

# **SOUTH WESTERN AREA HEALTH BOARD**

**Report No. 16/2001**

**Board Meeting – 4<sup>th</sup> December 2001**

## **An Action Plan for Adult Mental Health Services in the South Western Area Health Board**

The recently launched National Health Strategy '*Quality & Fairness – A Health System for You*' sets out an Action Plan for mental health services. The South Western Area Health Board has been working on an Action Plan for mental health services and is now in a position to embody the principles, goals and targets of the National Health Strategy in its plan to develop mental health services in its area.

The South Western Area Health Board aims to provide a mental health service which empowers the individual and their family to achieve their full health potential - a service which is accessible and available at all levels (*Out Patient Clinic, Acute Inpatient, Acute Community, Rehabilitation*) and one which is fair and trustworthy. To be successful, mental health care requires the active involvement of the service user and their family - our service must actively listen to the needs and concerns of all service users to ensure appropriateness and satisfaction.

### **Underlying Principles**

**Quality, Accessible, Equity, Person Centered, Cost Effective, Consultative, Listening**

The South Western Area Health Board aims to provide a high quality mental health service which is:

- Provided in the least restrictive environment;
- Close to the person's own home;
- Community-centered;
- Evidence-based;
- In line with international trends;
- Offers easy access to in-patient care, as and when required;
- Inclusive of service users' views and inputs.

While our mental health services have achieved many policy targets in the transition from psychiatric hospitals to general hospital sites and community based care, a number of

areas need to be extended considerably. The new National Health Strategy recognises that services, particularly in the Eastern Region, require significant additional investment in infrastructure.

The South Western Area Health Board also looks forward to working with the Mental Health Commission, soon to be established under the Mental Health Act (2001), in improving the quality of facilities and providing additional safeguards for service users admitted on an involuntary basis.

The document also makes reference to the twinned areas of mental health promotion and suicide prevention. In this regard, the South Western Area Board will appoint a Mental Health Promotions & Suicide Resource Officer later this month.

Our structures are well positioned to engage fully with primary care providers and this board has secured funding for an action research project. This project, examining mental health in primary care, is being currently developed in conjunction with the Irish College of General Practitioners.

Access to complementary and/or alternative therapies is improving with the number of service options widening both within the board and with partner agencies. The South Western Area Health Board is well advanced in relation to the involvement of mental health service users in the planning, design and delivery of our services.

Specialist programmes for individuals with particular needs, e.g. homeless people, people with eating disorders, and psychiatry of old age are being developed and extended.

The Board this week will present the first group of Peer Advocates trained in the Eastern Region with certificates recognising their participation in a 10-day accredited training course funded by this Board. Two additional groups will be trained in the coming months by the Irish Advocacy Network.

The recommendation of establishing a Regional Co-ordinating Committee for Mental Health is also welcomed. On 5<sup>th</sup> November, 2001, South Western Area Health Board staff met with a number of voluntary agencies to open a dialogue around service development and quality issues.

<b>Mental Health Service in the South Western Area Board</b> <b>SWOT Analysis</b>
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**Strengths**

- ✓ The South Western Area Health Board is unique in that all acute in-patient facilities are in General Hospitals (*Tallaght, Naas, St James's*).
- ✓ We have a highly motivated and skilled staff across all disciplines.
- ✓ The service has a history of innovation and embracing change.
- ✓ The South Western Area Health Board is the largest operator of Day Hospitals in Ireland.
- ✓ Huge experience in working in Community Psychiatry –*since 1960's*.

**Weaknesses**

- <sup>c<sub>N</sub></sup> Inadequate capital and revenue investment.
- <sup>c<sub>N</sub></sup> Service quality has improved at the cost of service capacity.
- <sup>c<sub>N</sub></sup> Many services operating at, and over, capacity.
- <sup>c<sub>N</sub></sup> Limited choices for service user.

**Opportunities**

- ✓ New Health Strategy
- ✓ Emergence of service user movement
- ✓ New technologies - clinical, organisational and information/communications
- ✓ New mental health legislation

**Threats**

- <sup>c<sub>N</sub></sup> Unprecedented rapid population increase serving areas of extreme social deprivation which translates into increased psychiatric morbidity.
- <sup>c<sub>N</sub></sup> Staff retention – highly skilled staff being recruited by developing provincial service.
- <sup>c<sub>N</sub></sup> Pressurised environment affects industrial relations.
- <sup>c<sub>N</sub></sup> Poor uptake on training opportunities – particularly for the Diploma in Psychiatric Nursing at T.C.D.

## **Current capacity**

Based on an approximate population of 500,000 in the South Western Area Health Board, the current levels of service outlined in the Inspector of Mental Hospitals Report 2000, and the recommendations for levels of service in '*Planning for the Future, 1984*', there are obvious deficiencies in the current level of service in the South Western Area Health Board.

For example, '*Planning for the Future*' recommended 250 acute in-patient places - we currently have 121. It recommended 375 day hospital spaces - we currently have 94. It recommended 375 day centre spaces - we currently have 261. We have 253 residential support places in high, medium and low support facilities. Based on our Board's population, this should be 300 high support, 300 medium support and 300 low support places.

Since these ratios were compiled a number of mental health services throughout the country have radically developed and improved their mental health services, including acute services, in innovative ways. This has included ensuring that the whole range of community services are developed in a way that supports the acute system and lessens the need for a large number of acute beds in the system. The South Western Area Health Board will examine all of these approaches in order to ensure that we are developing a 21<sup>st</sup> century mental health service that reflects best practice both in Ireland and abroad.

An effective mental health service requires all elements of service to be in place and working in unison. Where one element is insufficient or missing, pressure backs up within the system having a negative impact on all components.

Where a required service is not available, staff are forced to use the nearest equivalent service. This practice is unavoidable but alters the ability of facilities to function as intended.

The South Western Area Health Board urgently needs to address its acute bed access and greatly extend the rehabilitation infrastructure. The services are working to, and above, capacity with patient movement being seriously compromised. Each step towards rehabilitation takes an inordinate amount of effort and rearrangement which greatly frustrates staff. Short-term advantage is gained by making incremental changes but this simply deflects the pressure to another part of the service cycle.

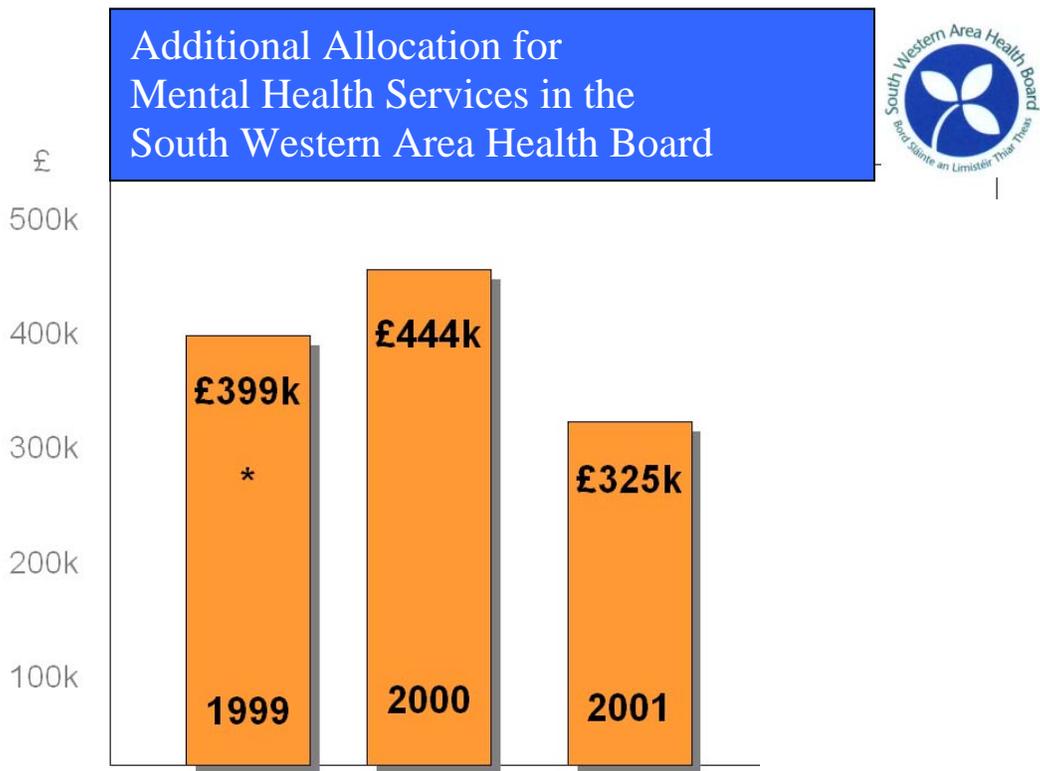
## **Service Trends**

In recent years, mental health services moved from an institutionalised service to a community-based service. Staff and other resources were redeployed as part of this transition, however, the South Western Area Health Board area has never had a

significant institutional base, therefore, we have resource problems in being able to develop services in line with current trends.

When the current level of resources for mental health services are compared with other areas and regions, it is clear that the Board is lagging behind in terms of beds per 1,000 population, hostels per 1,000 population and overall budget for mental health services. For example, well-developed services as commented on by the Inspector of Mental Hospitals such as the Cavan/Monaghan service spend £97 per capita, whereas the South Western Area Health Board spend £27.00 per capita.

**Additional Funding received over the past 3 years**



\* SWAHB Portion of former EHB

In order to meet the demands of population expansion the South Western Area Health Board will need significant resources both in capital and in revenue terms.

A significant capital allocation will be required each year for the next 5 years to stabilise the service and build staff and service user confidence.

## **12 Proposed Actions to redress the current position**

The infrastructure needs to be developed over the coming years to the point where it begins to meet the population growth. This capital expansion needs to be mirrored in the recruitment of additional staff, perhaps from a wider recruitment base. Introducing new disciplines and grades will be necessary, reflecting the changing client needs and care settings.

*A number of strategies can be employed;*

### **Rehabilitation**

The traditional understanding of rehabilitation as the resettlement of long-stay patients from the psychiatric hospital has now been achieved to a great extent, with a new group of patients with more intense needs now becoming institutionalised in our small acute units. These patients tend to have multiple needs, including social deficits and co-morbidity (*substance misuse, behavioural problems and/or learning disabilities*).

The intention is to advance the rehabilitation process to engage with patients at an earlier point and be in a position to provide a wider range of rehabilitative options – beyond the tradition of high, medium & low supported accommodation.

Rehabilitation defined by location will become less obvious, the individual's current needs determining the type, level and setting of care offered. Greater emphasis will be placed on retaining the client within his/her own home, community, and family context where possible.

### **Integration**

Historically, in the absence of effective treatment, the accommodation *was* the treatment *i.e. continued hospitalization*. In the past our mental health services provided a total care package including treatment, accommodation, work life, recreation, in a highly controlled environment. This institutional model embraced all aspects of the person's life but had the undesirable effect of fostering dependence and created social isolation. In attempting to broaden the available options and moving to the community, we have unfortunately continued this tradition to the point of being '*total package providers*'.

The mental health services invested limited capital allocations purchasing properties to house people with mental illness and staffed these areas with clinical staff. This appears to have limited the possibility for greater integration with local communities and local authorities. This has continued in some areas to the point that some authorities expect the mental health service to cater for all the person's needs - housing, education, training, employment, and welfare. It is our intention to work more collaboratively with other

statutory providers in the areas of housing, education, training and welfare. Our mental health services will retain the responsibility for providing treatment and care.

### **Primary Care**

Most patients are referred by their local Family Doctor. This means that the mental health service is highly dependant on the effectiveness of primary care. Some studies suggest that 90% of mental health issues are dealt with at primary care level with only 10% accepting referral to specialist agencies. Referral patterns across G.P. practices vary considerably suggesting that divergent referral criteria are in use. The Mental Health & Primary Care project with the Irish College of General Practitioners will greatly increase our knowledge in this regard. Among the project's objectives is to devise a protocol around the criteria for referral to our mental health services.

### **Role of Families**

The role of families as caregivers and co-therapists must be supported and developed. Community-based psychiatry places an additional burden of care on immediate family members. Carers must be supported in this role and offered education and knowledge to improve their ability to cope. Funding has been sought to develop educational programmes for families and carers.

### **Public Perception**

The public perception of mental health services is generally poor and based on historic, cinematic and often bleak imagery. This negative imagery creates a reluctance to accept referral, causing unnecessary delay in commencing effective treatment and delayed recovery. The stigma associated with mental illness attaches more to treatment than illness.

### **Environmental**

Our environment has a huge impact on our sense of well-being and self-esteem. Many of the facilities in use are in poor condition and require significant improvement. While much has been done in recent years, many facilities still fall below acceptable standards and need refurbishment or replacement.

The physical condition of some buildings also has had a negative effect on staff morale and makes recruitment and retention difficult.

### **Specialisation & Sectorisation**

Mental health services operate within defined catchment areas - the person's address determines which service provides care. This principle underlines a seamless and proximal service and has many systemic advantages. It also has a number of disadvantages, particularly for vulnerable individuals, *e.g. homeless people cannot access the service without a residential address*. Sectorisation also removes client choice from public services. Another disadvantage is that all specialties need to be replicated in

adjacent services, this can be especially wasteful in treating individuals with less common conditions.

The South Western Area Health Board staff have invested heavily in their professional development and we have many practitioners with unique skill sets. The need to acknowledge and develop areas of clinical excellence and expertise requires access to larger population bases. Small sectorised populations (*on average 30-40,000 people*) can act against the emergence of highly specialised research-based services. It is proposed to develop a number of Board-wide specialist services focused on particular diagnostic categories and treatment modalities.

### **Capital Investment**

It is time to re-invest and develop a modern infrastructure which is comfortable for both our patients and professionals. Given the trend in recent years, and the likelihood of significant resource allocation, there is now a need to look to Public-Private Partnerships to both build and operate mental health services on our behalf.

### **Service Users**

Mental Health Service Users represent a sizeable but largely silent constituency - reluctance or inability to speak out has had the effect of invisibility. The voice of the service users may require sensitive amplification but needs to be heard.

The experience of those who have recovered and survived mental illness is rich and valuable and must be harnessed. The South Western Area Health Board has funded Peer Advocacy Training and includes service users in service planning and design. It is hoped to fund a Development Officer for Advocacy in the coming year.

### **Mental Health Promotion**

Improving public understanding and awareness of the importance of mental health is essential. Encouraging healthy lifestyle choices and addressing mental health issues early and in an open manner will be helpful.

Our current services are geared towards mental illness and psychiatry. We need to develop a true Mental Health component to advance Mental Health Promotion, Protection Promotion of positive mental health, and Harm Reduction needs. The South Western Area Health Board will appoint a senior Mental Health Promotions & Suicide Resource Officer in December 2001.

As an acquired disability, mental illness places a particular demand on the person to actively manage his or her own illness. Self-care and understanding of the condition and its treatment is central to the successful outcomes.

### **Working with the Voluntary Sector**

Volunteers in the mental health sector gathered great expertise across a range of activity areas; mental health promotion, information sharing, mutual support, training, research, social housing, helpline and peer advocacy. Many of these skills are not available to statutory providers. These agencies can also access at risk populations effectively and accurately, showing a greater capacity to flex and meet emerging needs. Formalising existing relationships, the board is discussing a number of service level agreements with voluntary providers in mental health promotion, peer advocacy training, information provision and social housing.

### **New Technology**

Improved mental health service effectiveness can be achieved through the adoption of new technologies. New treatment approaches, psychotherapies, pharmacology and ICT offer many potential benefits. When adopted in a planned and co-ordinated manner, the service can secure greater efficiency and improved return on staff time.

## Resources Required for Developments in the Coming Years

Given the distance between recommended and desired level of service provision and actual infrastructure, the South Western Area Health Board must embark on a properly financed multi-annual plan to increase service capacity while ensuring appropriateness, and responsive to actual population need. Outlined below is a draft Development Plan listing the capital and revenue costs associated with a 3-5 year development plan.

<b>Dublin South City Mental Health Service</b>			
St Patrick's & St James's Hospitals			
Area Population approaching 100,000			
<i>Item</i>	<i>Capital</i>	<i>Revenue</i>	<i>Total Cost £</i>
Sectorise, establish <i>Camac &amp; Eoin Dore</i> Sectors	250,000	750,000	1,000,000
Open St Martha's Day Hospital		500,000	500,000
Enlarge catchment to the West & provide extended service to the Coombe Women's Hospital		500,000	500,000
Extend Psychiatry of Old Age Service	50,000	350,000	400,000
Open <i>Eoin Dore</i> Acute Community Services ( <i>Day Hospital &amp; Sector</i> <i>HQ</i> )	1,000,000	250,000	1,250,000
Development of Day Facilities at the Meath Hospital site	1,000,000	200,000	1,200,000
<b>Total Cost £</b>	<b>2,300,000</b>	<b>2,550,000</b>	<b>4,850,000</b>

<b>Dublin South/South West Mental Health Service</b>			
Tallaght/St Loman's Hospital Area Population approaching 300,000			
<i>Item</i>	<i>Capital</i>	<i>Revenue</i>	<i>Total Cost £</i>
Comprehensive Service Review		20,000	20,000
Establish a Service Level Partnership		20,000	20,000
Commence Psychiatry of Old Age service at Aspen Unit, Tallaght.		200,000	200,000
Open second SWAHB Clubhouse at Clondalkin	40,000	60,000	100,000
Open Teach Bán High Support Hostel, Newcastle	50,000	300,000	350,000
Replace Clondalkin Day Centre	900,000		900,000
Re-development of the St. Loman's Campus (3-4 Year Project)	20,000,000		20,000,000
Develop required rehabilitation structures – Bespoke Buildings	5,000,000		5,000,000
Create a New Team to serve Lucan Co. Dublin.	400,000	450,000	850,000
Establish a Young Persons/First Episode Programme	350,000	350,000	700,000
Establish Educational Programme for Service Users, Carers & Family members.	100,000	200,000	300,000
Deploy Family Support Services for People with severe and enduring mental illness	50,000	250,000	300,000
Foster specialist programmes		400,000	400,000
Divide Service Area Management into Acute and Rehabilitation	100,000	300,000	400,000
<b>Total Cost £</b>	<b>26,990,000</b>	<b>2,550,000</b>	<b>29,540,000</b>

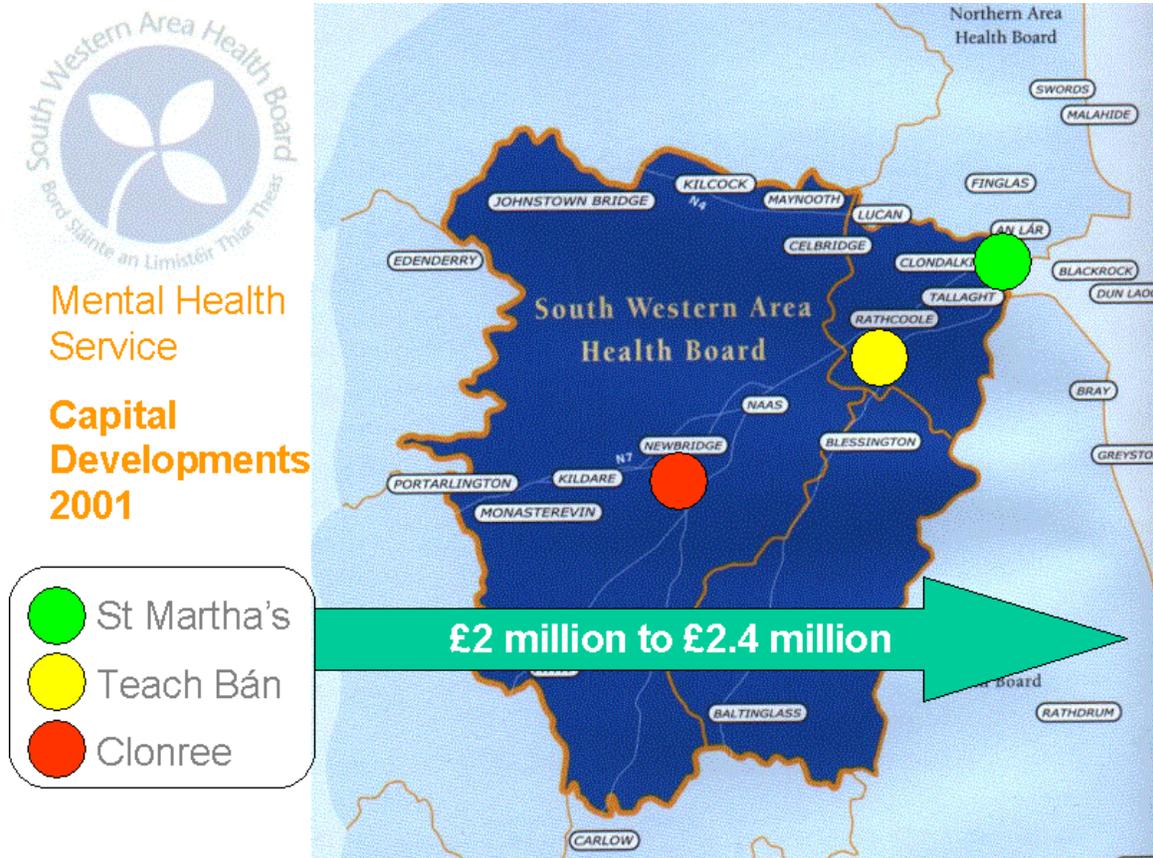
<b>Kildare/West Wicklow Mental Health Service</b>			
Lakeview Unit, Naas Area Population 171,000			
<i>Item</i>	<i>Capital</i>	<i>Revenue</i>	<i>Total Cost £</i>
Appoint a Clinical Director, Area Manager & creation of additional Rehabilitation Team	300,000	400,000	700,000
Open Community Facilities in Mid-East Sector ( <i>Day Hospital/ Centre &amp; Sector HQ</i> )	800,000	250,000	1,050,000
Open Clonree House, Newbridge		200,000	200,000
Open Social Housing Units at Celbridge	100,000		100,000
Create New Day Centre at Carbury	40,000	60,000	100,000
Open Threshold Rehabilitation Programme at Celbridge	30,000	Fás funding	30,000
Refurbish & Reshape Lakeview Unit	1,000,000		1,000,000
Develop Facilities in West Wicklow, Day Service and Accommodation	500,000	250,000	750,000
Appoint sixth sector team ( <i>divide North</i> )	300,000	450,000	750,000
Open Abbeyview House, Castledermot as High Support Hostel & Day Centre	200,000	150,000	350,000
Open additional Social Housing Units at Tús Nua with HAIL	300,000		300,000
Open additional High Support Hostel ( <i>Capital &amp; Revenue</i> )	1,000,000	350,000	1,350,000
<b>Total Cost £</b>	<b>4,570,000</b>	<b>2,110,000</b>	<b>6,680,000</b>

<b>Global South Western Area Health Board Mental Health Service Developments</b>			
Area Population 550,000			
<i>Item</i>	<i>Capital</i>	<i>Revenue</i>	<i>Total Cost £</i>
Commence multi-annual development of Alcohol Services	150,000	300,000	450,000
Establish a multi-disciplinary team for Homeless Persons with Mental Illness	400,000	400,000	800,000
Staff Orientation & Preparation for Mental Health Act 2001		120,000	120,000
Fund the appointment of Peer Advocacy Development Officer		40,000	40,000
Primary Care & Mental Health Implementation Demonstration Project		75,000	75,000
Employ a Facilities Manager to ensure best 'Hotel' aspects of facilities with action fund		350,000	350,000
Produce Information / Educational materials for Service Users		20,000	20,000
Extend Mental Health Promotion Team	25,000	90,000	115,000
Launch International Exchange Programme		150,000	150,000
Extend Alcohol Services (second site)	300,000	150,000	450,000
Launch Diploma in Community Psychiatry with NUI Maynooth		100,000	100,000
Create additional Acute Bed space - 25 Beds	3,500,000	1,000,000	4,500,000
<b>Total Cost £</b>	<b>4,375,000</b>	<b>2,795,000</b>	<b>7,170,000</b>

## Special Capital Allocation in 2001

Following the publication of the 'We Have No Beds' report, £2m. special capital allocation was made to each Area Health Board to purchase additional accommodation.

The map below shows the location of these additional developments.



Significant & sustained capital investment is required to meet spiraling population needs and to accommodate the younger 'new-long stay' patients. There is also a need for secure continuing care facilities to support the proposed 'Psychiatric Intensive Care Unit' (PICU) services. This would take the form of a secure hostel type setting, adjacent to an existing mental health facility.

**Alcohol is a Key Health Determinant in the  
European Community**

(EU Health Ministers, June 2001)

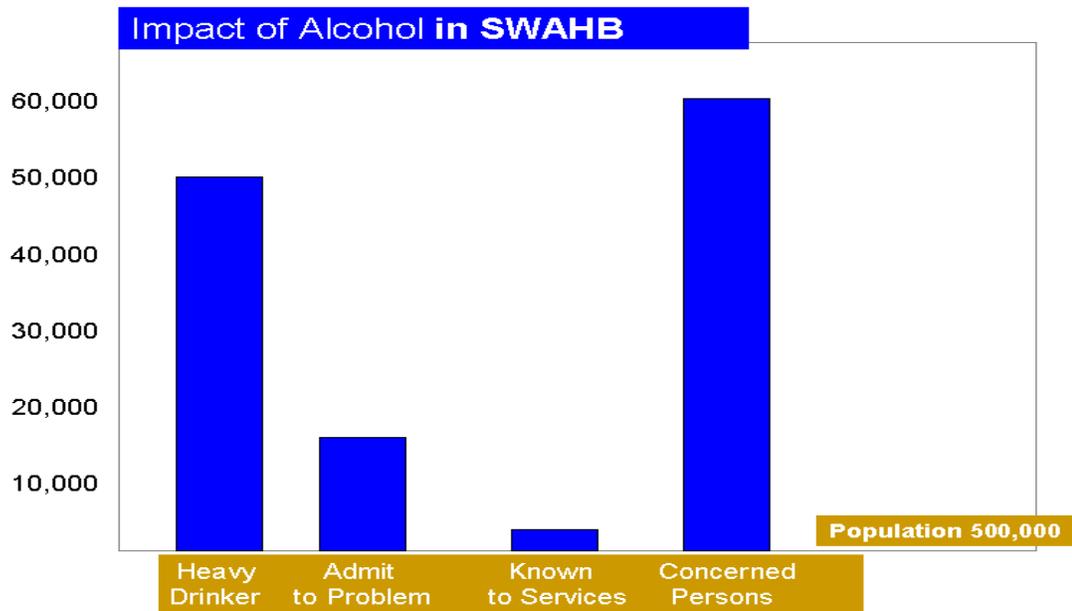
**Existing Service**

The South Western Area Health Board Alcohol Service currently consists of five counsellors at the Community Alcohol Service at Belgrade Road in Tallaght, supported by four counsellors serving Co Kildare and West Wicklow. This service requires considerable development to begin to address the wide-ranging needs of presenting clients. The service will also require a strong Education & Health Promoting capacity to address the needs of problematic drinking in Adults & Young People.

The Alcohol Service will need to start a growth journey which will take a number of years to reach maturity. This programme must be actively managed, multi-disciplinary in nature and be underpinned by continuous evaluation with a solid research base.

It is important that our treatment capacity can track with the growing demand for service as the population increases and public awareness of the health impact of alcohol misuse rises.

The Western European pattern would suggest that in a population of 500,000 there will be 50,000 people consuming alcohol in excess of the recommended level, 18,000 of whom would admit to having a difficulty. 2,000 would be known to the services. A further 60,000 people would be directly impacted upon as concerned persons. The table overleaf outlines this graphically.



Reference: "Problem Drinking in the Community" edited by Tim Stockwell

The South Western Area Health Board needs to grow the Alcohol Service in terms of capacity, reach and location, offering a service which can offer a wider range of interventions both within the community, hospital and in recovery.

### Mental Health amongst Groups with Special Needs

Our mental health services need to re-examine how individuals with special needs, co-morbidity and cultural differences are best addressed.

Groups with additional needs must have care and treatment options that are culturally appropriate and effective. Such groups include:

- Homeless Mentally Ill
- Dual Diagnosis (*Mental Illness with Learning Disability, Substance Misuse*)
- Non-Nationals
- Members of the Travelling Community
- Those with communication deficits –e.g. members of the Deaf Community

## **Suicide**

A number of Suicide Task Force recommendations have been commenced, with further developments anticipated – the Suicide Resource/Mental Health Promotions Officer will take up position in December 2001.

- Suicide Resource Officer
- SWAHB/ICGP Suicide Awareness Training
- Mental Health Development Officer with MHAI.
- Supporting Suicide Bereaved
- Parasuicide Register
- Mental Health Promotion in Schools
- Working with Voluntary Partners
- Further Research

## **Staff Retention and Development**

The South Western Area Health Board is experiencing significant staff retention difficulties. Working in an under-resourced, stressful and stigmatised service is unsustainable. The South Western Area Health Board has some of the country's most innovative, respected and experienced staff in Ireland. A number of factors have caused staff morale to fall in recent years. The poor quality of some facilities, the increasingly urgent demands from the spiralling population, the level of acuity within the in-patient setting and cost of living in Dublin have all taken a toll on staff numbers and morale.

We need to engender a new optimism and hope amongst staff, one which recognises their contribution and professionalism. Partnerships enabling increased flexibility and control close to the workspace will boost morale and restore confidence in the service. Investment in management courses, clinical skills, team building and staff cohesiveness will rekindle the positive attitude necessary for success.

**Hugh Kane**  
**Assistant Chief Executive**

**4<sup>th</sup> December 2001**