**Regional Recommendations**

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<tr>
<th>HSE REGION: DNE</th>
<th>Catchment: Dublin North; DNC; NWD; Louth/Meath and Cavan/Monaghan</th>
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<tr>
<td>Date:</td>
<td>February 2010</td>
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<tr>
<td>Completed by:</td>
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<tr>
<td>Chapter 1</td>
<td>Recommendation: 1.1</td>
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**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

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**Recommendation Completion in this Area** (Tick Box)

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**Please provide supporting factual Information**

Due cognisance is given to the principles and values described in *A Vision for Change* when planning mental health services at local and regional levels.

There is a service user representative on the regional *Vision for Change* Implementation Group.

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**Reason for partial completion / not yet**

Service users are not always in a position to attend meetings due to work / other commitments.

Education and training is required to enable service users to more fully participate in the planning and delivery of mental health service by providing them with an opportunity to acquire the necessary skills and confidence.

---

**Completion Date:** Ongoing

**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**

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**Thank You**

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**Vision for Change Independent Monitoring Group Report for Jan 2010**

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<td>Chapter 3</td>
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**Chapter 3 - Partnership in care: Service users and carers**

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

**Recommendation Completion in this Area** (Tick Box)

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Please tick

**Please provide supporting factual Information**

- All acute in-patient units have access to a service user Advocate.
- There is a service user representative on the regional *Vision for Change* Implementation Group.
- The Dublin North East Mental Health Specialist is a member of the National Oversight Implementation Group for the National Strategy on Service User Involvement in the Irish Health Services. This Group also has representatives from the NSUE.

**Reason for partial completion / not yet**

- Education and training is required so that more service users can acquire the necessary skills and confidence to participate more fully.
- Additional resources are required to support the development and delivery of relevant educational programmes.

**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

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### Vision for Change Independent Monitoring Group Report for Jan 2010

#### Regional Recommendations

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**Date:** February 2010  
**Completed by:**  
**Chapter 15.1**  
**Recommendation:** 15.1.1

### Chapter 15.1 - Special categories of service provision: Forensic mental health services

Every person with serious mental health problems coming into contact with the forensic system should be accorded the right of mental health care in the non-forensic mental health services unless there are cogent and legal reasons why this should not be done. Where mental health services are delivered in the context of prison, they should be person-centred, recovery oriented and based on evolved and integrated care plans.

#### Recommendation Completion in this Area (Tick Box)

| Fully Implemented | Partially implemented | Not yet commenced | ✓ |

Please tick

**Please provide supporting factual Information**

There is no dedicated regional forensic mental health service in Dublin North East. Historically, the low secure units in St. Brendan’s Hospital (which serve Dublin Wicklow and Kildare) have, where appropriate and feasible, accepted clients upon discharge from the Central Mental Hospital.

**Reason for partial completion / not yet**

Additional funding is required to appoint a regional forensic mental health team as described in *A Vision for Change*.

**Completion Date:** Funding dependant

**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
**Chapter 15.1 - Special categories of service provision: Forensic mental health services**

FMHS should be expanded and reconfigured so as to provide court diversion services and legislation should be devised to allow this to take place.

**Recommendation Completion in this Area (Tick Box)**

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**Please provide supporting factual Information**

There is no dedicated regional forensic mental health service in Dublin North East.

**Reason for partial completion / not yet**

Additional funding is required to appoint a regional forensic mental health team as described in A Vision for Change.

**Completion Date:**

Funding dependant

**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**
## Vision for Change Independent Monitoring Group Report for Jan 2010

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<td>Chapter 15.1</td>
<td>Recommendation: 15.1.3</td>
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### Chapter 15.1 - Special categories of service provision: Forensic mental health services

Four additional multidisciplinary, community-based forensic mental health teams should be provided nationally on the basis of one per HSE region.

#### Recommendation Completion in this Area (Tick Box)

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**Please provide supporting factual Information**

See Recommendation 15.1.2

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**Revised Timescale**

(commencement and completion dates):

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**Chapter 15.2 Mental health services for homeless people**

The CMHT team with responsibility and accountability for the homeless population in each catchment area should be clearly identified. Ideally this CMHT should be equipped to offer assertive outreach. Two multidisciplinary, community-based teams should be provided, one in North Dublin and one in South Dublin, to provide a mental health service to the homeless population.

### Recommendation Completion in this Area

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**Please provide supporting factual Information**

There are well established inter-agency groups in place in Louth/Meath. Each CMHT continues to care for service users in their area who are/become homeless while they are in temporary or emergency accommodation. When housed by the Local Authority/County Council the service user can be transferred to the relevant CMHT in that area. Each CMHT has established links with relevant agencies within their area of responsibility e.g. Homeless Aid in Drogheda, Simon in Dundalk and Tabor House in Navan.

In the North Dublin area most homeless persons who are mentally ill, (many of whom have complex needs and may present with multiple issues ranging from significant addiction problems, a forensic history and/or personality disorders) present to the Mater A&E Department. Due to the lack of suitable accommodation many are placed in emergency accommodation and because they move from place to place are sometimes hard to follow up.

There is a multidisciplinary community-based team in North West Dublin (NWD) for the homeless mentally ill (See NWD Catchment Area Report)

**Reason for partial completion / not yet**

**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
**Chapter 15.4 Mental health services for people with eating disorders**

There should be four specialist multidisciplinary teams providing specialist in-patient, outpatient and outreach services for eating disorders; one team per HSE region. These teams should link closely with local adult CMHTs to ensure continuity of care.

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**Please provide supporting factual Information**

Reason for partial completion / not yet

Additional resources are required to appoint a specialist eating disorder team for the DNE region.

**Completion Date:**

Funding dependant

**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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7
### Chapter 15.4 Mental health services for people with eating disorders

Each team should manage an eating disorder sub-unit in a regional general hospital mental health unit. These subunits should have six beds each, thereby contributing 24 public ED beds nationally.

#### Recommendation Completion in this Area (Tick Box)

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**Please provide supporting factual information**

Reason for partial completion / not yet

A regional infrastructure plan for mental health services provides for a 6-bedded regional eating disorder unit to be established in Connolly Hospital. This plan is dependant on the provision of capital funding.

**Completion Date:** Funding dependant

**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**
### Chapter 15.4 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.

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**Please provide supporting factual Information**

Reason for partial completion / not yet

See Recommendation 15.4.6

**Completion Date:** Funding dependant

**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**
**Chapter 16 - Management and organisation of mental health services**

Mental Health Catchment Areas should be established with populations of between 250,000 and 400,000 with realigned catchment boundaries to take into account current social and demographic realities. These catchment areas should be coterminous with local health office areas and the new regional health areas. They should take into account the location of acute psychiatric in-patient units in general hospitals.

**Recommendation Completion in this Area** (Tick Box)

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**Please provide supporting factual Information**

Three expanded mental health catchment areas have been identified in Dublin North East with populations ranging from 222,049 to 390,636 based on 2006 Census figures.

Three Executive Clinical Directors were appointed in June 2009 in accordance with the 2008 Consultant Contract.

**Reason for partial completion / not yet**

- The identified expanded mental health catchment areas are not coterminous with LHO areas.
- The HSE is currently undergoing a process of structural change involving the establishment of Integrated Service Areas. This process has not been completed as yet.
- Current industrial action is impacting on the organisation’s capacity to engage with staff representative bodies so as to agree appropriate change management mechanisms for implementation.

**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**

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Vision for Change Independent Monitoring Group Report for Jan 2010

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 | Partially Implemented | ✔️ | Not yet commenced |

Please provide supporting factual Information
Monthly and quarterly metrics in respect of CAMHS teams are now in place.
Additional data on community-based CAMHS teams is collected as part of the month-long audit for the CAMHS Annual Report.

Reason for partial completion / not yet
Work is ongoing nationally and regionally, in relation to the development and collection of appropriate measures in respect of community based adult mental health services.

Completion Date: Ongoing

Revised Timescale (commencement and completion dates):

Please share the key learning points which have evolved in the implementation of this recommendation
While important, collecting this type of data in the absence of integrated computerised patient management systems can be time consuming.

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed | Title | Date

11
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)

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Please provide supporting factual Information

- Where possible, multidisciplinary catchment area management teams are in place.
- Service users/advocates are involved where feasible; however, service users are not always in a position to attend meetings due to work/other commitments.
- Catchment area management teams are accountable to the relevant Local Health Manager and not to the Assistant National Director for Mental Health.

Reason for partial completion / not yet

The HSE is currently undertaking a process of structural change involving the establishment of Integrated Service Areas. This process has not been completed as yet.

Current industrial action is impacting on the organisation’s capacity to engage with staff representative bodies so as to agree appropriate change management mechanisms for implementation of required organisational change.

Completion Date: Ongoing

Revised Timescale (commencement and completion dates):

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

Education and training is required to enable service users to more fully participate in the planning and delivery of mental health service by providing them with an opportunity to acquire the necessary skills and confidence.

Additional funding is required to commission/deliver the education and training programmes required to upskill service users.

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You