

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th February 2010	Completed by:
Chapter 1	Recommendation: 1.1

Chapter 1 Listening to what we heard: Consultation with service users, carers and providers The principles and values described here and underpinning this policy should be reflected in all mental health service planning and delivery

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

There is a consumer involvement group in operation in CMMHS and service user representatives are members of this group.
A survey of inpatients was conducted in 2009 to obtain the views of patients on their experience of the inpatient service. Results of this survey will be used to inform decisions in relations to planned developments with our inpatient services.
A number of focus groups have been held as part of the process to establish consumer panels for the service.

Reason for partial completion / not yet

This is an ongoing organisational development process.

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Both the organisation and service users/patients need to be readied for this as it is a significant change for both parties. It is important to invest resources in this and to approach it as a development process.

Recommend key issues for the consideration of the Independent Monitoring Group

It is important to invest resources in this and to approach it as a development process and capacity building is a central element to it.

Thank You

Signed	Title	Date

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th February 2010	Completed by:
Chapter 3	Recommendation 3.1

Chapter 3 – Partnership in Care: Service Users and Carers:

3.1: Service Users and carers should participate at all levels of the mental health system.

Recommendation Completion in this Area (Tick Box)

Fully Implemented		Partially implemented	✓	Not yet commenced	
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Please tick

Please provide supporting factual information

All patients and service users have individual care plans. The Community rehabilitation service users are involved in the development of their care plan and sign it.
There is a consumer involvement group in operation in CMMHS and service user representatives are members of this group.
A number of focus groups have been held as part of the process to establish consumer panels for the service.

Reason for partial completion / not yet

This is an ongoing development process for both the patients/service users and the organisation and capacity building is important to that process. This takes time and resources.

Completion Date:	
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Both the organisation and the service users/patients need to be readied for this as it is a significant change for both parties. It is important to invest resources in this and to approach it as a development process.

Recommend key issues for the consideration of the Independent Monitoring Group

It is important to invest resources in this and to approach it as a development process and capacity building is a central element to it.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th February 2010	Completed by:
Chapter 3	Recommendation 3.2

Chapter 3 – Partnership in Care: Service Users and Carers:
 Advocacy should be available as a right to all service users in all mental health services in all parts of the country.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input checked="" type="checkbox"/>	Partially implemented	<input type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

The advocate attends the approved centres once per week and is facilitated by the service. Notices are displayed so that patients can easily access the contact details of the advocate.

Reason for partial completion / not yet

Completion Date:	
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th February 2010	Completed by:
Chapter 3	Recommendation 3.3

Chapter 3 – Partnership in care: Service Users and carers

Innovative methods of involving service users and carers should be developed by local services, including the mainstream funding and integration of services organised and run by service users and carers of service users.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

There is a peer led service user support service in Monaghan and a staff nurse has been allocated to this service. The accommodation for and maintenance of this service is provided by CMMHS.

Reason for partial completion / not yet

We expect the consumer panels and focus groups described in Chapter 1 above to assist us in developing this further over time.

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

This is an ongoing development process for both the patients/service users and the organisation and capacity building is important to that process. This takes time and resources.

Recommend key issues for the consideration of the Independent Monitoring Group

It is important to invest resources in this and to approach it as a development process and capacity building is a central element to it.

Thank You

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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th February 2010	Completed by:
Chapter 3	Recommendation 3.6

Chapter 3: Partnership in care: Service users and carers

Carers should be provided with practical support/measures such as; inclusion in the care planning process with the agreement of the service user, inclusion in the discharge planning process, timely and appropriate information and education, planned respite care and should have a member of the multidisciplinary team to act as a keyworker/designated point of contact with the team and to ensure these services are provided.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual information

All patients and service users have individual care plans. The Community rehabilitation service users are involved in the development of their care plan and sign it. With the consent of the service users/patients carers are often involved in the process.

All service users/patients have a key worker.

Reason for partial completion / not yet

Not all teams involve the service user/patient in the development of their care plan. However there are plans being developed to extend this practice through out the service.

Completion Date: December 2010.

Revised Timescale (commencement and completion dates): January 2010 and December 2010

Please share the key learning points which have evolved in the implementation of this recommendation

Service users/patients are often reluctant to involve carers and this ties the service as consent is withheld. In a recent survey of inpatients carried out in this service one of the issues highlighted was that participants felt that we told relatives and carers too much about their condition and treatment.

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th February 2010	Completed by:
Chapter 3	Recommendation: 3.7

Chapter 3 – Partnership in care: service users and carers

The experiences and needs of children of service users should be addressed through integrated action at national, regional and local level in order that such children can benefit from the same life chances as other children.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented ✓	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual information

The community orientation of CMMHS, particularly as reflected in our home-based and primary care liaison programmes, is such that we are well-positioned to become aware of the needs of children of our service users. These issues and concerns emerge frequently in our regular multidisciplinary team reviews and through on-site primary care liaison meetings.

Adult MH services work with the PCCC child protection/ family support social work and there is frequent communication both formally and informally.

A further opportunity will emerge from the recent additional social work complement within newly formed PCTs and the planned physical co-location of PCTs and our CMHTs.

Reason for partial completion / not yet

The team deficits in CAMHS; with recent additional resources provided to the CAHMS team it is hoped that there could be improved access where clinical intervention for children of adult service users is required.

Completion Date:

Revised Timescale

(commencement and completion dates):

Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

In the future a dedicated programmatic approach to the needs of children of adult service users needs to be developed.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th February 2010	Completed by:
Chapter 3	Recommendation 3.8

Chapter 3 – Partnership in care; Service users and carers

Mental health services should provide ongoing, timely and appropriate information to service users and carers as an integral part of the overall service they provide.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

Service users are given verbal information on an ongoing basis by their key worker.
A comprehensive information booklet has been developed by the service and is given to every patient/service user.
We provide written information on medications and possible side effects.
We are developing written information on the most common psychiatric illnesses.

Reason for partial completion / not yet

This is a staged process and is ongoing.

Completion Date:

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Revised Timescale

(commencement and completion dates):

Written information on most common psychiatric illnesses will be available in April 2010.

Please share the key learning points which have evolved in the implementation of this recommendation

Good practice would indicate that the service constantly checks and reviews its processes regarding the provision of information.

Recommend key issues for the consideration of the Independent Monitoring Group

Maintaining quality standards would suggest constant review and checking on practice so there should not ever be a completion date.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th February 2010	Completed by:
Chapter 3	Recommendation 3.9

Chapter 3 – Partnership in care; Service users and carers

Information on the processes involved in making complaints or comments on mental health services should be widely available.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	✓	Partially implemented		Not yet commenced	
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Please tick

Please provide supporting factual Information

Written information – leaflets and posters are available in all areas of the service. Key workers also inform the patient/service user of their rights in this area.

The service information booklet contains this information as well as the appeals process and information on DATA Protection and Freedom of Information.

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

The information booklet was developed with active input from service users and this undoubtedly contributed to the comprehensive nature of the booklet.

The National Adult Literacy Agency was involved in the editing of this booklet and this is very important to improve access to information.

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th February 2010	Completed by:
Chapter 3	Recommendation 3.10

Chapter 3: Partnership in care; service users and carers

Service user involvement should be characterised by a partnership approach which works according to the principles outlined in this chapter and which engages with a wide variety of individuals and organisations in the local community.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

The community orientation of CMMHS requires the maximum utilisation of all appropriate natural and support systems in the community using a partnership model. The range of individuals and agencies involved in this partnership includes community welfare officers, the Gardaí, MABS, local charities, peer support services such as Aware, Grow, AA and Schizophrenia Ireland among many others.

Reason for partial completion / not yet

Completion Date:

The scope of such partnerships is potentially limitless and an evolving process

Revised Timescale (commencement and completion dates):

The scope of such partnerships is potentially limitless and an evolving process

Please share the key learning points which have evolved in the implementation of this recommendation

Recent developments in implementing the principles of Recovery in all aspects of service delivery have been a key influence on service planning and partnerships with other agencies

Recommend key issues for the consideration of the Independent Monitoring Group

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Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 4	Recommendation 4.2

Chapter 4 – Belonging and participating; Social Inclusion

Evidence-based programmes to tackle stigma should be put in place, based around contact, education and challenge.

Recommendation Completion in this Area (Tick Box)

Fully Implemented		Partially implemented ✓	Not yet commenced
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Please tick

Please provide supporting factual Information

Our use of home-treatment for delivery of acute services traditionally located in hospital is inherently stigma-reducing. It helps to de-mystify the interventions of clinical staff for patients and families, neighbours and the wider community who inevitably witness our activities. It presents opportunities for psycho-education in the broad interactions when families are co-opted as allies in treatment and have frequent face-to-face contact with our team members. It similarly impacts at the broader community level when neighbours/friends witness people becoming well through a relatively transparent process and with the maximal preservation of the individual's dignity and autonomy.

Other concrete examples of evidence-based stigma reduction include the fact that our Cavan service is effectively integrated with primary care. Consumer surveys consistently demonstrate that most people express a preference for receiving their mental health care in primary care settings as far as possible. The primary care liaison service aims are to support primary care in its capacity to deliver mental health care while selectively encouraging referral where specialist mental health care is essential to improved outcomes.

Reason for partial completion / not yet

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Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Primary care settings are less stigmatising and preserve established relationships with the GP practice nurse and other primary care professionals.

Perhaps the area in which people with mental health problems encounter the most overt effects of stigma is when they have contact with acute general hospital services. In our efforts to provide mental health liaison to the acute hospital, we have opportunities to challenge prevailing stereotypes attached to people with mental health problems and educate general medical and nursing colleagues about the realities of modern mental health care.

Especially in a rural service, stigma represents one of the greatest barriers to effective mental health care. By our visibility in the community and by maintaining people in their normal family and social settings our service actively challenges the

many stereotypes attached to mental health problems.

Stigma would appear to have been a factor in the failure to acknowledge and plan effectively for the impact on mental health care of the recent acute hospital re-configuration project in Cavan/Monaghan. As similar reconfiguration plans are rolled out nationally under the Transformation Programme, it is essential that the one third of people in acute hospital settings who have co-morbid mental health problems are considered and responded to.

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

<i>Signed</i>	<i>Title</i>	<i>Date</i>
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 5 th March 2010	Completed by:
Chapter 4	Recommendation 4.6

Chapter 4: Belong and participating: Social Inclusion

Evidence-based approaches to training and employment for people with mental health problems should be adopted and such programmes should be put in place by the agencies with responsibility in this area.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual information

Staff from CM Adult MH service work with other agencies such as FAS, TURAS, and Rehab to provide training placements for service users.

Reason for partial completion / not yet

Training and employment are not the direct remit of MH services and this can only happen when all the appropriate agencies work together to achieve this goal.

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Difficulties can arise regarding the funding of training placements for people with mental illness.

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th February 2010	Completed by:
Chapter 4	Recommendation: 4.8

Chapter 4 – Belonging and participating: social inclusion

Mental health services should be provided in a culturally sensitive manner. Training should be made available for mental health professionals in this regard, and mental health services should be resourced to provide services to other ethnic groups, including provision for interpreters.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	Partially implemented	Not yet commenced
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please tick

Please provide supporting factual information

Interpreters are provided whenever needed.
Patients/service users are assessed for and provided with MH services based on their need.

Reason for partial completion / not yet

While training in cultural diversity is available few staff have accessed it due to difficulties in releasing staff to attend.

Completion Date:	This is an ongoing process.
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 5 th March 2010.	Completed by:
Chapter 4	Recommendation: 4.9

Chapter 4: Belonging and participating; Social inclusion:

Community and personal development initiatives which impact positively on mental health status should be supported e.g. housing improvement schemes, local environment planning and the provision of local facilities. This helps build social capital in the community.

Recommendation Completion in this Area (Tick Box)

Fully Implemented		Partially implemented		Not yet commenced	N/A

Please tick

Please provide supporting factual information

This is the direct responsibility of the local authority and CMMHS would be very willing to work with such initiatives. This would build on all ready established relationships with the local authorities.

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th February 2010	Completed by:
Chapter 5	Recommendation : 5.1

Chapter 5: Fostering well being; Mental health promotion

Sufficient benefit has been shown from mental health promotion programmes for them to be incorporated into all levels of mental health and health services as appropriate. Programmes should particularly focus on those interventions known to enhance protective factors and decrease risk factors for developing mental health problems.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual information

The mental health of patients and service users is promoted by the service by encouraging compliance with medications and providing information and support in relation to lifestyle factors that can impact on their mental health.

CMMHS have an alcohol liaison service in place with the ED and wards in CGH.

Reason for partial completion / not yet

This is not solely the responsibility of MH services and is a health service wide, multiagency process.

Completion Date: Ongoing

Revised Timescale
(commencement and completion dates):

Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 5 th March 2010	Completed by:
Chapter 5	Recommendation : 5.2

Chapter 5: Fostering well-being; Mental health promotion

All mental health promotion programmes and initiatives should be evaluated against locally agreed targets and standards.

Recommendation Completion in this Area (Tick Box)

Fully Implemented		Partially implemented		Not yet commenced	N/A

Please tick

Please provide supporting factual Information

CM Adult MHS include mental health promotion in the individual care delivery and not through wider, more generic programmes.
The health promotion department has a development officer to lead out on this and CMMHS would welcome the opportunity to work with him on this.

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 5 th March 2010	Completed by:
Chapter 5	Recommendation 5.5

Chapter 5: Fostering well-being; Mental health promotion

Training and education programmes should be put in place to develop capacity and expertise at national and local levels for evidence-based prevention of mental disorders and promotion of mental health.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	Partially implemented	Not yet commenced	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick

Please provide supporting factual information

The health promotion department has a development officer to lead out on this and CMMHS would welcome the opportunity to work with him on this.

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th February 2010	Completed by:
Chapter 7	Recommendation 7.1

Chapter 7; Mental Health in primary care;

All individuals should have access to a comprehensive range of interventions in primary care for disorders that do not require specialist mental health services.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented ✓	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

A consultant psychiatrist in Cavan works in liaison with primary care practitioners on shared care and education regarding major mental illnesses and those conditions that do not require specialist intervention.
CMMHS currently work with primary care practitioners e.g. PHNs for individual care delivery.
CMMHS are involved in the development of Primary Care services and will be closely linked to primary care services.

Reason for partial completion / not yet

Primary care teams are still developing.

Completion Date:	
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 5 th March 2010	Completed by:
Chapter 7	Recommendation 7.3

Chapter 7 – Mental Health in primary care

All mental health service users, including those in long-stay wards, should be registered with a GP.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	✓	Partially implemented		Not yet commenced	
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Please tick

Please provide supporting factual Information

A GP visits the long stay wards daily Monday to Friday; all residents in staffed hostels and group homes are registered with their own GP; service users living in the community have their own GP.

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24th February 2010	Completed by:
Chapter 7	Recommendation 7.4

Chapter 7: Mental health in primary care:

Appropriately trained staff should be available at the primary care level to provide programmes to prevent mental health problems and promote wellbeing.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented ✓	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

A consultant psychiatrist in Cavan works in liaison with primary care practitioners on shared care and education regarding major mental illness and those conditions that do not require specialist intervention.

Reason for partial completion / not yet

Primary care teams are in the early stages of development and opportunities for training will be pursued.

Completion Date:

Ongoing process

Revised Timescale

(commencement and completion dates):

Ongoing process

Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Training in mental health should be included in training programmes for all team members at both undergraduate and post graduate level.

Thank You

Signed	Title	Date

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 7	Recommendation 7.5

Chapter 7 – Mental health in primary care

It is recommended that the consultation/liaison model should be adopted to ensure formal links between CMHTs and primary care.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

A consultant psychiatrist in Cavan works in liaison with primary care practitioners on shared care and education regarding major mental illness and those conditions that do not require specialist intervention.

Reason for partial completion / not yet

Primary care teams are in the early stages of development and opportunities for training will be pursued.

Completion Date:

Ongoing process

Revised Timescale

(commencement and completion dates):

Ongoing process

Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Training in mental health should be included in training programmes for all team members at both undergraduate and post graduate level.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 7	Recommendation 7.6

Chapter 7 Mental health in primary care

Mental health professionals should be available in the primary care setting, either within community care, the primary care team or the primary care network.

Recommendation Completion in this Area (Tick Box)

Fully Implemented		Partially implemented ✓	Not yet commenced	
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Please tick

Please provide supporting factual Information

CMMHS are available in the primary care network.

CMMHS are involved in the development of Primary Care services and expect to be closely linked to primary care services and to be available in the primary care setting.

Reason for partial completion / not yet

Primary care teams are in the early stages of development.

Completion Date:

Ongoing process

Revised Timescale

(commencement and completion dates):

Ongoing process

Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 5 th March 2010	Completed by:
Chapter 7	Recommendation 7.7

Chapter 7: Mental health in primary care

Local multidisciplinary CMHTs should provide a single point of access for primary care for advice, routine and crisis referral to all mental health services (community and hospital based).

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

Three of the teams have a clinical coordinator who acts as the single point of contact for all referrers, to all aspects of the service.

Reason for partial completion / not yet

There is an unfilled vacancy at Coordinator level in the Community Rehabilitation Service due to the impact of the moratorium on recruitment to the public service and difficulties redeploying within the service.
At present all referrals come through the GP; there is lower awareness of the referral process among other PCT members.

Completion Date:	Ongoing process
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Revised Timescale (commencement and completion dates):	Ongoing process
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 5 th March 2010	Completed by:
Chapter 7	Recommendation 7.8

Chapter 7 Mental health in primary care:

Protocols and policies should be agreed locally by primary care teams and community mental health teams - particularly around discharge planning. There should be continuous communication and feedback between primary care and the CMHT.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input type="checkbox"/>	Not yet commenced	<input checked="" type="checkbox"/>
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Please tick

Please provide supporting factual Information

Reason for partial completion / not yet

Primary care teams are still developing.

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 5 th March 2010	Completed by:
Chapter 7	Recommendation 7.10

Chapter 7 Mental health in primary care:

Physical infrastructure that meets modern quality standards should provide sufficient space to enable primary care and CMHTs to provide high quality care.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

Space for mental health services is included in the plans for primary care centres in Cavan and Monaghan
Planning is underway with regard to the use of shared space for both MH and PC services in the proposed PPP centres in Cavan and Monaghan towns.

Reason for partial completion / not yet

Primary care infrastructure is still developing.

Completion Date:	Ongoing process
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Revised Timescale (commencement and completion dates):	Ongoing process
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 7	Recommendation 7.11

Chapter 7 Mental health in primary care;

The education and training of GPs in mental health should be reviewed. GPs should receive mental health training that is appropriate to the provision of mental health services described in this policy (i.e. community-based mental health services). Service users should be involved in the provision of education on mental health.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual information

CMMHS provide placements on the training programme for GP vocational trainees
Medical students also have placements in this service.

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Training in mental health should be included in training programmes for medical students at both undergraduate and post graduate level.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 9	Recommendation 9.1

Chapter 9 - The Community Mental Health Team (CMHT)

To provide an effective community-based service, CMHTs should offer multidisciplinary home-based treatment and assertive outreach, and a comprehensive range of medical, psychological and social therapies relevant to the needs of service users and their families. Each multidisciplinary team should include the core skills of psychiatry, nursing, social work, clinical psychology, occupational therapy. The composition and skill mix of each CMHT should be appropriate to the needs and social circumstances of its sector population.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual information

The 4 community teams provide a range of home based treatment, assertive outreach, medical, psychological and social care services to service users and their families. However, the teams are not fully resourced in terms of multidisciplinary skill mix.

Reason for partial completion / not yet

The moratorium on recruitment and loss of posts vacated by retirement.

Completion Date:

Revised Timescale

(commencement and completion dates):

Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Posts being vacated due to retirements should remain within the MH service to create opportunities to recruit the necessary range of multidisciplinary skill mix for the community teams.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 9	Recommendation 9.2

Chapter 9 – The Community Mental Health Team (CMHT)

The cornerstone of mental health service delivery should be an enhanced multidisciplinary Community Mental Health Team (CMHT), which incorporates a shared governance model, and delivers best-practice community-based care to serve the needs of children, adults and older people.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

There are four multidisciplinary community MH teams in CMMHS providing services to adults over 18 years including a specialist team for over 65 year olds.

Reason for partial completion / not yet

Child & Adolescent MH services (CAMHS) provide services to the under 18s; however; the CAMHS is not currently part of the governance structure of Cavan/Monaghan Adult MH services.

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010.	Completed by:
Chapter 9	Recommendation 9.3

Chapter 9 – The Community Mental Health Team (CMHT)

Links between CMHTs primary care services, voluntary groups and local community resources relevant to the service user's recovery should be established and formalised.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

CMMHS are involved in a primary care liaison initiative; in the development of the interim primary care teams in C/M PCCC; in the development of primary care infrastructure planning; have clear links with Mental Health Ireland local branches; has established a peer support group within the service (SOLAS) and has close working relationships with local housing authorities.

Reason for partial completion / not yet

The primary care teams and infrastructure is in the developmental stages.

Completion Date:

Revised Timescale

(commencement and completion dates):

Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Mental health services should be involved in the planning of primary cares services from the outset to ensure full integration.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 10	Recommendation 10.3

Chapter 10: Child & Adolescent Mental Health Services

It is recommended that service users and their families and carers be offered opportunities to give feedback on their experience and to influence developments within these services.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

A sample survey of consumer satisfaction with the service has been undertaken by one team member.

Reason for partial completion / not yet

Results are currently being examined by the team with a view to improving the service.

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

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Thank You

Signed	Title	Date

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 10	Recommendation 10.1

Chapter 10: Child & Adolescent Mental Health Services:
 The need to prioritise the full range of mental health care, from primary care to specialist mental health services for children and adolescents is endorsed in this policy.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented ✓	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

Cavan/Monaghan child psychiatry service primarily deals with severe mental health disorders in children and adolescents under 16 years of age.
Local health office management are in the process of rolling out primary care teams. To date, two of four senior clinical psychologists have been recruited for primary care. Discussions between Cavan/Monaghan child psychiatry service and primary care senior clinical psychologists are ongoing regarding the access criteria to both services.

Reason for partial completion / not yet

Meetings are ongoing in this regard. Only 2 of 4 primary care senior clinical psychologists have been recruited.

Completion Date:	
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 10	Recommendation: 10.7

Chapter 10: Child & Adolescent Mental Health Services:
Two child and adolescent CMHTs should be appointed to each sector (population: 100,000). One child and adolescent CMHT should also be provided in each catchment area (300,000 population) to provide liaison cover.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented ✓	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

In total, there are 12.1 WTEs in Cavan/Monaghan CAMHS.
Currently, the Cavan team has a Consultant Psychiatrist, Clinical Nurse Specialist, Psychologist and Social Worker.
One NCHD is shared between 2 teams. The senior clinical psychologist for Monaghan is on maternity leave since November 2009.

Reason for partial completion / not yet

Four posts were allocated to the C&A Team in 2008; three of which have been filled and are in place; consultant, nurse and psychologist. The Senior Social Worker post was originally offered and refused by the successful candidate. It was also offered to another candidate on a redeployment basis. Both applicants considered the offer for a number of weeks before refusing the post.
AEMG approval to fill the post again was sought. Approval by NEMU is awaited.

Completion Date:	Ongoing
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

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Thank You

Signed	Title	Date

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 10	Recommendation 10.8

Chapter 10: Child & Adolescent Mental Health Services

These child and adolescent CMHTs should develop clear links with primary and community care services and identify and prioritise the mental health needs of children in each catchment area.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input checked="" type="checkbox"/>	Partially implemented	<input type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

Links established with primary care psychology service.

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 10	Recommendation 10.9

Chapter 10: Child & Adolescent Mental Health Services

Urgent attention should be given to the completion of the planned four 20-bed units in Cork, Limerick, Galway and Dublin, and multidisciplinary teams should be provided for these units.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

In HSE DNE, a six-bedded adolescent in-patient unit has opened in St. Vincent's Hospital, Fairview. However, its remit is primarily 16 & 17 yr olds and therefore it does not serve our population who are primarily under 16.

A further 6 beds are planned, at which time the age range served will be re-examined.

Reason for partial completion / not yet

Implementation at national level.

Completion Date:

Revised Timescale (commencement and completion dates):

Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

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Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 10	Recommendation 10.10

Chapter 10: Child & Adolescent Mental Health Services

Early intervention and assessment services for children with autism should include comprehensive multidisciplinary and paediatric assessment and mental health consultation with the local community mental health team, where necessary.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input checked="" type="checkbox"/>	Partially implemented	<input type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

The multidisciplinary child development team is charged with the assessment of children with autistic spectrum disorders.

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

There is no learning disability psychiatry service for children and adolescents with a learning disability, including those with autism; this needs to be addressed urgently at a national level.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 11	Recommendation 11.3

Chapter 11 General Adult Mental Health Services:

CMHTs should provide support and consultation to primary care providers in the management and referral of individuals with mental health problems.

Recommendation Completion in this Area (Tick Box)

Fully Implemented		Partially implemented ✓	Not yet commenced
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Please tick

Please provide supporting factual information

The CMMHS has taken a lead role in the provision of a primary care liaison service which has achieved national recognition (Public Service Excellence Award 2006). This service reflects the model described in *A Vision for Change*. The team coordinators and consultant psychiatrist are available to provide advice to primary care professionals and to discuss referrals etc.

Reason for partial completion / not yet

Primary care teams are still developing.

Completion Date:

Revised Timescale

(commencement and completion dates):

Please share the key learning points which have evolved in the implementation of this recommendation

Effective primary care liaison needs to be on-site, ongoing and customised to the individual circumstances of the primary care setting.

All current research evidence suggests that it is essential to distinguish between the consultation/liaison model described in *A Vision for Change* and Primary Mental Health Care, which is solely within the remit of primary care services and must be developed and resourced as an entity in its own right.

Recommend key issues for the consideration of the Independent Monitoring Group

There is clear research evidence that the greatest public health burden from mental disorders does not arise from major mental illnesses but rather from common mental disorders. There is little likelihood that major indices of societal mental health (including national suicide rates) will improve unless services for common mental disorders improve. It is essential that the current plan to develop multi-disciplinary primary care teams across the country results in increased mental health care capacity within primary care. This cannot be addressed by specialist mental health services extending into primary care settings.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 11	Recommendation : 11.4

Chapter 11: General Adult Mental Health Services

The proposed general adult mental health service should be delivered through the core entity of one Community Mental Health Team (CMHT) for sector populations of approximately 50,000. Each team should have two consultant psychiatrists.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input checked="" type="checkbox"/>	Partially implemented	<input type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

In the CMMHS there are 2 general adult CMHTs comprising 4 general adult psychiatrists.

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 11	Recommendation 11.5

Chapter 11: General Adult Mental Health Services

It is recommended that a shared governance model, incorporating clinical team leader, team coordinator and practice manager be established to ensure the provision of best-practice integrated care, and evaluation of services provided.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual information

Each team has a clinical team leader and a team coordinator.

Reason for partial completion / not yet

There is no dedicated practice manager however, the team coordinator undertakes this role at present.

Completion Date:	
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

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Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 11	Recommendation :11.6

Chapter 11: General Adult Mental Health Services

CMHTs should be located in Community Mental Health Centres with consideration for easy access for service users. High quality day hospitals and acute in-patient care facilities should also be provided.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual information

In modern mental health services the concept of Community Mental Health Centres has been superseded by that of locating specialist mental health services within primary care centres. This provides a much less stigmatising environment than traditional CMHCs and facilitates access to services. CMMHS was involved in the design of the first PCT centre in the North East. Currently, a Primary Care Centre is planned for newly built premises in Cavan town due for completion within the current year and similar premises in Monaghan are scheduled to follow. These settings will incorporate day hospital facilities.

Reason for partial completion / not yet

Full completion must await the construction of primary care centres as described above. Day hospital services are provided in the admission ward in Monaghan. As an interim measure to amalgamate and concentrate the expertise of acute inpatient services CMMHS is planning to amalgamate the two existing admission units in 2010.

The proposed location of the admission unit in Cavan may lead to the development of a day hospital in Monaghan

Completion Date: December 2010 – single admission unit.

Revised Timescale
(commencement and completion dates):

Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 11	Recommendation 11.7

Chapter 11 General Adult Mental Health Services

CMHTs should evolve a clear care plan with each service user and, where appropriate, this should be discussed with carers.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

All service users within CMMHS have a care plan

Reason for partial completion / not yet

Not all service users are involved in the development of their care plan and not all service users consent to the involvement of carers.
There is a plan to involve all service users in the development of their care plan and to provide them with a copy in 2010.

Completion Date:	December 2010.
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Allowance must be made for the withholding of consent by service users to discuss care and treatment with carers/families.
A recent survey of inpatients in CMMHS revealed that patients believe that relatives and carers are told too much about their condition and treatment.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 11	Recommendation 11.8

Chapter 11: General Adult Mental Health Services

Each team should include a range of psychological therapy expertise to offer individual and group psychotherapies in line with best practice.

Recommendation Completion in this Area (Tick Box)

Fully Implemented		Partially implemented ✓	Not yet commenced
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Please tick

Please provide supporting factual Information

The 4 CMHTs in CMMHS have a range of psychological services available.

Reason for partial completion / not yet

There are only 2 psychologists in CMMHS; A number of other therapists have retired in recent years and have not been replaced due to the Government moratorium on recruitment to the public service.

Completion Date:	
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Posts being vacated due to retirements should remain within the MH service to create opportunities to recruit the necessary range of multidisciplinary skill mix for the community teams.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 11	Recommendation 11.9

Chapter 11: General Adult Mental Health Services

Service users and providers should collaborate to draw up clear guidelines on the psychological needs of users and the range of community resources and supports available to them locally.

Recommendation Completion in this Area (Tick Box)

Fully Implemented		Partially implemented ✓	Not yet commenced	
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Please tick

Please provide supporting factual Information

All service users have an individual care plan. The process to include the advocate and a peer led support group in consultations in service developments has begun.

Reason for partial completion / not yet

Not all service users are involved in the development of their care plans. Deficits in the availability of the full range of therapies limit the therapies that can be offered to service users.

Completion Date:

Revised Timescale

(commencement and completion dates):

Ongoing development process

Please share the key learning points which have evolved in the Implementation of this recommendation

Involving service users in service development requires capacity building for both the service users and the service providers.

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 11	Recommendation 11.10

Chapter 11: General Adult Mental Health Services

Home-based treatment teams should be identified within each CMHT and provide prompt services to known and new service users as appropriate. This sub-team should have a gate-keeping role in respect of all hospital admissions.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input checked="" type="checkbox"/>	Partially implemented	<input type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

Home-based treatment teams are in place in CMMHS on a 7 day, 9am to 7pm basis. These teams are involved in the assessment of emergency presentations and respond within 2 hours. They work closely with patients during admission and with medical staff, service users, carers and family practitioners on referral and while in treatment.

Reason for partial completion / not yet

Completion Date: 2000

Revised Timescale
(commencement and completion dates):

Please share the key learning points which have evolved in the implementation of this recommendation

Availability of resources is central to sustaining these teams and services must also prioritise them if making redeployment decisions in the current financial context.

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 11	Recommendation 11.11

Chapter 11 General Adult Mental Health Services

Arrangements should be evolved and agreed within each CMHT for the provision of 24/7 multidisciplinary crisis intervention. Each catchment area should have the facility of a crisis house to offer temporary low support accommodation if appropriate.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual information

The home-based treatment teams provide 7 day, 9am to 7pm crisis intervention with a guaranteed emergency response time of 2 hours.

Reason for partial completion / not yet

Outside of these hours, the number of presentations is low and does not warrant provision of this service out-of-hours. A senior nurse with significant experience in the delivery of community based care and home based treatment is on duty from 7.30pm to 7.30am and all presentations during these hours are assessed by this senior nurse and the duty doctor.

Due to the flexibility of home-based treatment and low out of hours demand there is no identified need to establish a crisis house.

Completion Date:

Revised Timescale

(commencement and completion dates):

Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 11	Recommendation 11.12

Chapter 11 General Adult Mental Health Services:

In addition to the existing Early Intervention Services (EIS) pilot project currently underway in the HSE, a second EIS pilot project should be undertaken with a population characterised by a different socio-demographic profile, with a view to establishing the efficacy of EIS for the Irish mental health service.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

An early intervention service called COPE, which targets psychosis, is scheduled to begin in CMMHS in March 2010. This project will build on existing linkages with GPs and other community agencies to identify early presentations of psychosis and reduce the duration of untreated psychosis. A standardised intervention programme incorporating evidence-based pharmacological, psychological and carer psycho-education will be offered to all new patients presenting with psychotic illness. This is modelled on DETECT which is an urban based initiative. The planning phase has been completed. A comprehensive evaluation protocol, developed in association with the RCSI, has now been approved by the Regional Ethics Committee.

Reason for partial completion / not yet

This initiative has recently commenced.

Completion Date:

Revised Timescale

(commencement and completion dates):

Commencing March 2010.

Please share the key learning points which have evolved in the implementation of this recommendation

The COPE programme will exactly meet the criteria described above as the first rural location for an early intervention programme.

Recommend key issues for the consideration of the Independent Monitoring Group

The outcome of this initiative will help to inform the Independent Monitoring Group in terms of the enablers/challenges faced in disseminating the EI model.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 11	Recommendation 11.13

Chapter 11 General Adult Mental Health Services

Each 50 bed acute psychiatric unit should include a close observation unit of six beds.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input type="checkbox"/>	Not yet commenced	<input checked="" type="checkbox"/>
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Please tick

Please provide supporting factual Information

The plans for the amalgamated admission unit include 4 close observation beds.

Reason for partial completion / not yet

A purpose designed and built unit is required to meet all the requirements of a modern day acute psychiatric admission unit.

Completion Date:	Major capital commitment required.
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 11	Recommendation 11.15

Chapter 11: General Adult Mental Health Services

It is recommended that a shared governance model, incorporating clinical team leader, team coordinator and practice manager be established to ensure the provision of best-practice integrated care, and evaluation of services provided.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

Each team has a clinical team leader and a team coordinator.

Reason for partial completion / not yet

There is no practice manager however; the team coordinator undertakes this role at present.

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

The roles of team leader, team coordinator and practice manager must be clearly defined, not only in terms of each individual position but also within the context of the organisational governance structure.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 11	Recommendation :11.6

Chapter 11: General Adult Mental Health Services

CMHTs should be located in Community Mental Health Centres with consideration for easy access for service users. High quality day hospitals and acute in-patient care facilities should also be provided.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

In modern mental health services the concept of Community Mental Health Centres has been superseded by that of locating specialist mental health services within primary care centres. This provides a much less stigmatising environment than traditional CMHCs and facilitates access to services. CMMHS was involved in the design of the first PCT centre in the North East. Currently, a Primary Care Centre is planned for newly built premises in Cavan town due for completion within the current year and similar premises in Monaghan are scheduled to follow. These settings will incorporate day hospital facilities.

Reason for partial completion / not yet

Full completion must await construction of the primary care centres as described above. Day hospital services are provided in the admission ward in Monaghan. As an interim measure to amalgamate and concentrate the expertise of acute inpatient services CMMHS is planning to amalgamate the 2 existing admission units in 2010.

Completion Date:	December 2010 – single admission unit.
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

One of the key learning points from the Virginia PCT was the importance of a shared waiting area for both primary care and specialist mental health service attendees.

The second key point is that the co-location of specialist mental health services within primary care centres facilitates liaison and reduces stigma.

The third and most important is that primary mental health care must be regarded as a general activity in which PCTs must be trained and resourced for in the same way as they are trained and resourced for the delivery of general services for common medical conditions that do not require specialist secondary care services.

Recommend key issues for the consideration of the Independent Monitoring Group

It is essential that the Independent Monitoring Group consider the increased mental health care capacity of PCTs as a priority goal requiring separate and dedicated investment as part of the national primary care strategy. Otherwise resources will be inappropriately diverted from people with major mental disorders.

Thank You

Signed	Title	Date

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 23 rd March 2010	Completed by:
Chapter 11	Recommendation 11.14

Chapter 11: General Adult Mental Health Services

Each of the four HSE regions should provide a 30-bed ICRU unit - with two sub-units of 15 beds each - to a total of 120 places nationally, staffed with multidisciplinary teams with appropriate training.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	Partially implemented	Not yet commenced	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick

Please provide supporting factual Information

Reason for partial completion / not yet

This is a national/regional issue.

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment CM PCCC
Date 7 th March 2010	Completed by;
Chapter 12	Recommendation 12. 1

Chapter 12: Rehabilitation and recovery mental health services for people with severe and enduring mental illness. A strong commitment to the principle of "Recovery" should underpin the work of the rehabilitation CMHT - the belief that it is possible for all service users to achieve control over their lives, to recover their self-esteem, and move towards building a life where they experience a sense of belonging and participation.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual information

There is a full community rehabilitation service in place in CMMHS and the service is founded on the principle of recovery.

Reason for partial completion / not yet

Due to the moratorium on recruitment, the clinical coordinator post is vacant. There are also gaps in the allied health professional grades e.g. psychologist.

Completion Date:	
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

This client group can achieve recovery; multidisciplinary care planning is central to achieving this.

Recommend key issues for the consideration of the Independent Monitoring Group

Posts being vacated due to retirements should remain within the MH service to create opportunities to recruit the necessary range of multidisciplinary skill mix for the community teams.
Service =uUser and carer involvement is essential to recovery.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 12	Recommendation 12.2

Chapter 12: Rehabilitation and recovery mental health services for people with severe and enduring mental illness Some 39 rehabilitation and recovery CMHTs should be established nationally, with assigned sector populations of 100,000. Assertive outreach teams providing community-based interventions should be the principal modality through which these teams work.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

A full community rehabilitation service is in place in CMMHS and there is an Assertive Outreach team in both counties.

Reason for partial completion / not yet

There are deficits in the multidisciplinary team composition.

Completion Date:	
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

The success of AOT has been evaluated using Camberwell and FACE, and the significant decrease in bed usage by this client group.

Recommend key issues for the consideration of the Independent Monitoring Group

Resourcing of AOT should be in accordance with internationally recognised best practice.
Staff resources must be maintained and AOT needs to develop to a full multidisciplinary team.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 12	Recommendation 12.3

CHAPTER 12 - Rehabilitation and recovery mental health services for people with severe and enduring mental illness. The physical infrastructure required to deliver a comprehensive service should be provided in each sector. Rehabilitation and recovery CMHTs should have responsibility for those physical resources appropriate to the needs of their service users, such as community residences.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	✓	Partially implemented		Not yet commenced	
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Please tick

Please provide supporting factual information

In the CMMHS, the staffed hostels and group homes are the responsibility of the community rehabilitation service.

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

The rehabilitation/recovery model encourages individual care planning with constant review allowing movement from high support to medium support to independent living when most appropriate.

Recommend key issues for the consideration of the Independent Monitoring Group

Maintenance charges need to be set at a level comparable to community living to encourage independence and normalisation.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 12	Recommendation 12.5

CHAPTER 12 - Rehabilitation and recovery mental health services for people with severe and enduring mental illness. Rehabilitation and recovery mental health services should develop local connections through linking with local statutory and voluntary service providers and support networks for people with a mental illness is required to support community integration.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

The Community Rehabilitation Service (CRS) has strong working relationships with the local authorities and statutory and voluntary agencies.

Reason for partial completion / not yet

These relationships are more established in Monaghan but work is ongoing in Cavan to strengthen the relationship with the local authorities. Low Occupational Therapy staffing numbers has slowed the full development of links with training agencies.

Completion Date:	
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Multidisciplinary input is important to establishing and maintaining these relationships.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 12	Recommendation 12.6

CHAPTER 12 - Rehabilitation and recovery mental health services for people with severe and enduring mental illness. All current staff within the mental health system who are appointed to rehabilitation and recovery services should receive training in recovery-oriented competencies and principles.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

Local training ongoing. WRAP training commencing April 2010. Cognitive Remediation training will be provided by a trainee psychologist.

Reason for partial completion / not yet

Limited multidisciplinary resources on the team. Financial restrictions on funding available for training e.g. mileage.

Completion Date:	
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Training requires adequate resourcing.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 12	Recommendation 12.7

CHAPTER 12 - Rehabilitation and recovery mental health services for people with severe and enduring mental illness. The development of formal coordination structures between health services and employment agencies should be a priority if the delivery of seamless services is to be facilitated.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	Partially implemented	Not yet commenced
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please tick

Please provide supporting factual Information

There is an occupational guidance service available through the regional disability service. Staff on the CRS team avail of this service to identify training and employment opportunities for clients. CRS staff also liaise with the National Learning Network, the supported employment service (OBAIR) and FAS.

Reason for partial completion / not yet

There is a deficit in the number of allied health professionals on the CRS.

Completion Date:

Revised Timescale
(commencement and completion dates):

Please share the key learning points which have evolved in the implementation of this recommendation

Evidence based practice has shown that in terms of employment, the most effective model is the 'Individual Placement and Support' model. However, this has been limited as FAS, who oversee this initiative, require the client to work a minimum of 20 hrs per week. Clients with a severe and enduring mental illness often do not have the capacity to work these hours. A review of the minimum requirements of this initiative or provision of a different funding stream may need to be considered to benefit more clients.

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 8 th March 2010	Completed by:
Chapter 12	Recommendation 12.8

CHAPTER 12 - Rehabilitation and recovery mental health services for people with severe and enduring mental To facilitate the service user in re-establishing meaningful employment, development of accessible mainstream training support services and coordination between rehabilitation services and training and vocational agencies is required.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual information

The MDT in the Community Rehabilitation Service facilitates the client with this by working with the Occupational Guidance Service (see 12.7 above).

Reason for partial completion / not yet

Places on the TURAS program are funded for 2 to 3 yrs and then the funding ceases. There is no process in place to enable clients to continue in TURAS or to facilitate further training or supported employment. This difficulty has increased in recent years with increased financial restrictions.

Completion Date:	
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Meaningful occupation is essential to recovery.

Recommend key issues for the consideration of the Independent Monitoring Group

Programs need to be developed which follow on from TURAS with either further training or supported employment.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 8 th March 2010	Completed by:
Chapter 12	Recommendation 12.9

CHAPTER 12 - Rehabilitation and recovery mental health services for people with severe and enduring mental illness. Evaluation of services to the severe and enduring service user group should incorporate quality-of-life measures and assess the benefit and value of these services directly to service users and their families.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

FACE is used for client evaluation
Assessments are available pre and post specific intervention e.g. WRAP, Solution to Wellness.

Reason for partial completion / not yet

Within the limited resources available, evaluation can only be introduced on a phased basis.

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 13	Recommendation 13.1

CHAPTER 13 - Mental health services for older people Any person, aged 65 years or over, with primary mental health disorders or with secondary behavioural and affective problems arising from experience of dementia, has the right to be cared for by mental health services for older people (MHSOP).

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

CMMHS has a MHSOP community team in place.

Reason for partial completion / not yet

There are deficits in the composition of the multidisciplinary team.

Completion Date:	2000
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 13	Recommendation 13.3

CHAPTER 13 - Mental health services for older people Health promotion programmes and initiatives found to be beneficial to older adults should be implemented.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input checked="" type="checkbox"/>	Partially implemented	<input type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

A range of health promotion programmes are available including solution to wellness; age appropriate exercise programmes; Positive Age – adding life to years awareness sessions on health promotion issues e.g. smoking cessation, safe alcohol consumption
Advice and support on medication compliance and management
Home safety assessments

Reason for partial completion / not yet

Completion Date:	Part of ongoing service delivery
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 13	Recommendation 13.4

CHAPTER 13 - Mental health services for older people Primary health care teams should play a major role in assessment and screening for mental illness in older people and should work in a coordinated and integrated manner with the specialist teams to provide high quality care, particularly care that is home-based..

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented ✓	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

MHSOP work with all existing primary care providers to assess, coordinate and integrate care.

Reason for partial completion / not yet

Primary care teams are still developing.

Completion Date:	Ongoing
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7 th March 2010	Completed by:
Chapter 13	Recommendation 13.5

CHAPTER 13 - Mental health services for older people A total of 39 MHSOP multidisciplinary teams should be established nationally, one per 100,000 population, providing domiciliary and community-based care.

Recommendation Completion in this Area (Tick Box)

Fully Implemented		Partially implemented ✓	Not yet commenced	
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Please tick

Please provide supporting factual Information

CMMHS has a MHSOP community based team in place.

Reason for partial completion / not yet

The number of people in Cavan/Monaghan over the age of 65yrs indicates a need for an additional 0.5 WTE Consultant Psychiatrist.
There are deficits in the skill mix on the multidisciplinary team e.g. home base and psychology.

Completion Date:	
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Posts being vacated due to retirements should be held in MH to create opportunities to recruit the skill mix to the community teams.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7th March 2010	Completed by:
Chapter 13	Recommendation 13.6

CHAPTER 13 - Mental health services for older people Priority should be given to establishing comprehensive specialist MHSOP where none currently exist.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

CMMHS has a MHSOP community based team in place.

Reason for partial completion / not yet

No of > 65yrs in CM indicates a need for an additional 0.5 WTE Consultant Psychiatrist; there are deficits in the multidisciplinary mix on the teams e.g. home base and psychology.

Completion Date:	
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Posts being vacated due to retirements should remain within the MH service to create opportunities to recruit the necessary range of multidisciplinary skill mix for the community teams.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 7th March 2010	Completed by:
Chapter 13	Recommendation 13.7

CHAPTER 13 - Mental health services for older people Physical resources essential to service delivery, acute beds and continuing care, service headquarters, community-based and day facilities should be provided for MHSOP within each sector.

Recommendation Completion in this Area (Tick Box)

Fully Implemented		Partially implemented ✓		Not yet commenced	

Please tick

Please provide supporting factual Information

There are 7 acute admission beds in the psychiatric in-patient unit in CGH. There are also 20 continuing care beds; 2 MHSOP service headquarters and 1 MHSOP day facility.

Reason for partial completion / not yet

There is no dedicated day facility in Cavan and the one in Monaghan is not community based.

Completion Date:	
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 8 th March 2010	Completed by:
Chapter 13	Recommendation 13.8

CHAPTER 13 - Mental health services for older people There should be eight acute assessment and treatment beds in each regional acute psychiatric unit for MHSOP.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	✓	Partially implemented		Not yet commenced	
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Please tick

Please provide supporting factual Information

There are seven acute assessment/treatment beds for MHSOP in the psychiatric in-patient unit in Cavan General Hospital for a population of 118,791.

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 8 th March 2010	Completed by:
Chapter 13	Recommendation 13.9

CHAPTER 13 - Mental health services for older people

There should be one central day hospital per mental health catchment area (300,000 population) providing 25 places, and a number of travelling day hospitals in each mental health catchment area.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input type="checkbox"/>	Not yet commenced	<input checked="" type="checkbox"/>
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Please tick

Please provide supporting factual Information

Currently, there is neither a central day hospital nor a travelling day hospital within the Cavan/Monaghan catchment area.

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 8 th March 2010	Completed by:
Chapter 13	Recommendation 13.10

CHAPTER 13 - Mental health services for older people There should be an appropriate provision of day centres in each mental health catchment area, but their provision should not be the responsibility of the MHSOP. The development of formal coordination structures between health services and employment agencies should be a priority if the delivery of seamless services is to be facilitated.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

The current day service is provided by MHSOP.

Reason for partial completion / not yet

There is no dedicated day facility in Cavan and the one in Monaghan is not community based.

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 8 th March 2010	Completed by:
Chapter 13	Recommendation 13.12

CHAPTER 13 - Mental health services for older people Carers and families should receive appropriate recognition and support including education, respite, and crisis response when required..

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input checked="" type="checkbox"/>	Partially implemented	<input type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

From initial assessment, to care planning, to ongoing intervention, carers and families are supported by the multidisciplinary team through the provision of education, respite and crisis intervention.

Reason for partial completion / not yet

Completion Date:	This is an ongoing service delivery philosophy.
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 8 th March 2010	Completed by:
Chapter 13	Recommendation 13.13

CHAPTER 13 - Mental health services for older people Older people with mental health problems should have access to nursing homes on the same basis as the rest of the population

Recommendation Completion in this Area (Tick Box)

Fully Implemented	✓	Partially implemented		Not yet commenced	
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Please tick

Please provide supporting factual Information

MHSOP refer people to nursing homes appropriate to their needs.

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 8 th March 2010	Completed by:
Chapter 13	Recommendation 13.14

CHAPTER 13 - Mental health services for older people There should be 30 continuing care places for older people with mental disorders in each mental health catchment area.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	✓	Partially implemented		Not yet commenced	
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Please tick

Please provide supporting factual Information

Currently, there are 20 continuing care beds for a population of 118,791.

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 14	Recommendation 14.1

CHAPTER 14 - Mental health services for people with intellectual disability The process of service delivery of mental health services to people with intellectual disability should be similar to that for every other citizen.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

Improvements have been made in the recent past and services are working more closely together than previously. However, the presence of an Intellectual Disability can still hinder access to psychiatric services in some cases due to the absence of a consultant psychiatrist/specialist MHID service for people with an intellectual disability.

Reason for partial completion / not yet

There is no consultant psychiatrist for intellectual disability in Cavan/Monaghan.

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date	Completed by:
Chapter 14	Recommendation 14.2

CHAPTER 14 - Mental health services for people with intellectual disability
 Detailed information on the mental health of people with intellectual disability should be collected by the NIDD. This should be based on a standardised measure. Data should also be gathered by mental health services for those with intellectual disability as part of national mental health information gathering.

Recommendation Completion in this Area (Tick Box)

Fully Implemented		Partially implemented		Not yet commenced	✓
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Please tick

Please provide supporting factual Information

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 14	Recommendation 14.4

CHAPTER 14 - Mental health services for people with intellectual disability The promotion and maintenance of mental well-being should be an integral part of service provision within intellectual disability services.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

A sessional consultant psychiatrist provides services to the ID population which are supported by improved working relationships between adult psychiatry and ID services in Cavan Monaghan.

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

All service users must be regarded as a whole person and all needs identified and catered for. Each individual has a constitutional right to access appropriate services. This must be reflected in service provision.

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 14	Recommendation 14.5

CHAPTER 14 - Mental health services for people with intellectual disability All people with an intellectual disability should be registered with a GP and both intellectual disability services and MHID teams should liaise with GPs regarding mental health care.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented ✓	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

This is current practice within Cavan Monaghan ID Services. There are currently no specialist MHID services in Cavan Monaghan.

Reason for partial completion / not yet

There are currently no MHID teams in existence in Cavan Monaghan Disability Services.

Completion Date:	
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Registration with a GP is regarded as essential for all ID clients.

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 14	Recommendation 14.6

CHAPTER 14 - Mental health services for people with intellectual disability
 Mental health services for people with intellectual disability should be provided by a specialist mental health of intellectual disability (MHID) team that is catchment area-based. These services should be distinct and separate from, but closely linked to, the multidisciplinary teams in intellectual disability services who provide a health and social care service for people with intellectual disability.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input type="checkbox"/>	Not yet commenced	<input checked="" type="checkbox"/>
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Please tick

Please provide supporting factual Information

There is no specialist MHID team in place. Collaborative working arrangements operate between Adult MH and ID services on an individual ad-hoc case by case basis.

Reason for partial completion / not yet

No MHID team in place.

Completion Date:	
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Presence of MHID would facilitate closer co-operation and promote equity of service provision for clients.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 23 rd March 2010	Completed by:
Chapter 14	Recommendation 14.7

CHAPTER 14 - Mental health services for people with intellectual disability The multidisciplinary MHID teams should be provided on the basis of two per 300,000 population for adults with intellectual disability.

Recommendation Completion in this Area (Tick Box)

Fully Implemented		Partially implemented		Not yet commenced ✓	
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Please tick

Please provide supporting factual Information

Reason for partial completion / not yet

No MHID team in place.

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 23 rd March 2010	Completed by:
Chapter 14	Recommendation 14.8

CHAPTER 14 - Mental health services for people with intellectual disability One MHID team per 300,000 population should be provided for children and adolescents with intellectual disability.

Recommendation Completion in this Area (Tick Box)

Fully Implemented		Partially implemented		Not yet commenced	✓
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Please tick

Please provide supporting factual Information

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 23 rd March 2010	Completed by:
Chapter 14	Recommendation 14.9

CHAPTER 14 - Mental health services for people with intellectual disability A spectrum of facilities should be in place to provide a flexible continuum of care based on need. This should include day hospital places, respite places, and acute, assessment and rehabilitation beds/places. A range of interventions and therapies should be available within these settings.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual information

Collaborative working arrangements operate between ID and Mental Health services on an individual basis and have begun to explore the use of cross agency resources.

Reason for partial completion / not yet

No formal structures in place.

Completion Date:	
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Need for MHID team to work with existing services and liaise with PCT for benefit of all dual diagnosis clients.

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 23 rd March 2010	Completed by:
Chapter 14	Recommendation 14.10

CHAPTER 14 - Mental health services for people with intellectual disability In order to ensure close integration, referral policies should reflect the needs of individuals with intellectual disability living at home with their family, GPs, the generic intellectual disability service providers, the MHID team and other mental health teams such as adult and child and adolescent mental health teams.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual information

PCT linking with other services on an individual case by case basis

Reason for partial completion / not yet

NO MHID team in place.

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Structure required to facilitate implementation of 14.10

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 8 th March 2010	Completed by:
Chapter 15.2	Recommendation 15.2.6

Mental health services for homeless people Community mental health teams should adopt practices to help prevent service users becoming homeless, such as guidelines for the discharge of people from psychiatric in-patient care and an assessment of housing need/living circumstances for all people referred to mental health services.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

In CMMHS, care and treatment is delivered using a biopsychosocial model; so housing needs/living circumstances are included in all assessments.

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 8 th March 2010	Completed by:
Chapter 15	Recommendation 15.2.7

Mental health services for homeless people Integration and coordination between statutory and voluntary housing bodies and mental health services at catchment area level should be encouraged.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input checked="" type="checkbox"/>	Partially implemented	<input type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

CMHTs have ongoing and regular contact with local housing authorities and voluntary agencies in Cavan and Monaghan.

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 8 th March 2010	Completed by:
Chapter 15	Recommendation 15.3.1

Mental health services for people with co-morbid severe mental illness and substance abuse problems Mental health services for both adults and children are responsible for providing a mental health service only to those individuals who have co-morbid substance abuse and mental health problems.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

The presence of severe mental illness represents the criterion that governs access to services within CMMHS with or without co-morbid substance misuse. However, this is only viable if there is sufficient access to specialist support in the psychiatry of substance misuse as a recognised and necessary area of sub-specialist expertise.

Reason for partial completion / not yet

There is inadequate provision of specialist psychiatry services for co-morbid severe mental illness/substance misuse at both a regional and a national level.

Completion Date:	
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

This area must be addressed on a regional/national basis to achieve completion.

Recommend key issues for the consideration of the Independent Monitoring Group

Resource provision for specialist services for this population on a regional basis

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 8 th March 2010	Completed by:
Chapter 15	Recommendation 15.3.2

Mental health services for people with co-morbid severe mental illness and substance abuse problems General adult CMHTs should generally cater for adults who meet these criteria, particularly when the primary problem is a mental health problem.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

Where there is evidence of severe mental illness, co-morbid substance misuse is not in general, an exclusion criterion for access to CMMHS. However, this policy is only viable insofar as the expertise and resources of a general adult CMHT are not outstripped.

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Not all cases of co-morbid severe mental illness/substance misuse can be effectively managed within general adult mental health services.

Recommend key issues for the consideration of the Independent Monitoring Group

The group should monitor regional specialist services as described above especially outside the major cities as the substance misuse phenomenon has now clearly become a rural as well as an urban problem.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 23 rd March 2010	Completed by:
Chapter 15	Recommendation 15.3.4

Mental health services for people with co-morbid severe mental illness and substance abuse problems. Specialist adult teams should be developed in each catchment area of 300,000 to manage complex, severe substance abuse and mental disorder.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input type="checkbox"/>	Not yet commenced	<input checked="" type="checkbox"/>
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Please tick

Please provide supporting factual Information

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 23 rd March 2010	Completed by:
Chapter 15	Recommendation 15.3.5

Mental health services for people with co-morbid severe mental illness and substance abuse problems. These specialist teams should establish clear linkages with local community mental health services and clarify pathways in and out of their services to service users and referring adult CMHTs.

Recommendation Completion in this Area (Tick Box)

Fully Implemented		Partially implemented		Not yet commenced	✓
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Please tick

Please provide supporting factual Information

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 23 rd March 2010	Completed by:
Chapter 15	Recommendation 15.4.1

Mental health services for people with eating disorders Health promotion initiatives that support greater community and family awareness of eating disorders should be supported and encouraged.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input type="checkbox"/>	Not yet commenced	<input checked="" type="checkbox"/>
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Please tick

Please provide supporting factual Information

Reason for partial completion / not yet

CM Adult MH service are involved in a CAWT eating disorder project that includes the development of community supports and the provision of education and support to families and carers of patients with Eating Disorders. This project is due to commence in June 2010 and run for 3 years.

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 15	Recommendation 15.4.4

Mental health services for people with eating disorders Eating disorders in children and adolescents should be managed by the child and adolescent CMHTs on a community basis, using beds in one of the five in-patient child and adolescent units if required.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented ✓	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

The lack of development in in-patient child and adolescent units means that the only HSE unit for children under 16 years of age within DNE is Warrenstown. Private units such as St. John of God's Ginesa Suite require funding on a fortnightly basis. This funding is acquired on the basis of emergency need. Where possible HSE units are used in preference to private units. It is rare for the families we see in Cavan/Monaghan to have private medical insurance.

Reason for partial completion / not yet

Completion Date:

Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 15	Recommendation 15.4.8

Mental health services for people with eating disorders The four specialised multidisciplinary adult teams, and the national team for children and adolescents, should provide community-based consultation, advice and support to all agencies in their area.

Recommendation Completion in this Area (Tick Box)

Fully Implemented		Partially implemented		Not yet commenced ✓	
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Please tick

Please provide supporting factual Information

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 9 th March 2010	Completed by:
Chapter 15	Recommendation 15.5.1

Liaison mental health services The existing provision of nine LMHS teams nationally should be increased to thirteen.

Recommendation Completion in this Area (Tick Box)

Fully Implemented		Partially implemented		Not yet commenced ✓
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Please tick

Please provide supporting factual Information

There is no liaison team in CMMHS.

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 15	Recommendation 15.5.2

Liaison mental health services Complete multidisciplinary LMHS should be established in the three national children's hospitals.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

There are partial LMHS teams in the three national children's hospitals.

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 15	Recommendation 15.5.3

Liaison mental health services Liaison child and adolescent mental health services should be provided by a designated child and adolescent CMHT, one per 300,000 population (see Chapter 10)

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input type="checkbox"/>	Not yet commenced	<input checked="" type="checkbox"/>
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Please tick

Please provide supporting factual Information

In conjunction with 0.5 WTE nurse, one of the two consultant C&A psychiatrists within Cavan/Monaghan provides three liaison sessions to Our Lady of Lourdes Hospital.
A consultant C&A psychiatrist and a consultant adult psychiatrist were involved in drawing up a plan for an adult and child liaison service for the proposed regional hospital, which was envisaged to replace the five existing hospitals in the North East. However, plans for the regional hospital are currently on hold.
There is no designated liaison C&A CMHT which is a major gap in the provision of mental health services to the children with physical illnesses.

Reason for partial completion / not yet

Major regional hospital not yet established and funding to progress it is not available currently.

Completion Date:	
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

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Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 15	Recommendation 15.7.1

Suicide Prevention There should be agreed protocols and guidelines for engaging with those assessed to be at high risk of suicidal behaviour, and for engaging with those who are particularly vulnerable in the wake of a suicide, within mental health care settings.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented ✓	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

A written protocol has been developed for the management of suicidal risk and the aftermath of suicide. A specific protocol for responding to the CGH Emergency Dept has been jointly developed and supported by regular liaison meetings. The home-treatment model offers rapid assessment of referrals, from primary care, of people in acute suicidal crisis and GPs are aware of this service, through ongoing liaison.

Reason for partial completion / not yet

Further improvements in this area could be made if there was a dedicated mental health liaison team within Cavan General Hospital where the ED and wards have generated a considerable increased burden of service provision for this clinical population since the closure of Monaghan General as an acute hospital.

Completion Date:

Revised Timescale

(commencement and completion dates):

Please share the key learning points which have evolved in the implementation of this recommendation

The key learning point in this area is the consequences of failing to plan for the impact of acute hospital reconfiguration on mental health service provision in general hospital Emergency Departments, where the greatest numbers of people are seen in the aftermath of attempted suicide. The reconfiguration of acute hospital services in the North East has skewed the burden on community mental health teams, which provide services on a geographical county basis.

Recommend key issues for the consideration of the Independent Monitoring Group

The provision of dedicated multidisciplinary mental health liaison teams in larger general hospital settings, as recommended in *A Vision for Change* must become a priority for the Monitoring Group. The implementation of *A Vision for Change* should be integrated with the acute hospital reconfiguration and Transformation programmes.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 23 rd March 2010	Completed by:
Chapter 15	Recommendation 15.7.2

Suicide Prevention Particular care should be given to service users of mental health services who have been identified as being at high risk of suicidal behaviour e.g. those with severe psychosis, affective disorders, and individuals in the immediate aftermath of discharge from in-patient settings.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input checked="" type="checkbox"/>	Partially implemented	<input type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

Suicide is the result of multidimensional risk factors and suicide risk varies widely between patients and can change rapidly within the same patient over time. Good clinical care is always the best risk management and suicide risk assessment is a process, not an event. One of the best approaches, to the assessment and management of suicide risk, is through multidisciplinary teams. In multidisciplinary treatment settings good communication between different professional disciplines is essential to managing patients at risk of self harm and suicide. Clinicians involved in collaborative care should make provisions for the emergency treatment and management of patients in a suicidal crisis. This is the model of care provided in CMMHS.

Reason for partial completion / not yet

Completion Date:

Revised Timescale
(commencement and completion dates):

Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

At a societal level, the greatest contribution to suicide does not emerge from people with major mental illness.

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 23 rd March 2010	Completed by:
Chapter 15	Recommendation 15.8.1

People with borderline personality disorder The needs of people with mental health problems arising from or co-morbid with borderline personality disorder should be recognised as a legitimate responsibility of the mental health service, and evidence-based interventions provided on a catchment area basis.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented ✓	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

CMMHS treat psychiatric illnesses irrespective of any co-morbidity; so individuals with borderline personality disorder are not excluded from accessing MH services.

Reason for partial completion / not yet

There is no specialist service in the catchment area for borderline personality disorders.

Completion Date:	
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 15	Recommendation 15.8.2

People with borderline personality disorder Specialised therapeutic expertise should be developed in each catchment area to deal with severe and complex clinical problems that exceed the available resources of generic CMHTs.

Recommendation Completion in this Area (Tick Box)

Fully Implemented		Partially implemented		Not yet commenced	✓
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Please tick

Please provide supporting factual Information

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 9 th March 2010	Completed by:
Chapter 16	Recommendation 16.4

CHAPTER 16 - Management and organisation of mental health services

Multidisciplinary Mental Health Catchment Area Management Teams should be established. These teams should include both professional managers and clinical professionals along with a trained service user and should be accountable to the National Care Group Manager and the National Mental Health Service Directorate.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

This is a national and regional HSE Service deliverable for 2010; a multidisciplinary management team has been in place since 2009.

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 9 th March 2010	Completed by:
Chapter 16	Recommendation 16.5

CHAPTER 16 - Management and organisation of mental health services

Community Mental Health Teams should self-manage through the provision of a team coordinator, team leader and team practice manager.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	Partially implemented	Not yet commenced
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please tick

Please provide supporting factual Information

There is a team coordinator and team leader in place in 3 of the 4 community teams.

Reason for partial completion / not yet

There are no practice managers in place on any team; the coordinator fulfils this role at present.

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

The roles of team leader, team coordinator and practice manager must be clearly defined, not only in terms of each individual position but also within the context of the organisational governance structure.

Thank You

Signed	Title	Date

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 9 th March 2010	Completed by:
Chapter 16	Recommendation 16.6

CHAPTER 16 - Management and organisation of mental health services

Community Mental Health Teams should be responsible for developing costed service plans and should be accountable for their implementation.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	Partially implemented	Not yet commenced
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please tick

Please provide supporting factual Information

Each team develops a service plan each year.

Reason for partial completion / not yet

Training has been provided on National Financial Regulations; however, additional training may/will be required.

Completion Date:	Ongoing
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

With the reduction in finances and staff resources available to MH services, service management is challenged with identifying the overall needs of the service with a view to deploying to those areas of greatest need and/or risk.

Thank You

Signed	Title	Date

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 9 th March 2010	Completed by:
Chapter 16	Recommendation 16.7

CHAPTER 16 - Management and organisation of mental health services A management and organisation structure of National Mental Health Service Directorate, a multidisciplinary Mental Health Catchment Area Management Team and local, self-managing CMHTs should be put in place.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

CMMHS has a local multidisciplinary management team in place since 2009.

Reason for partial completion / not yet

This is a national and regional HSE Service Plan deliverable for 2010.

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 23 rd March 2010	Completed by:
Chapter 16	Recommendation 16.8

CHAPTER 16 - Management and organisation of mental health services Mental Health Catchment Area Management Teams should facilitate the full integration of mental health services with other community care area programmes. This should include the maximum involvement with self-help and voluntary groups together with relevant local authority services.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input type="checkbox"/>	Not yet commenced	<input checked="" type="checkbox"/>
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Please tick

Please provide supporting factual information

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

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Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 23 rd March 2010	Completed by:
Chapter 16	Recommendation 16.9

CHAPTER 16 - Management and organisation of mental health services

Community Mental Health Teams and Primary Care Teams should put in place standing committees to facilitate better integration of the services and guide models of shared care.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input type="checkbox"/>	Not yet commenced	<input checked="" type="checkbox"/>
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Please tick

Please provide supporting factual Information

The primary care teams in Cavan/Monaghan are still developing.

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 9 th March 2010	Completed by:
Chapter 17	Recommendation 17.8

CHAPTER 17 - Investing in the future: Financing the mental health services

Provision of community mental health centres as service bases for multidisciplinary community mental health teams should be given priority.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	Partially implemented	Not yet commenced
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please tick

Please provide supporting factual Information

In modern mental health services the concept of Community Mental Health Centres has been superseded by that of locating specialist mental health services within primary care centres. This provides a much less stigmatising environment than traditional CMHCs and facilitates easier access to services. CMMHS was involved in the design of the first PCT centre in the North East. Currently, a Primary Care Centre is planned for newly built premises in Cavan town due for completion within the current year and similar premises in Monaghan are scheduled to follow. These settings will incorporate day hospital facilities.

Reason for partial completion / not yet

Construction of the primary care centres described above must be completed.

Completion Date:

Revised Timescale (commencement and completion dates):

Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 9 th March 2010	Completed by:
Chapter 18	Recommendation 18.7

CHAPTER 18 - Manpower, education and training Family friendly staff policies and flexible rostering with provision of suitable child care facilities is an important issue for the recruitment and retention of staff, as is help with housing, particularly for foreign nationals.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	Partially implemented	Not yet commenced
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please tick

Please provide supporting factual Information

There are a range of family friendly policies in place through the HSE HR function e.g. parental leave, term time leave, job sharing, flexible hours, maternity leave, special leave (paid and unpaid).

Reason for partial completion / not yet

There are no child care facilities in CMMHS and with the exception of on call accommodation, housing is not provided for staff.

Completion Date:

Revised Timescale

(commencement and completion dates):

Please share the key learning points which have evolved in the implementation of this recommendation

In recent years, it is not a lack of family friendly policies that has resulted in significant numbers leaving the mental health service but rather the specific terms and conditions that allow retirement at 55 yrs of age with a doubling of all service years in excess of 20 years service.

The numbers of staff availing of family friendly policies has actually reduced the available staff resource as recruitment to fill the gaps created by the uptake of various policies has not been allowed.

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 9 th March 2010	Completed by:
Chapter 18	Recommendation 18.8

CHAPTER 18 - Manpower, education and training A flexible retirement package should be considered to make the best use of valuable experienced staff. This would enable staff nearing retirement to move into part-time work without reducing pension benefit or to retire while carrying on with full or part-time work. Staff earlier on in their career should be able to take a career break and still contribute to their pension benefits.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	Partially implemented	Not yet commenced
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick

Please provide supporting factual information

Reason for partial completion / not yet

This is a matter for the Department of Health and Children and the Department of Finance.

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 18	Recommendation 18.10

CHAPTER 18 - Manpower, education and training Within the context of overall service changes, many currently employed staff will need to redefine their role in the light of the development of new community-based teams focusing on early intervention, assertive outreach, crisis resolution and home treatment. Appropriate training should be available for affected staff.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

When the 4 community mental health teams were being established, staff transferred from inpatient settings to community based service delivery and roles were redefined over time.

Reason for partial completion / not yet

There is no formal training process within the service although student nurses are assigned community placements.

Completion Date:	
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 18	Recommendation 18.11

CHAPTER 18 - Manpower, education and training A personal training and development plan or equivalent should be introduced for all grades of staff in the mental health services. This should help managers set priorities for the use of resources in order to meet common needs more efficiently, organise staff release and target and schedule in-house education and training. In this regard it is also important to make available clear information about routes to employment training and career progression within the mental health service.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual information

Support for personal development planning is available from the regional performance and development department in Ardee.
The recently launched Legal Activity Project Report includes an organisational learning strategy. An implementation plan is currently being developed.

Reason for partial completion / not yet

Completion Date:

Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 18	Recommendation 18.24

CHAPTER 18 - Manpower, education and training. It is recommended that the position of mental health support worker be established in the mental health system to support service users in achieving independent living and integration in their local community.

Recommendation Completion in this Area (Tick Box)

Fully Implemented		Partially implemented ✓		Not yet commenced	
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Please tick

Please provide supporting factual Information

Three of the four CMHTs have support workers.

Reason for partial completion / not yet

Limited availability of resources and resistance from nursing unions.

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 18	Recommendation 18.27

CHAPTER 18 - Manpower, education and training A variety of programmes should be in place for the workplace such as induction programmes, health and safety programmes (for example, cardio-pulmonary resuscitation) and training in conducting staff appraisals.

Recommendation Completion in this Area (Tick Box)

Fully Implemented		Partially implemented ✓	Not yet commenced
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Please tick

Please provide supporting factual information

There is a comprehensive training programme available in HSE DNE annually.

Reason for partial completion / not yet

It is not always possible to release staff to attend training.

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 19	Recommendation 19.1

CHAPTER 19 - Mental health information and research Service users and carers should have ready access to a wide variety of information. This information should be general (e.g. on mental health services in their area) and individualised (e.g. information on their medication).

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented ✓	<input checked="" type="checkbox"/>	Not yet commenced	<input type="checkbox"/>
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Please tick

Please provide supporting factual Information

Information on the mental health services is available in print and electronic form. Patients are provided with information on their diagnosis and treatment plan.

Reason for partial completion / not yet

Information provided to individual patients is mainly verbal at present but written information on diagnoses and medication is currently being developed.

Completion Date:	December 2010
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 19	Recommendation 19.3

CHAPTER 19 - Mental health information and research Measures should be put in place to collect data on community-based mental health services.

Recommendation Completion in this Area (Tick Box)

Fully Implemented	<input type="checkbox"/>	Partially implemented	<input type="checkbox"/>	Not yet commenced	<input checked="" type="checkbox"/>
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Please tick

Please provide supporting factual Information

Reason for partial completion / not yet

There is no agreed data set for CMHTs nor are there adequate IT facilities to collect this type of data at present.

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 19	Recommendation 19.6

CHAPTER 19 - Mental health information and research Mental health services should implement mental health information systems locally that can provide the national minimum mental health data set to a central mental health information system.

Recommendation Completion in this Area (Tick Box)

Fully Implemented		Partially implemented		Not yet commenced	✓
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Please tick

Please provide supporting factual Information

Reason for partial completion / not yet

There is no agreed data set for CMHTs nor are there adequate IT facilities to collect this type of data at present.

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date

Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 19	Recommendation 19.13

CHAPTER 19 - Mental health information and research Mental health research should be part of the training of all mental health professionals and mental health services should be structured to support the ongoing development of these skills.

Recommendation Completion in this Area (Tick Box)

Fully Implemented		Partially implemented	✓	Not yet commenced	
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Please tick

Please provide supporting factual Information

CMMHS actively encourages and supports research by both undergraduate and graduate students.

Reason for partial completion / not yet

Completion Date:	
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 20	Recommendation 20.3

CHAPTER 20 - Transition and transformation: Making it happen The first steps that should be taken to implement this policy include the management and organisational changes recommended in Chapter 16 and the provision of training and resources for change.

Recommendation Completion in this Area (Tick Box)

Fully Implemented		Partially implemented	✓	Not yet commenced	
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Please tick

Please provide supporting factual Information

This is a national and regional HSE Service Plan deliverable for 2010.

Reason for partial completion / not yet

Completion Date:

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Revised Timescale

(commencement and completion dates):

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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations	
HSE REGION DNE	Catchment Cavan/Monaghan PCCC
Date 24 th March 2010	Completed by:
Chapter 20	Recommendation 20.4

CHAPTER 20 - Transition and transformation: Making it happen Mental hospitals must be closed in order to free up resources to provide community-based, multidisciplinary team-delivered mental health care for all. A plan to achieve this should be put in place for each mental hospital.

Recommendation Completion in this Area (Tick Box)

Fully Implemented		Partially implemented ✓		Not yet commenced	
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Please tick

Please provide supporting factual Information

Three wards remain operational in St Davnets Hospital; formerly there were 16 wards. In April, the two remaining continuing care wards will amalgamate into one unit. Also, it is planned that by the end of 2010 the acute admission unit on the St. Davnet's hospital site (Ward 15) will amalgamate with the acute admission unit in Cavan General Hospital.

Reason for partial completion / not yet

The continuing care wards have 20 patients, some of whom are long stay patients. Patients with disturbed behaviour, arising from dementia, are among the most recent admissions to these wards, due to the absence of a custom designed and purpose built unit for this client cohort.

Completion Date:	Dependent on major capital funding.
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Revised Timescale (commencement and completion dates):	
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Please share the key learning points which have evolved in the implementation of this recommendation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed	Title	Date
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