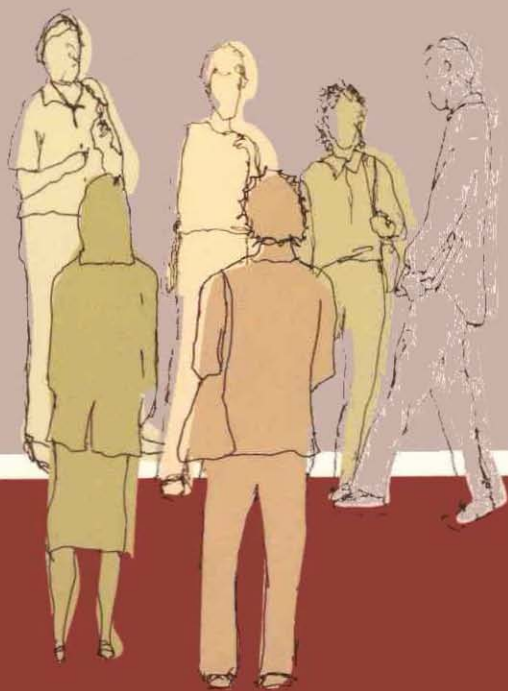


## What we heard during our consultation

*As part of the preparation of  
Focussing Minds...Developing Mental Health Services  
in Cork and Kerry*



Southern Health Board  
Bord Sláinte An Deisceirí



CARINGforPEOPLE

## Acknowledgement

It is vitally important in the development of any strategic pieces of work, that the views of all stakeholders (our users, carers, staff, voluntary groups and organisations, and all agencies impacting on service delivery) are taken into consideration.

A very extensive consultative process was undertaken in the preparation of *Focussing Minds....Developing Mental Health Services in Cork and Kerry*.

We wish to convey our appreciation to everyone who took the time to meet with us during our 'Listening Days' and meetings, and especially to all of you who took the time to send in submissions.

This publication '*What we heard during our consultation*' is a reflection of the views expressed by those who participated in this consultative process and, while it was not possible to record in this document everything that everyone said, we hope that it gives a flavour of the views shared with us.



## Our Review Process

A Steering Group was established in November, 2001 to lead a review of the mental health services in Cork and Kerry. This review was commissioned because it was recognised that the development of appropriate services for people with mental illness is one of the challenges which we need to meet. In order to achieve this, we need to change not only our thinking but also the way we deliver services to ensure that they meet the needs of the people we serve.

### The scope of the review was to:

- Define issues relating to the current level of provision in the mental health service
- Identify solutions to these issues
- Define "best practice" in terms of the optimum design of a comprehensive integrated mental health service
- Arising from a consultative process, identify the gaps and development needs

The review was undertaken in line with the Southern Health Board's strategy development process.

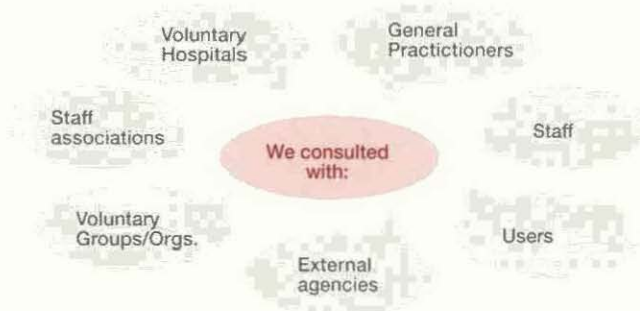
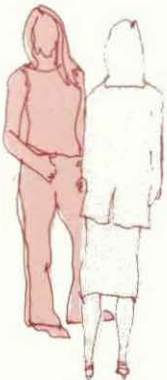
Sub groups allow for greater participation and consultation and also assist the Steering Group in the work being undertaken. 4 sub-groups were established.

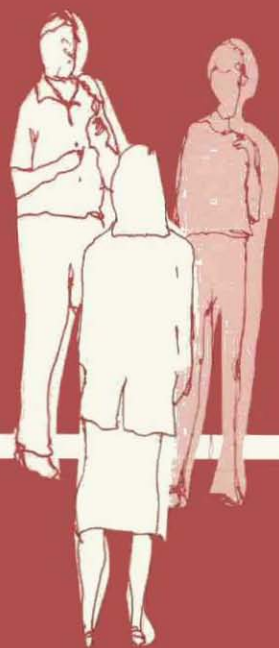
Their work focussed on the following areas:



These sub-groups researched, analysed and consulted widely and their work helped inform the Steering Group in the development of a new model for service delivery.

There were a large number of people who needed to be consulted as part of this review. The Steering Group developed and managed this process, bearing in mind that there was a need for different approaches for different stakeholders. To facilitate this consultation, a series of 'listening days' were held where members of the Steering Group met with consumers, staff and stakeholders. These 'listening days' provided an opportunity for those in attendance to share with us their views on our current mental health services, and how these services might be developed in the future.



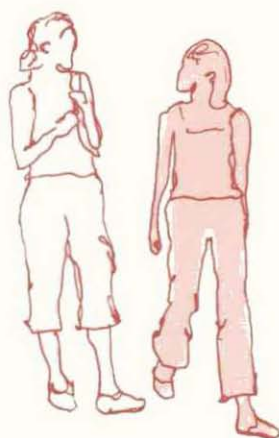


## Consultation with the public

A very extensive consultative process was conducted as part of the preparation of the recently published National Health Strategy *Quality and Fairness – A Health System for You*.

A number of publications complemented *Quality and Fairness*, including a document entitled *Your Views about Health – Report on Consultation*.

All of the very valuable information received from that consultation also informed the work of the review.



A move in the right  
direction would be  
treatment at home.

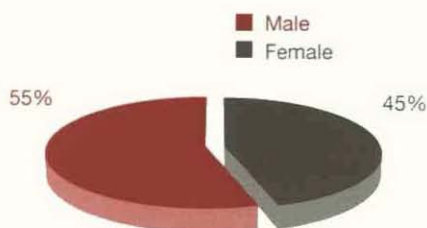


## Consultation with users

The Southern Health Board commissioned the Irish Advocacy Network to undertake work, on our behalf, offering the users of our mental health services an opportunity to input into the work of the Review. The Irish Advocacy Network is a user run, user led organisation providing information and support to fellow mental health service users, to empower them to speak up and take control of their own lives. This work was conducted over 5 days and involved meeting with service users in a number of settings, including out-patient departments, acute units, community residences etc. In total, 163 in-depth interviews were held with users of our services in Cork and Kerry. This survey was designed to investigate the circumstances and needs of respondents in relation to:

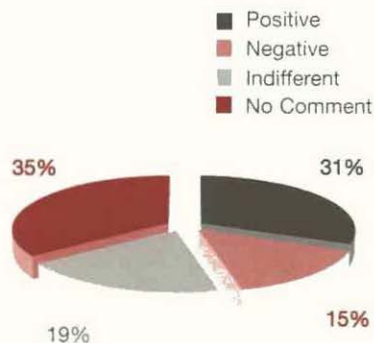
- Admission
- Quality of service
- Information
- Availability and equity
- Types of services availed of
- Choice
- Independent representation
- Complaint mechanism
- Community back up
- Environment
- General courtesy and manners
- Communication
- Continuity of care
- Personal views about changes to the system

Of those interviewed, the gender balance was as follows:



In relation to mental health services generally in Cork and Kerry, the following views were expressed:

Overall, what do you think of the present mental health services in Cork and Kerry?





### In relation to admission

77% of respondents felt they were admitted to hospital when they needed to be. This is a realisation by the individual that there was a need for hospitalisation at the time.

Examples of 'yes' replies included:

- *'Very stressed'*
- *'Very depressed'*
- *'At first refused to take me, said they had more urgent cases'*
- *'I took too many tablets'*
- *'I overdosed'*

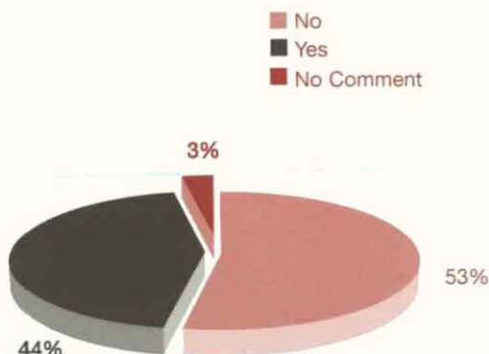
Examples of 'no' replies were:

- *'Local GP held back for a few days and he shouldn't have'*
- *'Very hard to get beds'*
- *'Need a letter from GP to get a bed'*

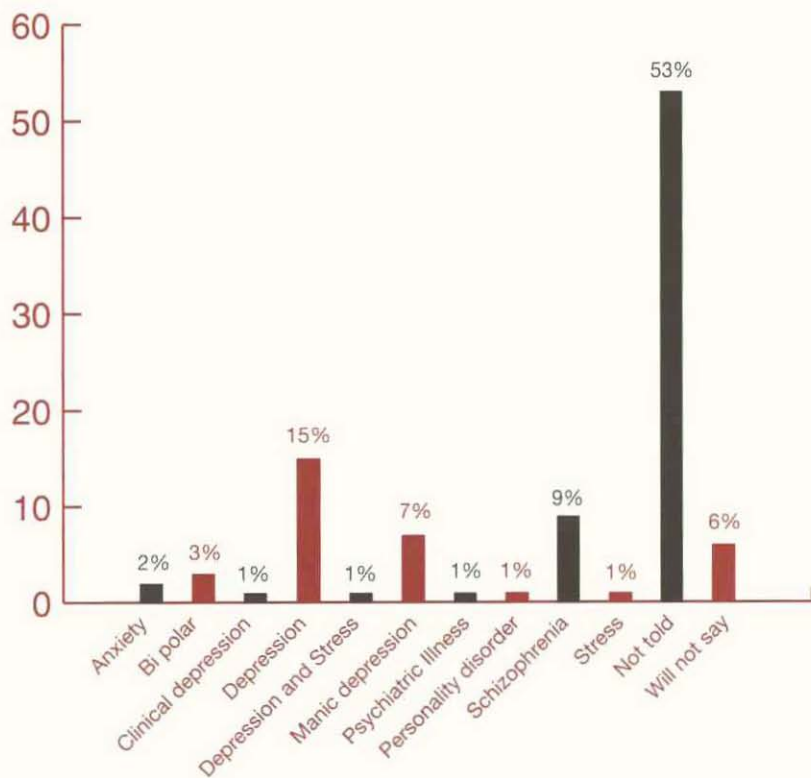
Respondents were quite clear that one of their main frustrations is not knowing what their illness is. Over half of those interviewed did not know what their diagnosis was.

### In relation to information .....

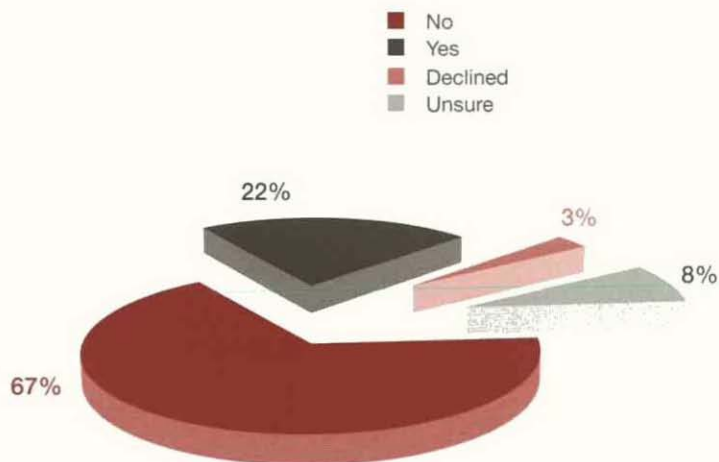
Were you told what your diagnosis was or is?



When asked the direct question as to what was their diagnosis, those interviewed responded as follows:

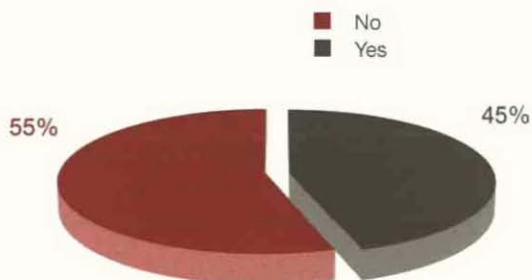


Was all information provided to you about your medication,  
i.e. side-effects etc.



#### In relation to availability .....

Do you feel you need more time with your consultant psychiatrist?



**Feedback from users interviewed included the following comments:**

- "A move in the right direction would be treatment at home"*
- "I am lucky to be quite articulate and confident. I am able to ask questions and make comments to professionals. Many others are not, they need advocates"*
- "Need more information on alternative treatments"*
- "Lack of support, such as Welfare Officers or Community Psychiatric Nurse to keep in touch with you"*
- "The service is very good. ... have shown me a lot of kindness"*
- "Would prefer if I had proper care in the community and didn't have to come into hospital. I work 3 days a week and find it very difficult to go back to the community and work after a spell in hospital. I feel as if I have psychotic patient written all over my forehead and everyone knows"*
- "Seeing different doctors each time"*
- "Live in a rural area, stigma of being seen - lack of transport"*
- "Doctors should listen to patients"*
- "Degrading to be kept in pyjamas too long"*
- "Too much emphasis on medication and not enough on exercise"*

- "Very little activities, nothing to do but smoke all day"*
- "Activities needed to relieve boredom, computer to work with, visits maybe once a week to cinema"*
- "No privacy, would love a counsellor"*
- "Do not know what is available in services. Better information needed on illnesses"*
- "Very happy. Really enjoyed living in a hostel as had great freedom to get involved in cooking and everyday things"*
- "Would like more support after discharge from hospital"*
- "Service is getting better"*
- "Would like the doctors to go through drugs with me to get a drug to help with the problem and to involve me in that decision"*
- "There should be more support housing"*



Where services exist,  
Individuals are often  
unaware of them  
and/or how to  
access them

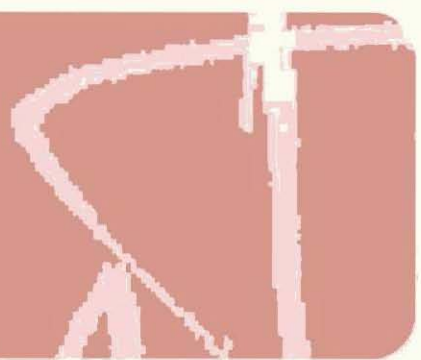


Additional user consultation was undertaken with the support of the National Training and Development Institute (NTDI). Mental health service users in training facilities were invited to participate in facilitated workshops, exploring their experiences and views of the current mental health services and their expectations of the future.

### **Some of the comments made included:**

- "Services are understaffed"*
- "Lack of continuity of care (medical staff change a lot)"*
- "Poor recreation facilities"*
- "Poor environment"*
- "Where services exist, individuals are often unaware of them and / or how to access them"*
- "Patients not being listened to"*
- "Very hierarchical"*
- "Too much emphasis on medication / drugs"*
- "Medication needs to be monitored with a view to cutting back where possible"*
- "More holistic approach needed"*
- "Provision of alternative services / approaches - e.g. group support, one-to-one counselling, getting people involved in what they are interested in"*
- "Follow-up services (structured in a continuous way for a specified time and reviewed)"*
- "Programme pre FÁS / NTDI, e.g. personal development, introductory courses, interest-based, confidence building"*
- "Need for advocacy"*
- "Home support (this to include greater involvement by professional services (out-reach programmes); peer support and befriending services"*
- "Access to information e.g. additional services, rights, welfare, disability benefits, entitlements"*
- "One stop-shop within community for all information"*
- "Need to have crisis counselling service which is GP based"*
- "Key workers needed"*
- "Integrated community and hospital services"*
- "Services should be available after work and when people need them - not just through appointments"*

ALTERNATIVE TREATMENTS  
— NOT JUST MEDICAL MODEL.



## **Consultation with voluntary groups**

Two listening days were held with voluntary groups in the region during February and March 2002. These groups provide a vital contribution to meeting the needs of people with mental illness.

## **Some of the comments made included:**

- "Need for carer involvement"*
- "Liaison between SHB and Local Authorities regarding planning on housing issues needed"*
- "7 day services needed on a 24 hour basis"*
- "Additional staffing required, together with more training"*
- "Active health promotion in all settings; possibly use circulation of leaflets to households on mental illness"*
- "Need to develop improved links between hospitals, GPs and voluntary groups"*
- "Multi-disciplinary teams needed"*
- "Ombudsman for mental illness"*
- "Counselling services required"*
- "Discharge plans essential"*
- "Need for individual appointments - no block bookings"*
- "Home based services"*
- "Need for key workers"*
- "Transport is essential"*
- "Information to clients on admission regarding drug treatments"*
- "Alternative treatments - not just medical model"*
- "Need for a 'resettlement' person - who would link with voluntaries in accessing suitable accommodation - provide a flow of care"*
- "Community Welfare Officer involvement in mental health teams"*
- "Individual programmes for first time users"*
- "Ensure that quality / standards / ambiance in residential facilities is first class"*



Development of mental  
health services at  
local area level  
accessible to the GP.



## Consultation with General Practitioners (GPs)

As part of the review of the current services, GPs were invited to share their views through their Continuous Medical Education local groups. Over 100 GPs participated.

### Some of the comments made included:

- "Unhappy with assessment and management of acutely psychotic patients requiring compulsory admission"*
- "Lack of choice of consultants"*
- "Chronic patients losing out, as services such as occupational therapy etc are not available, not well served by brief visits to psychiatric out-patients"*
- "No proper protocols for involuntary admissions"*
- "Facilities available for rehabilitation are particularly poor with premises archaic, uncheerful and depressing"*
- "Inadequate staffing at all levels"*
- "Psychiatric services seem to be day-based model"*
- "There is a need for a service which is accessed by GPs and their patients, which is not necessarily by way of the local psychiatric department"*
- "Development of services at local area level"*
- "Attach Mental Health Nurse in Community to GP practice, increase liaison with GP"*
- "Services required for 16-18 year olds and services for alcohol and drug addiction, old age and rehabilitation"*
- "Flexibility of boundaries to facilitate access and choice"*
- "Difficulties in accessing beds"*
- "Discharge information very good in some areas, but not in others"*
- "Need access to: Community Psychiatric Nurses, Occupational Therapy, Clinical Psychology, Counselling, Psychiatric Social Workers, Art Therapy etc."*
- "Development of and access to a range of specialist services i.e. old age services, children services, addiction services and rehabilitation services"*
- "Flexibility of boundaries to facilitate access and choice"*
- "Development of mental health services at local area level accessible to the GP"*

Multi-disciplinary  
team working is  
necessary.



## Consultation with Southern Health Board staff

Over 1,500 staff are involved directly in mental health service provision within the Board while many others are involved indirectly through our other services. We invited our staff to a series of 'listening days', held in Cork and Kerry, to hear views and experiences of our current services and hopes and expectations for future service provision. Meetings were also held with other groups of staff, for example the Executive Management Boards of our acute hospitals.

### Some of the comments made by staff in our mental health services included:

- "Condition of out-patient departments very poor"*
- "Need additional day care services"*
- "Range of residential accommodation essential which provide rehabilitation"*
- "Many facilities need to be upgraded"*
- "More staffing required"*
- "Multi-disciplinary team working is necessary"*
- "Equity of service provision in all areas"*
- "Key workers essential"*
- "Discharge planning needed"*

*"Over reliance on medical model of service provision"*

*"We have a highly motivated staff which needs to be tapped into"*

*"Improved training provision"*

*"GPs should be able to give direct referrals"*

*"Need more respite beds, close to home, across Cork and Kerry"*

*"Transport needs to be provided for users"*

*"Simplify the process – less bureaucracy"*

*"Social housing schemes needed"*

*"Advocacy services should be extended"*

*"Audit the present services within the catchment areas"*

*"The consumer wants a holistic service not based on medical model alone"*

*"Implementation of **Suicide Prevention Strategy** - a very positive development"*

*"Need for increased monitoring and evaluation of services"*

**Some of the comments made by staff employed in our other services included:**

*"Need for multidisciplinary working"*

*"Increased need for family support services"*

*"Need for integration of services"*

*"Early intervention is essential"*

*"Advocacy should be promoted"*

*"Follow-up is essential in respect of non-attenders at appointments"*

*"Clients are falling between different services – such as adolescents, those with dementia etc."*

*"Linkages need to be improved with GPs"*

*"Joint professional training should be encouraged"*

*"Stress management clinics are a good idea"*

*"Need for increased staffing"*

*"Liaison psychiatry services need to be developed in all areas"*

*"Alternatives to medical model should be explored"*

*"Standard of long-stay accommodation should be improved"*

*"Public need to be educated regarding mental health issues"*

*"Change in culture is needed – need to be positive about change"*

*"Information sharing is very important and crucial between mental health services and community services"*

*"Specialist services need to be developed"*

*"Services in mental health and community services, from a catchment perspective, need to be integrated and to operate from the same geographical areas"*

*"Detoxification services are needed"*

*"Current model is too hospital based"*

*"Needs of families and carers must be supported"*

*"Services must be delivered equitably across all areas"*

*"Range of supported accommodation is needed"*

*"Counselling services should be provided"*

*"Need for more day centres, day hospitals, group homes etc."*

## Other Stakeholders

There are many other stakeholders who play a vital role in the provision of mental health services and whose input into the final report was also very worthwhile and complemented what was already said. They included:

### Voluntary Hospitals

The Voluntary Hospitals in Cork have a huge role in the provision of health services in the region. The Executive Management Boards of both the Mercy Hospital and the South Infirmary/Victoria Hospitals were consulted in relation to the mental health review. There is also an Acute Hospital Planning Forum currently in place which is examining the role of all of the acute hospitals in the Cork area in the provision of health services in order to provide 'a single service from multiple sites'. The work of this group has influenced our final publication.

### Other Agencies

The following agencies also participated in the consultation process:

- Local Authorities
- Garda Síochána
- Department of Justice, Equality and Law Reform
- Department of Social, Community & Family Affairs

- Department of Education and Science
- FÁS
- University College Cork
- Institutes of Technology
- Post Primary Schools
- Religious organisations

### Staff associations

A meeting was held with a number of the main staff associations to inform them of the work being undertaken and to provide them with an opportunity to share their views with us on current service provision and any concerns or issues which they may have.

## Submissions

An invitation to make a written submission was extended to all our staff involved in mental health service provision and related service provision, to voluntary groups and to all our stakeholders.

There was considerable consensus throughout the consultation process about what the issues and challenges which face our mental health services are.

The views of those we consulted have greatly influenced the production of ***Focussing Minds...Developing Mental Health Services in Cork and Kerry*** and have ensured that the model which is now proposed is a community based, person centred one. This model aspires to deliver a service that responds to the needs of the individual, their family and their carers. It recognises the wider influences in mental well being and it strives to provide a high quality service which seeks to empower its users, in a way that is both dignified and respectful.



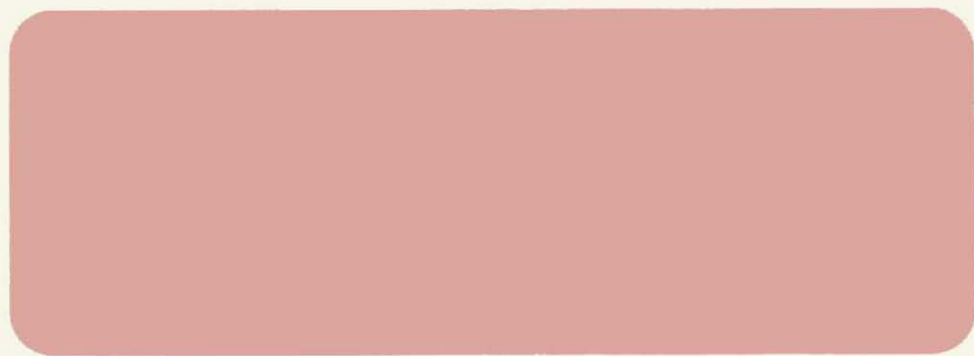
## **Appreciation to voluntary groups and organisations invited to listening days\*:**

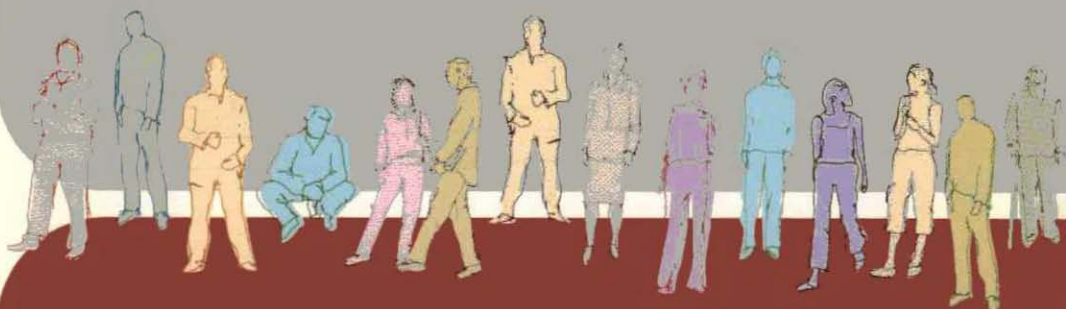
- Alcoholics Anonymous
- AWARE
- Barnardos
- Cluaisint
- Cork Advocacy Network
- Cork Mental Health Association
- Cork Simon Community
- GROW
- Integrated Rural Development, Duhallow
- Irish Advocacy Network
- Irish Friends Suicide Bereaved
- Kerry Association for Psychiatric Patients Services
- Kerry Mental Health Association
- National Suicide Bereavement Support Network
- National Training & Development Institute (NTDI)
- People with Disabilities in Ireland
- Rathmore Social Action Group
- Right of Place
- Schizophrenia Ireland
- St. Vincent de Paul
- The Samaritans

**\*Many of these groups also made written submissions**



# Notes





**Southern Health Board**  
Bord Sláinte An Deisce



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