Welcome to the first edition of the Mental Health Services Galway & Roscommon bi-monthly newsletter. Our aim is to provide HSE Staff, Service Users, Family and Friends regular updates on service developments as well as general Mental Health Galway Roscommon information.

A Vision for Change details a comprehensive model of mental health service providers for Ireland. It describes a framework for building and fostering positive mental health across the entire community and for providing accessible community based specialist services for people with mental illness.

The Vision for Change strategy moves away from the old model of mental health custodial care— institutionally based— and towards a modern, holistic mental health service. Galway and Roscommon Mental Health Services has the resources to implement Vision for Change to give better outcomes for patients. However the resources need to be re-shaped. Currently Galway Roscommon Mental Health Services are configured as follows:

- West Galway 130,000
- East Galway 120,473
- Roscommon 64,000

We have recently completed a mapping sectorisation exercise which divides Galway and Roscommon into population catchment areas of roughly 50,000. These new sectors are known as GR1 to GR6. New development funding named “National Service Plan Initiative” for 2012 and 2013 is being used to enhance the existing multi disciplinary teams in an equitable fashion to provide high quality services across Galway and Roscommon.

What is this Change Programme about?
It involves a system wide approach by mental health professions, service users, their families, primary care teams, GP’s, voluntary and community groups.

We need to move away from the old traditional model of institutional care to a wide range of modern community based mental health services.

This approach aims to support people to live as independently as possible and avoid admissions to hospital, where possible.

We look forward to working with all staff throughout this reconfiguration process and are keen that all are actively involved in each phase of delivery.

The recovery ethos ensures that individuals take responsibility for their own recovery with the necessary levels of support from mental health services.

Catherine Cunningham, Area Manager, Galway Roscommon PCCC.

Message from Minister Kathleen Lynch

Minister of State, Department of Health and Department of Justice, Equality & Defence with responsibility for Disability, Older People, Equality & Mental Health

"I fully support the decision in principle taken by the HSE, and the basis on which it was reached, to modernise services in Galway/ Roscommon as has successfully been delivered elsewhere. The priority now is to reach agreement locally on implementing this decision and that this be done without delay. In particular, I would be concerned that any mis-representation of the position would impact negatively on bringing about the much needed changes between acute and community based services in the region. There already exists, in the Galway/ Roscommon area, sufficient overall resources to modernise mental health services across the area but this needs to be re-balanced to realise this objective. I would therefore ask all concerned to work together to achieve this necessary up-grading of services for the benefit of all service users in this region."

Kathleen Lynch, Minister of State.
Firstly it is important to say that the role played in East Galway in moving away from the traditional institutionalised mental health service to the less bed reliant service which is present today in East Galway is a credit to all and is acknowledged. There is however considerable work to be done to further improve the model of service provision however this is by no means unique to the Galway Roscommon Mental Health Services.

The level of acute beds in Galway Roscommon both now and after the acute beds are reconfigured is in excess of the vision for change requirement. It is also in excess of any safe requirement level pending further work on completing community teams. The net reduction in acute inpatient beds for Galway Roscommon will be 7 i.e, reducing from 79 to 72 which will be 15 above the VFC recommended level for this population of 314,000. This is based on beds in Galway City increasing from the present complement of 35 to 50, including 15 specialist beds and 22 beds in Roscommon.

Currently Galway Roscommon, with less than 7% of the total population has more than 10% of the total mental health staffing resource. Nationally, there is no option open to us to “wait until Vision for Change is fully implemented” before excessive bed numbers, including in Galway/Roscommon are reduced. Part of the staffing resource we need to safely implement Vision for Change must come from transferring staff out of excessive numbers of acute inpatient and indeed non-acute beds. We know that excessive bed numbers under either category are unnecessary and reduce our capacity to complete community teams. They are also associated with an old and no longer acceptable model of service for our service users and do not provide a modern and stimulating work environment for our staff.

I would ask that you build on your good work to-date to improve the services for the people of East Galway within the wider Galway / Roscommon Mental Health catchment area. You will have my full support in doing so.

Stephen Mulvany, HSE National Director, Mental Health Services.

The Irish Advocacy Network Ltd was set up to offer peer advocacy services throughout the island of Ireland. Peer advocates are people who have experienced mental health difficulties and having achieved a sufficient level of recovery, complete an accredited training course. Once they qualify they work with an existing peer advocate before engaging their own clients. Thus, peer advocates are in a unique position to understand the difficulties and problems faced by people with mental health difficulties.

We have peer advocates working in Galway Roscommon and the majority of counties throughout the island of Ireland and we regularly meet people in acute psychiatric units, training centres, day centres and day hospitals etc. We can also meet people in the community. Peer advocacy is not about judging people or telling them what to do. Indeed our primary purpose is to provide information, choice and support to people experiencing mental health difficulties, enabling them to take control of their lives.

Denis Waters from the Irish Advocacy Network is a single point of contact for Galway Roscommon Mental Health Services and is a member of the Area Mental Health Management Team he states: “Working as the Irish Advocacy Network’s advocate for the Mental Health Services in Galway and Roscommon allows me to empower people who have experienced difficulties with their mental health and well-being”.

If you require information, choice and support, would like a confidential chat or need someone to “argue your case” then give Denis Waters a call on 0879257702, telephone his office on 047 38918 or email: denis@irishadvocacynetwork.com.

The Irish Advocacy Network Ltd., Head Office:
Telephone: 047 38918
Fax: 047 38682
Email: admin@irishadvocacynetwork.com
Postal Address: Irish Advocacy Network Ltd., C/o Health Care Unit, Rooskey, Monaghan, Co. Monaghan, Ireland.
General Practitioners

General Practitioners (GPs) are represented on the Vision for Change Implementation Project Group by Dr Mary Rogan.

Communications for this change process to all GPs will be coordinated through Richard Broderick GP coordinator in Merlin Park.

GPs are usually the first point of contact for families who seek help for various problems. GPs are ideally placed to recognise risk factors for mental health disorders, to provide treatment or advice where appropriate and to refer to a more appropriate community care personnel or specialist service when this is indicated.

Primary care/community care service that operate under the childcare act 1991 provide assessment, monitoring and support services for children who are at risk of mental health difficulties or in need of care or protection.

Clear links are developed between mental health services and primary care/community resources, to coordinate appropriate service provision for children and adolescents at risk from mental health problems.

GPs will have referrals in normal working hours through their local Community Mental Health Team via a Team coordinator.

Out of hour referrals will continue to be made via Emergency Departments (A&E) GUH, Portiuncula and Roscommon, West Doc or the Gardai as normal.

I would urge everyone to focus on the key goal which is improved patient outcomes for our patients and being part of a modern, integrated mental health service that meets the Vision for Change principles.

The National Director for Mental Health Services.

Minister of State for Disability, Older People, Equality & Mental Health and myself.

An Implementation Project Team has been established to develop an implementation plan that is phased, structured and in the best interest of our patients.

I know that change can be difficult and challenging for many people and I want to assure you that before we move to implementation we will consult with stakeholders, further explain what is proposed and its rationale, hear concerns whatever they are, and respond as to the extent we can or cannot take them on board and why. As regards our staff stakeholders we will work thorough the changes in line with the Croke Park / Haddington Road agreements and the information directive. Our overall consultation process will be informed by the timescales set out in these and other relevant documents.

An implementation roadmap will be set out and will be clearly phased. We will engage and consult throughout the implementation period. Further details of the consultation process and communications plan are being finalised and will be circulated to staff and stakeholders in the coming weeks.

I would urge everyone to focus on the key goal which is improved patient outcomes for our patients and being part of a modern, integrated mental health service that meets the Vision for Change principles.

Gerry O’Neill, 
RDPI, 
HSE West.
The Mental Health Area Management team Galway Roscommon as above has established two sub groups to over see the implementation and reconfiguration of the community mental health services and acute bed provision within the catchment area. Each group will work to national and international best practice with particular reference to the recommendations outlined in a Vision for Change (2006) as well as recommendations from the Mental Health Commission and the inspectorate of the Mental Health Services. It is important to note that the reconfiguration of the acute beds in line with Vision for Change will be done on a planned, phased and incremental fashion. In parallel with the development of a crisis intervention team and will be patient centred care.

As you see from the governance structure the implementation groups consist of representative professionals and service user input.

The groups terms of reference are as follows:

1– Prepare and implementation plan of the recommendations of the review of community health services/residence and the development of an implementation plan for the phased incremental closure of any acute beds.

2– In order to give effect to the reconfiguration of acute mental health beds in Galway/Roscommon the Project Group is required to prepare a detailed implementation plan. Drafting the plan should be completed by end of October 2013.

3– A Communication Plan for engaging with appropriate stakeholders is also required in relation to the forgoing.
Currently the staffing whole time equivalents (WTE’s) is 933. Galway Roscommon was successful in securing a significant number of new development posts in both 2012 and 2013. These new post are being used to enhance community mental health teams and address suicide and self harm in emergency departments. Below is a break down of the new posts and currently there is 19 posts filled and the remainder are close to completion in the recruitment process.

**Reconfiguration of Acute Beds:**
Mr Pat Dolan, Chairperson  
Mr John Meehan, Project Manager  
Denis Waters, Patient Advocate  
Dr Amanda Burke, ECD  
Dr Laura Mannion, CD  
Dr Charles Byrne, CD  
Dr Mary Rogan GP  
Linda Byrne, Administration Officer  
Steve Jackson, Business Manager  
Helen Early, Area Director of Nursing  
Clare Gormley, Principal Clinical Psychologist  
Kate Feely, Principal Social Worker  
Esther Crowe Mullins, OT Manager  
Lucy Scanlon, A/CMN3  
Gerry Blake, ADON  
Bernie McHale, A/ADON  
Rosanne Gallagher, A/ADON  
Ciaran Lynch, Clinical Nurse manager  
Michael McDonagh, Buildings & Maintenance Manager  
Joe Treacy, Addiction Councillor  
Belinda Dooley, Clinical nurse manager, St Brigids  
Noel Giblin, PNA  
Mark Lohan, SIPTU  
Impact Representative-TBA

**Review of Community Residences:**
Mr Pat Dolan, Chairperson  
Mr John Meehan, Project Manager  
Denis Waters, Patient Advocate  
Dr Amanda Burke, ECD  
Dr Laura Mannion, CD  
Dr Charles Byrne, CD  
Dr Mary Rogan GP  
Dr Pádraig Collins, Senior Clinical Psychologist  
Linda Byrne, Administration Officer  
Steve Jackson, Business Manager  
Helen Early, Area Director of Nursing  
Clare Gormley, Principal Clinical Psychologist  
Kate Feely, Principal Social Worker  
Esther Crowe Mullins, OT Manager  
Lucy Scanlon, A/CMN3  
Gerry Blake, ADON  
Bernie McHale, A/ADON  
Ciaran Lynch, Clinical Nurse Manager  
Thomas Murphy, ADON  
Michael McDonagh, Buildings & Maintenance Manager  
Belinda Dooley, Clinical Nurse Manager, St Brigids  
Noel Giblin, PNA  
Mark Lohan, SIPTU  
Impact Representative-TBA

**Vision for Change Implementation Members:**

**Staffing & Development Posts:**

Currently the staffing whole time equivalents (WTE’s) is 933. Galway Roscommon was successful in securing a significant number of new development posts in both 2012 and 2013. These new post are being used to enhance community mental health teams and address suicide and self harm in emergency departments. Below is a break down of the new posts and currently there is 19 posts filled and the remainder are close to completion in the recruitment process.

**New Development Posts:**

- Clinical Psychologists (12)  
- Social Work (4)  
- Community Mental Health Nurse (13)  
- Consultant Psychiatrist of Later Life (1)  
- Community Nurse Specialist (3)  
- Speech & Language Therapist (6)  
- Clinical Nurse Specialist (2)  
- Occupational Therapist (3)  
- New Graduate Nurses (20)  
- Consultant Psychiatrist (2)
Phasing of the VFC Project

The reconfiguration of Acute beds will be done on a phased incremental basis as below.

**Phase 1**

- **Reconfiguration of Acute Beds**
  - Decrease 5 beds in St. Brigids (17)
  - Increase 5 beds in GUH (40)

- **Exemplars 3 sites:**
  - GR 6, GR 4, GR 2

- **SCAN Nurse:**
  - in place GUH

- **Deliberate Self Harm Nurses:**
  - GUH
  - Portiuncula
  - Roscommon County

- **Sectorisation Rehab Team**
  - POLL Team
  - GR 5 & 6

**Phase 2**

- **Reconfiguration of Acute Beds**
  - Decrease 5 beds in St. Brigids (12)
  - Increase 5 beds in GUH (45)
  - Opening HDU in GUH

- **Further development of Rehab including:**
  - Review of Hostels
  - Development of Assertive Outreach Teams
  - Training and development

- **Liaison Psychiatry**
- **Consolidation of home based treatment teams**

**Phase 3**

- **Reconfiguration of Acute Beds**
  - 45 beds GUH
  - 22 beds Roscommon Hospital

- **6 Home Based Teams**
  - one per sector
  - 7 day service
  - Training and development

- **3 Assertive Outreach Teams**

**Phase 4**

- **Reconfiguration of Acute Beds**
  - 50 beds GUH including 15 specialty beds
  - 22 beds Roscommon Hospital

- **Consolidation of Home Based Teams including training and development**

- **Crisis House**
  - Roll out of SCAN across Galway & Roscommon
Sectorisation

What is Sectorisation?

A sector is the population unit looked after by a Community Mental Health Team. Galway and Roscommon has a total population of 314,645.00. Galway Roscommon Mental Health Service current sectors were that of approximately 25,000 however, after an extensive mapping exercise that took nearly two years to complete the new sectors have now been agreed as below.

The new sectors will range from around 50,000 with flexibility regarding catchment size and composition, taking population structure and distribution, geographical factors and deprivation into account ensuring accessibility for service users.

Sectorisation meetings are now taking place with regards to identifying facilities, accommodation and equipment needs & sectors staffing level requirements.

**New Sectors:**

- **Galway Roscommon 1 (GR1) = Yellow.** Included in this area, Carraror, Clifden, Cloonbur, Moycullen, Barna, Spiddle.
- **Galway Roscommon 2 (GR2) = Lilac.** Included in this area, Galway City, Mervue, Newcastle, Salthill.
- **Galway Roscommon 3 (GR3) = Green.** Included in this area, Headford, Oranmore, Merlin Park, Gort.
- **Galway Roscommon 4 (GR4) = Brown.** Included in this area, Tuam, Athenry, Loughrea.
- **Galway Roscommon 5 (GR5) = Blue.** Included in this area, Ballinasloe, Portumna, Mountbellew, Glenamaddy, Athlone.
- **Galway Roscommon 6 (GR6) = Purple.** Included in this area, Roscommon, Castlerea, Ballaghadrreen, Boyle, Strokestown.
Mental Health Capital Projects

The proposed new 50 bedded, adult acute unit project at Galway University Hospital is expected to be commenced early 2014 with completion late 2015 early 2016.

The €3 million that has been invested in Ballinasloe will ensure that the community based mental health services are delivered efficiently and effectively. This has been part of a planned investment programme from 2006 that provides for transitional facilities for mental health services in Ballinasloe. The accommodation has been developed with flexibility in mind to meet the reconfiguration needs of mental health services, as they emerge, in moving from institutional based service at St Brigid’s to a more community based service.

The plan for Ballinasloe now is to have 16 psychiatry of later life beds, the day hospital for psychiatry of later life, community mental health team base for psychiatry of later life and a day centre for mental health intellectual disability in the upgraded facility.

Communications

Newsletters will be published on a bi-monthly basis as a minimum.

As part of the change programme there will be staff briefings, meetings with public representatives, and advocacy groups. GP briefings and training sessions will be set up and staff training will be a key element of the programme.

A new e-mail address has been established where you can send any comments, suggestions or concerns to the Implementation teams. The email address is GalwayRosc.MHS@hse.ie and we would welcome your comments and suggestions.

This Newsletter will form the beginning of a communication process to keep both staff and services users up to date with developments. This will of course complement existing communication processes by heads of services. We would appreciate the input of staff who deals directly with patients on a daily basis in relation to the work of the sub-groups and Mental Health Area Management Team. In this regard a dedicated email address GalwayRosc.MHS@hse.ie is being provided to which staff inputs can be sent. All inputs will be brought to the attention of the Implementation Groups.

We appreciate that change is difficult and we intend that the projects as outlined above intend to be a fully inclusive process. The Mental Health Area Management Team would like to acknowledge the work carried out by the staff of Galway/Roscommon Mental Health Service in developments to date and we are committed to ensuring the process of reconfiguration is completed as a result of partnership, communication and enthusiasm with the service user at the centre of developing a modern community based mental health service for the catchment area.

We look forward to working with all staff towards the full implementation of Vision for Change to provide the best service possible for our patients.