



Outcomes Report Summary 2012



Introduction

The 2012 Outcomes Report is the second report of its type produced by St Patrick's Mental Health Services (SPMHS) which 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 in continual service evaluation in relation to efficacy, effectiveness and quality.

Dean Clinic Pathway

Over the past five years, a nationwide network of seven community mental health services known as Dean Clinics has been established by SPMHS. Free of charge multi-disciplinary mental health assessments continue to be offered through the network to encourage early involvement with mental health services which enhance outcomes.

In 2012, a total of 1,759 Dean Clinic referrals were received from General Practitioners, compared to 1,376 for the same period in 2011, representing a 28% increase.

Dean Clinic Referral Source - Provincial Distribution

Province	2011		2012	
	No	%	No	%
Ulster	20	1%	35	2%
Munster	215	16%	298	17%
Leinster	1,069	77%	1,250	71%
Connaught	75	6%	176	10%
Totals	1,376	100%	1,759	100%

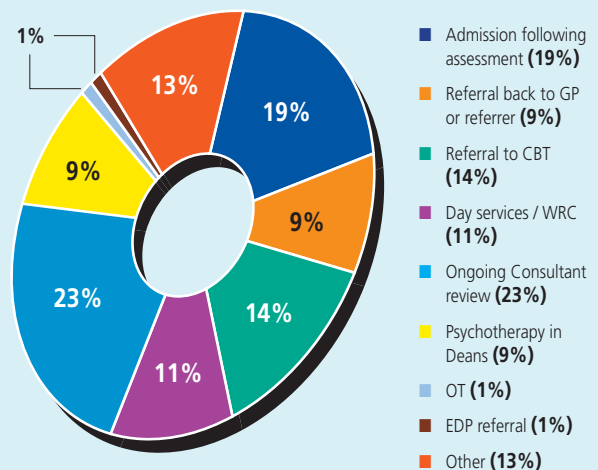
Dean Clinic Referral Total New Patient Assessments 2009 - 2012

Year	Total Dean Clinic Appointments
2009	395
2010	573
2011	924
2012	1,398
Total	3,290

Dean Clinic Total Appointments Delivered 2009 - 2012

Year	Total Number of Dean Clinic Appointments
2009	2,965
2010	5,220
2011	7,952
2012	12,177
Total	28,314

2012 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 2012, there were a total of 2,896 inpatient admissions across the organisation's three approved centres, compared to 2,887 for 2011 and 2,888 for 2010.

In 2012, 61.6% of admissions across all three Approved Centres were female while 38.4% were male. This compares to a gender ratio of 60% female and 40% male for 2011.

No. of Admissions by Gender and Approved Centre - 2012

	SEH	%	SPUH	%	WGAU	%	Total	%
Female	356	69.8%	1,361	59.2%	68	78.2%	1,785	61.6%
Male	154	30.2%	938	40.8%	19	21.8%	1,111	38.4%
Total	510	100%	2,299	100%	87	100%	2,896	100%

No. of Admissions by Gender and Approved Centre - 2011

	SEH	%	SPUH	%	WGAU	%	Total	%
Female	328	67%	1,352	58%	53	68%	1,733	60%
Male	161	33%	969	42%	25	32%	1,155	40%
Total	489	100%	2,321	100%	78	100%	2,888	100%

Day Patient Care Pathway - Wellness & Recovery Centre

As well as providing a number of recovery-oriented programmes, the Wellness & Recovery Centre (established in November 2008) provides service users with access to a range of specialist clinical programmes which are delivered by specialist multi-disciplinary teams and focus primarily on disorder-specific interventions, psycho-education and supports.

In 2012, the WRC received a total of 1,594 day programme referrals compared to a total of 1,418 for 2011. 585 of the day patient referrals for 2012 came from a Dean Clinic, compared to 339 in 2011.

Day Patient Referrals by Clinical Programmes 2011 - 2012

SPMHS	Total Day Patient Referrals 2011	Total Day Patient Referrals 2012	Total Day Patient Referrals from Dean Clinics 2011	Total Day Patient Referrals from Dean Clinics 2012
Pathways to Wellness	0	1	0	0
Remix Programme	0	9	0	5
Womens Support Programme	16	14	2	6
Psychosis Programme	27	18	11	4
Mens Mental Health	39	22	8	10
Eating Disorder Programme	23	31	1	4
Young Adult Programme	30	40	16	24
Nurturing Hope & Resilience*	21	43	5	27
Depression Programme	75	59	28	25
Bipolar Programme	122	103	12	20
Alcohol Step-down	104	115	2	0
Living Through Distress	230	139	75	43
Radical Openness	16	142	7	48
Mindfulness	84	154	26	85
Anxiety Programme	144	185	67	89
St Edmundsbury	212	219	25	110
Recovery Programme	275	300	54	85
Total	1418	1594	339	585

* Nurturing Hope & Resilience Programme 2011 Referral figures were not included in 2011 Outcomes Report.

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, quality and relevant accreditation standards are implemented and monitored within its Quality Framework.

Clinical Governance Measures Summary

	2011	2012
Clinical Audits	12	25
Number of Complaints Total including all complaints, comments and suggestions received and processed in 2012	606	608
Number of Incidents 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
Root Cause Analyses commenced in 2012 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
Number of 24 hour detentions under Section 23 of the Mental Health Act 2001 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.	51	91
% Section 23 detentions that progress to Involuntary admission (Section 24 - Form 13 Admissions) 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.	39% 44%	(20) (40)
Number of Section 14s 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.	31	36

Clinical Governance Measures Summary (continued)

	2011	2012
<p>% of Section 14s which progress to Involuntary admission (Section 15 - Form 6 Admission)</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 assesment, that service user can be detained involuntarily for ongoing treatment and care (Section 15) for up to 21 days.</p>	74% 86%	(23) (31)
<p>FORM 10 Admissions</p> <p>Where a 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	9
<p>Assisted Admissions</p>	27	22
<p>Number of Section 60 – Medication Reviews 2012</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
<p>Number of Section 19 – Appeal to Circuit Court</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
<p>Number of Tribunals held</p>	61	72
<p>Mental Health Commission Reporting - Number of ECT Treatments 2012</p>	110	119
<p>Mental Health Commission Reporting - Number of Physical Restraint Episodes</p>	131	157

Clinical Audit Summary

The number of clinical audits and service review projects was greater in 2012 than that completed in 2011. There is noticeable enthusiasm and active involvement among staff for the monitoring and continuous improvement of the quality of services provided to our service users.

Key Audit Outcomes

Improvements to clinical practice introduced in 2012 included:

- Implementation of recommendations arising from an audit of lithium treatment.
- Implementation of recommendations arising from the audit on benzodiazepine and hypnotics prescribing.
- Introduction of a quality improvement initiative on the admission nursing assessment and the nursing intervention sheets.
- Junior doctors required to participate in clinical audit projects as part of their training requirements.
- Nursing Audit Sub-Committee was set up to support the nursing process within the context of the multi-disciplinary service user.
- SPUH the only hospital specialising in Mental Health Care in Ireland to take part in a Europe-wide hospital point prevalence survey carried out in may 2012.

Clinical Outcomes

2012 saw the expansion of routine outcome measurement to new clinical programmes and improvements in data capture for programmes already being measured. A strong desire for transparency underpins the approach taken in analysing and reporting the 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		
		TOTAL	TOTAL	SPUH	SEH
1	Normal, not at all ill	0%	0%	0%	0%
2	Borderline mentally ill	2.5%	1%	2%	0%
3	Mildly ill	8%	7%	10%	2%
4	Moderately ill	24%	21%	28%	12%
5	Markedly ill	26.5%	34%	27%	45%
6	Severely ill	15%	18%	12%	27%
7	Extremely ill	1%	2%	2%	1%
	Not scored	23%	17%	19%	13%

CGIC – Final Global improvement or change score

		2011	2012		
		TOTAL	TOTAL	SPUH	SEH
1	Very Much improved	14.5%	10%	11%	10%
2	Much Improved	44.5%	44%	35%	56%
3	Minimally Improved	20.5%	23%	25%	21%
4	No Change	6.5%	7%	8%	6%
5	Minimally Worse	0.5%	0%	0%	1%
6	Much Worse	0%	0%	0%	0%
7	Very Much Worse	0%	0%	0%	0%
	Not scored	13.5%	15%	20%	6%

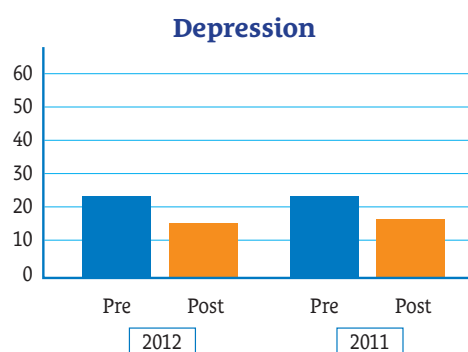
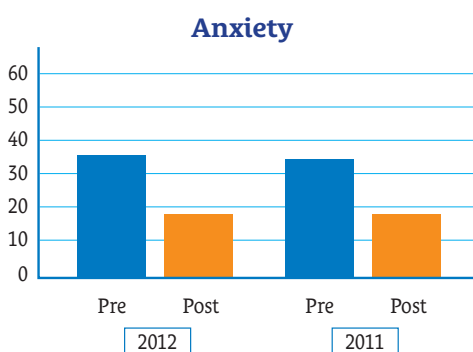
Anxiety Disorders Programme

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.

Anxiety Disorder Outcome Measures

All service users attending the Anxiety Disorders Programme complete the following measures (or in the case of the CGI are rated on) before starting the programme, after completing level one of the programme and again after completing level two. These measures are: Beck Anxiety Inventory, Beck Depression Inventory, Clinical Global Impression Scale, Fear Questionnaire, Life Adjustment Scale and Yale Brown Obsessive Compulsive Scale.

	2011		2012	
	No	%	No	%
Obsessive Compulsive Disorder	48	37.5%	55	35%
Generalised Anxiety Disorder	24	18.8%	30	19.1%
Social Phobia / Anxiety	25	19.5%	26	16.6%
Panic Disorder	13	10.2%	22	14%
Agoraphobia	14	10.9%	17	10.8%
Health Anxiety	3	2.3%	4	2.5%
Specific Phobia	-	-	3	1.9%
Habit and Impulsive Disorders	1	0.8%	-	-

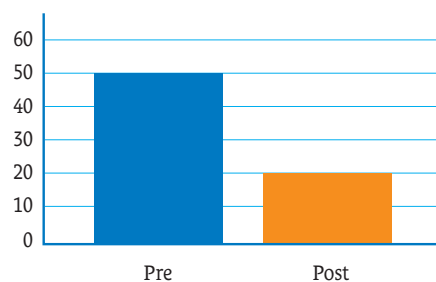


Living through Distress Programme

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. Linehan (1993a) proposed that emotional dysregulation underlies much maladaptive coping behaviour. 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 sixth year) is run by the psychology department and is a six week programme involving three afternoon sessions per week. Eight skills are taught twice over this time period making the programme 16 sessions in all. Patients who attend the majority of the programme i.e. see at least eight skills are invited to attend Aftercare which runs once a month.

Deliberate Self-Harm Inventory

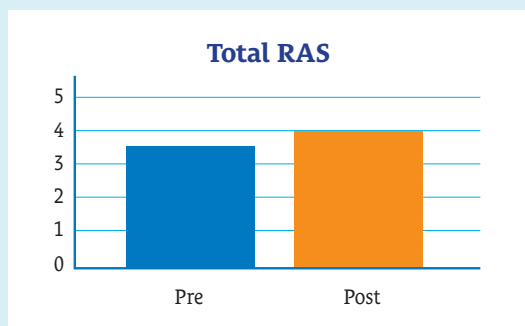
The Deliberate Self-Harm Inventory measures the frequency, severity, duration and type of self-harm behaviour. In a sample of women who self-harm who participated in a research study, frequency scores on the DSHI went from 18.58 (SD = 26.63) to 5 (SD = 4.94) following intervention.



Recovery Programme

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 are anxious to avoid coming in to hospital but again need formal and structured support to do so.

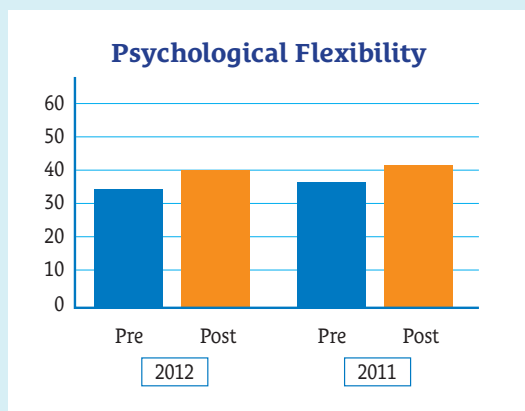
The programme is primarily group based, but each participant works individually with a key worker to manage their progress through the programme. The group dimension to the programme focuses on accessing good health care, managing medications, self-monitoring their mental health using their WRAP; using wellness tools and lifestyle, keeping a strong support system, participating in peer support; managing stigma and building self-esteem.



One hundred and four people took part in the Recovery Programme in 2012. The average age of recovery programme participants was 47.07 years and 59.6% were female. Pre and post data were available for 85 participants (81.7%).

Acceptance & Commitment Therapy Programme

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. ACT supports participants to identify and connect with their core personal values and integrate them into everyday action. ACT primarily aims to change people’s relationship to anxiety and depression and increase values-based behavioural activation. As such, symptom reduction is a secondary gain, rather than a primary aim of this approach. The ACT programme, which was implemented in SEH in 2010, runs over an 8-week period, for one half-day per week, where participants engage in a range of experiential exercises to help them develop the six core processes of ACT; mindfulness, thought diffusion, acceptance, perspective taking, values and committed action.

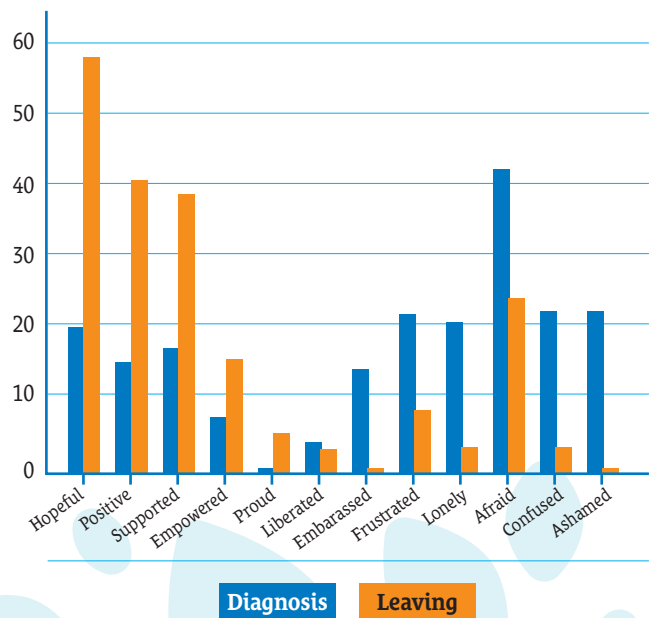


During 2012, 138 service users attending St Edmundsbury were referred to the ACT Programme. Of the 138 participants, (72.5% female) both pre- and post-measures were available for 106 programme completers, representing 76.8%. The participants completed the Acceptance and Action questionnaire and the following table shows the results.

Attitude to Mental Health at Diagnosis and Discharge

In a survey of Service user's experience of admission care in SPMHS, 200 participants were asked to select a number of adjectives to describe their feelings at diagnosis and at discharge. The results are provided below. Service users were asked to tick three adjectives to describe their feelings at diagnosis and three to describe their feelings at discharge. The data below provides details of the number of each descriptor that was ticked and may not necessarily represent an individual's views. The question is also limited by the use of the term diagnosis as no time limit has been placed on when and individual may have been diagnosed with mental illness.

It is encouraging to note that at the point of discharge service users felt more hopeful, positive and supported. Feelings of loneliness, shame, confusion and fear had reduced from point of diagnosis to point of discharge.



Conclusions

1. The 2012 SPMHS Outcomes report builds on the organisation's 2011 published Outcomes report. It represents the organisation's 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 in 2012 increased across all of its 3 distinct but integrated outpatient, inpatient and day patient pathways.
3. Clinical outcomes data for 3 further clinical programmes were added in the 2012 report, including the Addictions Service, the Psychosis Recovery Programme and the Radical Openness Programme.
4. The capture of clinical outcomes data continued to be highly manualised within the organisation. Systems to routinise outcomes data capture have bedded in further in 2012.
5. Service user satisfaction continued to be monitored in 2012 and survey results indicated service user experience of SPMHS inpatient care continued to be overall positive.
6. All clinical programmes involved in publishing their outcomes in the 2012 Report continued to review the clinical utility and psychometric robustness of measures used and, where appropriate, measures were changed or added.
7. Registrars' audit activity was included in the 2012 report under the Clinical Governance Section. This is considered of value to the organisation's commitment to a continuous quality improvement programme.

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