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

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<td>Completed by: LMMHS Management Team</td>
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<td>Chapter 1 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

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

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Please provide supporting factual Information

Citizenship: Policies and Procedures, Mental Health Act, Rules and Codes of Practice / Approved Centre Regulations

Community Care/Coordination/Comprehensive: Community Mental Health Teams with Specialised Services including Mental Health Services for Older People (MHSOP), Home Base Treatment Teams (HBTT), Deliberate Self Harm (DSH), Affective Disorders (AF)

Partnership: Regional Advocate involved in consultation on policies and new developments, case conferences, community groups, carers groups, relative support group, satisfaction process, quality steering groups (QSG) with service user participation

Effectiveness: Monitoring and Evaluation (Internal and External), Audits, Incident Reporting, Patient Satisfaction, Complaints Management, Annual Reports of Service Activity,

Accountability: Multidisciplinary Management Structure, Job Descriptions and Specifications, Supervision, Contracts, Organisational Governance System

Quality: MHC Quality Framework, Quality and Risk Framework, Quality Groups, Voluntary Accreditation process participation, An Bord Altranais inspections, RCP inspections, Hygiene Audits (HIQA/PCCC)

Early Intervention: Community Focused Services – education provision involving families and carers re: Assertive Outreach Team (AOT), Home Based Treatment Teams and DSH. Affective Disorders – bipolar group. Psychoeducational talks with carers and relatives; Bibliotherapy in partnership with local libraries. Education provision in local secondary schools. Dedicated Clozapine Service.

Equity: Process mapping of community mental health teams and nursing carried out incorporating burden population levels to inform and support service in relation to future services and ensure equitable allocation of resources.

Accessibility: Community Mental Health Teams with Specialised Services Mental Health Services for Older People (MHSOP), Home Base Treatment Teams (HBTT), Deliberate Self Harm (DSH), Affective Disorders (AF) – HBTT and AOT provides a 7 day service in response to need. 24 hour access to Approved Centres.

Inclusive and Respect: HSE Policies and Procedures; LMMHS Policies and Procedures; Satisfaction Surveys Results; Mental Health Commission Statutory Regulations and Quality Framework

Recovery: Community Orientation Approach utilises a recovery model – AOT. Some Services operate the Tidal Model. Application of Integrated Care and Treatment Plans. Schedule of Training provided to staff included Recovery Model Training which was facilitated by Service Users.

Non-discriminatory: Movement of clients from institutional continuing care to
community facilities. Establishment of the Hostel Placement Committee and the Strategic Recovery Group. Links established with Housing Agency, Louth and Meath Co. Councils regarding the appropriate placement of clients from 24 hour residences. Regular outings from Day Centres to various community events (local and national).

**Population Health:** Process mapping process utilised a population health approach to inform service development and need. Primary Care Mapping to inform the development of networks and teams.

**Reason for partial completion / not yet**
- Full multidisciplinary teams as outlined in AVfC not fully completed
- Recruitment Directive and Recruitment Moratorium has negatively impacted on team recruitment
- Absence of a dedicated specialist Rehabilitation Team

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**Revised Timescale**
*(commencement and completion dates)*: Annual revision

**Please share the key learning points which have evolved in the implementation of this recommendation**
- Service user involvement is difficult to establish and maintain
- Relative and carer involvement is difficult to maintain
- Service coordination is difficult – in relation to working within the wider social system
- Successful integration of clients into community requires positive risk taking
- Appropriate links established with individuals within key organisations promote success
- Champion identification is important – staff skills utilisation central to process
- Buy in from multidisciplinary teams can be problematic

**Recommend key issues for the consideration of the Independent Monitoring Group**
- Increase focus by multidisciplinary teams on Vision for Change recommendations as a live document; implementation is not just one discipline’s responsibility
- Difficulties in including service users and relatives/carers in all aspects of process needs to be acknowledged
- Need to review application of Moratorium with particular attention to the allocation of nursing resources particularly in poorly resourced services e.g. Louth Meath (M. Rogan Resource Allocation Model 2008)

**Thank You**

| **Signed** | **Title** | **Date** |
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.

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<td>Advocacy Services involved in delivery of Recovery Training</td>
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<td>Involvement of regional Advocate in the introduction of OT Services to Louth Meath Mental Health Services</td>
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<td>Ongoing evaluation of services from service user perspective e.g. Clozapine Service, Community Support Team, Family Therapy, ongoing client satisfaction surveys in Approved Centres and Day Centres.</td>
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<td>Service users involved in Carers’ Group and Relative Support Group.</td>
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<td>Service User participation in North Louth Quality Group.</td>
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<td>Regional Advocate involved in decision making processes re service developments</td>
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Reason for partial completion / not yet
Difficultly in identifying interested service users / relatives / carers who can give the ongoing commitment to the various groups / activities required.
Lack of training and support for service users to undertake roles.

Completion Date: Ongoing
Revised Timescale (commencement and completion dates): Annual revision

Please share the key learning points which have evolved in the implementation of this recommendation
Service user involvement is difficult to establish and maintain
Relative and carer involvement is difficult to maintain
Lack of training for Service Users to harness experience problematic
Acknowledgement that this can be a daunting process for Service Users in relation to management teams, new language, group participation and understanding the process and restrictions
Appropriate links established with individuals within Advocacy and Voluntary Groups promote success
Champion identification is important – Service User experience utilisation central to process
Staff have gained an insight of experiences from a Service User perspective

Recommend key issues for the consideration of the Independent Monitoring Group
Facilitated training for Service Users
Development of a national panel to participate in local services
Clarification in relation to role of service user participation – specific expectations
There’s a need to acknowledge the competing demands placed on local Advocate

Thank You

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

**LOCAL Recommendations**

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<td>Chapter 3</td>
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**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)**

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**Please provide supporting factual Information**

Regional Advocate is allocated to the Service.
Currently this person is on leave for 3 months – an interim arrangement is in place in Louth and Meath.
Advocate visits Approved Centres and Day Centres.
Information is available, with contact name and details, in all services.
Information on Advocacy Services is available in the Information Booklet which all patients receive.

**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

The use of Advocacy has empowered service users in their recovery process.
They have established positive links with management in order to highlight and address problems from a service user perspective.
The involvement in the planning process from a Service User Advocate perspective
An important link in order to feedback to Service Users

**Recommend key issues for the consideration of the Independent Monitoring Group**

Time constraints and competing demands adversely impacts on full utilisation of the service in all areas – needs to be addressed


Thank You

**Signed**  **Title**  **Date**
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)

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Please provide supporting factual Information

- Carers Group in operation
- Service User Groups
- Vision for Change Implementation Group participation
- Consumer Panel Group – intermittently

Reason for partial completion / not yet

- Difficulty in identifying interested service users / relatives / carers who can give the ongoing commitment to the various groups / activities required.
- Lack of training and support for service users to undertake roles.
- Lack of specific budget allocation

Completion Date: Ongoing

Revised Timescale (commencement and completion dates): Annual Revision

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

- Service user involvement is difficult to establish and maintain
- Relative and carer involvement is difficult to maintain
- Champion identification is important – service user skills development and utilisation is central to the process

Recommend key issues for the consideration of the Independent Monitoring Group

- Budget Allocation to support this

Thank You

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Vision for Change Independent Monitoring Group Report for Jan 2010

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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.

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Please provide supporting factual Information

- Code of Practice on Admission, Discharge and Transfer outlines participation of relatives / carers involvement in care planning and discharge planning with the client’s consent
- Psychoeducation talks for carers groups to support and promote involvement in care
- Respite care is available in community residences – with admission planned in conjunction with families
- Case conference involvement
- Keyworker identification
- Regular multidisciplinary reviews in most services

Reason for partial completion / not yet

Lack of availability of full multidisciplinary teams for all services
Weak implementation of multidisciplinary structure described in A Vision for Change
Lack of multidisciplinary ownership of structures described in A Vision for Change

Completion Date: Ongoing

Revised Timescale
(commencement and completion dates): Annual Revision

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

MDTs don’t see this as a live issue
Importance of having full MD team involvement is central to successful implementation

Recommend key issues for the consideration of the Independent Monitoring Group

Increase focus by multidisciplinary teams on A Vision for Change as a live document; implementation is not just one discipline’s responsibility

Thank You

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

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**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)**

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**Please provide supporting factual Information**

A joint programme between CAMHS and Adult mental health called ‘Crosslinx’ is piloted in Co. Meath

Reason for partial completion / not yet

Need to validate intervention before attempt to roll out to rest of catchment area

Completion Date:

Revised Timescale (commencement and completion dates):

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

Main barrier in reluctance of service users is to allow access to

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: Louth and Meath
Date January 2010 Completed by: LMMHS Management Team
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.

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Please provide supporting factual Information

Services have information booklets available pertinent to their services e.g. Resident Information Booklet (Approved Centres).

Services are in the process of developing a web page, via HSE link, on the overall Louth Meath Mental Health Service.

Specific information booklets are available in relation to the Mental Health Act e.g. Codes of Practice.

Service provision is outlined in public presentations e.g. Service User Conference Dundalk 2008.

Integrated Care Planning Process

Folders available in Approved Centres containing information in relation to diagnosis and medication.

Internet access in Approved Centres.

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

Importance of information provision to increase awareness of service

Importance of information for service users, families and carers supports care delivery and helps inform them about availability and accessibility of services

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**

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**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)

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**Please provide supporting factual Information**

- HSE Your Service Your Say Policy
- Local Complaints Policy implemented
- Information on how to make a complain contained in Information Booklets
- Information available in relation to ‘Your Service Your Say’ is available in all units
- Suggestion Boxes
- Satisfaction Surveys – feedback from Surveys and comments are fed back to local Quality Groups
- Information available on role of local Advocate to support service users in making complaints

**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**

- Complaints and feedback from service user and carer perspective can be used to support service improvement
- Feedback provides an opportunity for additional insights into service provision from service user perspective
- The role of the Advocate in supporting service users in making complaints

**Recommend key issues for the consideration of the Independent Monitoring Group**


**Thank You**

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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.

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Please provide supporting factual Information

- Service user involved in development and evaluation of integrated care plan (incorporating families/carers when necessary with consent)
- Advocacy Services involved in delivery of Recovery Training
- Advocate involvement in the introduction of OT Services to Louth Meath Mental Health Services
- Evaluation of services from Service User Perspective occurs: Clozapine Service, Community Support Team, Family Therapy, ongoing client satisfaction surveys in Approved Centres and Day Centres.
- Service users involved in Carers’ Group & Relative Support Group.
- Service User participation in North Louth Quality Group.
- Regional Advocate involved in decision making process in respect of service developments e.g. amalgamation of longstay wards
- Liaison with local Gardaí – regular meetings
- Liaison with Louth and Meath Co. Council
- Involvement with local schools and libraries

Reason for partial completion / not yet

- Difficulty in identifying interested service users / relatives / carers who can give the ongoing commitment to the various groups / activities required.
- Lack of training and support for service users to undertake roles.

Completion Date: Ongoing

Revised Timescale (commencement and completion dates): Annual Revision

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

- Service user involvement is difficult to establish and maintain
- Relative and carer involvement is difficult to maintain
- Lack of training for Service Users is problematic in effectively harness experience
- Acknowledgement that this can be a daunting process for Service Users in relation to management teams, language and terminology, group participation, understanding the process and restrictions
- Appropriate links established with individuals within Advocacy and Voluntary Groups promote success
Champion identification is important – Utilisation of Service User experience is central to the process

**Recommend key issues for the consideration of the Independent Monitoring Group**

- Facilitated training for Service Users
- Development of a national panel to participate in local services
- Clarification in relation to role and purpose of service user participation – specific expectations
- Competing demands on local Advocate – need for acknowledgement of this

**Thank You**

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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)

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Please provide supporting factual Information

- Education provision to secondary schools – from both mental health and career perspectives
- Provision of placements on site for Transition Year Students, Gardaí etc
- Psychoeducation presentations to carers’ groups and relative support groups
- Educational sessions from HBTTs and AOTs to families and carers
- Education provision to staff in A&E
- Local Forum Meetings with Gardaí in Louth and Meath
- Regular meetings with the Co. Councils
- Nestling Group activity – involving Louth Co. Council, Dundalk Institute of Technology, Philanthropist – an inter-agency network which meets monthly and provides an opportunity to ensure equitable access to sheltered housing in conjunction with Community Welfare Officers, Social Workers etc

Reason for partial completion / not yet

- AOT is in its early developmental stages
- Moratorium on nursing staff
- Redeployment of staff and prioritisation of need/focus
- Withdrawal of staff from low-support community residences impacts considerably on time availability
- Poor environment and infrastructure impact negatively on process

**Completion Date:** Ongoing

**Revised Timescale** (commencement and completion dates):

- Annual Revision

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

- The difficulty in breaking down stigma in communities remains a significant challenge. Despite significant input in terms of time and provision of education, resistance remains
- Attitudinal change takes time and resources
- Media invariably adopts a negative perspective – need for a change of focus

**Recommend key issues for the consideration of the Independent Monitoring Group**

- Need for standardised national media guidelines to support stigma reduction and
| positive mental health – balanced reporting |
| Ring-fencing of budgets to address user’s experience in in-patient settings |
| Regulations focus on Approved Centres – suggest expand to wider mental health settings |
| Stigma reduction is not just a mental health service issue or responsibility – need for wider involvement of wide range of stakeholders |
| Need for greater service user involvement – consider earlier recommendation in relation to identifying service users to participate in processes |

Thank You

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**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.

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**Please provide supporting factual Information**

- Involvement of VEC in development and delivery of programmes to address life skills e.g. Literacy Group
- Use of Recovery Model and individual care plan process promotes identification of need for particular programmes – services link with relevant agencies as indicated
- Assertive Outreach Team links with Fás, Freshstart etc
- Staff with disabilities, including mental health, are supported in accessing a range of generic programmes

**Reason for partial completion / not yet**

- Don’t have full complement of team members for Rehabilitation Team
- While the service operates a non-discriminatory open employment process, opportunities for employment are greatly reduced in the current climate

**Completion Date:** Ongoing

**Revised Timescale**

(Commencement and completion dates): Annual Revision

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

Better two-way links/processes with employment and educational agencies required

**Recommend key issues for the consideration of the Independent Monitoring Group**

- Development of standardised structures to promote and support education and training for persons with mental health problems
- Impact of moratorium on activity needs to be addressed

**Thank You**
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)

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Please provide supporting factual Information

- All services have access to interpreters
- Information Booklets in Approved Centres are available in various languages
- Provision of Clinic and Out Patients Appointment on monthly basis in Mosney for range of ethnic communities
- Training available but due to cost containment measures only mandatory training is permitted because of issues in releasing staff to attend
- Policy in relation to respecting religious and cultural beliefs

Reason for partial completion / not yet

- Current financial situation and constraints
- Staff resource – need to focus on mandatory training

Completion Date: Ongoing

Revised Timescale (commencement and completion dates): Annual Revision

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

- Cultural awareness is heightened in services
- If resources are provided, these are used, for example, use of interpreters, Mosney service etc

Recommend key issues for the consideration of the Independent Monitoring Group

None

Thank You
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.

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**Please provide supporting factual Information**

Meetings occur with Co. Councils of Louth and Meath to promote greater awareness of mental health needs and requirements

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

Thank You

**Signed**  **Title**  **Date**
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
- Partially implemented ✓
- Not yet commenced

**Please provide supporting factual Information**
- Education provision to secondary schools – both from mental health staff and also included in mental health promotion
- Provision of placements on site for Transition Year Students, Gardai etc
- Psychoeducation presentations to carers’ groups and relative support groups
- Educational sessions from HBTTs and AOTs to families and carers
- Education provision to staff in A&Es
- Individual care plans include mental health promotion and protective factors
- Participation in ASIST training promoting applied suicide intervention skills training
- Utilisation of evidenced based rating scales in services

**Reason for partial completion / not yet**
- Full Primary Care Teams not available
- This is an ongoing process

**Completion Date:** Ongoing

**Revised Timescale** (commencement and completion dates): Annual Revision

**Please share the key learning points which have evolved in the implementation of this recommendation**
- Need to focus on mental health promotion initiatives as part of early intervention

**Recommend key issues for the consideration of the Independent Monitoring Group**
- Greater involvement and liaison between Health Promotion and Mental Health Services in the development and delivery of mental health promoting programmes

---

Thank You

Signed    Title    Date

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

**LOCAL Recommendations**

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<tr>
<td>Date January 2010</td>
<td>Completed by: LMMHS Management Team</td>
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<tr>
<td>Chapter 5</td>
<td>Recommendation : 5.2</td>
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**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)*

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Please tick

**Please provide supporting factual Information**

- Mental Health Commission Quality Framework provides the overall standards for the service
- Secondary talks were evaluated
- Psychoeducation sessions were evaluated

**Reason for partial completion / not yet**

- No structured programme of mental health promotion – individual mental health promotion needs are individually identified and responded to within the context of the individual’s care plan

**Completion Date:**

Ongoing

**Revised Timescale** *(commencement and completion dates):*

Annual Revision

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

- All activity relates to individual initiatives – no structured approach across the system

**Recommend key issues for the consideration of the Independent Monitoring Group**

- Stronger links with Service Users in health promotion
- Increase awareness of the need for Health Promotion Departments to link in with Service Users when designing programmes / initiatives

**Thank You**

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</table>
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)

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Please provide supporting factual Information

Undergraduate mental health programmes provide education in relation to mental health programmes
Local team development training programme included health promotion in process

Reason for partial completion / not yet

Current focus on mandatory training only has negative impact on other training
Lack of clarity nationally on what constitutes formal mental health training and education

Completion Date: Ongoing

Revised Timescale (commencement and completion dates): Annual Revision

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

Need for clarity nationally

Recommend key issues for the consideration of the Independent Monitoring Group

Development of national framework of what constitutes mental health promotion education and training

Thank You
Vision for Change Independent Monitoring Group Report for Jan 2010

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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)

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Please provide supporting factual Information
Alcohol Counsellors – direct referral from Primary Care
HBTTs and AOTs have strong links with GP Services
Deliberate Self Harm Liaison has strong links with A&E Services

Reason for partial completion / not yet
Comprehensive Community Mental Health Teams and processes of working not fully established
Full Primary Care Teams not fully established
Clear processes of working from inter-agency perspective not identified
North East Transformation programme not fully implemented

Completion Date: Ongoing

Revised Timescale (commencement and completion dates): Annual Revision

Please share the key learning points which have evolved in the implementation of this recommendation
Co-ordination and shared understanding is central to process

Recommend key issues for the consideration of the Independent Monitoring Group
Resource issue needs to be addressed
Need for increased communication in relation to how the process is mapped

Thank You

Signed | Title | Date
**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**

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Please tick

**Please provide supporting factual Information**

All clients in Acute Units and Community Residences have a GP.

**Reason for partial completion / not yet**

Requirements of Mental Health Act prevents full implementation of process

Services have advertised to have a GP from one catchment area to provide service in neighbouring area – no interest expressed despite several advertisements

**Completion Date:**

Ongoing

**Revised Timescale**

(commencement and completion dates): Ongoing

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

Implementation of legislative requirements can impact negatively on this positive practice

**Recommend key issues for the consideration of the Independent Monitoring Group**

Review of Mental Health Act to allow local GPs provide GP Service to Approved Centres

Thank You

**Signed**

**Title**

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

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**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.

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Please tick

**Please provide supporting factual Information**

- Alcohol Counsellors
- Deliberate Self Harm Liaison
- Clinical Nurse Specialists have provided educational input to GP practices

**Reason for partial completion / not yet**

- No Liaison or Rehabilitation Team in situ

**Completion Date:** Ongoing

**Revised Timescale**

(Commencement and completion dates): Annual Revision

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

- Difficult to implement in the absence of appropriate resources
- Increased potential for professional isolation
- Governance issues – are they a mental health service professional or a PCT member

**Recommend key issues for the consideration of the Independent Monitoring Group**

- Resource issue needs to be addressed
- Need for increased communication in relation to how the process is mapped

Thank You

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</table>
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)

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Please tick

Please provide supporting factual Information

Reason for partial completion / not yet

No PCTs established in Louth and Meath

Completion Date: Ongoing

Revised Timescale (commencement and completion dates): Ongoing

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

If team doesn’t exist – one can’t develop model

Recommend key issues for the consideration of the Independent Monitoring Group

Resource issue needs to be addressed

Need for increased communication in relation to how the process is mapped

Thank You
Vision for Change Independent Monitoring Group Report for Jan 2010

HSE REGION DNE
Catchment: Louth and Meath
Date January 2010
Completed by: LMMHS Management Team

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)

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Please provide supporting factual Information
Alcohol Counsellors available in Primary Care as required
Consultation currently underway in relation to the development of Public Private Partnerships (PPPs) re: the delivery of community health services

Reason for partial completion / not yet
No PCTs established in Louth and Meath

Completion Date: Ongoing
Revised Timescale (commencement and completion dates): Ongoing

Please share the key learning points which have evolved in the implementation of this recommendation
None

Recommend key issues for the consideration of the Independent Monitoring Group
Development of teams required
Need for increased communication in relation to how the process is mapped in relation to change management
Resource issue needs to be addressed

Thank You

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

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**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)

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Please tick

**Please provide supporting factual Information**

Single point of access is through the administrator on the team, where such a person exists

Reason for partial completion / not yet
Not all CMHTs have dedicated administrator

Completion Date: Unknown

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

Adequate resourcing of CMHTs

Thank You

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

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**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)**

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**Please provide supporting factual Information**

Reason for partial completion / not yet

PCTs are not yet in operation

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

HSE REGION DNE
Catchment: Louth and Meath
Date January 2010
Completed by: LMMHS Management Team
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)

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Please provide supporting factual Information
Consultation currently underway in relation to the development of Public Private Partnerships (PPPs) re: the delivery of community health services

Reason for partial completion / not yet
No PCTs established in Louth and Meath

Completion Date: Ongoing

Revised Timescale (commencement and completion dates): Ongoing

Please share the key learning points which have evolved in the implementation of this recommendation
None

Recommend key issues for the consideration of the Independent Monitoring Group
Greater need for education and communication at local level on the purpose of PPPs in the future

Thank You

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

**LOCAL Recommendations**

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**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**

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Please tick

**Please provide supporting factual Information**

GP Trainees placed on CMHTs in the community

**Reason for partial completion / not yet**

No service user involved in provision of education in mental health

**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**
**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)

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**Please provide supporting factual Information**
CMHTs (Nurse led HBTTs and AOTs) access medical, Social Worker, Psychology membership – Louth has access to OT service, Meath does not
Process mapping conducted based on burden population and need
Access though the team to range of additional specialist services e.g. Family therapy, CBT etc
Ongoing monitoring of services occurs through evaluation, audit etc

**Reason for partial completion / not yet**
Moratorium on recruitment to the public services
Budgetary constrains and travel restrictions

**Completion Date:** Ongoing

**Revised Timescale**
(Commencement and completion dates): Annual Revision

**Please share the key learning points which have evolved in the implementation of this recommendation**
Effectiveness of nurse led teams identified
Need for increased MD working

**Recommend key issues for the consideration of the Independent Monitoring Group**
Impact of moratorium on team development
Impact of travel on team working in primary care settings
Accountability in relation to promoting multidisciplinary working and case load management

**Thank You**
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<td>Recommendation 9.2</td>
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**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)**

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Please tick **Please provide supporting factual Information**

Absence of full CMHT membership as identified in A Vision for Change and lack of recognition for the new roles

**Reason for partial completion / not yet**

As above

Moratorium on recruitment to the public services

**Completion Date:** Ongoing

**Revised Timescale**

(Commencement and completion dates): Ongoing

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

Impact of lack of full buy-in

Impact of continuity of team members

**Recommend key issues for the consideration of the Independent Monitoring Group**

Increase focus by multidisciplinary teams on Vision for Change as a live document; implementation is not just one discipline’s responsibility

**Thank You**

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<td>Chapter 9</td>
<td>Recommendation 9.3</td>
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**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)**

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Please tick

**Please provide supporting factual Information**

Links established with range of agencies and groups, e.g. Social Housing, AWARE, GROW, MHA, Shine, VEC etc.

**Reason for partial completion / not yet**

Links are local area specific based on service user need and service availability

**Completion Date:** Ongoing

**Revised Timescale (commencement and completion dates):** Ongoing

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

- Involvement of range of service providers can impact positively on service user experience
- Increased knowledge of roles and services
- Significant difficulty in maintaining newly developed services as a result of the moratorium so as to maintain Approved Centres

**Recommend key issues for the consideration of the Independent Monitoring Group**

Local service capacity to maintain newly developed services and to develop new initiatives as a result of the moratorium on recruitment to the public services.

**Thank You**

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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 Completion in this Area (Tick Box)

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Please provide supporting factual Information
The need to prioritise the full range of mental health care, from primary care to specialist mental health services for children and adolescents is acknowledged.

Reason for partial completion / not yet
The full range of primary care and CAMHS teams required to meet the mental health needs of children and adolescents is not yet in place.

Completion Date: Completion is funding dependant.

Revised Timescale (commencement and completion dates):
Ongoing.

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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<td>Recommendation 10.3</td>
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**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)**

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**Please provide supporting factual Information**

CAMHS team members work collaboratively with families and their views on treatment interventions and service developments are actively sought. A consumer satisfaction survey was completed in Meath in 2009. The feedback received was very positive.

Young people attending the Day Programme (Young Person’s Group) in Louth are actively encouraged to contribute to service developments and with guidance from the staff are encouraged to make decisions about their own health care.

All service users and their families/carers have access to 'Your Service, Your Say' literature.

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

Recommen 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

HSE REGION DNE Catchment: Louth and Meath
Date January 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 populations) to provide liaison cover.

Recommendation Completion in this Area (Tick Box)

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Please provide supporting factual Information

Currently, there are two CAMHS teams in Meath for a population of 162,831 and one in Louth for a population of 111,267. None of these teams has the full range of multidisciplinary inputs described in A Vision for Change.

There is no dedicated liaison CAMHS team in Louth or Meath. One of the consultant C&A psychiatrists in Cavan/Monaghan provides a part-time liaison service to Our Lady of Lourdes Hospital, Drogheda.

Reason for partial completion / not yet

While additional resources allocated in 2009 (i.e. 5 allied health professionals) are still coming on stream further additional resources are required to raise the team: population ratios to the levels recommended in A Vision for Change.

Completion Date: Completion is funding dependant.

Revised Timescale (commencement and completion dates): Ongoing

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 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)

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Please provide supporting factual Information
The full range of primary care and CAMHS teams required to meet the mental health needs of children and adolescents is not yet in place. However, existing C&A CMHTs have developed good links with local primary and community care services. Referrals are accepted from GPs, community care personnel e.g. psychology and NEPS. In Meath, training on ADHD management and treatment is provided to the local GP training group.

Reason for partial completion / not yet
The full range of primary care and CAMHS teams required to meet the mental health needs of children and adolescents is not yet in place.

Completion Date: Completion is funding dependant.

Revised Timescale (commencement and completion dates): Ongoing.

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 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)

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Please provide supporting factual information

An interim 6 bedded adolescent unit for 16-17 year olds opened in St Vincent’s Hospital, Fairview on March 9th 2009. A further 6 beds are planned for 2011.

There is a 6 bedded inpatient unit for 0-16 year old children at Warrenstown House which serves all of Dublin city. There are plans to open an additional 4 beds in 2011.

There are twenty acute inpatient beds planned for the National Paediatric Hospital (2014) of which 6-8 will be for complex eating disorders.

Reason for partial completion / not yet

Completion Date: Completion is funding dependant.

Revised Timescale (commencement and completion dates): Ongoing.

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: Louth and Meath
Date January 2010
Completed by: LMMHS Management Team

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)

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Please provide supporting factual information

In Meath, early intervention services for children with autism aged 0-6 are provided by Enable Ireland.

Children with autistic spectrum disorders who have psychiatric co-morbidities e.g. anxiety, depression, deliberate self harm suicidal behaviour, ADHD etc. are treated by the Meath CAMHS team.

Assessments under the Disability Act are provided as required.

Reason for partial completion / not yet

The full range of CAMHS teams required to meet the mental health needs of children and adolescents is not yet in place.

Completion Date: Completion is funding dependant.

Revised Timescale (commencement and completion dates):

Ongoing

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**

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**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)

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Please tick

**Please provide supporting factual Information**

Currently in process of implementing the Mental Health Commission’s Code of Practice in relation to Admission, Transfer and Discharge
There is regular liaison with local GPs

**Reason for partial completion / not yet**

- Code of Practice only came into effect on January 1st 2010
- Lack of formal liaison structures in absence of dedicated Liaison Team and fully staffed CMHTs
- Lack of PCTs

**Completion Date:** Ongoing

**Revised Timescale** *(commencement and completion dates):* Annual Revision

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

Increased community based support can reduce admissions
Need for greater two way liaison and timely responses required
Need for training for GPs etc., particularly in relation to the Mental Health Act so as to ensure full adherence to the legal requirements of the Act

**Recommend key issues for the consideration of the Independent Monitoring Group**

Development and implementation of training programme for GPs
Regular two-way consultation between GPs and Mental Health Services

**Thank You**

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Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations

HSE REGION DNE  Catchment: Louth and Meath
Date January 2010  Completed by: LMMHS Management Team
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)

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**Please provide supporting factual Information**

- CMHT mapping has been conducted
- Reconfiguration of medical and nursing resources has taken place
- Re-alignment of sector areas has taken place

**Reason for partial completion / not yet**

Absence of full complement of Multi Disciplinary Teams

**Completion Date:** Ongoing

**Revised Timescale**

(commencement and completion dates): Ongoing

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

- Need for flexibility in relation to adherence to strict geographical location boundaries in order to address issues around transport and accessibility of services
- Need for flexibility in relation to the application of the 50,000 population requirement to address burden of population and client need

**Recommend key issues for the consideration of the Independent Monitoring Group**

- Impact of moratorium on team recruitment and development
- Impact of travel on team working in primary care settings

**Thank You**

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

**LOCAL Recommendations**

**HSE REGION DNE**  
Catchment: Louth and Meath

**Date** January 2010  
Completed by: LMMHS Management Team

**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.

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### Please provide supporting factual Information

- Absence of full range of CMHT members as identified in A Vision for Change
- Lack of recognition of new roles identified in A Vision for Change

### Reason for partial completion / not yet

- As above
- Moratorium on recruitment to the public service

### Completion Date:

Ongoing

### Revised Timescale

(Commencement and completion dates): Ongoing

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

- Impact of the absence of full buy-in by staff
- Impact of continuity /lack of continuity of team members

### Recommend key issues for the consideration of the Independent Monitoring Group

- Multidisciplinary teams need to focus on Vision for Change, and its recommendations, as a live document; its implementation is not just one discipline’s responsibility
- Need for lifting of moratorium to allow employment of fully staffed CMHTs as outlined in A Vision for Change

**Thank You**

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</table>
**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)*

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**Please provide supporting factual Information**
Majority of teams are based in Sector Headquarters within the Community
A county based HBTT Service operates as an alternative to acute day hospital provision.

**Reason for partial completion / not yet**
Historical financial restrictions and capital funding
Absence of community mental health centres (CMHCs) in Louth and Meath; however, there are plans for inclusion of CMHCs in a number of planned Primary Care Centres.

**Completion Date:** Ongoing

**Revised Timescale** *(commencement and completion dates):* Ongoing

**Please share the key learning points which have evolved in the implementation of this recommendation**
Difficulties in identifying appropriate facilities to progress development of CMHCs
The importance of Health and Safety considerations in shared facilities

**Recommend key issues for the consideration of the Independent Monitoring Group**
Release of ring-fenced capital funding to develop mental health facilities in the community which take cognisance of relevant regulations and standards

**Thank You**

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

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### Chapter 11

**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**

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**Please provide supporting factual Information**

- Department of Psychiatry, Navan is fully compliant with Article 15 (Approved Centre Regulations)
- Department of Psychiatry, Navan is participating as a pilot site in the National Mental Health Service Collaborative (i.e. Integrated Care Planning Project)

**Reason for partial completion / not yet**

- St. Brigid’s Approved Centre is substantially compliant but not yet fully compliant with Article 15 (Approved Centre Regulations)
- Consultants are continually encouraged to develop integrated care plans for service users

**Completion Date:** Ongoing

**Revised Timescale**

(commencement and completion dates):

Annual Revision

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

- Care planning involves all members of the multidisciplinary team; it is important therefore, to ensure buy-in from all members
- Accessing patient records and ensuring that they follow the service user can present difficulties and risks

**Recommend key issues for the consideration of the Independent Monitoring Group**

- Funding is required to advance provision of an IT System to support the care planning process
- Promoting buy-in from all disciplines to the integrated care planning process

**Thank You**

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

**LOCAL Recommendations**

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**HSE REGION DNE**  
Catchment: Louth and Meath

**Date** January 2010  
Completed by: [Blank]

#### 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)

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### Please provide supporting factual Information

A wide range of therapies are available through psychiatrists, psychology, clinical nurse specialists and nursing staff

### Reason for partial completion / not yet

- Absence of full complement of multidisciplinary team members in line with WTE requirements
- Impact of the moratorium on recruitment to the public service
- Due to cost containment measures only mandatory training is available

### Completion Date:

Ongoing

### Revised Timescale (commencement and completion dates):

Annual Revision

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

- To provide a range of psychological services, services require access to a range of experienced therapists with this expertise
- Provision of a range of therapies support service user choice and access to range of non-medical treatment modalities

### Recommend key issues for the consideration of the Independent Monitoring Group

- The impact of the moratorium needs to be addressed
- Absence of training opportunities needs to be addressed
- Role of professional versus role of therapist needs addressed – one may have a range of skills as opposed to adopting a singular approach

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**Thank You**

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

#### LOCAL Recommendations

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#### 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)*

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Please tick

**Please provide supporting factual Information**

**Reason for partial completion / not yet**

- Difficulty in accessing service user to participate in groups
- Competing demands on Advocate

**Completion Date:** Ongoing

**Revised Timescale** *(commencement and completion dates)*: Annual Revision

**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**

- Facilitated training for Service Users
- Development of a national panel to participate in local services
- Clarification in relation to role of service user participation i.e. specific expectations
- Acknowledgement of the competing demands being placed on local Advocates

**Thank You**

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</table>
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)

Please tick

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Please provide supporting factual Information

Nurse-led home-based treatment teams in situ in Louth and Meath –

Reason for partial completion / not yet

HBTTs don’t have a gate-keeping role in relation to admission to Approved Centres
Community Mental Health Teams do not have the full complement of staff recommended in A Vision for Change

Completion Date:

Revised Timescale (commencement and completion dates):

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

Success of nurse led teams and positive impact on service user experience
Impact in respect of service user choice
Alternative to in-patient care
Promotes and maintains social connectedness
Stigma reduction

Recommend key issues for the consideration of the Independent Monitoring Group

Ongoing development of home based teams in current climate needs to be addressed in view of the impact of the moratorium on filling vacant nursing posts and the legislative requirements to staff Approved Centres

Thank You

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

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**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)**

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Please tick

**Please provide supporting factual Information**

Medical and nursing expertise available on a 24/7 basis in Louth and Meath in Approved Centres

Reason for partial completion / not yet

No fully staffed CMHTs
No crisis house available
Absence of full complement of staff to provide full 9-5 Service

**Completion Date:** Ongoing

**Revised Timescale**

(Commencement and completion dates): Annual Revision

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

Difficulty in implementing service over 24/7 in view of moratorium and financial constraints
Implications of lone working from a quality and risk perspective

**Recommend key issues for the consideration of the Independent Monitoring Group**

Need for clear identification of service requirement for the 24/7 service in each locality to justify cost / analysis of crisis calls to services

**Thank You**
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.

Please tick

Please provide supporting factual Information

This requires national response

There are currently no plans to introduce a Early Intervention Services (EIS) in the LMMHS

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

Thank You

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**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**

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**Please provide supporting factual Information**

There are currently two Acute Admission Units available in the Louth Meath Mental Health Service comprising a total of 55 acute beds (including eight beds for MHSOP).

Reason for partial completion / not yet

Delays in developing a Regional Hospital for the North East have impacted on plans for this development; however, there are plans for a new acute in-patient unit for Louth.

**Completion Date:** Ongoing

**Revised Timescale**

(commencement and completion dates): Annual Revision

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

Lack of progress in one area can impact on activity in other areas

**Recommend key issues for the consideration of the Independent Monitoring Group**

Possible political consequences

Thank You
### Vision for Change dependent Monitoring Group Report for Jan 2010

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#### 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.

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Please provide supporting factual Information

This recommendation is being progressed in conjunction with the planning for the relocation of the Central Mental Hospital.

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

Thank You

| Signed | Title | Date |
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
- [✓] Partially implemented
- [ ] Not yet commenced

Please provide supporting factual information

- Recovery model is incorporated in the individual care planning process
- Training is provided in relation to Recovery involving Service Users
- Development of nurse-led Assertive Outreach Teams in Louth and Meath
- Development of nurse-led Community Support Team in Louth
- Transfer of residents from approved centres to community residences and independent living / demonstrated by increased quality of life and decreased dependency on acute services
- Fostering of greater independence in medium and low support units

Reason for partial completion / not yet

- Absence of dedicated Community Rehabilitation and Recovery Teams as recommended in A Vision for Change

Completion Date: Ongoing

Revised Timescale (commencement and completion dates): Annual Revision

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

- Positive impact of service from service user perspective
- The concept of Recovery can mean different things to different people

Recommend key issues for the consideration of the Independent Monitoring Group

- Impact of moratorium on service and team development

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

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**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)**

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**Please provide supporting factual Information**

- Development of nurse-led Assertive Outreach Teams in Louth and Meath
- Development of nurse-led Community Support Team in Louth

**Reason for partial completion / not yet**

- Absence of dedicated Community Rehabilitation and Recovery Teams as recommended in A Vision for Change
- Additional funding is required to achieve full implementation of this recommendation

**Completion Date:** Ongoing

**Revised Timescale (commencement and completion dates):** Annual Revision

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

- Value of Assertive Outreach Teams from Service User perspective in relation to preventing re-admissions and promoting social integration

**Recommend key issues for the consideration of the Independent Monitoring Group**

- Impact of the recruitment moratorium on service and team development; it is difficult to maintain these services whilst simultaneously adhering to the statutory requirements in relation to Approved Centres

**Thank You**

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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)

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Please provide supporting factual Information

- Access to two community residences in Meath
- Access to six community residences in Louth
- Day centre provision in Louth and Meath
- Active links with external community agencies – voluntary and statutory
- General Adult sector headquarters in nine (out of ten) sector areas

Reason for partial completion / not yet

- Absence of dedicated Community Rehabilitation and Recovery Teams as recommended in A Vision for Change
- Absence of designated community mental health centres

Completion Date: Ongoing

Revised Timescale (commencement and completion dates): Annual Revision

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

- It is difficult to progress this recommendation in the absence of dedicated rehabilitation and recovery teams or facilities
- Absence of rehabilitation teams impacts on the planned co-ordination of care and support, and progression of clients through the services necessary for recovery
- Implementation of recommendations requires significant time / focus
- Stigma impact on developments e.g. establishing a community residence

Recommend key issues for the consideration of the Independent Monitoring Group

- Acknowledgement of time requirements to support change / implementation process
- Provision of ring-fenced resources to support development of physical infrastructure in line with legislative requirements for e.g. Health and Safety, Disability etc.
- Contrast between Planning for the Future (1984) and A Vision for Change (2006) - both provide different frameworks for service delivery; need to acknowledge the impact of this from service user, local community and service provider perspectives

Thank You
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)

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Please provide supporting factual Information

Links established with range of agencies and groups, e.g. Social Housing, AWARE, GROW, MHA, Shine, VEC etc

Establishment of the Hostel Placement Committee and the Strategic Recovery Group. Links established with Housing Agency, Louth and Meath Co. Councils regarding the appropriate placement of clients from 24 hour residences.

Regular outings from Day Centres to various community events (local and national).

Established links with Nestling Project in conjunction with local county councils and DKIT

Reason for partial completion / not yet

Links are local area specific and based on service user need and service availability

Completion Date: Ongoing

Revised Timescale (commencement and completion dates): Annual Revision

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

Involvement of range of service providers can impact positively on service user experience

Increased knowledge of roles and services

Service coordination is difficult in relation to working within the wider social system

Successful integration of clients into community requires positive risk taking

Appropriate links established with individuals within key organisations promote success

Champion identification is important; staff skills utilisation is central to process

Recommend key issues for the consideration of the Independent Monitoring Group

Increased awareness of A Vision for Change regarding role of the range of non-mental health service providers in relation to housing, social inclusion etc

Thank You

Signed | Title | Date
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
- Partially implemented
- Not yet commenced

Please tick

Please provide supporting factual Information

Category 1 Approved (An Bord Altranais) Training provided to Assertive Outreach Teams, which included recovery approach

Two-day recovery workshop provided, which included Service User involvement – targeted at staff working in community residences and day centres

Reason for partial completion / not yet

- Difficulty in training all staff due to budgetary restrictions
- Focus on mandatory training only

Completion Date: Ongoing

Revised Timescale (commencement and completion dates):

Annual Revision

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

Recovery is different for everybody; it is difficult to devise a standardised training programme for all services

Buy-in from all disciplines to participate in training was low

Recommend key issues for the consideration of the Independent Monitoring Group

- Need for clear guidance as to what constitutes ‘recovery’ training
- Include recovery module in all mental health professionals undergraduate training

Thank You
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)

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Please provide supporting factual Information

- Involvement of VEC in development and delivery of programmes to address life skills e.g. Literacy Group
- Use of Recovery Model and individual care planning process promotes identification of need for particular programmes; services link with relevant agencies as indicated
- Assertive Outreach Team links with Fás, Freshstart etc
- Staff with disabilities, including mental health, are supported in accessing a range of generic programmes

Reason for partial completion / not yet

Service operates a non-discriminatory open employment process, however, opportunities for employment greatly reduced in current climate

Completion Date: Ongoing

Revised Timescale (commencement and completion dates):

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

More links from employment and educational agencies required; this needs to be a two-way process

Recommend key issues for the consideration of the Independent Monitoring Group

Development of standardised structures to promote and support employment for persons with mental health problems

Thank You

Signed | Title | Date
**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.

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**Please provide supporting factual Information**

- Involvement of VEC in development and delivery of programmes to address life skills e.g. Literacy Group
- Use of Recovery Model and individual care plan process promotes identification of need for particular programmes – services link with relevant agencies as indicated
- Assertive Outreach Team links with Fás, Freshstart etc
- Staff with disabilities, including mental health, are supported in accessing a range of generic programmes

**Reason for partial completion / not yet**

Service operates a non-discriminatory open employment process; however, opportunities for employment greatly reduced in current climate

**Completion Date:** Ongoing

**Revised Timescale**

(commencement and completion dates): 

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

More links from employment and educational agencies required; this needs to be a two-way process

**Recommend key issues for the consideration of the Independent Monitoring Group**

Development of standardised structures to promote and support education and training for persons with mental health problems

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

**LOCAL Recommendations**

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<th>HSE REGION DNE</th>
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<td>Completed by: LMMHS Management Team</td>
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**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**

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**Please provide supporting factual Information**

A number of day services utilise a range of assessment tools that include quality of life measures e.g. Camberwell Assessment of Need utilised by Assertive Outreach Teams (AOTs)

Joint evaluation of services from service user and carer perspective

Meath AOT has recently completed an evaluation of their service

Individual care plans are evaluated from an individual service user perspective in relation to the impact of care

Movement of clients from institutional based care to community based independent living care

Regular case-conferences to address ongoing provision of care needs involving a recovery approach

**Reason for partial completion / not yet**

There are no dedicated Rehabilitation and Recovery teams in the Louth/Meath Mental Health Service

**Completion Date:** Ongoing

**Revised Timescale**

(Commencement and completion dates): Annual Revision

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

Benefit of engaging in evaluation incorporating service users and carers

Evaluation facilitates identification of need for changes in approaches if indicated

**Recommend key issues for the consideration of the Independent Monitoring Group**

Need for development of fully staffed community rehabilitation and recovery services

Need for standardised approach to evaluation and use of quality of life measures

Thank You

Signed | Title | Date
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)

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Please provide supporting factual Information

There are two MHSOP teams established; one in Louth and one in Meath.
All referrals, on first presentation over 65, for MHSOP input is considered by the MHSOP teams in Louth and Meath.
There are 4 beds for MHSOP available in Louth and Meath in line with A Vision for Change.

Reason for partial completion / not yet

Option of transfer of existing service users on reaching 65 years to MHSOP is not available; opinion from MHSOP Team can be sought and provided in individual cases.
MHSOP Team does not have full complement of multidisciplinary members as recommended in A Vision for Change.

Completion Date: Ongoing

Revised Timescale (commencement and completion dates): Annual Revision

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

Practicalities of transferring all persons with previous history of mental health problems to MHSOP would significantly impact on the functioning of this service.

Recommend key issues for the consideration of the Independent Monitoring Group

Resource provision for development of fully staffed MHSOP Teams needs to be addressed.
Impact of the moratorium on recruitment to the public service needs to be addressed.

Thank You

Signed | Title | Date
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)

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Please provide supporting factual Information

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

Thank You
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)

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Please provide supporting factual Information

- Education programmes on MHSOP are provided to GPs, Nursing Visits
- Domiciliary service mostly provided by MHSOP
- Memory clinics established in Meath linked in with acute hospitals

Reason for partial completion / not yet

Primary Care Teams not fully established

Completion Date: Ongoing

Revised Timescale (commencement and completion dates): Annual Revision

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

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<td>Chapter 13</td>
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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**

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Please provide supporting factual information

Currently two teams within Louth/Meath Mental Services provide service to older persons based on catchment size of 271,845

Population served by Louth team is 143,542 (over 65 population is 14,365)

Population served by Meath team is 128,303 (over 65 population is 10,264)

Mapping exercise carried out to identify deficits based on recommendations in A Vision for Change

Reason for partial completion / not yet

Full complement of team members as recommended in A Vision for Change per VFC are not in place as yet

Moratorium on recruitment to the public services

Prolonged recruitment process

Completion Date: Ongoing

Revised Timescale

(commencement and completion dates): Annual Revision

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

Increasing need for service evident

Diversity of service need and associated skills and training required

Recommend key issues for the consideration of the Independent Monitoring Group

Review of the recruitment moratorium

Thank You

Signed | Title | Date
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**

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**Please provide supporting factual Information**

- Two MHSOP teams within Louth/Meath Mental Services
- Need remains on service plan agenda
- Lack of resources for all teams identified in service risk register

**Reason for partial completion / not yet**

- Full complement of team members as recommended in A Vision for Change per VFC are not in place as yet
- Moratorium on recruitment to the public services

**Completion Date:** Ongoing

**Revised Timescale**

Annual Revision

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

- Addressing competing demands and prioritising service provision is challenging
- Historical under-resourcing impacts on service provision and development

**Recommend key issues for the consideration of the Independent Monitoring Group**

- Future allocation of resources and need for prioritisation to services already identified as under-resourced and allocation of capital funding
- Review of Moratorium and fair allocation of capital spent per head of population

---

**Thank You**

Signed  
Title  
Date
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**  

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**Please provide supporting factual Information**

- Sector headquarters provided to both MHSOP
- Access to acute beds in both Approved Centres (8 in total)
- Out-patient clinics and provision of domiciliary visits and assessment
- Ongoing support provided to nursing homes

**Reason for partial completion / not yet**

- No day facilities
- No community mental health centres

**Completion Date:**  
Ongoing

**Revised Timescale**  
(commencement and completion dates):  
Annual Revision

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

- Addressing competing demands and prioritising service provision is challenging
- Historical under-resourcing impacts on service provision and development

**Recommend key issues for the consideration of the Independent Monitoring Group**

- Future allocation of resources and need for prioritisation to services already identified as under-resourced and allocation of capital funding
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**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)

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**Please provide supporting factual Information**

Eight acute beds provided across the two counties; four in each of the two acute units; however, no separate designated area within either of the acute units.

**Reason for partial completion / not yet**

Delays in developing a Regional Hospital for the North East have impacted on plans for this development; however, there are plans for a new acute in-patient unit for Louth which will incorporate dedicated beds for MHSOP.

**Completion Date:** Ongoing

**Revised Timescale** (commencement and completion dates):

Annual Revision

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

- Risks to clients in acute units and to potential admissions from MHSOP
- Risk of loss of previous placements following acute admission

**Recommend key issues for the consideration of the Independent Monitoring Group**

- Need for national criteria in relation to admission to such units based on clinical need and facilities available to address quality and risk from a care perspective
- Possible political consequences

Thank You
**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)**

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**Completion Date:** Ongoing

**Revised Timescale**
**(commencement and completion dates):** Annual Revision

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

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<td>Historical under-resourcing impacts on service provision and development</td>
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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)

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**Please provide supporting factual Information**

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

Addressing competing demands and prioritising of service provision is challenging

Historical under-resourcing impacts on service provision and development

**Recommend key issues for the consideration of the Independent Monitoring Group**

Thank You

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### 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)**

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**Please provide supporting factual Information**

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

Thank You

**Signed**

**Title**

**Date**
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

Please provide supporting factual Information

This is not a local recommendation; local service only has control over the referral process to which all service users are eligible; nursing homes then complete their own assessment and make a decision.

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

Difficulty in placing clients with mental health difficulties who are already in existing mental health service accommodation

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You
Vision for Change Independent Monitoring Group Report for Jan 2010

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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)

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Please provide supporting factual Information
While continuing care beds are available within the service, these are not designated for MHSOP.

Reason for partial completion / not yet
Increasing identified needs for elderly graduates under the care of adult Mental Health Services in both the Approved Centre and in the community; their future placement and management is still unclear and at risk due to limited resources.

Completion Date: Ongoing

Revised Timescale (commencement and completion dates): Annual Revision

Please share the key learning points which have evolved in the implementation of this recommendation
Elderly graduates who do not come under the remit of MHSOP should not be discriminated in relation to their future placement and care.
Lack of clarity in relation to elderly graduates progression and care pathway is impacting on their mental health welfare ("they are forgotten people").
It had been always difficult to access community placements appropriate for ageing graduates within mental health services.

Recommend key issues for the consideration of the Independent Monitoring Group
Clear guidance required on the management of graduates and how their needs overlap with MHSOP.
Identified resources need to be ringfenced.

Thank You

Signed | Title | Date

69
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)

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Please tick

Please provide supporting factual Information

Fair and equitable access provided

New Code of Practice in relation to persons with intellectual Disabilities within Mental Health Services implemented since 01./01/2010

Reason for partial completion / not yet

There are no dedicated MHID teams within the service

Completion Date: Ongoing

Revised Timescale (commencement and completion dates): Annual Revision

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

There is a lack of expertise in this specialist field within our services

Recommend key issues for the consideration of the Independent Monitoring Group

Need for greater links with disability services, two way process required in relation to responding to client need

Additional resources are required to develop MHID teams

Thank You
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
There are no dedicated MHID teams within the LMMHS
No access to or knowledge of this database; who inputs information or who is responsible

**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**
Advice and training should be provided to local Mental Health Services to gather identified relevant information pertaining to the national database

Thank You

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

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**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)

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**Please provide supporting factual Information**

This recommendation applies to disability services rather than to mental health services.

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

Thank You

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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.

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Please provide supporting factual information

Reason for partial completion / not yet

There are no dedicated MHID teams within the LMMHS

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

Assessment on the need for, number and size of teams per catchment needs to be carried out

Thank You

Signed

Title

Date
**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.

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<td>There are no dedicated MHID teams within the LMMHS</td>
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<td>Additional funding is required to implement this recommendation</td>
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<tr>
<td>Assessment of need should be carried out in each catchment area in conjunction with ID Services to ascertain the level of need and to identify resources required</td>
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</table>

**Thank You**
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)

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Reason for partial completion / not yet

Additional funding is required to implement this recommendation

Completion Date: Funding dependant

Revised Timescale (commencement and completion dates):

Annual revision

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 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)**

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**Reason for partial completion / not yet**

There are no dedicated MHID teams within the LMMHS
Additional funding is required to implement this recommendation

**Completion Date:**
Funding dependant

**Revised Timescale**

(Commencement and completion dates): Annual revision

**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**

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<td>Recommendation 14.9</td>
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**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)**

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**Reason for partial completion / not yet**

- There are no dedicated MHID teams / services within the LMMHS
- Additional funding is required to implement this recommendation

**Completion Date:** Funding dependant

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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**

- Need of assessment on the actual number of beds allocated as per A Vision for Change

**Thank You**

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</table>
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)

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Please provide supporting factual Information

Open referral process based on clinical need and determination of mental health disorder as per the Mental Health Treatment Act

Code of Practice on admission, transfer and discharge implemented in January 2010

Reason for partial completion / not yet

There are no dedicated MHID teams within the LMMHS

Additional funding is required to implement this recommendation

Completion Date: Ongoing

Revised Timescale (commencement and completion dates): Annual Revision

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

Lack of appropriate expertise available when clients present

Complexity of care in clients with dual diagnosis requires an appropriate response

Recommend key issues for the consideration of the Independent Monitoring Group

Thank You

Signed Title Date
**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.

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**Please provide supporting factual Information**

- Code of Practice on admission, transfer and discharge implemented from 01/01/2010
- Protocols in process of development in relation to discharge of homeless people from approved centres

**Reason for partial completion / not yet**

- New process in development which requires consultation with external agencies

**Completion Date:** Ongoing

**Revised Timescale**

(commencement and completion dates): Annual Revision

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

- Need for collaboration and consultation with relevant agencies
- Impact of homelessness on health and well-being

**Recommend key issues for the consideration of the Independent Monitoring Group**

- Need for streamlined standardised approaches

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

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**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)*

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**Please provide supporting factual Information**

- Establishment of the Hostel Placement Committee and the Strategic Recovery Group.
- Links established with Housing Agency and Louth and Meath Co. Councils regarding the appropriate placement of clients from 24 hour residences
- Established links with Nestling Project in conjunction with local county councils and DKIT

**Reason for partial completion / not yet**

- Local initiative, AOT new development, still in its infancy
- Not full compliment of teams and thus difficulty in maintaining and establishing new links
- Changes in external structures-continuity

**Completion Date:** Ongoing

**Revised Timescale** *(commencement and completion dates)*: Annual Revision

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

- Different approaches from housing authorities and county councils

**Recommend key issues for the consideration of the Independent Monitoring Group**

- Need for national forum to assist with implementation process and to provide guidance

**Thank You**

**Signed**

**Title**

**Date**
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)

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Please provide supporting factual Information

There are Alcohol Counsellors within each sector take direct referrals from GPs. Generic Addiction Services in place within PCCC.

Reason for partial completion / not yet

There is no dedicated integrated substance abuse and co-morbid mental health illness team in the LMMHS

Completion Date: Ongoing

Revised Timescale (commencement and completion dates): Annual revision

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

Different models and approaches are in operation throughout the country.

Recommend key issues for the consideration of the Independent Monitoring Group

Need for national direction for the development of mental health services for people with co-morbid severe mental illness and substance abuse problems.

Need for identification of resources for the development of CMHTs with appropriate governance structures for people with co-morbid mental illness and substance abuse.

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

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#### 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)

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**Please provide supporting factual Information**

Alcohol Counsellors work as part of the General Adult CMHTs

**Reason for partial completion / not yet**

Full complement of counsellors recommended in A Vision for Change is not yet in place

**Completion Date:** Ongoing

**Revised Timescale**

(commencement and completion dates): Annual revision

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

Different models and approaches in operation throughout the country.

**Recommend key issues for the consideration of the Independent Monitoring Group**

Need for national direction for the development of mental health services for people with co-morbid severe mental illness and substance abuse problems.

Need for identification of resources for the development of CMHTs with appropriate governance structures for people with co-morbid mental illness and substance abuse.

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**Thank You**

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**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**

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Please tick

**Please provide supporting factual Information**

There is no dedicated integrated substance abuse and co-morbid mental health illness team in the LMMHS

**Reason for partial completion / not yet**

Additional funding is required to implement this recommendation

Competing needs have resulted in prioritisation of other services.

Impact of the moratorium on recruitment to the public service

**Completion Date:**

Funding dependant

**Revised Timescale**

(Commencement and completion dates):

Annual revision

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

None

**Recommend key issues for the consideration of the Independent Monitoring Group**

Need to allocate dedicated resources for the development of specialised teams.

**Thank You**

| Signed | Title | Date |
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) |
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Please tick

Please provide supporting factual Information

See 15.3.4

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

Signed

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**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**

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**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**

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**Recommend key issues for the consideration of the Independent Monitoring Group**

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**Thank You**

**Signed**

**Title**

**Date**
**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.

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**Please provide supporting factual Information**

- Child and Adolescent Mental Health Services in Louth and Meath accept referral of children with eating disorders.
- Complex cases are resource intensive and the full complement of multidisciplinary team members is not yet in place.
- There are plans for a national child and adolescent eating disorder service on the site of the National Paediatric Hospital.

**Reason for partial completion / not yet**

Access to in-patient care can pose significant challenges.

**Completion Date:** Ongoing

**Revised Timescale**

| (commencement and completion dates): | Annual review |

**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**
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)

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Please provide supporting factual information

Reason for partial completion / not yet
Additional resources are required to appoint a specialist adult eating disorder team for the DNE region and a national child and adolescent eating disorder team.

Completion Date: Funding dependant

Revised Timescale (commencement and completion dates): Annual revision

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
## HOT John Doe

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

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

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

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**Please provide supporting factual Information**

There is no dedicated liaison mental health service in Louth or Meath

**Reason for partial completion / not yet**

Additional funding is required to fully implement this recommendation.

**Completion Date:** Funding dependant

**Revised Timescale**

(commencement and completion dates): Ongoing

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

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

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**Please provide supporting factual Information**

This recommendation is not applicable to Louth or Meath

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

**Thank You**

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

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**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)*

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**Please provide supporting factual Information**

There is no dedicated liaison CAMHS team in Louth or Meath. One of the consultant C&A psychiatrists in Cavan/Monaghan provides a part-time liaison service to Our Lady of Lourdes Hospital, Drogheda.

**Reason for partial completion / not yet**

Additional resources are required to fully implement this recommendation.

**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
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.

Please provide supporting factual information

There are two deliberate self-harm (DSH) nurses in situ in the acute general hospitals in Louth.
There are DSH referral guidelines and protocols in situ.
The DSH nurses assess and refer to relevant services and feedback to GPs.
There is a risk indicator policy in place which assesses the risk of suicide.
There is a safe and supportive observation policy which determines level of care required in the event of identification of risk.
ASIST 2-day skill based workshop that equips caregivers for an effective suicide intervention role.

Reason for partial completion / not yet
One catchment area without a DSH service
Resource was identified in 2007 and lost through recruitment embargo.

Completion Date: Ongoing

Revised Timescale (commencement and completion dates): Annual revision

Please share the key learning points which have evolved in the implementation of this recommendation
Positive impact of DHS services on admission rates and supports in the community.
Increased access to dedicated service with relevant expertise.
Increased links and follow-up for services users presenting with DSH.

Recommend key issues for the consideration of the Independent Monitoring Group
The need to expand and value dedicated services.

Thank You

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

**LOCAL Recommendations**

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**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)**

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**Please provide supporting factual Information**

- Clinical Nurse Specialist working in ADT in Louth
- Clinical Nurse Specialist working with psychosis in Louth.
- Home Based Team in both Louth and Meath.
- The new discharge policy in line with the MHC’s Code of Practice on admission transfer and discharge outlines specific timeframes for follow up for residents identified as high risk for suicidal behaviour.
- Discharge plans outline follow-up care recommended and person/team responsible.

**Reason for partial completion / not yet**

- The full complement of community based teams is not yet in place.
- Impact of the moratorium on recruitment to public services.

**Completion Date:** Ongoing

**Revised Timescale (commencement and completion dates):** Annual revision

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

- Need for dedicated service highlighted for this vulnerable population.

**Recommend key issues for the consideration of the Independent Monitoring Group**

- Lift moratorium to facilitate recruitment of full teams

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**Thank You**

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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 | Partially implemented | ✓ Not yet commenced |

Please provide supporting factual Information

The LMMHS recognises personality disorder as a legitimate disorder requiring appropriate treatment and intervention, primarily in outpatient setting, as this cohort generally do not benefit from admission, except perhaps for very short periods for crisis intervention.

Reason for partial completion / not yet

Some, but not all, of the required skill mix is currently available; it is difficult to plan / establish this type of specialist service when general adult sector teams are still not fully resourced.

Currently, each team self-manages the small number of clients within this cohort using a combined medical and psychological approach. Early intervention is central to improving client outcome.

It is hoped to work towards the development of one team regionally for this particular client group.

Completion Date: Ongoing

Revised Timescale (commencement and completion dates): Annual revision

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**

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**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)

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**Please provide supporting factual Information**

Individuals with borderline personality disorder can be particularly challenging; they require a multidisciplinary approach with input from staff trained in brief-intervention psychotherapy, as well as longer term therapies. Occupational therapy and social work interventions also very helpful.

**Reason for partial completion / not yet**

Some, but not all, of the required skill mix is currently available; it is difficult to plan / establish this type of specialist service when general adult sector teams are still not fully resourced.

It is hoped to work towards the development of a centralised approach for this particular client group, based on best practice, with one team regionally and a range of day hospital interventions.

**Completion Date:** Ongoing

**Revised Timescale**

(commencement and completion dates): Annual revision

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 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.

<table>
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<th>Recommendation Completion in this Area (Tick Box)</th>
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Please provide supporting factual Information

- New multi-disciplinary management structure in situ representing all disciplines
- Terms of reference are currently being developed

**Reason for partial completion / not yet**

Service user representative not in situ at present

**Completion Date:** Ongoing

**Revised Timescale (commencement and completion dates):** Annual Revision

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

- Difficulty in identifying service users / relatives / carers who can give the ongoing commitment to the various groups / activities required.
- Lack of training and support for service users to undertake this role.
- Difficulties arise where disciplines have no specific senior manager and who then takes on representation on committee
- Difficulty in reaching consensus with increased representation
- No designated service user involvement budget

**Recommend key issues for the consideration of the Independent Monitoring Group**

Service user involvement is difficult to establish and maintain

**Thank You**
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)

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Please provide supporting factual Information

Absence of full range of CMHTs and team members as identified in A Vision for Change
Lack of recognition of new roles identified in A Vision for Change

Reason for partial completion / not yet
As above
Moratorium on recruitment to public service

Completion Date: Ongoing

Revised Timescale (commencement and completion dates): Annual Revision

Please share the key learning points which have evolved in the implementation of this recommendation
Impact of the absence of full buy-in by staff
Impact of continuity/lack of continuity of team members

Recommend key issues for the consideration of the Independent Monitoring Group
Increase focus by multidisciplinary teams on Vision for Change as a live document; implementation is not just one discipline’s responsibility
Need to lift the moratorium to allow employment of full CMHTs as identified

Thank You

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

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**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)**

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**Please provide supporting factual Information**

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<th>Reason for partial completion / not yet</th>
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<tr>
<td>Current format of service planning (i.e. from a national perspective) mitigates against implementation of local level planning by each CMHT</td>
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<tr>
<td>Currently, cost containment measures and adherence to legislative requirements dominate service planning and allocation of funding</td>
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<tr>
<td>Absence of fully staffed CMHTs and allocation of specific roles within teams e.g. practice manager</td>
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**Completion Date:** Ongoing

**Revised Timescale**

(commencement and completion dates): Annual Revision

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

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<tr>
<th>Recommendations for the consideration of the Independent Monitoring Group</th>
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<tbody>
<tr>
<td>Sanction to be given to CMHTs to have authority to develop costed service plans and hold related ring-fenced budgets</td>
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<tr>
<td>Lifting of moratorium which will facilitate employment of full complement of CMHTs</td>
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Thank You

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<td>Completed by: LMMHS Management Team</td>
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<td>Recommendation 16.7</td>
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**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)**

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**Please provide supporting factual Information**

As per Recommendations 16.4 and 16.5

**Reason for partial completion / not yet**

As per Recommendations 16.4 and 16.5

**Completion Date:** Ongoing

**Revised Timescale (commencement and completion dates):** Annual Revision

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

As per Recommendations 16.4 and 16.5

**Recommend key issues for the consideration of the Independent Monitoring Group**

As per Recommendations 16.4 and 16.5

Thank You

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98
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)

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**Please provide supporting factual Information**

- Meetings occur with Louth and Meath Co. Councils to promote greater awareness of mental health needs and requirements
- Links established with a range of agencies and groups, e.g. Social Housing, AWARE, GROW, MHA, Shine, VEC etc
- Establishment of the Hostel Placement Committee and the Strategic Recovery Group. Links established with Housing Agency, Louth and Meath Co. Councils regarding the appropriate placement of clients from 24 hour residences.
- Established links with Nestling Project in conjunction with local county councils and DKIT Nestling Group activity as previously referred to

**Reason for partial completion / not yet**

Links are local area specific and based on service user need and service availability

**Completion Date:** Ongoing

**Revised Timescale**

(continuance and completion dates): Annual Revision

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

- Involvement of range of service providers can impact positively on service user experience
- Increased knowledge of roles and services
- Service coordination is difficult in relation to working within the wider social system
- Successful integration of clients into community requires positive risk taking
- Appropriate links established with individuals within key organisations promote success
- Champion identification is important; staff skills utilisation is central to process

**Recommend key issues for the consideration of the Independent Monitoring Group**

- Increased awareness of A Vision for Change Strategy regarding role of a range of non-mental health service providers in relation to housing, social inclusion etc.
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)**

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Please provide supporting factual Information
Mapping exercise carried out for Louth/Meath to look at Primary Care catchment areas
Code of Practice on Admission, Transfer and Discharge stipulates arrangements in respect of referral pathways to/from primary care. Associated procedures and protocols are currently in development

Reason for partial completion / not yet
Lack of primary care teams
No identified personnel to initiate liaison
In the absence of fully staffed CMHTs specific roles i.e. team co-ordinator, practice manager have not been allocated

Completion Date: Ongoing

Revised Timescale (commencement and completion dates): Annual Revision

Please share the key learning points which have evolved in the implementation of this recommendation
Difficult to implement in the absence of clear primary structures

Recommend key issues for the consideration of the Independent Monitoring Group
Moratorium on staff recruitment
Improved communication in relation to Primary Care Team development

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

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<th>LOCAL Recommendations</th>
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<td>Chapter 17</td>
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**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)**

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**Please tick**

**Please provide supporting factual Information**

Consultation on the development of community mental health centres as part of the development of PPPs is currently in progress e.g. Kells, Drogheda and Dundalk

**Reason for partial completion / not yet**

Consultation and planning takes time

**Completion Date:** Ongoing

**Revised Timescale**  
(commencement and completion dates): Ongoing

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

- Space requirements for Mental Health Teams
- National template of PPPs difficult as each area has unique requirements
- Working with other teams; Health and Safety aspects of shared premises
- Mental Health is unique in its operation
- Client needs unique in comparison to other care groups

**Recommend key issues for the consideration of the Independent Monitoring Group**

- Little information available on origin and future operation of PPPs

**Thank You**

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</table>
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)

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Please provide supporting factual Information

Local services are bound by National policy i.e. maternity leave, flexi leave, parental leave etc.

The service is not in a position to provide childcare facilities or staff accommodation.

Reason for partial completion / not yet

The Government moratorium on recruitment to the public service directly impacts not only on current recruitment policy but also on the scope for further flexibility e.g. inability to replace staff on career breaks, term time leave, job-sharing etc.

Budget reductions and associated cost containment measures are impacting on the recruitment and retention of staff.

Incremental reduction in staff numbers due to continued loss of staff from the service e.g. nursing vacancies.

Completion Date: Ongoing

Revised Timescale (commencement and completion dates): Annual Revision

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

Ongoing reductions in staffing levels reduce the potential for flexibility.

Role of staff representative bodies in supporting service delivery and promoting realistic flexibility.

Recommend key issues for the consideration of the Independent Monitoring Group

Lifting of moratorium on recruitment to vacant posts

National negotiations with unions for more flexibility

Thank You
Vision for Change Independent Monitoring Group Report for Jan 2010

LOCAL Recommendations

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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)

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Please provide supporting factual Information

This recommendation needs to be addressed nationally in conjunction with the Department of Health and Children and the Department of Finance; local services can only work within nationally agreed human resource policies.

Currently, Government proposals on public service pensions are encouraging staff who are nearing retirement age to leave the service.

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

Thank You

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

**LOCAL Recommendations**

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**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)*

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**Please provide supporting factual Information**

Training programmes have been provided in relation to the development of new teams/services i.e. Assertive Outreach Team, Home Based Treatment Team and Clozaril service

Training has also been provided on recovery

An in-service training schedule, specific to the service’s needs on site, has been developed and has increased opportunities for staff to enhance their career

**Reason for partial completion / not yet**

Directives to close services

Only mandatory training available at present

**Completion Date:** Ongoing

**Revised Timescale** *(commencement and completion dates):*

Annual Revision

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

Sustainability an issue due to non-replacement of staff

Unable to further develop or even maintain existing levels of service due to the non-replacement of nursing staff in 2009

Change management process around service re-configuration required to develop and maintain service is difficult; full multi-disciplinary team and union involvement is required.

**Recommend key issues for the consideration of the Independent Monitoring Group**

Change process takes time and requires ongoing commitment

Adequate resources required to support and maintain change

Leadership and guidance required from a national level to assist in responding to issues that arise during the change process

Professional guidance is required from professional regulatory bodies.

Thank You

Signed | Title | Date
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)

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Please provide supporting factual information

Reason for partial completion / not yet

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<tr>
<th>Training budgets have been significantly reduced and have negatively impacted on development of training programmes / PDP supports</th>
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<tr>
<td>Staffing vacancies impact on the ability to release staff to attend training</td>
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<tr>
<td>Emphasis is now on mandatory training because of statutory requirements e.g. Mental Health Act</td>
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Completion Date: Ongoing

Revised Timescale (commencement and completion dates):

Annual Revision

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

Personal development plans do not achieve their stated purpose unless appropriate supports are in place; individual staff members can identify their training needs but cannot achieve or meet their developmental goals without support.

Thank You

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

**LOCAL Recommendations**

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<td>Recommendation 18.24</td>
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**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)**

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**Please provide supporting factual Information**

In 2008, consultation involving unions and management took place in relation to the future development of Health Care Assistants within the mental health setting to support increased utilisation of nurses’ skill base. It was agreed that these posts would not be developed at the cost of nursing positions.

**Reason for partial completion / not yet**

- Government moratorium on recruitment to the public service
- Absence of local union agreement

**Completion Date:** Ongoing

**Revised Timescale (commencement and completion dates):** Annual Revision

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

- Difficulty in obtaining consensus
- Different models currently being applied across the country
- Confusion over training programmes
- Developing clear job descriptions which incorporate appropriate accountability

**Recommend key issues for the consideration of the Independent Monitoring Group**

- Government moratorium on recruitment to the public service

**Thank You**

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</table>
**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)**

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**Please provide supporting factual Information**

- Local induction programmes are in place.
- Training schedules that focus on BLS/use of AED; Moving and Handling; and PMAV are currently in place.
- Databases are maintained identifying all staff who have attended training.

**Reason for partial completion / not yet**

- No formal PDP process in situ.

**Completion Date:**

Ongoing

**Revised Timescale**

(commencement and completion dates):

6 Monthly

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

- Difficult to maintain ongoing training and updates in absence of dedicated resources.
- Due to staff shortages, it is difficult to release staff to attend training.

**Recommend key issues for the consideration of the Independent Monitoring Group**

- The moratorium has impacted on the release of staff.
- There is a greater need for multi-disciplinary commitment to training.
- Development of national/regional induction programme.

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

### LOCAL Recommendations

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**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)**

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**Please provide supporting factual Information**

- Information is available in relation to services from a county wide and local perspective
- On a county wide level there is a directory of services available on the Intranet and will be available on the internet
- Locally there are information booklets in Approved Centres
- Information leaflets are available in respect of specific conditions / services /therapies e.g. Affective Disorders, Family Therapy, Psychology etc.
- Information leaflets from Mental Health Commission in relation to the MH Act
- Information boards in each Approved Centre are updated with relevant service user information
- Folders are available with information on individual diagnoses and medication
- Information is provided on an individual basis as required
- Service users actively participate in the development of their individual care and treatment plans and where possible, sign these in collaboration with their keyworker

**Reason for partial completion / not yet**

**Completion Date:** Ongoing updates as required

**Revised Timescale**

*(commencement and completion dates):*

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

- The provision of relevant information is empowering for service users and facilitates increased participation in the care process
- The development of information sheets and booklets, incorporating service user feedback, is an important learning process for staff in evaluating information needs and future service development.

**Recommend key issues for the consideration of the Independent Monitoring Group**

- Development of a national low call information line on mental health for all citizens

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

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**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)

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**Please provide supporting factual Information**

- All nursing staff with individual case loads submit activity data e.g. Community Support Service also complete annual report summarising activity and service developments
- Data is also compiled in relation to out-patient clinics
- Participation in national study on social deprivation and services
- A mapping process has been completed to identify population need (based on relative deprivation levels) and to compare community mental health team staff to population ratios with recommendations in A Vision for Change

**Reason for partial completion / not yet**

- Absence of fully staffed community mental health teams as identified in A Vision for Change
- Absence of unified comprehensive data collection infrastructure
- Information technology to support collection of data is not available

**Completion Date:** Ongoing

**Revised Timescale** (commencement and completion dates):

- Annual revision

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

- Access to information for clinicians and managers is crucial when developing and re-organising services
- The use of information / data in context of individual and service evaluation process
- The importance of adhering to various legislative requirements regarding data and information
- Sometimes information generated is not used for service user and mental health service benefit

**Recommend key issues for the consideration of the Independent Monitoring Group**

- The need for appropriate ICT infrastructure to facilitate inputting and capture of relevant information
- Consideration of standardised communication processes in respect of information generation and sharing
- Service integration / transformation will require development of new ways of capturing and sharing data
- The importance of ensuring that information captured is utilised to inform developments in mental health services relative to burden of population and service user need, both locally and nationally

**Thank You**

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#### LOCAL Recommendations

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**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**

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**Please provide supporting factual Information**

**Reason for partial completion / not yet**

- No uniform standardised minimum data set system in operation
- Lack of specific ICT infrastructure to support process

**Completion Date:** Ongoing

**Revised Timescale (commencement and completion dates):** Annual Revision

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

Importance of sharing information in relation to such systems and requirements e.g. current status and learning from WISDOM Project

**Recommend key issues for the consideration of the Independent Monitoring Group**

- Specific data requirements for mental health minimum data set and related infrastructural supports / ICT supports
- Identification of lead to progress
- Training and supports including ring-fenced budget

**Thank You**

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**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)

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Please provide supporting factual Information

Undergraduate training programmes incorporate a research component comprising a range of different research perspectives e.g. utilisation and implementation of research findings, initiating and participating in research etc.

Louth Meath Mental Health Services have supported a number of local and national research studies e.g. nursing minimum data set study, depression and use of psychoeducational approach, evaluation of clinical nurse specialist role, introduction of occupational therapy service to an Irish Mental Health Setting.

There is a research component to various roles, e.g. Clinical Nurse Specialists have role in relation to research utilisation and implementation; NCHDs undertake research and clinical audit during their programmes of study; Psychologists also undertake research etc.

**Reason for partial completion / not yet**

Absence of a structured, systematic approach to mental health research across the services from either a uni-disciplinary or multi-disciplinary perspective

Lack of universal access to expertise and research databases across all services

Absence of support infrastructure to support mental health research

No dedicated funding / budget to support mental health research

**Completion Date:** Ongoing

**Revised Timescale**

(Commencement and completion dates):

Annual Revision

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

The importance of relevant research utilisation to support the development and delivery of services

Appropriate evidence based practice can support quality service delivery

Research means different things to different people

Engaging in mental health research is complex and challenging; numerous issues can arise that require sensitive and often individual responses

The importance of understanding the service user perspective in relation to the development and implementation of mental health research studies

Issues in relation to research with vulnerable populations requires particular consideration e.g. informed consent

**Recommend key issues for the consideration of the Independent Monitoring Group**

Service user involvement in mental health research

Dedicated funding and support structures

Thank You

Signed | Title | Date
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

See Recommendations 16.4 – 16.9

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

Thank You

Signed

Title

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**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**

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Please provide supporting factual information

A plan has been developed in relation to the closure of St. Brigid’s Hospital, Ardee

**Reason for partial completion / not yet**

- Sale of land and ring-fencing of monies generated to support the development of community mental health services in line with A Vision for Change has not yet occurred
- Absence of specific identifiable ring-fenced budget to support progression of this recommendation
- Absence of fully staffed community mental health teams and appropriate community mental health facilities
- Use of mental health properties by wide range of non-mental health services e.g. primary care, health promotion etc. will impact on closure and sale plans

**Completion Date:** Ongoing

**Revised Timescale**

*(commencement and completion dates):* Ongoing

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

- Impact of budgetary reductions on future development of mental health services
- Role of other non-mental health departments in relation to progressing sale of lands / hospital closure and community developments

**Recommend key issues for the consideration of the Independent Monitoring Group**

- Address budgetary systems to ensure full funding for mental health services based on relative need of population served
- Address inequity in per capita allocation / spend nationally
- Relocation issues in relation to range of non-mental services currently in situ in mental health service properties.

Thank You

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