



Outcomes Report Summary 2014



Introduction

This report presents outcomes relating to clinical care, clinical governance processes, clinical programmes and service user satisfaction rates, within St Patrick's Mental Health Services (SPMHS). It is the fourth of its type produced by SPMHS and is central to the organisations promotion of excellence in mental health care. By routinely measuring and publishing outcomes of the services we provide, we strive to understand what we do well and what we need to continue to improve.

Dean Clinic

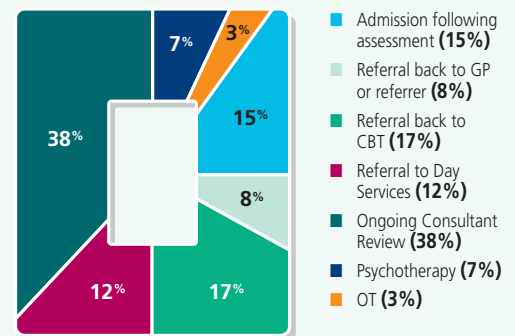
Over the past six years, a nationwide network of seven multi-disciplinary community mental health services known as Dean Clinics has been established by the organisation. Free of charge, multi-disciplinary mental health assessments continue to be offered through the Dean Clinic network to improve access to service users. A further Dean development took place in 2013 with the expansion of our community network now including seven Associate Dean Clinics, where new assessments are carried out on behalf of SPMHS.

Total Number of Dean Clinic Appointments

Year	Total number of Dean Clinic Appointments
2009	2,965
2010	5,220
2011	7,952
2012	12,177
2013	12,826*
2014	13,541*
Totals	54,681

*Includes Associate Dean Assessment appointments

2014 Treatment Decisions following Assessment



Inpatient Care

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 2014, there were a total of 3,015 inpatient admissions across the organisation's three approved centres compared to 3,113 for 2013 and 2,893 for 2012.

No. of Admissions 2014 by Gender and Average Age

	SEH	%	SPUH	%	WGAU	%	Total	%
Female	336	70.0%	1,473	60.2%	70	77.88%	1,879	62.3%
Male	144	30.0%	972	39.8%	20	22.2%	1,136	37.7%
Total	480	100%	2,445	100%	90	100%	3,015	100%
Average Age		53.62		47.72		15.67		47.71

Analysis of Inpatient Primary ICD Diagnoses

The table below outlines the prevalence of diagnoses across SPMHS three Approved Centres during 2014 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' column represents St Patrick's University Hospital (SPUH) and St Edmundsbury Hospital combined.

ICD Codes: Admission & Discharge for all Service Users Discharged in 2014	SPUH Discharges		SEH Discharges		Total Adults Discharges		Willow Grove Discharges	
	No.	%	No.	%	No.	%	No.	%
F00-F09 - Organic, including symptomatic mental disorders	32	1.3%	0	0.0%	32	1.09%	0	0.0%
F10-F19 - Mental and behavioural disorders due to psychoactive substance use	368	14.9%	24	5.0%	392	13.3%	2	2.3%
F20-F29 - Schizophrenia, schizotypal and delusional disorders	185	7.5%	18	3.7%	203	6.9%	1	1.15%
F30-F39 - Mood (affective) disorders	1259	51.6%	344	71.5%	1603	54.5%	44	50.6%
F40-F48 - Neurotic, stress-related and somatoform disorders	351	14.3%	86	17.9%	437	14.9%	15	17.2%
F50-F59 - Behavioural syndromes associated with physiological disturbances and physical factors	97	3.9%	1	0.2%	98	3.3%	18	20.7%
F60-F69 - Disorders of adult personality and behaviour	160	6.5%	8	1.7%	168	5.7%	4	4.6%
F70-F79 - Mental retardation	0	0.0%	0	0.0%	0	0.0%	0	0.0%
F80-F89 - Disorders of psychological development	4	0.1%	0	0.0%	4	0.1%	1	1.1%
F90-F95 - Behavioural and emotional disorders with onset usually occurring in childhood and adolescence	1	0.04%	0	0.0%	1	0.03%	2	2.3%
F99-F99 - Unspecified mental disorder	4	0.16%	0	0.0%	4	0.14%	0	0.0%
Totals	2461	100%	481	100%	2942	100%	87	100%

Day-patient - 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 Attendees for Clinical Programmes

SPMHS Day Programmes	Total Day Patient Registrations 2013	Total Day Patient Registrations 2014	Total Day Patient Attendees 2013	Total Day Patient Attendees 2014
Links to Wellbeing	n/a	26	n/a	455
Living Through Psychosis	30	30	163	156
Pathways to Wellness	26	28	181	242
Compassion Focus Therapy	n/a	48	n/a	537
Clearly Coping	n/a	3	n/a	11
Psychosis Programme	7	8	23	33
Schema Therapy	n/a	8	n/a	73
Eating Disorder Programme	45	40	1640	1944
Young Adult Programme	19	6	128	63
Driving Assessments	n/a	2	n/a	2
Depression Programme	19	65	83	713
Bipolar Programme	52	49	460	449
Alcohol Stepdown	150	115	1024	856
Living Through Distress	158	106	786	783
Radical Openness	124	103	940	1041
Mindfulness	131	117	781	753
Anxiety Programme	126	99	1166	1094
Recovery Programme	171	156	2696	2460
St Edmundsbury	204	249	1636	1648
Total	1,262	1,258	11,707	13,313

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 the Quality Framework.

Clinical Governance Measures Summary

	2012	2013	2014
Clinical Audits	25	19	10
Number of Complaints Total including all complaints, comments and suggestions received and processed throughout the entire year	608	635	627
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.	1707	2098	2227
Root Cause Analyses & Focused Reviews commenced 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.	5	6	11
Number of Section 23 detentions - Involuntary detention of a voluntary person 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 not exceeding 24 hours for assessment.	94	107	107
% 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.	46% (43)	37% (40)	43% (46)
Number of people admitted under Section 14 - Involuntary 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.	35	46	52

Clinical Governance Measures Summary (continued)

	2012	2013	2014
<p>% of Section 14 admissions 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 assessment, that service user can be detained involuntarily for ongoing treatment and care (Section 15) for up to 21 days.</p>	86% (30)	76% (35)	80% (42)
<p>Number of Section 20/21 - Transfers</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	21	13
<p>Assisted Admissions</p> <p>The number of instances where assisted admissions services were required to assist in the transportation of a service user</p>	22	33	37
<p>Number of Section 60 – Medication Reviews</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	11
<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	6	2
<p>Number of Tribunals held</p>	72	96	91
<p>Mental Health Commission Reporting - Number of ECT Treatments</p>	119	129	143
<p>Mental Health Commission Reporting - Number of Physical Restraint Episodes</p>	157	219	129

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.

Key Audit Outcomes for 2014

- **Audit showed a noticeable improvement in the completion rate of the baseline Clinical Global Impressions (CGI) score and the final score in comparison to the audit for 2013.**
- **On-going audit of the prescribing of Benzodiazepines is being used to monitor adherence to best practice.**
- **Continued use of audit to measure and strengthen adherence to the HIQA national standards for the prevention and control of healthcare associated infection.**
- **Audit of Nursing Interventions and feedback from stakeholders has facilitated review of the process in place to enable improvements to be made.**
- **On-going audit on Individual Care Planning and the Key Worker System has supported a comprehensive review of the process and roles involved, to continue to strengthen the Key Worker and Care Planning process.**
- **Outcomes from the audit on completion of Comprehensive Discharge Summaries showed a strengthening of compliance with the standards in comparison with the 2013 audit.**
- **An audit on adherence to the hospital protocol on falls risk prevention interventions post slip, trip or fall has enabled improvement in the existing interventions. A re-audit is scheduled for September 2015.**

Clinical Outcomes

In 2014 outcome measurement expanded to incorporate new clinical programmes and to further improve data capture for programmes already being measured. This report reflects the value the organisation places on routine outcome measurement in informing practice and service development. A strong desire for transparency underpins the approach taken in analysing and reporting the clinical outcomes that follow.

Clinic Global Impression and Children's Global Impressions 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

		2012	2013	2014
		TOTAL	TOTAL	TOTAL
1	Normal, not at all ill	0%	0%	0.2%
2	Borderline mentally ill	1%	0%	2%
3	Mildly ill	7%	8%	9%
4	Moderately ill	21%	20%	32%
5	Markedly ill	34%	33%	33%
6	Severely ill	18%	19%	16%
7	Extremely ill	2%	1%	2%
Not scored		17%	19%	6%

CGIC – Final Global improvement or change score

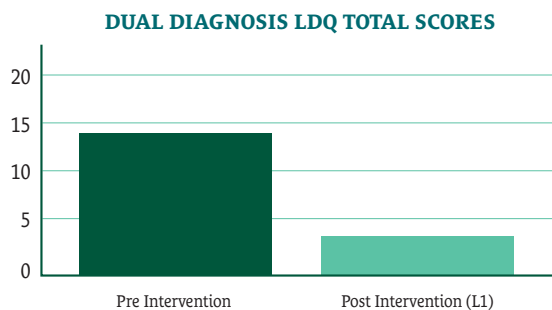
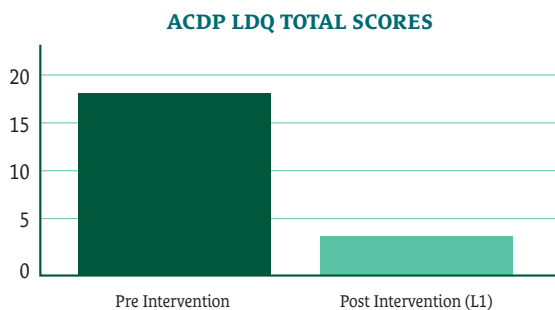
		2012	2013	2014
		TOTAL	TOTAL	TOTAL
1	Very much improved	10%	11%	15%
2	Much improved	44%	39%	43%
3	Minimally improved	23%	16%	13%
4	No change	7%	6%	4%
5	Minimally worse	0%	0%	1%
6	Much worse	0%	0%	0%
7	Very much worse	0%	0%	0%
Not scored		15%	26%	24%

Alcohol and Chemical Dependency Programme Outcomes

The Alcohol and Chemical Dependence (ACDP) Programme is designed to help individuals with alcohol and/or chemical dependence/abuse to achieve abstinence by enabling them to develop an increased awareness of the implications and consequences of their drinking/drug taking.

Dual Diagnosis Programme Outcomes

The Dual Programme is designed for adults with a dependence on alcohol or chemical substances, and in addition, have a co-morbid diagnosis of a mental health difficulty such as depression, anxiety or bipolar disorder. The aim of this programme is to enable clients to not only achieve abstinence and recovery in relation to substance use, but also to facilitate awareness, understanding and provide practical support and knowledge in relation to their mental health difficulties. In 2014 both the ACDP and Dual Diagnosis programmes introduced the Leeds Dependence Questionnaire (LDQ), to measure the clinical outcomes of these multidisciplinary stepped care programmes. The LDQ is a 10-item questionnaire, designed to screen for mild to severe psychological dependence to a variety of different substances, including alcohol and opiates. This measure was completed by service users pre and post programme participation.

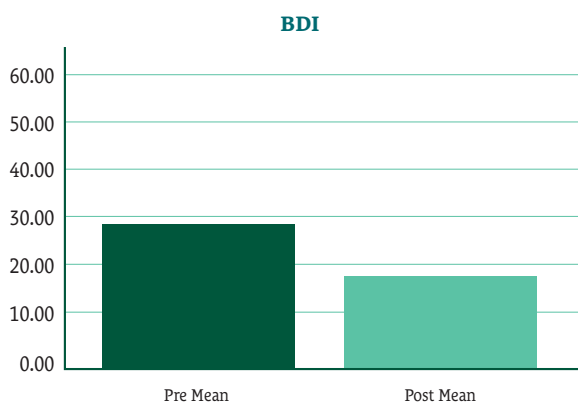


Depression Recovery Programme Outcomes

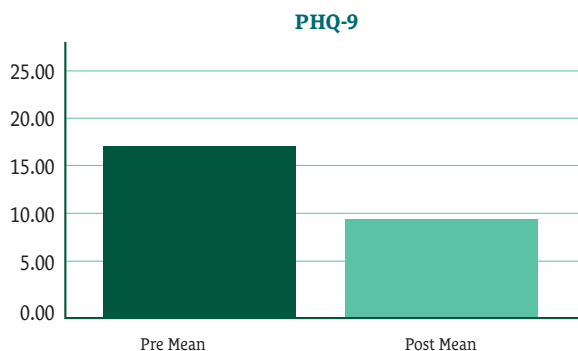
In 2014, the Depression Recovery programme expanded to offer a group-based stepped level treatment programme in line with international best practice guidelines. The programme consists of Level A (Activating Recovery), Level B (Building Recovery-CBT Workshop) and Level C (Compassion Focused Therapy Workshop). Level A is delivered 2 days per week, for 3 weeks, open to inpatients and day patients and focuses on Behavioural Activation, Education about Depression, Building Personal Resources and Introduction to WRAP (Wellness Recovery Action Plan).

Level B is a 4 week programme that aims to introduce the concepts of CBT and Compassion focused therapy. Workshops have been designed as a means for exploring the thought mood connection, the development of the vicious cycle and how to unravel them. Level C is an eight week closed Psychotherapy Programme that runs one day a week open to people who wish to build on work completed in level B. This level of the programme utilises CBT, Compassion Focused Therapy and Mindfulness.

The Beck Depression Inventory (BDI: Beck et al 1996) is a series of questions developed to measure the intensity, severity, and depth of depression in patients with psychiatric diagnoses.



The PHQ-9 is a self-administered version of the PRIME-MD diagnostic instrument for common mental disorders; the PHQ-9 is the depression module. It scores each of the nine DSM-IV criteria from “0” (not at all) to “3” (nearly every day). It is commonly used to monitor the severity of depression and response to treatment.

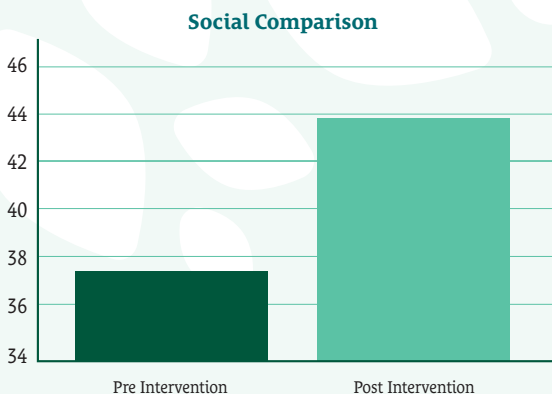


Compassion Focused Therapy

CFT encourages clients to develop key attributes of compassion, identified by Gilbert (2009) as care for wellbeing, sensitivity, distress tolerance, empathy and non-judgement. CFT is for individuals with mental health difficulties linked to high levels of shame and critical thinking, thus making it difficult for these individuals to make lasting changes with Cognitive Behaviour Therapy alone. To enhance self-compassion, group members work towards developing these attributes through the development of skills in the areas of attention, imagery, behaviour, reasoning, sensation and feeling. Commenced in SPMHS in 2014, groups are facilitated by members of the

Psychology Department and run twice weekly for five weeks, once weekly for four weeks and once per month for four months.

Though the programme uses a number of outcome measures, for this summary the results for the Social Comparison Scale (SCS; Allan & Gilbert, 1995) are shown in the graph below. The SCS is an 11 item scale designed to measure judgements concerned with rank, attractiveness and how well the person thinks they 'fit in' with others in society. Low scores are indicative of feelings of inferiority and general low rank self-perceptions.

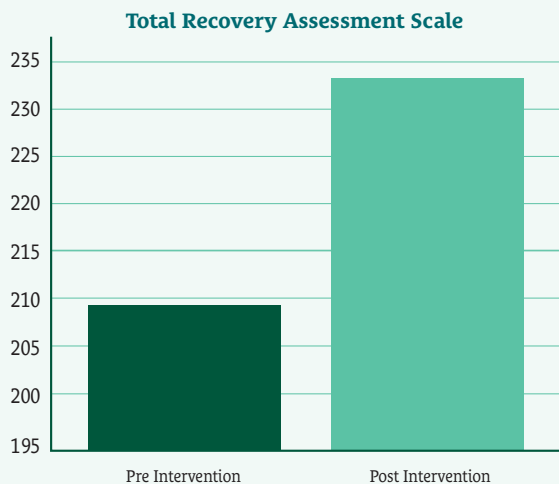


Radical Openness Programme Outcomes

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. In 2013 a new battery of assessments were introduced used in order to better capture clinical outcomes. These measures were used again in 2014 and continued to show reductions in psychological distress as measured by mental ill health symptoms as well as emotional avoidance (i.e. avoiding the internal experience of emotion) and increases in social connectedness. On average, service users showed a significant increase in the use of adaptive coping skills and a reduction in the use of maladaptive coping strategies.

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 primarily group based, but each participant works individually with a key worker to manage their progress through the programme. 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 showed notable overall recovery, with significant improvement in 4 of the 5 subscales and was consistent with last year's results.



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 entry points.

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	42	8.7	2
The Dean Clinic, overall	42	8.7	1.81

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	451	8.6	1.8
The Hospital, overall	453	8.8	1.5

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	4 (1.1%)	13 (3.6%)	345 (95.3%)

Conclusions

- The 2014 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.
- Demand for SPMHS services in 2014 continued to increase across all of its three distinct but integrated community, inpatient and day service entry points.
- Clinical outcomes data was added for the Addictions, Dual Diagnosis and Depression Programmes in 2014.
- Clinical and non-clinical staff are once again to be commended for contributions in further establishing routine outcome measurement.
- 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.
- All clinical programmes involved in publishing their outcomes in the 2014 report, continued to review the clinical utility and psychometric strength of measures used and where appropriate measures were changed or added.
- 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:

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