health disciplines and other managers which may in the future shape reports and the future development of social work in adult and child psychiatry in the Eastern Health Board.

Patricia B Daly
A/Senior Social Worker
September 1997