



Outcomes Report Summary **2015**



Introduction

This report summarises some of the outcomes relating to clinical care pathways, clinical governance processes, clinical programmes and service user experience, within St Patrick’s Mental Health Services (SPMHS). The detailed comprehensive full outcomes measures report is the fifth 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, SPMHS strives to understand what we do well and what we need to continue to improve.

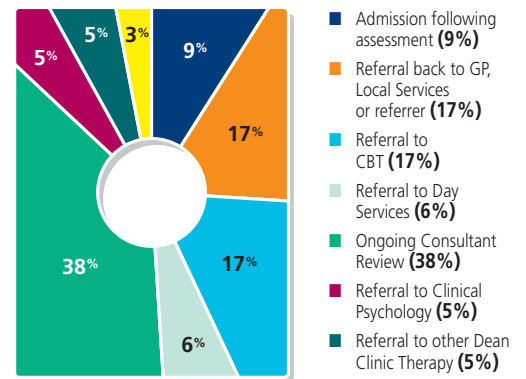
Dean Clinic Pathway

Over the past seven years, a nationwide network of multi-disciplinary community mental health services known as Dean Clinics has been established by SPMHS. Multi-disciplinary mental health assessments continue to be offered through the Dean Clinic network to improve access to service users.

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
2015	16,142
Totals	70,823

2015 Treatment Decisions following a New Assessment



Inpatient Care Pathway

SPMHS comprises three separate approved centres including St Patrick’s University Hospital (SPUH) with 241 inpatient beds, St Edmundsbury Hospital (SEH) with 52 inpatient beds and Willow Grove Adolescent Unit (WGAU) with 14 beds. In 2015, there were a total of 3,001 inpatient admissions across the organisation’s three approved centres compared to 3,015 for 2014 3,113 for 2013 and 2,893 for 2012.

No. of Admissions 2015 by Gender and Average Age

	SEH	%	SPUH	%	WGAU	%	Total	%
Female	313	65.2%	1,438	59.1%	61	70.9%	1,812	60.4%
Male	167	34.8%	997	40.9%	25	29.1%	1,189	39.6%
Total	480	100%	2,435	100%	86	100%	3,001	100%
Average Age		54.69		48.57		15.44		48.58

Analysis of Inpatient Primary ICD Diagnoses

The table below outlines the prevalence of diagnoses across SPMHS three Approved Centres during 2015 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 2015	SPUH Discharge ICD		SEH Discharge ICD		Total Adults Discharge ICD		Willow Grove Discharge ICD	
	No.	%	No.	%	No.	%	No.	%
F00-F09 - Organic, including symptomatic mental disorders	32	1.3%	1	0.2%	33	1.1%	0	0.0%
F10-F19 - Mental and behavioural disorders due to psychoactive substance use	418	17.2%	28	5.7%	446	15.3%	1	1.2%
F20-F29 - Schizophrenia, schizotypal and delusional disorders	234	9.7%	20	4.1%	254	8.7%	3	3.6%
F30-F39 - Mood (affective) disorders	1145	47.2%	349	71.1%	1494	51.3%	36	43.4%
F40-F48 - Neurotic, stress-related and somatoform disorders	345	14.2%	81	16.5%	426	14.6%	14	16.9%
F50-F59 - Behavioural syndromes associated with physiological disturbances and physical factors	68	2.8%	0	0.0%	68	2.3%	27	32.5%
F60-F69 - Disorders of adult personality and behaviour	170	7.0%	12	2.4%	182	6.2%	1	1.2%
F70-F79 - Mental retardation	0	0.0%	0	0.0%	0	0.0%	0	0.0%
F80-F89 - Disorders of psychological development	6	0.2%	0	0.0%	6	0.2%	0	0.0%
F90-F95 - Behavioural and emotional disorders with onset usually occurring in childhood and adolescence	1	0.0%	0	0.0%	1	0.0%	1	1.2%
F99-F99 - Unspecified mental disorder	5	0.2%	0	0.0%	5	0.2%	0	0.0%
Totals	2424	100%	491	100%	2915	100%	83	100%

Day-Service Pathway: Wellness & Recovery Centre

As well as providing a number of recovery-oriented programmes, the Centre provides service users with access to a range of specialist clinical programmes, delivered by specialist multi-disciplinary teams.

Day Patient Attendances for Clinical Programmes

SPMHS Day Programmes	Total Day Patient Attendances 2014	Total Day Patient Attendances 2015
Links to Wellbeing	455	334
Living Through Psychosis	156	342
Pathways to Wellness	242	358
Compassion Focus Therapy	537	736
CFT Eating Disorders	0	152
Clearly Coping	11	0
Psychosis Programme	33	43
Schema Therapy	73	190
Eating Disorder Programme	1944	1523
Young Adult Programme	63	19
Driving Assessments	2	13
Depression Programme	713	1148
Bipolar Programme	449	428
Alcohol Stepdown	856	1009
Living Through Distress	783	593
Radical Openness	1041	1000
Mindfulness	753	710
Anxiety Programme	1094	1048
Recovery Programme	2460	2526
Living with ADHD	0	31
Psychology Skills: Adolescents	0	124
Psychology Skills: Older Adults	0	134
Day Services based at St Edmundsbury		
Acceptance Commitment Therapy	378	600
Compassion Focused Therapy	86	225
Healthy Self Esteem	182	398
Mindfulness	467	315
Mood Management	81	38
Radical Openness	170	191
Roles in Transition	115	86
Other Programmes	169	0
Total	13,313	14,317

Clinical Governance & Quality Management

SPMHS aspires to provide services to the highest standard and quality. Through its Clinical Governance structures, it ensures regulatory, quality and relevant accreditation standards are implemented, monitored and reviewed.

	2012	2013	2014	2015
Clinical Audits	25	19	10	16
Number of Complaints Total including all complaints, comments and suggestions received and processed throughout the entire year	608	635	627	666
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	2423
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	9
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 disorder. Section 23(1) allows the Centre to detain a voluntary person for a period not exceeding 24 hours for assessment.	94	107	107	92
% 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)	44% (41)
Number of people admitted under Section 14 - Involuntary admission 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	39

Clinical Governance & Quality Management (continued)

	2012	2013	2014	2015
<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 disorder 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)	87% (34)
<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	19
<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	18
<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	10
<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	2
<p>Number of Tribunals held</p>	72	96	91	63
<p>Mental Health Commission Reporting - Number of Completed ECT Programmes in 2015</p>	119	129	143	103
<p>Mental Health Commission Reporting - Number of Physical Restraint Episodes (SPUH + WGAU)</p>	157	219	129	178

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 2015

- **Two audit cycles on the Key Worker and Care Planning process showed a further improvement in reported compliance with the Mental Health Commission guidelines.**
- **A Clinical Audit Programme for the Mental Health Commission's Judgement Support Framework has been developed and all Departments are actively involved.**
- **A fifth audit cycle of the antibiotic prescribing practice adherence to best practice has been completed.**
- **A re-audit on monitoring of service users' prescribed lithium therapy showed improvement in practice following implementation of changes.**
- **An audit on the Clozapine Pathway showed a high compliance achieved with the majority of standards and enabled further improvements.**
- **An audit on prescribing and monitoring service users' receiving Agomelatine has led to the development and implementation of a new hospital protocol.**
- **A Nursing Metrics audit has facilitated review of the Nursing Metrics process in place to enable improvements to be made.**

Clinical Outcomes

In 2015 outcome measurement expanded to incorporate new clinical programmes and to further improve data capture for programmes already being measured. This report reflects a continuing shift towards an organisational culture that recognises the value of integrated outcome measurement in informing practice and service development.

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	2015
		TOTAL	TOTAL	TOTAL	TOTAL
1	Normal, not at all ill	0%	0%	0.2%	0%
2	Borderline mentally ill	1%	0%	2%	0%
3	Mildly ill	7%	8%	9%	9%
4	Moderately ill	21%	20%	32%	30%
5	Markedly ill	34%	33%	33%	30%
6	Severely ill	18%	19%	16%	18%
7	Extremely ill	2%	1%	2%	0%
Not scored		17%	19%	6%	12%

CGIC – Final Global improvement or change score

		2012	2013	2014	2015
		TOTAL	TOTAL	TOTAL	TOTAL
1	Very much improved	10%	11%	15%	13%
2	Much improved	44%	39%	43%	49%
3	Minimally improved	23%	16%	13%	16%
4	No change	7%	6%	4%	6%
5	Minimally worse	0%	0%	1%	0%
6	Much worse	0%	0%	0%	0%
7	Very much worse	0%	0%	0%	0%
Not scored		15%	26%	24%	16%

Alcohol and Chemical Dependency Programme Outcomes

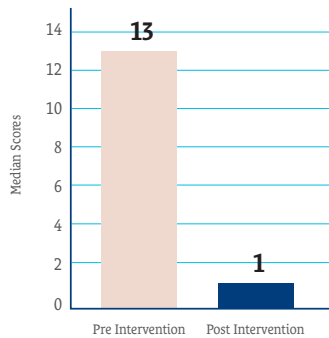
The Alcohol and Chemical Dependence (ACDP) Programme is designed to help individuals with alcohol and/or chemical dependence/abuse to achieve abstinence by enabling them to develop an increased awareness of the implications and consequences of their drinking/drug taking.

Dual Diagnosis Programme Outcomes

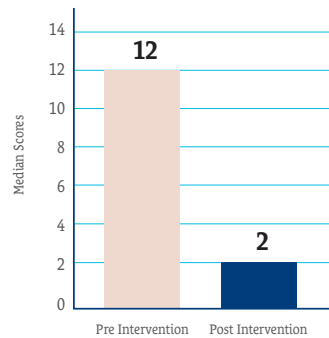
The Dual Programme is designed for adults with a dependence on alcohol or chemical substances, and in addition, have a co-morbid diagnosis of a mental health difficulty such as depression, anxiety or bipolar disorder. The aim of this programme is to enable clients to not only achieve abstinence and recovery in relation to substance use, but also to facilitate awareness, understanding and provide practical support and knowledge in relation to their mental health difficulties. Since 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.

Total scores on Leeds Dependency Questionnaire

ACDP LDQ Total Scores 2015



Dual Diagnosis LDQ Total Scores 2015



Living through Psychosis Programme

In 2015 the clinical outcomes for Living through Psychosis (LTP) programme were reported for the first time. This is a new innovative programme that addresses the primary issue of emotional dysregulation which is understood to be a significant vulnerability and co-morbidity factor in psychosis.

The programme aims to provide emotional regulation, distress tolerance and mindfulness skills for individuals with psychosis (Psychosis, Schizophrenia, Schizo-affective Disorder, Acute psychotic episode and Bipolar affective disorder) to maintain gains made in hospital and to reduce the likelihood of relapse.

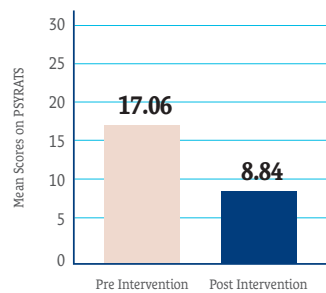
This group has a particular focus on relapse prevention. Thus the programme aims to address beliefs about psychosis, to reduce distress and preoccupation associated with symptoms, and to increase hope and everyday functioning.

Pre and post intervention symptoms were measured using the Psychotic Symptom Rating

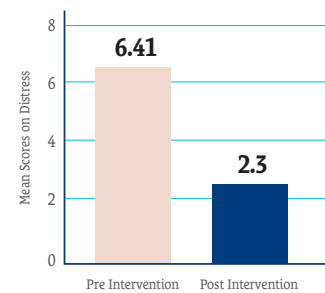
Scales (PSYRATS), the scale examines delusions and hallucinations separately and the distress caused by these symptoms. Improvements were observed in reduction of the psychotic symptoms delusions and hallucinations total scores and the distress caused.

Psychotic Symptom Rating Scale (PSYRATS): Delusions

Total PSYRATS: Delusions

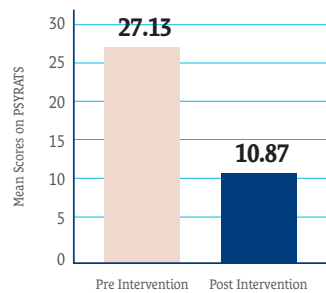


Distress caused by Delusions

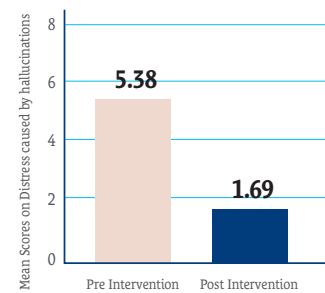


Psychotic Symptom Rating Scale (PSYRATS): Hallucinations

Total PSYRATS: Hallucinations

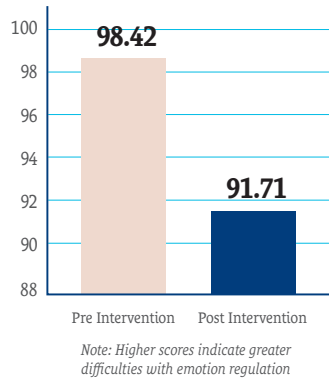


Distress caused by Hallucinations



Difficulties in Emotion Regulation Scale Total Scores

Significant gains were made on the Difficulties in Emotion Regulation Scale (DERS) from pre to post intervention. Participants experienced a decrease in difficulties regulating emotions.



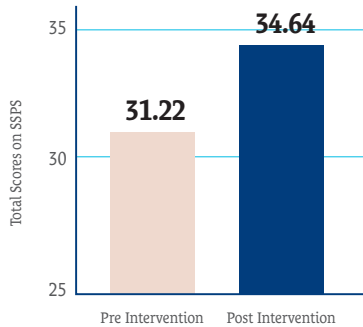
Compassion Focused Therapy

In its second year, the Compassion Focused Therapy (CFT) programme encourages clients to develop key attributes of compassion, identified by Gilbert (2009) as care for wellbeing, sensitivity, distress tolerance, empathy and non-judgement.

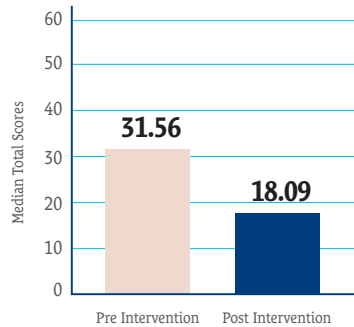
CFT is for individuals with mental health difficulties linked to high levels of shame and critical thinking, thus making it difficult for these individuals to make lasting changes with Cognitive Behaviour Therapy alone. To enhance self-compassion, group members work towards developing these attributes through the development of skills in the areas of attention, imagery, behaviour, reasoning, sensation and feeling.

Though the programme uses a number of outcome measures, for this summary the

Social Safeness and Pleasure Scale



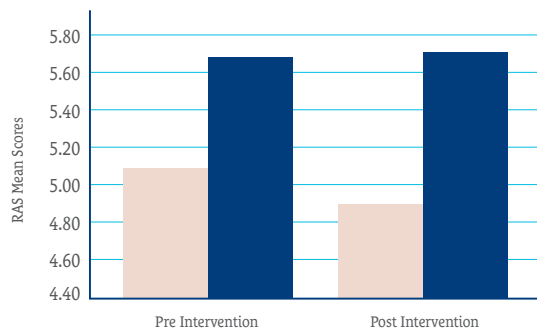
Fears of Self-compassion



results for the Social Safeness & Pleasure and the Fears of Self-Compassion Scales are shown in the graphs below. These findings suggest that following completion of the programme, service user's perception of how comfortable they were in interpersonal relationships and of how pleasurable they found interactions with others had improved and revealed significant increases from pre to post intervention on the Social Safeness and Pleasure Scale.

Recovery Programme

Total RAS Means Pre and Post Intervention



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 assesses

service user empowerment, coping ability, and quality of life. Those who completed the programme in 2015 showed significant improvements on each of the 5 subscales of the RAS. This is an improvement on 2014, where only 4 of the subscales were significantly improved at post intervention.

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	35	8.7	1.5
The Dean Clinic, overall	35	8.7	1.5

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	381	8.5	1.9
The Hospital, overall	389	8.7	1.6

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 Day Services	15 (5.1%)	8 (2.7%)	284 (92.2%)

Report Strengths

Few if any other services in Ireland have provided the same level of insight into service accessibility, efficacy of clinical programmes/ services and service user satisfaction. The report also demonstrates the organisations willingness and ability to reflect on results and use results to define ways to improve practice.

For example, the improvements in this year’s results for inpatient service users’ perceptions regarding their involvement in the care planning process support the team based and organisation wide efforts to increase service user involvement and engagement with their care planning process.

The broad range of measures regarding clinical outcomes, service accessibility and service user satisfaction provide valuable information for the organisation regarding the commissioning and improvement of services.

Report Challenges

Not all services within the organisation are reporting clinical outcomes in this report yet, but we are expanding each year. We are not able to benchmark the results of this report as no other organisation similar to SPMHS produces a comparable report.

In order to best capture the efficacy of clinical programmes and services, there have been changes in the outcome measures used, which can undermine direct comparisons to previous reports.

The report’s clinical outcome results cannot be solely attributed to the programme being measured and are not produced to the standard of randomised control trials.

To access the full report,
please visit:
www.stpatricks.ie

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