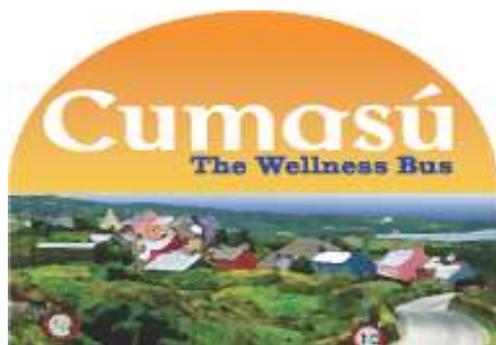


Cumasú- The Wellness Bus
A Vision for Change Chapter 12 Rehabilitation and Recovery Mental Health Services for people with severe and enduring mental illness.



Cumasú Logo

Cumasú is an initiative undertaken by the West Cork Mental Health Services, The National Learning Network, RehabCare, and the West Cork Development Partnership as part of a Genio Trust Funded initiative. The heart of the project is a mobile unit, based on an articulated truck, which is being referred to as 'The Wellness Bus'. Cumasú is the Irish for "empower" or "redeem" and the project, which is based on the concept of recovery outside the parameters of mental health services and in the community, hopes to reach many areas around West Cork.

An important element of recovery is the incorporation of an 'educational' approach¹. This involves helping people to recognise, develop, and make the most of their talents and resources in order to become experts in their own self-care and to make informed choices about the assistance they need to do this.

Lori Ashcraft, Director of the META Recovery Education Centre in Phoenix Arizona, describes their approach to recovery and wellness as follows: "We decided to use education as the model for promoting recovery, rather than develop more traditional treatment alternatives. We did this because we wanted our Center to be about reinforcing and developing people's strengths rather than adding to the attention placed on what is 'wrong' with them. The guiding vision we had for the recovery education Center is reflected in the mission statement: 'People will discover who they are, learn skills and tools that promote recovery, what they can be, and the unique contributions they have to offer.'"²

The Wellness Bus is a mobile recovery education centre that is designed to complement existing opportunities and resources in the local area such as local libraries, resource centres, and training facilities. The project aims to help people access these local opportunities, to signpost local resources, and to offer a range of workshops, training programmes and resources that are not presently available in the area.

¹ See Sainsbury Centre for Mental Health (2008) *Making Recovery a Reality* and Ashcraft, L. & Anthony, W. (2005) Do Your Services Promote Recovery, *Behavioural Healthcare Tomorrow*, 14 (2), 6-21

² Ashcraft, L. (2000) *META Services Recovery Education Centre Business Plan*. Phoenix, Arizona: META Services

The Wellness Bus will be facilitated by the Cumasú co-ordination team and equipped with laptops, a projector and a Recovery Library of self-help material. It will also place a strong focus on the Arts by exploring local initiatives and endorsing new creative ventures through fine art, music, stories, film and the creative art therapies.



Cumasú- The Wellness Bus

In addition to promoting the concept of recovery, the project aims to facilitate community integration by providing a meeting space and a means of bridging the gaps between the ideas of mental, physical, and social wellness. One of the goals of the project is to 'normalise' the concept of Mental Health, and social inclusion is an important element of this aspect of the project.

The project aspires to nurture an innovative partnership with the community to creatively channel and leverage local resources for the benefit of the community as a whole. For example developing partnerships with family resources centres, youth organisations, community development organisations, schools and sporting clubs. This holistic approach is reflected in the mission statement:

Partnering with local community groups to provide physical, mental and social well-being services for the whole community through initiatives rooted in Recovery and Social Inclusion.

For any further information or inquires about the project please contact us through info@cumasu.com or phone: 086 791 6300.

Phoenix Clubhouse EVE, 10 Year Celebration A Vision for Change Chapter 12 Rehabilitation and recovery mental health services for people with severe & enduring mental illness.

Phoenix Clubhouse EVE celebrates ten years with an event themed “Celebrating Our Wellnes Now And Into The Future” on Thursday December 13th 2012.

Members and staff will host this wonderful event with a special guest Doctor Finian Kelly Consultant Psychiatrist, Adelaide and Meath Hospital & Stephen Rice from Shamrock Rovers / FAI devopement officer , along with attendees from agencies and organisations in the community that have been vital to the success of Phoenix Clubhouse, including; our colleagues from EVE, HSE, the Clondalkin Mental Health Team, the FAI, Social Inclusion Department, SDCC and CPLN to name but a few.

Over the years Phoenix Clubhouse EVE has become a vital service in the Clondalkin area for adults who have experienced mental health difficulties. Phoenix Clubhouse EVE, a program within the HSE, provides a day service for people to get involved in the day-to-day running of the Clubhouse. Supports are also offered in employment, education, social welfare and housing.

But it is more than that. It is a warm and welcoming place, a hive of activity with a positive future focus, helping people have the quality of life they deserve.

Reminising about the early days of Phoenix Clubhouse EVE Centre Manager Des Ward commented: *“When I got the opportunity to be involved in the setting up of a clubhouse in Clondalkin, I was over the moon, having worked in Platinum Clubhouse in Newbridge, I was already totally sold on the model of recovery.*

“With great support from our regional manager, Raynond Fenton, we established our first building. The Clondlakin Mental health team were paramount in our first referrals, five strong members to help set up the clubhouse, the rest is history!!! This celebration is a proud day for us all in Phoenix.”

Membership is open to anyone who has/had a diagnosis of a mental health difficulty. Whether you have experienced depression, anxiety or other pschyatric illness, a member in Phoenix Clubhouse EVE is made welcome by a group of people with something in common, who are moving forward in their lives, looking after their wellness and doing it with the support of Phoenix Clubhouse EVE.



Staff and members work side-by-side as absolute equals, your diagnosis is not the focus here....The entire person is! A persons’ skills and talents are appreciated. Phoenix Clubhouse EVE supports each person to build their confidance, regain their lives and realise their full potential.

Members in Phoenix Clubhouse EVE come from all walks of life. It is why the place is so rich and diverse. Some members attend every day, working in partnership to run the centre. Others work part-time in employment and attend when possible. There are also members with families, children in school and so on, so they visit the Clubhouse at a time convient to them.

When J. Smith, a member in the club, was asked: “What did the upcoming celebration mean to her?”, she replied: *“I’ve been a member for three years now, some of my best friends are members here 10 years, others are new enough, in the last couple of months. We are all equal either way. On my lowest and hardest day, knowing you belong to something and somewhere, the level of understanding there makes all the difference. Staff and members have so much repect for each other, it’s a great place to be able to come to. This celebration of the 10 years of Phoenix Clubouse really celebrates the determination and successes of every person here in Phoenix Clubhouse.”*

With the stresses and pressures that many feel at this time of year, with the impact of unemployment and the rest, mental health difficulties are effecting one in four of us. Phoenix Clubhouse EVE is a place where a person who has been diagnosed with a mental health difficulty can be valued, appreciated, supported and become a vital part of the team.

If you or anyone in your family may benefit from the support of Phoenix Clubhouse EVE, contact us today to

arrange an appointment to visit and see if the Clubhouse can help you on your personal recovery journey.

EVE is a programme within the HSE, whose primary ethos is to provide community based recovery-orientated programmes for adults who experience mental health difficulties, intellectual difficulties, Asperger's Syndrome, and Physical and Sensory disabilities. We do this through our network of vocational, Rehabilitative and Clubhouse services in 21 locations across HSE Dublin North East and HSE Dublin Mid-Leinster regions.

Phoenix Clubhouse EVE/HSE, Unit e3, Station Rd, Business Park, Clondalkin, D22. Tel: 01-4670632.

Email us at: phoenixclubhouse@eve.ie or check out the website www.eve.ie

Address That Stress
A Vision for Change Chapter 12 Rehabilitation and recovery mental health services for people with severe & enduring mental illness

Be able to cope" or "I can't handle this pressure" take centre stage in our consciousness. Stress can induce a feeling of powerlessness to take control and manage the situation and as a result many people begin to avoid situations, people or places that they associate with stress. In the short-term this may be helpful in helping you to escape stress temporarily but in the long-term this could in fact make things worse when you lose contact with friends and family or miss out on the things that really matter to you in life.

Although life events can cause stress, it is our thoughts that give it the fuel to keep stress going for prolonged periods of time. It is important to remember that thoughts are simply thoughts and are not necessarily truths or facts. Thoughts can be unhelpful when they are focusing on the negative (e.g. seeing constructive feedback as a criticism or attack), jumping to conclusions (e.g. deciding that your friend no longer likes you because they had to cancel lunch with you) or catastrophising (e.g. predicting what could go wrong).

Thoughts can also be unhelpful when we strive for perfection or label ourselves or others based on one incident (e.g. deciding that you are useless because you made one mistake at work). Challenging unhelpful thoughts by looking at alternative ways of looking at the situation, looking at contradictory evidence, weighing the costs against the benefits or considering how you may feel about this thought in a few days or weeks can be helpful in alleviating stress.

STRESS - nobody wants it but everyone has it! Stress can show up in different ways for different people and what may seem stressful for one person, may not be stressful for another. Feelings of stress usually arise in situations where too much is being asked or demanded of someone. In today's economic climate stress has become a common topic of conversation with many people struggling to cope with the demands of juggling work and family to make ends meet.

People who are stressed often feel tense, irritable, overwhelmed or anxious. However,

stress can also affect us in other ways. Stress can manifest physically through disturbed sleep, light-headedness and nausea, exhaustion and poor concentration. Finding a way to manage stress rather than avoiding stress can allow you to live the life you really want even when stress decides to make an abrupt appearance!

Relaxation can be helpful in reducing stress levels. This can involve taking time out for yourself, meditation, mindfulness, yoga or doing your favourite activities.

Scheduling time each day for relaxation is important in the management of stress. The more we do the things we enjoy most the better we feel! Unfortunately, sometimes our hectic schedules don't allow much time for relaxation so we need to be flexible and adapt our relaxation techniques accordingly. Controlled breathing exercises which involve gradually slowing down our breathing can be done almost

"Address that Stress" is a public talk open to all which will look at the ways in which stress can affect our lives and explore ways of managing stress in our daily lives **Emma O'Brien, Mental Health Practitioner, HSE Primary Care Adult Mental Health, Abbey Street, Roscommon.**

For more information visit:
www.moodjuice.scot.nhs.uk/stress.asp
www.nhs.uk/Conditions/Stress/Pages/Prevention.aspx
or
www.yourmentalhealth.ie

PROSPER

Peer Support to Promote Recovery A Vision for Change Chapter 12 Rehabilitation and recovery

mental health services for people with severe and enduring mental illness.

Recovery is a realistic possibility for people diagnosed with a mental illness in Ireland. In addition to the personal benefits of recovery there is increasing evidence of greater benefits to communities through improved employment outcomes and empowerment. Evidence for the recovery approach can also be found through the involvement of peer support specialists in the delivery of care.



PROSPER is a Genio Trust funded project undertaken by the Mayo Recovery Consortium, a collaborative working group of HSE, Ian Advocacy Network Ltd, service user, family member/ carer and the Mayo Mental Health Association. Prosper extends existing capacity in Mayo Mental Health Services for service user and carer involvement already achieved by means of the DCU leadership initiative and the Trialogue process.

PROSPER aims to provide effective peer support to individuals with mental health difficulties living in

county Mayo, to provide the required training and supports for service users to become peer support workers and to provide service providers with the necessary training and infrastructure to work with the peer support model of care.

Dublin City University designed and delivered the original training for Prosper with 16 trainees having successfully passed Fetac level 8 DCU training in “*The Principles and Practice of Peer Support in Mental Health*”. The graduation took place on 8th October, 2012 with An Taoiseach, Enda Kenny presenting the Peer Support Workers with their Certificates. After training, the Peer Support Workers were matched with Service Users with an average of 10 - 14 hours direct support per week starting in June, 2012. Since then significant progress has been reported by individual service users, HSE staff and new workers.

One Service User said “*I feel more of a person; that I am more than somebody with an illness, more than a misunderstood label. I want to be like everyone else, have the same things as everybody else, a home, a job, a relationship. I am beginning to believe sometimes, just a little bit, that these things may not be impossible.*”

“*As a Peer support worker I meet my service user as an equal, as a person with similar issues and situations to mine. I do not come with an agenda as clinicians, nurses and care staff do. I just come to be present, to share empathy and to accept the person as they are. It is in this environment that the person begins to accept and understand themselves in a new way. They receive hope!*”

“*As a Peer support worker I share my own recovery experience and help the service user start their own*

recovery journey. Together we discover their hidden and dormant talents, skills and dreams that can be the building blocks of a new life and I support them in putting those building blocks together at their pace and in their style. In return, I renew my own recovery and gain a new gratitude and appreciation of recovery...It is a mutual process.”

Dr Dominic Fannon, Consultant Psychiatrist in Rehabilitation and Recovery, Mayo Mental Health Service

Further information from: dominic.fannon@hse.ie

Realising Family Friendly Mental Health Services
A Vision for Change Chapter Chapter 12 Rehabilitation and recovery mental health services for people with severe and enduring mental illness.

A central activity of Shine is the support of family members affected by mental ill health. Current practice in the Irish Mental Health Services means that many relatives feel excluded from having or giving an informed view of their expectations and experiences in relation to the social needs and medical treatment of the family member they are supporting.

We have recently launched a campaign called “Realising Family Friendly Mental Health Services”. The objective is to bring to the attention of all those involved, the importance of family involvement and inclusion in mental healthcare service delivery and to emphasise the need for mental healthcare service providers to have a proactive and inclusive approach to dealing with families.



Relatives have a dynamic and enduring relationship with their family and the potential for a person to recover. They have a varied and complex role that includes the following:

- Families are often the only constant support in a service user's life.
- They spend a lot of time caring about the person.
- They also spend a lot of time caring for the person.
- The fluid nature of mental ill health can mean a crisis arises.
- A crisis is often out of hours and occurs in the family home.
- Other family members, brothers and sisters have to be supported too.

Please see Shine's dedicated web page with further details of the campaign.
(<http://www.shineonline.ie/index.php/realising-family-friendly-mental-health-services>)

Working Collaboratively with Families in Metal Health: Challenges and Opportunities A Vision for Change Chapter Chapter 12 Rehabilitation and recovery mental health services for people with severe and enduring mental illness.

On the 14th of February Mayo Mental Health Service in association with Galway Mayo Institute of Technology hosted a Master Class by Dr Grained Fadden on "Working Collaboratively with Families in Metal Health: Challenges and Opportunities". Refocus, Shine and the Mayo Mental Health Association funded the master class. Dr Fadden is the Director of the Meriden Family Programme, a Consultant Clinical Psychologist based in Birmingham & Solihull Mental Health NHS Foundation Trust and an Honorary Research Fellow at the University of Birmingham

Dr Fadden spoke about a particular tradition of families not being "seen" in adult mental health services. In particular she outlined that this is due to models of mental health which focus on the individualistic and intrapsychic rather than the psychosocial. Other factors also contribute to this resistance to include families such as a lack of training of mental health professionals in family work, an over emphasis on confidentiality in the doctor patient relationship, unequal power and a tradition of pathologising families.



Dr Fadden explained her rationale for including families. Research shows that the impact of mental illness in a family can be considerable. Carer's of people with mental health difficulties are more prone to depression and stress. Families therefore need to be supported in their role and have their needs assessed. We all live in social contexts and to fully understand the service user and their needs. Dr Fadden argued that contact with the family is essential. Families have valuable information about their relatives, which when shared with professionals can assist their assessment and treatment.

Dr Fadden spoke about a range of approaches around working with families. Carer's support groups have being shown through research to be beneficial for the relative's of people with mental illness as they can reduce stress, isolation, and stigma and increase carer's skills and knowledge. Family to family run programme's faired best with participants showing greater reduction in distress and increased acceptance of family member's illness, as well as improved problem solving and a reduction in subjective burden.

Dr Fadden reviewed evidence-based approaches to individual family work. A behavioral psycho educational approach, which is based on an assessment of the whole family, works best. With this approach the service user and family are seen together for some sessions. This approach has strong educational and information sharing component as well as a focus on skill acquisition such as problem solving and improving communication skills. A collaborative relationship between the service users, the family and the professional, who recognizes the expertise of all parties, are essential for this approach to be effective.

Dr Fadden outlined some of the numerous studies into the effectiveness of this approach for the treatment of Schizophrenia. The Cochrane review (Paroah et al 2006) summarizes the outcomes of over 43 different studies, all which highlight that individual family approaches reduce relapse and hospitalization rates, improves medication compliance and reduces the cost of care.

One of the these studies (Leff et al 1982) which shows a relapse rate of 8% for those treated with medication and family work as opposed to 50% for service users who were treated with medication alone after 9 months. After a two year follow up 40% of those who were treated with the family work intervention relapsed compared with 83% who were treated with medication alone. Clearly individual family intervention with medication as opposed to treatment with medication alone reduces relapse by between 30% to 50%.

Dr Fadden pointed out that Nice guidelines for Schizophrenia (2009) recommend that all families of people with schizophrenia who are in close contact with their relative should be offered family intervention. Nice guidelines (2006) also recommend family focused intervention for people with bi polar disorder.

Dr Fadden talked about the issue of confidentiality and how it can be viewed as a barrier to working collaboratively with families. Dr Fadden talked about the Royal College of Psychiatrists good practice checklist outline in the pamphlet “Partners in Care; Carers and Confidentiality in mental health” 2010. This pamphlet states that all relatives of people with mental illness should have their needs assessed and should be given information about the local and national supports. This good practice guide explains that clinicians need to explain to relatives any confidentiality limits they are under as a result of restrictions requested by the service user. It suggests that relatives should get both verbal and written information about the mental health diagnosis, what behavior is likely to occur, the benefits and side effects of medication as well as the roles of the different professionals involved in the care of their relative explained.

Dr Fadden discussed the importance of recovery for the whole family. Mental illness in a family represents crises. Behavioral family intervention facilitates families to use their own resources to find new ways to relate and adjust to the changes that mental illness brings to the family unit.

It is not just the family that needs recovery. The mental health services need to adjust and change to a more recovery approach to working with families. Dr

Fadden pointed to the need for organizational and cultural change in order for the mental health service to begin a more collaborative partnership with service users and relatives. The Meridian programme offers training in family friendly awareness building as well as training in behavioral family therapy worldwide

The master class finished with a celebration of 21 years of the Shine relatives support group, which is facilitated each month by Donie Coleman and Maire Tuohy. Relatives from this group have trained up as facilitators of the Shine Family Education course, they have contributed to the development of a Family Friendly Services Policy document developed by Shine and have been involved in Mayo Mental Health through the Consumer panel, Stakeholders meetings, Imroc, Prosper and Refocus. Participants on the Recovery modular course in the GMIT then received their certificates from Dr Grainne Fadden and Ken Hogan Head of Social Studies GMIT.

The afternoon session consisted of a workshop on how we can implement change in Mayo Mental health to insure we work more collaboratively with families. This was facilitated and organized by Claire Guerin, Social Work Team leader and Mary Mc Hale nurse practice development coordinator. Five key areas for change were identified under the headings Access to Services, Family Friendly Service, Care Planning, Information, and Education. Some of the recommendations of this workshop were

- Access to the service is a major issue for families. Current access to the Adult Mental Health Unit, through A&E is found by relatives

- and service users to stigmatise them further and to be stressful and difficult
- Relatives and GP's need to be advised of authorized officer's role and how to access it.
- There needs to be a culture in the mental health service that recognises families' strengths, resilience and skills. A culture of avoiding pathologising families needs to be encouraged in the mental health services.
- Family friendly training of staff would help with this, particularly with relative peer supporters co-facilitating the training.
- There needs to be a consistent recognition that family have their own need for recovery. This should start at first contact with the service.
- Families should be directed to key supporters, particularly on admission/discharge, diagnosis and after care.
- Families should be involved in the care planning process, in assessment, treatment and discharge planning with the consent of the service user. A copy of care plan with named key worker should be given to families. Prior to discharge, families need to be included in a discussion around possible challenges they and their relatives may face.

- The emotional needs of children of people with mental illness also need to be recognised. Possibility of delivery of service for same in partnership with voluntary agencies.
- Behavioural family therapy should be available to all families of people with mental illness as there is a clear evidence base for its effectiveness for reducing service users relapse rates and is in line with Nice guidelines.
- A Relative Pack should be given to each relative, who has contact with the service. Families need easily accessible information.
- Workshops for relatives and service users to explain how the service works, the rights and the roles of the different professionals and supports in the mental health service and voluntary sector available for them would be beneficial.

The arts and mental health in West Cork A Vision for Change Chapter 12 Rehabilitation and recovery mental health services for people with severe and enduring mental illness

In recent years body of evidence has emerged that indicates participation in the arts contributes to emotional and mental well being. (Visit www.artsandhealth.ie for further information) In 2011, West Cork Mental Health Services appointed an arts and mental health coordinator to develop a programme of arts activities that contribute to a recovery informed approach to mental health care.

Since then, WCMHS have partnered with a number of community and arts organisations (including The West Cork Arts Centre, West Cork Mental Health Forum, Bealtaine, Skibbereen Arts Festival, National Service Users Executive and Mad Pride) to organise a number of community and residential based arts projects and events.

On October 14, 2012, over 250 people attended the 'West Cork Sound and Vision' event at the West lodge Hotel, Bantry to celebrate World Mental Health Day and the role of creativity and the arts in promoting wellness.



For more information: contact Arts and mental health coordinator
kevin.oshanahan@hse.ie

Image: The Claddagh Rogues performing at 'West Cork Sound and Vision'

See Change, The National Green Ribbon Campaign
A Vision for Change Chapter Chapter 12
Rehabilitation and recovery mental health
services for people with severe and enduring
mental illness

Do you want to go 'green' this May?
Wear the green ribbon & get Ireland talking about
mental health.

See Change, the National Stigma Reduction
Partnership and its 70 partner organisations will be
rolling out a month long national green ribbon
campaign to get people talking openly about mental
health problems in May 2013.

The ask of people is to wear the green ribbon and
support a movement to spark a national
conversation about mental health in Ireland's
boardrooms, break-rooms, chat rooms, clubhouses,
arts venues, college campuses and around kitchen
tables throughout Ireland. Our aim is to make the
month of May every year synonymous with
challenging the stigma of mental health. Just like
the pink ribbon has become a powerful symbol for
breast cancer awareness, this lime green ribbon has
been established in the US and beyond as the
international symbol for challenging the stigma of
mental health problems.

- The Green Ribbon campaign is simply about
raising awareness and challenging the stigma
of mental health problems. Green ribbons
will be distributed nationwide free of charge
and will not be associated with any
fundraising activity. Donations are welcome
on orders of 500 ribbons or more.

How to get involved:

- Contact ciara@seechange.ie to secure your
order of free green ribbons to distribute
among your colleagues, networks and
communities this May.
- See Change can supply flyers, posters and
promotional materials on the green ribbon
initiative.
- See Change can provide a variety of online
badges and backgrounds that can be uploaded
to supporting organisations' websites and
social media profiles.

**Coming soon: greenribbon.ie
Changing minds about mental health; One
conversation at a time.**

**Contact: See Change, National Stigma Reduction
Partnership, 38 Blessington St, Dublin 7**

**A Vision for Change Chapter 15.1 Forensic
Mental Health Services.**

*The development of the High Support Unit is an
important milestone in the history of Mountjoy
Prison. It has already impacted on making the prison
a safer and more humane environment for all
detainees, and more specifically for the most
vulnerable group of prisoners.*

The National Forensic Mental Health Service

The Irish Prison Service

High Support Unit, Mountjoy Prison



Mountjoy Prison

The National Forensic Mental Health Service

*The success of the HSU project is highlighted by the
fact that it has won a number of prestigious awards in
the past year. Internationally, it won the World Health
Organisation Health (WHO) Best Practice in Prison
award which was presented at the WHO conference in
Italy in October 2011. Nationally, the project won both
the Excellence in Healthcare Management award and
the overall 'Duais Mhór' award at the 2011 Irish Health
Care Awards, as well as the best community-based
innovation in quality of service delivery at the 2012
Biomnis Healthcare Innovation Awards in May 2012.
More recently the initiative won a 2012 Taoiseach's
Public Service Excellence award.*

**Reducing the use of seclusion for mental disorder in
Mountjoy Prison by implementing a High Support Unit**

*Dr. Damian Mohan, Clinical Senior Lecturer Trinity
College Dublin & Consultant Forensic Psychiatrist with
the National Forensic Mental Health Service*

This award winning project was a joint initiative between the HSE National Forensic Mental Health Service (NFMHS) in collaboration with the Irish Prison Service (IPS). The NFMHS team consisted of Dr. Yvette Giblin, Mr. Andy Kelly CPN, Professor Harry Kennedy and Dr. Damian Mohan. Mr. Enda Kelly is the senior Nurse Health Care Manager with the IPS and Mountjoy Prison Complex.

Use of seclusion as key performance indicator

Seclusion is a strategy for managing disturbed and violent patients in psychiatric units or prisons, which involves supervised confinement, by placing the disturbed individual in involuntary isolation, to protect others from harm. In practice, this means the individual mentally disordered prisoner is placed or left in a special cell alone with the exit door locked or secured so that the person cannot leave the room.

Reducing the use of, and where possible eliminating, the use of seclusion is a key performance indicator in benchmarking the quality of health care that is provided in settings where individuals are detained.

Use of Special Observation Cells (SOC's) within the Irish Prison service

In the Irish Prison Service, vulnerable prisoners and mentally disordered offenders who presented with risk of harm to self or others were accommodated in Special Observation Cells (SOCs) isolated from others for considerable periods of time. A Special Observation Cell is defined as a cell "so constructed and designed, and incorporating such exceptional

safety features, furnishings and methods of observation, as to afford enhanced safety for the prisoner accommodated therein, including safeguarding against self-harm".

The National Forensic Mental Health Service The Irish Prison Service

THE USE OF ISOLATION FOR PEOPLE WITH MENTAL HEALTH PROBLEMS



The practice of placing mentally disordered prisoners in isolation cells likely to contribute to the deterioration of the mental state of the prisoners concerned and was described as anti-therapeutic and characterised as inhuman and degrading by the CPT

This practice was criticised by the Council of Europe Committee for the Prevention of Torture (CPT), as it is likely to contribute to the deterioration of the mental state of the prisoners concerned and was described as anti-therapeutic and characterised as inhuman and degrading. Moreover, the use of an SOC is likely to be in breach of Principle 9 of the United Nations principles regarding the protection of persons with mental illness. Principle 9 states that "Every patient shall have the right to be treated in the least restrictive environment and with the least restrictive or intrusive treatment appropriate to the patient's health needs and the need to protect the physical safety of others."

Objectives

The need for dealing with both the increased morbidity and mortality in Mountjoy Prison has

been highlighted by many different bodies and indeed by the prison inspectorate itself. The objective of this study was to reduce the use of Special Observation Cells (isolation cells) and improve the pathways for mentally disordered prisoners by establishing a High Support Unit (HSU) which would improve access to care and treatment in a safer environment.

The need to stratify risk: High Support Unit (HSU)

Consensus was reached between the forensic mental health team and the Irish Prison Service health managers that a High Support Unit (HSU) was the most practical method of stratifying risk. Stratification of risk refers to placement of patients in an environment that addresses the risk they present, while in keeping with Principle 9.1 of United Nations principles for mental health, imposing the minimum necessary restrictions.

THE HIGH SUPPORT UNIT



9+1 Cells operational from
8th December 2010

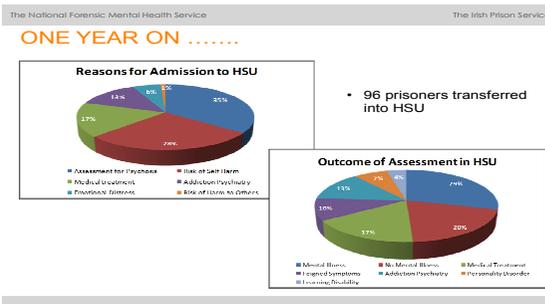


The unit consists of a 10-bed High Support Unit. It provides a dedicated area within the prison where mentally ill and vulnerable prisoners, who present with a risk of harm to self or to others, can be separated from the general prison population and are closely monitored in a safer environment. Every effort is made to ensure this a drug-free area within the prison. It is acknowledged that most illicit drugs are available in the ordinary locations (wings) of the prison.

Outcome measures:

(i) **Impact on the target population** Mountjoy Prison is a committal centre for sentenced prisoners with a capacity of 590. During the first year of the HSU project, 96 prisoners were admitted. A major mental illness was diagnosed in 29%, 20% required short-term increased support for crisis intervention and were found not to have a mental illness. A further 10% were deemed to be feigning symptoms of mental illness to seek refuge on the HSU. 7% had

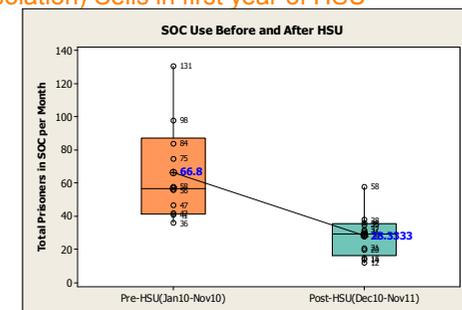
personality disorder as their primary diagnosis and 4% had a learning disability.



(ii) Reduction in episodes of seclusion / isolation in SOC

There has been a significant reduction in the frequency of use of SOC (Isolation Cells) in Mountjoy Prison. Comparing the year before the HSU opened; the mean daily or monthly rate of use of SOC has fallen by 59% since the High Support Unit became operational.

59% Reduction in use of Safety Observation (Isolation) Cells in first year of HSU



(iii) Transfers to and from the Central Mental Hospital

There was no change in the rate of transfers from the prison to the forensic hospital demonstrating that the HSU was not used as a substitute for hospital admission. Because the pathway between prison and hospital was via the HSU, there was better communication and continuity of care, so that clinicians could have greater confidence in the physical and mental health and safety of patients, returned to the prison from hospital.

(iv) Economic Analysis

The initiative has been cost neutral to both the HSE and Irish Prison Service.

Conclusion

The High Support Unit has managed vulnerable and mentally ill prisoners in a more effective and humanitarian environment and has resulted in greater access to care and regular reviews by the prison in-reach team.

The introduction of the High Support Unit has achieved the goal of improving compliance with human rights standards. Prisons remain unsuitable places for people with severe mental illness. While much can be achieved by court diversion at the remand stage, once a severely mentally ill person has been sentenced, the options available are limited and must focus on reducing the negative impact of the prison environment on mental health.

The National Forensic Mental Health Service

The Irish Prison Service

IN CONCLUSION

"It is said that no one truly knows a nation until one has been inside its jails. A nation should not be judged by how it treats its highest citizens, but its lowest ones."

- Nelson Mandela

The Inspector of Prisons has recommended that the Mountjoy Prison HSU model serve as a template for rolling out nationally to other prisons in the Irish Prison Service.

Details of the project have been published in the International Journal of Mental Health Systems and can be downloaded at:
<http://www.ijmhs.com/content/6/1/2>

Acknowledgement: The authors wish to acknowledge the work and co-operation of all staff at the High Support Unit and all those inmates who have availed of it.

"Who Cares? Recovery and caring in mental health" 6th ANNUAL JOINT CONFERENCE: A Vision for Change Chapter 12

Wednesday 5th June 2013
9.30 am - 4.00 pm
Catherine McAuley School of Nursing & Midwifery
Brookfield Health Sciences Complex, UCC, Cork

Call for Poster Submissions

Please submit text of posters for consideration (less than 1,000 words recommended) to conference@crsi-cork.com by 29th April 2013

Call for Lightning Presentations



The talking point of last year's conference! Once again we will be giving space for many 6 minute/6 slide presentations - the perfect opportunity to share your innovations or research in mental health.

Please submit proposed outlines by
10th May 2013

Posters and presentations included in the conference will be published in full or in summary on the website afterwards.

For further information contact:
Keren Lilley conference@crsi-cork.com
Tel: 021 234557
www.crsi-cork.com

Lightning Presentations at CRSI Conference 2013

Once again, the call is going out to give a lightning presentation at this year's CRSI/UCC Annual Conference. Individuals will have the opportunity to present innovations and research within a rapid sequence of six minute slots.

Examples include:

Present an innovative practice approach

Audit results of a clinical area

Unusual/innovative case study

Current/on-going service development

Current and completed clinical research

Rationale

These presentations are being offered to allow conference peers to share their knowledge and experience with a view to increasing opportunities for networking and future collaborations.

Presentation

These talks can be illustrated by PowerPoint slides (6 slides max), white board, flip chart or a large poster (A0 - flip chart size), but they are principally about sharing a finding with your peers, and not about reading out slides. The lightning talks can be on any subject relevant

to mental health provision, and are not limited to the theme of this year's conference.

Applications

To apply for this opportunity, simply send in a brief description of what you intend to present (50 - 200 words) to conference@crsi-cork.com by Friday 10th May. If accepted, the summaries will be published on the CRSI website crsi-cork.com after the conference, and there may be the opportunity to be included in a YouTube-style video.



Recovery International the Abraham Low Institute
FREE Weekly Mental Health Meetings; A Vision for
Change Chapter 12

A self-help group for those suffering from fear, depression, anxiety, phobias, compulsions, obsessive thoughts, panic attacks and other nervous symptoms.

Recovery invites everyone to attend its weekly self-help meetings at the following venues:

Baldoyle-Baldoyle Forum, Main Street, Dublin 13
(Beside the church). **Mon 8pm**

Ballyjamesduff-Kilnacrott Abbey, Ballyjamesduff, Co Cavan. **Wed 8.30pm**

Beaumont-Parish Pastoral Centre, Montrose Park, Beaumont, Dublin 9. **Sat 3pm**

Blanchardstown-St Bridget's Community Centre, Church Ave, Blanchardstown, Dublin 15. **Fri 8pm. Sat 2pm**

Bray-Holy Redeemer Parish Centre, Herbert Road, Bray, Co. Wicklow (Ring the bell marked Recovery). **Wed 8pm**

Clondalkin-Health Centre, Boot Road, Clondalkin, Dublin 22. **Mon 8pm**

Clontarf-Clontarf Methodist Church, St Lawrences Road, Clontarf, Dublin 3. **Wed 8pm**

Deansgrange-Holy Family Parish Resource Centre, Kill O'the Grange, Deansgrange, Co Dublin. (Baker's Corner). **Tues 8pm**

Drumcondra-Dominican College, Griffith Avenue, Drumcondra, Dublin 9. **Fri 8pm**

Dublin City Centre- Dublin Central Mission, Abbey Street Lower, Dublin, (RI Discovery condensed format-young people). **Wed 7pm**

Killester-St Bridget's Boys N.S. Howth Road, Killester, Dublin 5. **Tues 7.30pm**

Letterkenny-Cheshire Apartments, Long Lane, Letterkenny, Co Donegal. **Wed 7.30pm**

Liffey Valley-Rowlagh Church, Community Room, Collinstown Road, Clondalkin North, Dublin 22 (Side Entrance). **Mon 8pm**

Longford-St Mel's Family Centre, Chapel Lane, Longford, Co.Longford. **Mon 8.30pm**

Lucan-St Mary's Parish Church, Lucan Road, Lucan, Co Dublin. **Fri 8pm.**

Navan-Dalgan Park, Navan, Co Meath (Entrance at rear). **Thu 8pm**

Newbridge-Dominican College, Roseberry, Newbridge, Co.Kildare. **Tue 8pm**

Newry-Newry and Mourne Carers Assoc., 6-8 Savages Terrace, Newry, Co.Down. **Wed 7pm**

Rathgar- Parish Centre, 52 Grosvenor Road, Rathgar, Dublin 6. **Mon 8pm. Tues 8pm. Thu 8pm**

Swords-Brackenstown Adult Education Centre, St Cronan's School, Swords, Co Dublin. **Thu 8.30pm**

Further information in relation to **Recovery and local Recovery Meetings in Ireland:**



Tel: 01 626 0775 or www.recovery-inc-ireland.ie



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



A Vision for Change
ADVANCING MENTAL HEALTH
IN IRELAND

Issue 10, March 2013

If you have an article(s) that you would like included in the next issue of *A Vision for Change Advancing Mental Health in Ireland* please forward to catherine.brogan@hse.ie

All articles must be submitted in word format, with 150 words per article, photos and contact person for further information.

If you would like to advertise an upcoming event in your area or organisation please email catherine.brogan@hse.ie