HSE Progress Report on the 2009 Key Deliverables identified in the HSE Implementation Plan 2009 – 2013

The HSE in its Implementation Plan for A Vision for Change identifies a number of key priorities in 2009. The following is an update on progress against these deliverables.

1. Mental Health Catchment Areas/Management Structures

1. *Merge existing Mental Health Catchment Areas to form expanded Catchment Areas with populations of between 250,000 and 400,000 (R16.1).*

Fully Implemented		***Partially implemented***	***X***	***Not yet commenced***	

The Health Service Executive has identified thirteen expanded Mental Health Catchment Areas. However these are not yet operational as the process of restructuring into Integrated Care Service Areas is not yet completed. An additional clinical directorate comprising the National Forensic Services has been agreed.

2. *Establish clinical directors for each catchment area in accordance with the 2008 consultant contract. The clinical director will be responsible for developing and implementing costed service plans (R16.6)*

Fully Implemented		***Partially implemented***	***X***	***Not yet commenced***	

Fourteen ECDs have been appointed since June 2009 and are leading out on a range of strategic developments for their expanded catchment areas. One of their key roles is to work to develop the multidisciplinary Executive Management Team for the Clinical Directorate.

3. *Establish a single integrated management structure at expanded catchment area level for all mental health services across the lifespan i.e. child and adolescent, adult and older people (R16.8).*

Fully Implemented		***Partially implemented***	***X***	***Not yet commenced***	

Extensive discussion on the senior nurse management structure within the Executive Clinical Directorate Executive Management Team have taken place with the relevant staff representative bodies however these have been stalled because of industrial action. Discussion has also taken place with the representatives of the Allied Health Professional Groups.

4. *If not already in place, establish local multidisciplinary mental health management teams (R16.4).*

Fully Implemented		***Partially implemented***	**X**	***Not yet commenced***	

Local mental health management teams have incorporated multidisciplinary input where such exists and through the Co-operative Learning Leadership programme in DCU services and carers are confident and providing expertise to the teams in 7 areas.

5. *Develop appropriate governance and accountability arrangements for CMHTs in line with "A Vision for Change" and the 2008 Consultant Contract (R16.5).*

Fully Implemented		***Partially implemented***		***Not yet commenced***	**X**

A first priority is to establish the multidisciplinary Executive Management Teams for Mental Health (see 3 above) which will provide the clinical governance to CMHTs.

2. Community Mental Health Centres

1. *In conjunction with Estates provide 20 community mental health centres as service bases for multidisciplinary community mental health teams (R17.8).*

Fully Implemented		***Partially implemented***	***X***	***Not yet commenced***	

As part of the development of Primary Care Centres, agreement has been reached to provide Community Mental Health Centres and some Day Hospitals within these developments. These are in various stages of development. Letterkenny opened Jan 2010, Kells completed.

2. *Commence negotiations with staff and relevant representative bodies to facilitate the smooth transition into new premises.*

Fully Implemented		***Partially implemented***	**X**	***Not yet commenced***	

Negotiations with staff are ongoing as premises are planned and developed..

3. Child and Adolescent Mental Health Services

1. *Fully commission the interim in-patient beds in Cork and Dublin (R10.9) and explore options to extend in-patient capacity pending construction of a new 20 bedded unit for Dublin.*

Fully Implemented	**X**	***Partially implemented***		***Not yet commenced***	

2. *Continue to resource additional child and adolescent CMHTs until the recommended team: population ratio has been achieved (R10.7). This will include the provision of six additional teams in 2009.*

Fully Implemented		***Partially implemented***	**X**	***Not yet commenced***	

Thirty Five additional Allied Health Professional posts were allocated in 2009 to support the development of CAMHS teams. 29 of these posts are in place with the remainder in the process of recruitment..

3. *Produce an annual report of activity within CAMHS as captured by the annual national audit.*

Fully Implemented	**X**		***Partially implemented***		***Not yet commenced***

The first national annual report was published in 2009 and the report for 2009 is currently being compiled.

4. *Pending further roll out of additional CAMHS teams, develop polices and procedures governing the transitional arrangements for children under 18 years of age with clearly identified roles and responsibilities for child and adolescent and adult mental health services (R10.2).*

Fully Implemented		***Partially implemented***	***X***	***Not yet commenced***	

A national HSE Group completed a Section 25 guidance document in October 2009, giving guidance to the providers with 'typical scenarios' as examples of how to proceed with admission of a child. This also incorporated the Mental Health Commission Code of Practice and Addendum on Admission of Children. Adult Mental Health teams have been advised to continue to apply the transitional arrangements for admission of children that were agreed (Report of Health Service Executive Service Forum on Child & Adolescent Psychiatric In-Patient Capacity, Report 2 of 2, October 2006, Section 5.1) at the time of implementation of the Mental Health Act 2001, when neither the current recruitment embargo nor a reduction in financial allocation could have been envisaged. Consequently, in the best interests of the child, the use of adult facilities should not be excluded pending the availability of adequate acute beds in Child and Adolescent Psychiatry and the provision of additional CAMHS teams, as per Vision for Change. This is considered a transition phase and we are working with both Child and Adolescent and Adult Psychiatry to comply with legislation and with best practice in the best interests of the child.

A HSE group established in 2009, continues to work towards the completion of policies and procedures for admission units. This group interfaces with both CAMHS teams and Adult Psychiatry.

5. *As inpatient units close, provide retraining to upskill staff and redistribute to CAMHS and other community mental health services, as appropriate.*

Fully Implemented		***Partially implemented***	***X***	***Not yet commenced***	

Due to high levels of attrition within the mental health services and the Government moratorium on the recruitment of Nursing staff the capacity to reconfigure posts from inpatient units to the community has been limited.

6. *In the context of the further roll out of the Disability Act, develop polices and procedures governing the assessment of children with suspected autism spectrum disorder by child and adolescent mental health services (R10.10).*

Fully Implemented		***Partially implemented***		***Not yet commenced***	**X**

The consultation between Disability and Mental Health services has commenced in order to progress on this objective.

7. *Continue to support and develop community-based mental health promotion projects which particularly focus on meeting the needs of young people e.g. Jigsaw, Barnardos etc.*

Fully Implemented		***Partially implemented***	**X**	***Not yet commenced***	

Jigsaw projects are now established in Galway and Ballmun and a further project will commence in 2010 in Co. Meath.

4. National Forensic Services

1. *Provide additional capacity within existing campus and/or new Community Rehabilitation Services to comply with the Criminal Law Insanity Act and meet*

Fully Implemented		***Partially implemented***	**X**	***Not yet commenced***	

An additional 10 beds was opened in Jan 2009 within the CMH. Considerable consultation has been undertaken with local authorities to identify suitable community residential accommodation to support the through care of people coming under the Criminal Insanity Act. The CLIA has recently been amended and is likely to be enacted later this year which will require additional community based residential accommodation.

2. *Increase liaison and consultation with An Garda Siochána and the Prison Service Authorities, including training with the Forensic Mental Health Service (R15.1.8).*

Fully Implemented		***Partially implemented***	**X**	***Not yet commenced***	

1. Very close working relations have been developed with an Garda Siochana, and the Dept of Justice in relation to progressing this objective and this work will continue.
2. Senior forensic mental health staff regularly engage with the Garda training authorities in Templemore in the design and delivery of relevant training programmes.

3. F*urther develop Prison In-Reach and Court Liaison Services (R15.1.1 and 15.2.2).*

Fully Implemented		***Partially implemented***	**X**	***Not yet commenced***	

There is an award winning prison inreach and court liaison service which is consultant led and multidisciplinary in nature provided to the Leinster prisons. This process is ongoing and helps to divert significant number of patients to local psychiatric services and ensures optimum use of scarce facilities within the CMH.

4. *Continue the planning of the new Central Mental Hospital and the four regional Intensive Care Rehabilitation Units (R15.1.4 and 11.14).*

Fully Implemented		***Partially implemented***	**X**	***Not yet commenced***	

Following the Government decision not to co- locate the new national forensic service with the proposed prison in Thornton Hall, the HSE is currently awaiting a Government decision on a suitable site for this development. A redevelopment group has been in operation and has done considerable work on progressing a design brief for the new development.

5. Community Mental Health Teams (CMHTs)

1. *Reconfigure existing CMHTs in line with "A Vision for Change" i.e. one team per 50,000 population each with two consultant psychiatrists (R11.4).*

Fully Implemented		***Partially implemented***	**X**	***Not yet commenced***	

The reconfiguration of existing CMHTs is in various stages of development or completion in the context of the expanded catchment areas and is now seen as a priority for the ECDs.

2. *Each CMHT to agree clinical team leader and team coordinator to ensure appropriate governance, provision of best-practice integrated care, and evaluation of services provided (R11.5).*

Fully Implemented		***Partially implemented***	***X***	***Not yet commenced***	

Community Mental Health teams are led by a Consultant Psychiatrist. A number of services have appointed Team Co-ordinators which are drawn from multidisciplinary backgrounds. Further expansion is dependent on IR agreement and WTE availability.

3. *As adult in-patient units close, provide retraining to upskill staff and redistribute to Community Mental Health teams as appropriate.*

Fully Implemented		***Partially implemented***	**X**	***Not yet commenced***	

Due to high levels of attrition within the mental health services and the Government moratorium on the recruitment of Nursing staff, the capacity to reconfigure posts from inpatient units to the community has been limited. However, where this has occurred appropriate support to staff has been provided.

4. *Establish Rehabilitation and Recovery Teams where none currently exist through the reconfiguration of existing mental health services (R12.2).*

Fully Implemented		***Partially implemented***	***X***	***Not yet commenced***	

ECDs are conducting an analysis of the existing resource base in their expanded catchments with a view to reconfiguring the available resource.

5. *Each CMHT to establish direct links with GPs/PCTs in their area in accordance with the consultant/liaison model (R7.5, R9.3 & R10.8).*

Fully Implemented		***Partially implemented***	**X**	***Not yet commenced***	

Informal links between CMHTs and emerging PCTs are being further developed. Supporting this process has been the development of a training programme in partnership with DCU and the ICGP incorporating a Teams based approach to Mental Health in Primary Care which commenced Nov 2009 with 27 participants from 9 PCTS.

6. *Develop agreed protocols for the management of individuals with mental health problems in primary care and onward referral to specialist mental health services when required (R7.7 & R7.8).*

Fully Implemented	***X***	***Partially implemented***		***Not yet commenced***	

The HSE fund a Project Director with ICGP who supports the joint college Working Group (ICP, ICGP). This Working Group is collaborating to devise appropriate protocols for referral to and from mental health services. The Quality and Clinical Care directorate have identified four diagnostic groupings in mental health to design clinical pathways

7. *Implement multidisciplinary care planning with appropriate service user and carer involvement (R11.7).*

Fully Implemented		***Partially implemented***	**X**	***Not yet commenced***	

The Mental Health Commission published the *Quality Framework for Mental Health Services in Ireland* in 2007. This framework sets out the standards for Mental Health Services in Ireland. In order to progress the implementation of the Quality Framework, the Mental Health Commission and Health Service Executive have agreed to establish a National Mental Health Services Collaborative in partnership with St. Patrick's University Hospital and St. John of God Hospital Limited. This is the first project of its kind anywhere in the Irish Health Services.

There is evidence of a gap in the use of and quality of individual care and treatment plans across the Irish Mental Health Services. This Collaborative project will focus on Standard 1.1 of the Quality Framework, the development and implementation of Individual Care and Treatment Plans to support Recovery. The attainment of this standard will also address 15 of the remaining 23 standards.

The project will be in place for 18 months, commencing in November 2009 and ending in April 2011. It is divided in three stages initiation (3 months), preparation (3 months) and implementation (12 months). Each stage has set objectives.

8. *Identify, monitor and evaluate the level and range of psychological therapy expertise available to/provided by each CMHT (R11.8 & R11.9).*

Fully Implemented		***Partially implemented***	***X***	***Not yet commenced***	

The HSE in collaboration with the MHC and UL have conducted an indepth research study into the capacity and function of Adult CMHTs and this will be published shortly. The first Annual Report on CAMHS Teams was published in Oct 2009 which examined team composition and services offered. The HSE has invested an additional €1m and 50 wtes in clinical psychology training since 2006 raising trainee numbers from 53 to 110.

6. Eating Disorder Services

1. *Identify the learning from the Carlow/Kilkenny Community Integrated Eating Disorder Programme and develop an educational programme for dissemination across mental health services.*

Fully Implemented		***Partially implemented***	**X**	***Not yet commenced***	

Carlow/Kilkenny Community Integrated Eating Disorder Programme (CIDEP) provides an integrated model of treatment for people who have eating disorders, their families and significant others. This out-patient treatment programme has been developed over an eight year period. It was hoped to advance this model during 2009 through the expanded catchment areas, i.e. via the Clinical Directorates, but this did not prove to be feasible. While Executive Clinical Directors were put in place, the remaining team proved to be a challenge due to the number of staff retirements and embargo on replacements.

However, an exciting CAWT (Co-operation and Working Together) initiative, The Eating Disorders Network Programme, which has been in development for the past few years, has now appointed a Project Manager.

CAWT is the cross border health services partnership which has secured European Union INTERREG IVA funding to deliver a community based specialist resource across the CAWT border region incorporating the WHSCT, the SHSCT,

Cavan/Monaghan/Louth and the Donegal/Sligo/Leitrim mental health service areas. In total, Stg£2.5 million for the entire initiative has been received for the 3 year project.

The project will recruit a total of 12 WTE practitioners (3 WTE eating disorders practitioners for each area) to provide interventions and treatment to Tiers 1 and Tiers 2 of the 4 tiered approach to Eating Disorder care as recommended by NICE (2004). Together with the provision of specialist practitioners, the project will improve the quality of care pathways for people with an eating disorder, raise awareness and develop skills to improve therapeutic capacity and build carer support group capacity within communities. A cross border clinical pathways working group has been established and is chaired by Mr. John Meehan (Specialist in Mental Health, HSE West).

The project will be evaluated on completion and it is our intention that this service model (if successful) could be mainstreamed through mental health services on the island of Ireland.

2. *Continue to support Voluntary Bodies in promoting awareness and responses to eating disorders (R15.4.2).*

Fully Implemented		***Partially implemented***	**X**	***Not yet commenced***	

Bodywhys is the main voluntary organisation which receives approximately €300,000 baseline funding under a service arrangement with HSE. Additionally, in 2009, they received once-off funding to develop their Teen Connect Programme. This was part of the National Office for Suicide Prevention allocation in relation to the Young People's Mental Health campaign.

Bodywhys provides a range of supports to the Health Promotion Departments throughout the HSE and this interface provides welcome expertise from the user perspective.

Marino Therapies, Fairview, Dublin, received a small financial allocation, €25,000, for niche work it does in providing another choice/option for people with eating disorders. This allocation was originally provided for the Eastern Region. People requiring support to access treatment in other parts of the country make an application to their local area and is conditional on available resources.

3. *Devise and deliver Health Promotion initiatives to promote awareness of eating disorders within the community (R15.4.1).*

Fully Implemented		***Partially implemented***	**X**	***Not yet commenced***	

In 2009, we worked with the Health Promotion Department within HSE to ascertain existing services in this area and their willingness to participate in devising a programme during 2010.

The HSE (Mental Health) will engage with Bodywhys to identify, initially, the participants who have identified capacity to extend their remit in this area.

We will engage with the interdepartmental subgroup on mental health between the HSE, DOHC and DES which is developing a national framework to support evidence based work in Suicide Prevention and Mental Health Promotion in the school setting. Department of Education funding is interlinked into the SPHE curriculum. Bodywhys has linked with the SPHE support service to integrate their school based resource into the SPHE curriculum.

There are examples of the HSE Health Promotion Department throughout the country engaging with Bodywhys and producing brochures and/or training. Women's Health Development Officer, Marie O'Grady, Health Promotion Department, HSE West, produced detailed brochures for Donegal which they hope to extend to Sligo / Leitrim. In Galway, Mary Kilraine Hannon co-facilitated bi-monthly sessions for families and friends on a voluntary basis for Bodywhys. In 2010, HSE Mental Health will look at

consolidating this work done previously and liaise with Bodywhys regarding the best way forward.

4. *Incorporate training modules on eating disorders into undergraduate and post-graduate education programmes for healthcare professionals (R 15.4.3).*

Fully Implemented		***Partially implemented***		***Not yet commenced***	**X**

This has not been progressed and it is anticipated that engagement with stakeholders to begin work on this recommendation could begin in 2010.

Martin Rogan
Assistant National Director
Mental Health
Integrated Services Directorate
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