



# Outcomes Report Summary 2013



## Introduction

The 2013 Outcomes Report is the third report of its type, produced by St Patrick's Mental Health Services (SPMHS). This report attempts to collate, analyse and synthesise information relating to the organisation's outcomes with respect to its clinical care pathways, clinical governance processes, clinical programmes and service user satisfaction rates. The purpose of this report is to continue to promote an organisational culture of excellence and quality through engagement with continual service evaluation in relation to efficacy, effectiveness and quality.

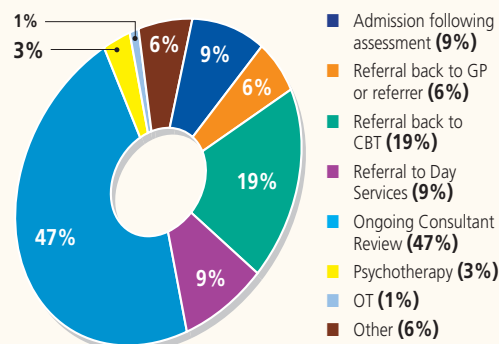
## Dean Clinic Pathway

Over the past five years, a nationwide network of multi-disciplinary community mental health services known as Dean Clinics has been established by the hospital. SPMHS operates a total of seven Dean Clinics. Free of charge multi-disciplinary mental health assessments continue to be offered through the Dean Clinic network to improve access to service users. A further Dean Clinic development took place in 2013 with the expansion of our community network to include a number of Associate Consultant Psychiatrists who carry out new assessments on behalf of SPMHS.

## Dean Clinic Referral Source by Province

Province	2011		2012		2013	
	No	%	No	%	No	%
Ulster	20	1%	35	2%	40	2%
Munster	215	16%	298	17%	327	17%
Leinster	1,069	77%	1,250	71%	1,330	71%
Connaught	75	6%	176	10%	192	10%
<b>Totals</b>	<b>1,376</b>	<b>100%</b>	<b>1,759</b>	<b>100%</b>	<b>1,889</b>	<b>100%</b>

## 2013 Treatment Decisions following Assessment



## Inpatient Care Pathway

SPMHS comprises three separate approved centres including St Patrick's University Hospital (SPUH) with 238 inpatient beds, St Edmundsbury Hospital (SEH) with 50 inpatient beds and Willow Grove Adolescent Unit (WGAU). In 2013, there were a total of 3,113 inpatient admissions across the organisation's three approved centres compared to 2,896 for 2012 and 2,887 for 2011.

## No. of Admissions 2013 by Gender and Average Age

	SEH		SPUH		WGAU		Total	
	No	%	No	%	No	%	No	%
Female	361	66.6%	1,542	61.7%	54	75.0%	1,957	62.9%
Male	181	33.4%	957	38.3%	18	25.0%	1,156	37.1%
<b>Total</b>	<b>542</b>	<b>100%</b>	<b>2,499</b>	<b>100%</b>	<b>72</b>	<b>100%</b>	<b>3,113</b>	<b>100%</b>
<b>Average Age</b>	<b>52.21</b>		<b>47.71</b>		<b>15.49</b>		<b>47.75</b>	

## Analysis of Inpatient Primary ICD Diagnoses

The table below outlines the prevalence of diagnoses across SPMHS three Approved Centres during 2013 using the International Classification of Diseases 10th Revision (WHO 2010). The Primary ICD Code Diagnoses recorded at the point of discharge are presented for all three of SPMHS approved centres and the 'Total Adult' columns represent St Patrick's University Hospital (SPUH) and St Edmundsbury Hospital combined.

ICD Codes: Admission & Discharge for all Service Users Discharged in 2013	SPUH Discharges		SEH Discharges		Total Adults Discharges		Willow Grove Discharges	
	No.	%	No.	%	No.	%	No.	%
<b>F00-F09</b> - Organic, including symptomatic mental disorders	44	1.8%	1	0.2%	45	1.5%	0	0.0%
<b>F10-F19</b> - Mental and behavioural disorders due to psychoactive substance use	417	16.6%	38	7.1%	455	15.0%	0	0.0%
<b>F20-F29</b> - Schizophrenia, schizotypal and delusional disorders	214	8.5%	13	2.4%	227	7.5%	3	3.9%
<b>F30-F39</b> - Mood (affective) disorders	1198	47.8%	364	68.2%	1562	51.4%	46	59.7%
<b>F40-F48</b> - Neurotic, stress-related and somatoform disorders	374	14.9%	101	18.9%	475	15.6%	9	11.7%
<b>F50-F59</b> - Behavioural syndromes associated with physiological disturbances and physical factors	115	4.6%	2	0.4%	117	3.8%	18	23.4%
<b>F60-F69</b> - Disorders of adult personality and behaviour	137	5.5%	14	2.6%	151	5.0%	0	0.0%
<b>F70-F79</b> - Mental retardation	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>F80-F89</b> - Disorders of psychological development	2	0.1%	0	0.0%	2	0.1%	1	1.3%
<b>F90-F95</b> - Behavioural and emotional disorders with onset usually occurring in childhood and adolescence	4	0.2%	1	0.2%	5	0.2%	0	0.0%
<b>F99-F99</b> - Unspecified mental disorder	1	0.0%	0	0.0%	1	0.0%	0	0.0%
<b>Totals</b>	<b>2506</b>	<b>100%</b>	<b>534</b>	<b>100%</b>	<b>3040</b>	<b>100%</b>	<b>77</b>	<b>100%</b>

## Day-patient Pathway - Wellness & Recovery Centre (2013)

As well as providing a number of recovery-oriented programmes, the Centre provides service users with access to a range of specialist clinical programmes. Clinical programmes are delivered by specialist multi-disciplinary teams and focus primarily on disorder-specific interventions, psycho-education and supports.

### Day Patient Referrals for Clinical Programmes

SPMHS Day Programmes	Total Day Patient Referrals 2012	Total Day Patient Referrals 2013	Total Day Patient Referrals from Dean Clinics 2012	Total Day Patient Referrals from Dean Clinics 2013
Links to Wellbeing	0	5	0	4
Living Through Psychosis	0	31	0	14
Pathways to Wellness	1	42	0	17
Remix Programme	9	0	5	0
Women's Support Programme	14	4	6	0
Psychosis Programme	18	17	4	7
Mens Mental Health	22	7	10	5
Eating Disorder Programme	31	60	4	15
Young Adult Programme	40	41	24	21
Nurturing Hope & Resilience	43	13	27	12
Depression Programme	59	58	25	20
Bipolar Programme	103	89	20	13
Alcohol Stepdown	115	128	0	7
Living Through Distress	139	152	43	43
Radical Openness	142	140	48	55
Mindfulness	154	227	85	137
Anxiety Programme	185	192	89	107
St Edmundsbury	219	201	110	102
Recovery Programme	300	279	85	85
<b>Total</b>	<b>1,594</b>	<b>1,686</b>	<b>585</b>	<b>664</b>

### Clinical Governance Measures & Quality Management

SPMHS aspires to provide its services to the highest standard and quality. Through its Clinical Governance structures, it ensures regulatory and quality accreditation standards are complied with and this compliance is monitored within the Quality Framework.

## Clinical Governance Measures Summary

	2011	2012	2013
<b>Clinical Audits</b>	12	25	19
<b>Number of Complaints</b> Total including all complaints, comments and suggestions received and processed throughout the entire year	606	608	635
<b>Number of Incidents</b> An event or circumstance that could have, or did lead to unintended/unexpected harm, loss or damage or deviation from an expected outcome of a situation or event.	1374	1707	2098
<b>Root Cause Analyses &amp; Focused Reviews commenced</b> A thorough and credible examination of a critical incident in order to determine whether systemic or organisational factors contributed to the occurrence of an incident.	4	5	6
<b>Number of Section 23 detentions - Involuntary detention of a voluntary person</b> A person who is admitted voluntarily may be subsequently involuntarily detained by staff of the Approved Centre (SPUH) - where the person indicates an intention to discharge from the Approved Centre but following examination is deemed to be suffering from a mental illness. Section 23(1) allows the Centre to detain a voluntary person for a period of 24 hours for assessment.	62	94	107
<b>% Section 23 detentions that progress to Involuntary admission (Section 24 - Form 13 Admissions)</b> Following Section 23 an examination by the Responsible Consultant Psychiatrist and a second Consultant Psychiatrist, the person may be ultimately detained for ongoing treatment and care (Section 24) for up to 21 days.	42% (26)	46% (43)	37% (40)
<b>Number of people admitted under Section 14 - Involuntary</b> An involuntary admission that occurs as a result of an application from a spouse or relative, a member of An Garda Síochána, an Authorised Officer or a member of the public and a recommendation from a GP (the person is admitted as involuntary). A person subject to such an admission may decide to remain voluntarily.	32	35	46

## Clinical Governance Measures Summary (continued)

	2011	2012	2013
<p><b>% of Section 14 admissions which progress to Involuntary admission (Section 15 - Form 6 Admission)</b></p> <p>Where a service user, under Section 14 admission, does not wish to remain voluntarily and is deemed to be suffering from a mental illness following assessment, that service user can be detained involuntarily for ongoing treatment and care (Section 15) for up to 21 days.</p>	72% (23)	86% (30)	76% (35)
<p><b>Number of Section 20/21 - Transfers</b></p> <p>Where an involuntary patient is transferred to an approved centre under Section 20 or 21 of the Mental Health Act 2001, the clinical director of the centre from which he or she has been transferred shall, as soon as possible, give notice in writing of the transfer to the MHC on Statutory Form 10.</p>	8	8	21
<p><b>Assisted Admissions</b></p> <p>The number of instances where assisted admissions services were required to assist in the transportation of a service user</p>	27	22	33
<p><b>Number of Section 60 – Medication Reviews</b></p> <p>Where medication has been administered to an involuntary patient for the purpose of treating their mental disorder for a continuous period of 3 months, the administration of that medicine cannot continue unless specific consent is obtained for the continued administration of medication or, in the absence of such consent, a review of this medication must be undertaken by a psychiatrist, other than the responsible consultant psychiatrist.</p>	-	5	15
<p><b>Number of Section 19 – Appeal to Circuit Court</b></p> <p>A service user has the right to appeal to the Circuit Court against a decision of a tribunal to affirm an order made in respect of him / her on the grounds that he / she is not suffering from a mental illness.</p>	-	5	6
<p><b>Number of Tribunals held</b></p>	61	72	96
<p><b>Mental Health Commission Reporting - Number of ECT Treatments</b></p>	110	119	129
<p><b>Mental Health Commission Reporting - Number of Physical Restraint Episodes</b></p>	131	157	219

We have refined the way that we collate and report on the data above to ensure a more standardised approach.

## Clinical Audit Summary

Clinical audit is an integral part of clinical governance and its purpose is to monitor and to improve the quality of care provided to service users and the resulting outcomes. There is noticeable active involvement and enthusiasm among staff, accountable to the Hospital Clinical Governance Committee and ultimately to the Board of Governors.

### Key Audit Outcomes for 2013

- **A comprehensive audit of Key Working and effective care planning in the three Approved Centres confirmed consistent good practice.**
- **Audit has demonstrated improvement in the time by which discharge summaries are completed and sent to GP's and improvement in the efficiency of the entire process.**
- **Recommendations arising from an audit on appropriateness and effectiveness of antibiotic prescribing practice were implemented.**
- **A Benzodiazepine and Z-Drug Usage Audit, indicated a continued gradual reduction in regular and PRN benzodiazepine and z-drug prescribing.**
- **On-going audit of the nursing admission assessment process has enabled improvement of existing nursing interventions and development of new interventions.**
- **In 2013, seven clinical audit processes, approved by the Clinical Governance Committee were undertaken by Junior Doctors as part of their training requirements.**

## Clinical Outcomes

2013 saw the continued expansion of routine outcome measurement and the improvement in data capture for clinical services already measuring outcomes. An ethos of transparency underpins the analysis and reporting of clinical outcomes that follow.

### Clinic Global Impression & Children's Global Assessment Scale

The Clinical Global Impressions Scale (CGI) is a clinician-rated mental health assessment tool used to establish the severity of illness (CGIS) at point of assessment and global improvement or change (CGIC) scored following care, treatment or intervention. The CGIS is rated on a 7-point scale, with the severity of illness scale rated from 1 (normal) through to 7 (most severely ill). CGIC scores range from 1 (very much improved) through to 7 (very much worse).

The Children's Global Assessment Scale (CGAS) provides a global measure of level of functioning in children and adolescents, scored by the MDT on a scale of 1 to 100, which reflects the individual's overall functioning level.

## CGIS – Baseline measure of severity of illness

		2011	2012		2013		
		TOTAL	TOTAL		TOTAL	SPUH	SEH
1	Normal, not at all ill	0%	0%		0%	0%	0%
2	Borderline mentally ill	2.5%	1%		0%	0%	0%
3	Mildly ill	8%	7%		8%	11%	3%
4	Moderately ill	24%	21%		20%	25%	13%
5	Markedly ill	26.5%	34%		33%	31%	38%
6	Severely ill	15%	18%		19%	11%	31%
7	Extremely ill	1%	2%		1%	1%	1%
	Not scored	23%	17%		19%	21%	16%

## CGIC – Final Global improvement or change score

		2011	2012		2013		
		TOTAL	TOTAL		TOTAL	SPUH	SEH
1	Very much improved	14.5%	10%		11%	7%	16%
2	Much improved	44.5%	44%		39%	39%	41%
3	Minimally improved	20.5%	23%		16%	17%	15%
4	No change	6.5%	7%		6%	9%	2%
5	Minimally worse	0.5%	0%		0%	0%	0%
6	Much worse	0%	0%		0%	0%	0%
7	Very much worse	0%	0%		0%	0%	0%
	Not scored	13.5%	15%		26%	27%	26%

## Acceptance and Commitment Therapy Programme Outcomes

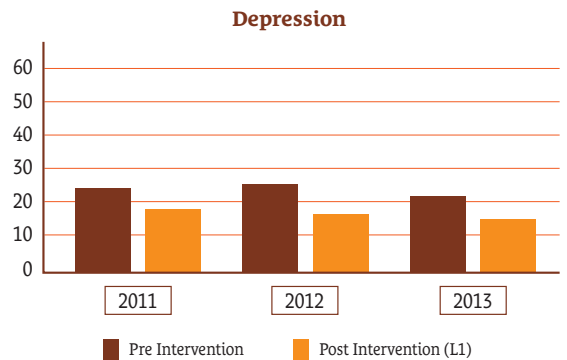
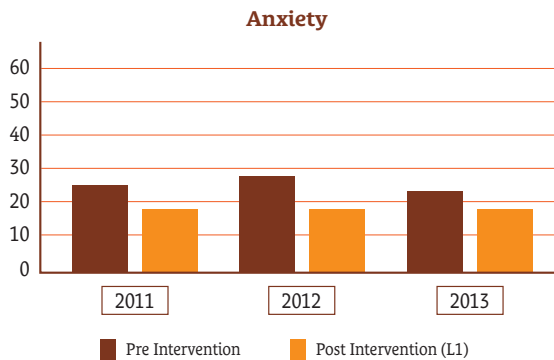
Acceptance and Commitment Therapy (ACT) is an evidence-based psychotherapy which aims to teach people “mindfulness skills”, to help them live in the “here and now” and manage their thoughts and emotions more effectively. Programme completers showed significant gains in mindfulness, psychological flexibility/acceptance, behavioural activation and functioning.

## Anxiety Disorder Programme Outcomes

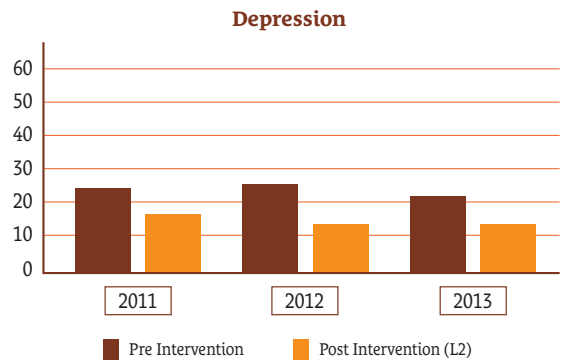
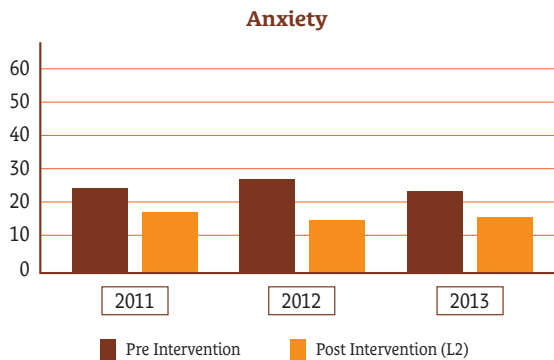
The Anxiety Disorders Programme provides group and individual intervention and support based on the cognitive behaviour therapy (CBT) model. The two-level CBT has been found to be efficacious for adult anxiety disorders and all programme facilitators are CBT and Mindfulness trained. The following measures are completed before starting the programme, after completing level one of the programme and again after completing level two: Beck Anxiety Inventory, Beck Depression Inventory, Clinical Global Impression Scale, Fear Questionnaire, Life Adjustment Scale, Yale Brown Obsessive Compulsive Scale and Penn State Worry Questionnaire.



## Anxiety Disorder Programme - Level 1



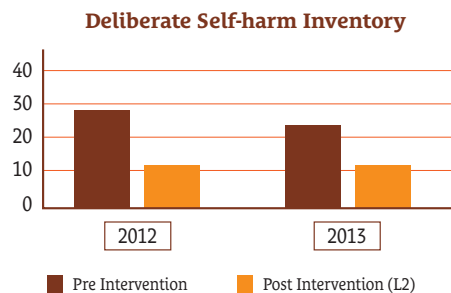
## Anxiety Disorder Programme - Level 2



## Living through Distress Programme Outcomes

Living through Distress (LTD) is a Dialectical Behaviour Therapy informed group-based intervention. The programme aims to provide emotional regulation, distress tolerance and mindfulness skills for individuals with problems of emotional under-control who frequently present with self-harmful behaviours. Research suggests that behaviours such as deliberate self-harm (DSH) may function as emotion regulation strategies (Chapman et al., 2006). The programme (now in its seventh year) is run by the psychology department and is a six week programme involving three afternoon sessions per week.

The Deliberate Self-Harm Inventory is one of the outcomes captured for the programme, measuring the frequency, severity, duration and type of self-harm behaviour. The graph (right) shows consistent positive effect regarding self-harm behaviour in the past 2 years.



## Mindfulness Programme Outcomes

The mindfulness programme in St Edmundsbury Hospital is an eight week group which meets weekly. The group is facilitated by staff trained with Level One teacher training in Mindfulness. The programme aims to introduce service users to the practice of mindfulness for stress reduction, through group discussion and experiential practices. The programme aims to help service users develop the ability to pay attention to the moment and to be more aware of thoughts, feelings and sensations, non-judgementally.

The Five Facet Mindfulness Questionnaire assesses the tendency to be mindful in daily life, including five particular facets of mindfulness: observing, describing, acting with awareness, non-reactivity to inner experience, and non-judging of inner experience.

A highly significant increase was seen in total scores on the FFMQ from pre intervention (M=109.35; SD=21.05) to post intervention (M=119.51; SD=20.3),  $t(52)=-3.61$ ,  $p=.001$ , reflected by a medium effect size ( $d=0.49$ ). These results would suggest that service users, who completed the programme and the outcome measure, reported a meaningful increase in their tendency to be mindful in daily life. Data was not available to look at the scores on each sub-scale in 2013, however, this will be carried out in the 2014 report.

## Radical Openness Programme Outcomes

The Radical Openness programme offers skills and new ways of coping to those who have been doing their best to cope using an emotionally over-controlled style. This is a targeted approach for service users who are often underserved in mental health care. This year a new battery of assessments were used in order to better capture change that may occur during the programme. In 2013, participants were found to show a significant decrease in mental ill-health symptoms and in emotional avoidance. A significant increase was also seen in the use of DBT coping skills.

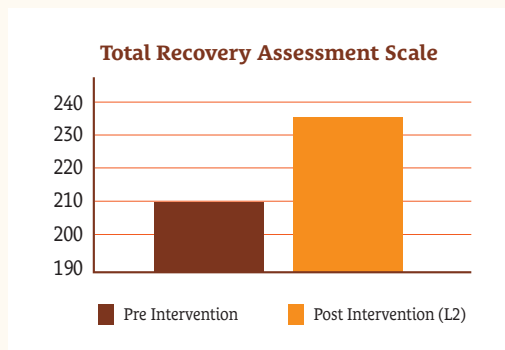
## Wellness and Recovery Programme Outcomes

The recovery programme is a structured 12-day programme based on the Wellness and Recovery Action Plan (WRAP) approach which focuses on assisting service users who have experienced mental health problems to regain hope, personal responsibility through education, self-advocacy, and support. The programme is aimed at service users who are either recently discharged and need structured and continued support to stay well or those that prefer structured day programme attendance.

The programme is primarily group based, but each participant works individually with a key worker to manage their progress through the programme.

The group dimension to the programme focuses on accessing good health care, managing medications, self-monitoring their mental health using their WRAP; using wellness tools and lifestyle, keeping a strong support system, participating in peer support; managing stigma and building self-esteem.

The Recovery Assessment Scale (right) assesses service user empowerment, coping ability, and quality of life. Pre and post programme data for 94 participants showed statistically significant overall recovery.



## Overall views of St Patrick’s Mental Health Services

Those who completed and returned the Service User Satisfaction Survey demonstrated a high level of satisfaction with the care they received, across all of its three distinct but integrated community, inpatient and day service pathways.

### Average Ratings of Care and Treatment and Overall Dean Clinic (scale 1-10)

How would you rate...?	No.	Mean	Standard Deviation
Your care and treatment at the Dean Clinic	139	8.7	1.8
The Dean Clinic, overall	139	8.7	1.7

### Average Ratings of Care and Treatment and the Hospital Overall (scale 1-10)

How would you rate...?	No.	Mean	Standard Deviation
Your care and treatment in Hospital	162	8.3	2.0
The Hospital, overall	158	8.5	1.7

### Day Service Users Rating of Care and Treatment (scale 1-10)

How would you rate...?	No answer	1-5	6-10
Your care and treatment in SPMHS Services	2 (0.8%)	17 (6.9%)	229 (93.1%)

## Conclusions

1. The 2013 SPMHS Outcomes report represents the organisations continued commitment to continuous quality improvements through the measurement of its clinical activities, clinical processes, clinical outcomes and service user satisfaction levels.
2. Demand for SPMHS services in 2013 increased across all three distinct but integrated community, inpatient and day service pathways.
3. Clinical outcomes data was added for the Mindfulness Programme in St Edmundsbury and level 2 of the Anxiety Programme in 2013.
4. Clinical and non-clinical staff are once again to be commended for contributions in further establishing routine outcome measurement within services and programmes in 2013.

In 2014 options will be explored to make data entry more efficient.

5. Service user satisfaction surveys are now established as an essential element of service evaluation and improvement. Results indicate the service user experience of SPMHS services continued to be very positive overall.
6. All clinical programmes involved in publishing their outcomes in the 2013 report, continued to review the clinical utility and psychometric strength of measures used and where appropriate measures were changed or added.
7. Clinical audit continues to be one of the essential pillars of clinical governance within SPMHS, leading to continuous quality improvements.

To access the full report,  
please visit:  
**[www.stpatricks.ie](http://www.stpatricks.ie)**

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