



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Roscommon Mental Health Adult Services

Noel Giblin

Interim Co-ordinator

**Roscommon Mental Health Services**

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| CARE | COMPASSION | TRUST | LEARNING |

# Criteria for access to a Mental Health Service.

- Geographical – Address based.
- Age – Over 18 and up to 65 – unless seen by a mental health service from your 55<sup>th</sup> Birthday to your 65<sup>th</sup> Birthday – if this is the case, care remains with Adult Mental Health Services.
- Severity – must have a moderate to severe mental illness.
  - Mild mental illness managed in primary care.
- Where a speciality exists they manage the care.
  - MHID | Homeless MHS |

# GR6 Map - 2 sectors



Seirbhís Sláinte  
Níos Fearr  
á Forbairt

Building a  
Better Health  
Service



# Divided into 2 sectors

## **Ballaghaderreen Castlerea Roscommon**

- Each have there own MDT

- Clinics weekly in
- Ballaghaderreen, Castlerea  
Roscommon Town.

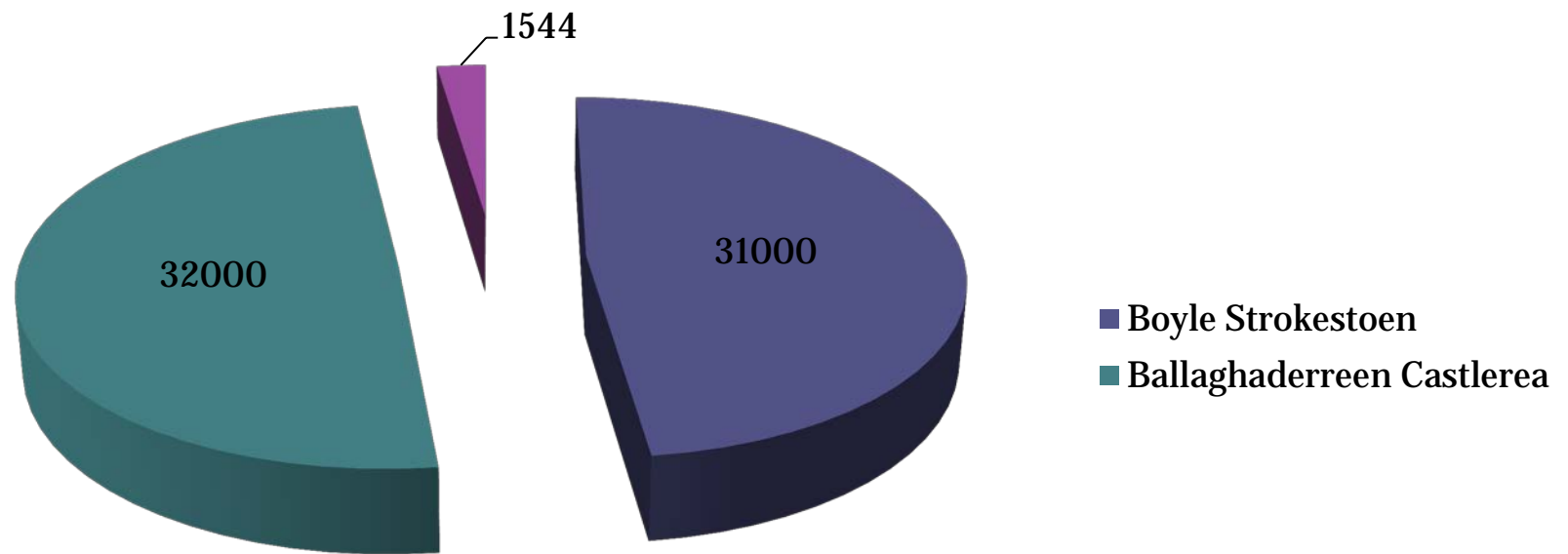
## **Boyle Strokestown Roscommon**

- Each have there own MDT

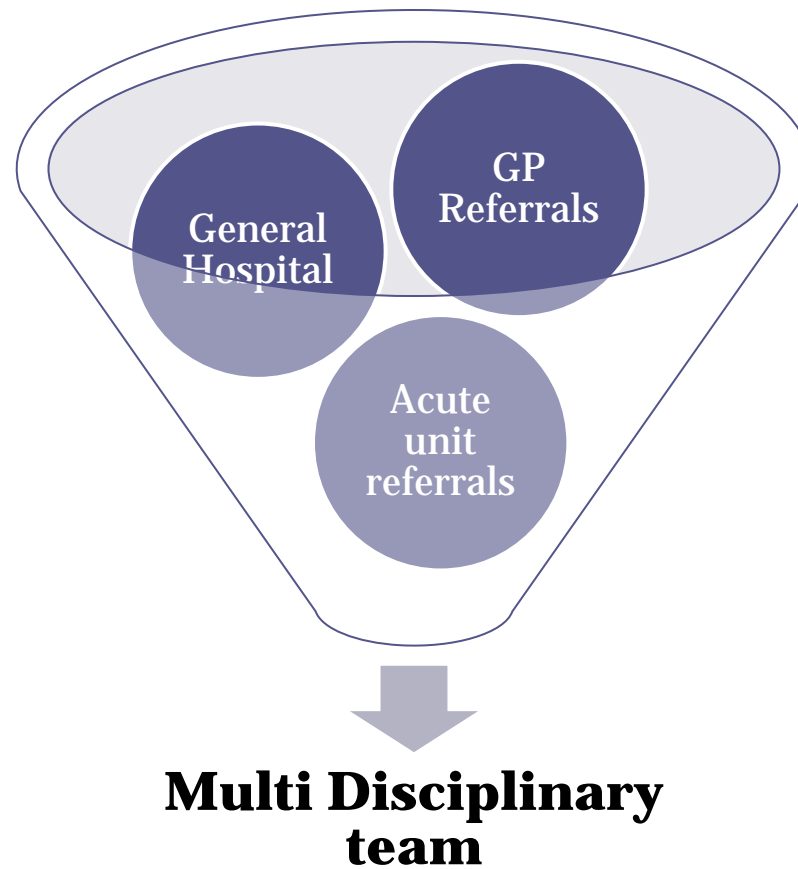
- Clinics Weekly
- Boyle, Strokestown,  
Roscommon Town.

- Home Treatment Team
  - Coordinator

# Population Based Care 64,544



# Mental Health Services



# Referrals to a Mental health Service

- From GP Coding System
  - Black – Immediate
  - Red – 1 to 7 days \*
  - Amber – 14 days
  - Green – 28 days
- Assessment carried out and plan agreed

Personal Details		Contact Person or Next of Kin	
Name:		Name:	
Address:		Relationship:	
		Contact No.:	
<b>Source of Referral</b>			
<input type="checkbox"/> GP <input type="checkbox"/> PHN <input type="checkbox"/> General Hospital <input type="checkbox"/> self <input type="checkbox"/> Other			
Please state:			
Date of birth:		<b>Investigations Done By GP prior to referral</b>	
Contact No.:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
1 <sup>st</sup> language:		<b>Other Investigations</b>	
Nationality:		<input type="checkbox"/> FBC <input type="checkbox"/> Urinalysis <input type="checkbox"/> Other Investigations	
Eire Code:		<input type="checkbox"/> U&E <input type="checkbox"/> CT MRI Brain	
Has the patient consented to referral <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no provide detail</i>		<input type="checkbox"/> LFTs <input type="checkbox"/> TFTs	
<i>Please include copies of results</i>			
<b>GP Contact Details</b>		<b>Medications</b>	
GP Name:			
Location:			
Phone No.:			
Email:			
<b>Prior Mental Health Service Involvement</b>			
<input type="checkbox"/> yes <input type="checkbox"/> no			
How long ago		Where	
<input type="checkbox"/> months <input type="checkbox"/> years			
<i>List above or enclose a list of medications</i>			
<b>Current Risks:</b> <input type="checkbox"/> To Self <input type="checkbox"/> To Others <input type="checkbox"/> Self Neglect <input type="checkbox"/> Forensic <input type="checkbox"/> Child Protection Issues <input type="checkbox"/> Delibrate Self Harm			
<b>History of:</b> <input type="checkbox"/> Delibrate Self Harm <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Family Suicide <input type="checkbox"/> Stressful life events			
<b>Current Risk:</b> <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH			
Please Describe Risk Issues in Detail			
<b>What issue(s) would you like Mental Health Services to Address</b>			
<b>Describe any Medical History</b>			

# Referrals seen in the Acute Psychiatric Unit

**Mental health assessment**

**Admission – referred to community team on Discharge.**

**Not Admitted**

- **Treatment plan agreed**
- **Referred to the Community Service**



# Emergency Departments

- **Psychiatric Assessments 24/7 in any ED**
- **Sent to the local Mental Health Service**
- **Follow up care arranged.**

# Acute General Hospitals

- **Psychiatric Assessments by liaison MH Team**
- **Sent to the local Mental Health Service on discharge**
- **Follow up care arranged.**

# Exceptional Referrals

- **Severely mentally unwell**
- **No GP**
  - **No Medical Card**
- **Homeless**
- **Not agreeing to seek help due to mental illness and lack of insight.**

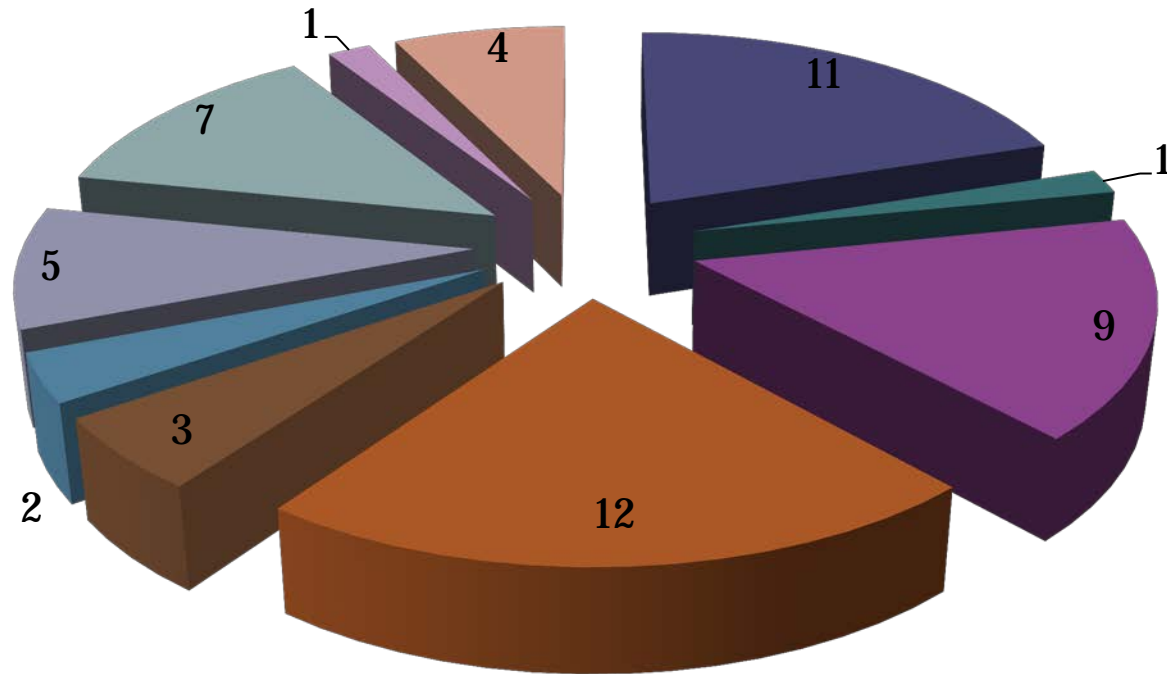
**Interventions planned on an individual basis as agreed by the Co-ordinator and Clinical Lead.**

# Examples of referrals

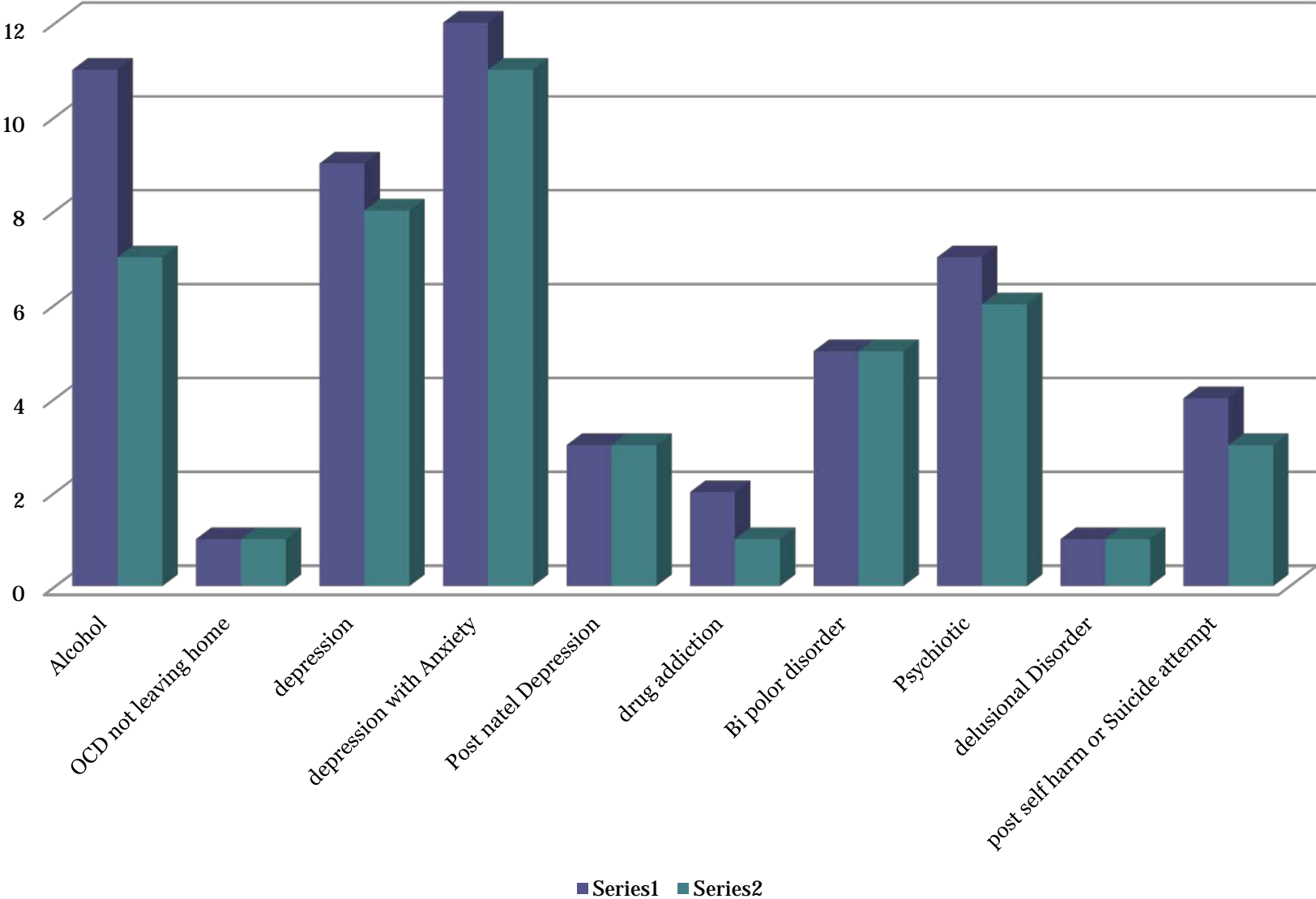
- Severe Depression
- Severe Anxiety
- OCD – where functioning is impaired
- Dual Diagnosis -Mental Illness & Alcohol/ Drugs
- Psychotic Disorders
- Delusional Disorders
- Eating Disorders
- Severe Personality Disorder
  - Complex combination of the above.

# Activity month of December 2018

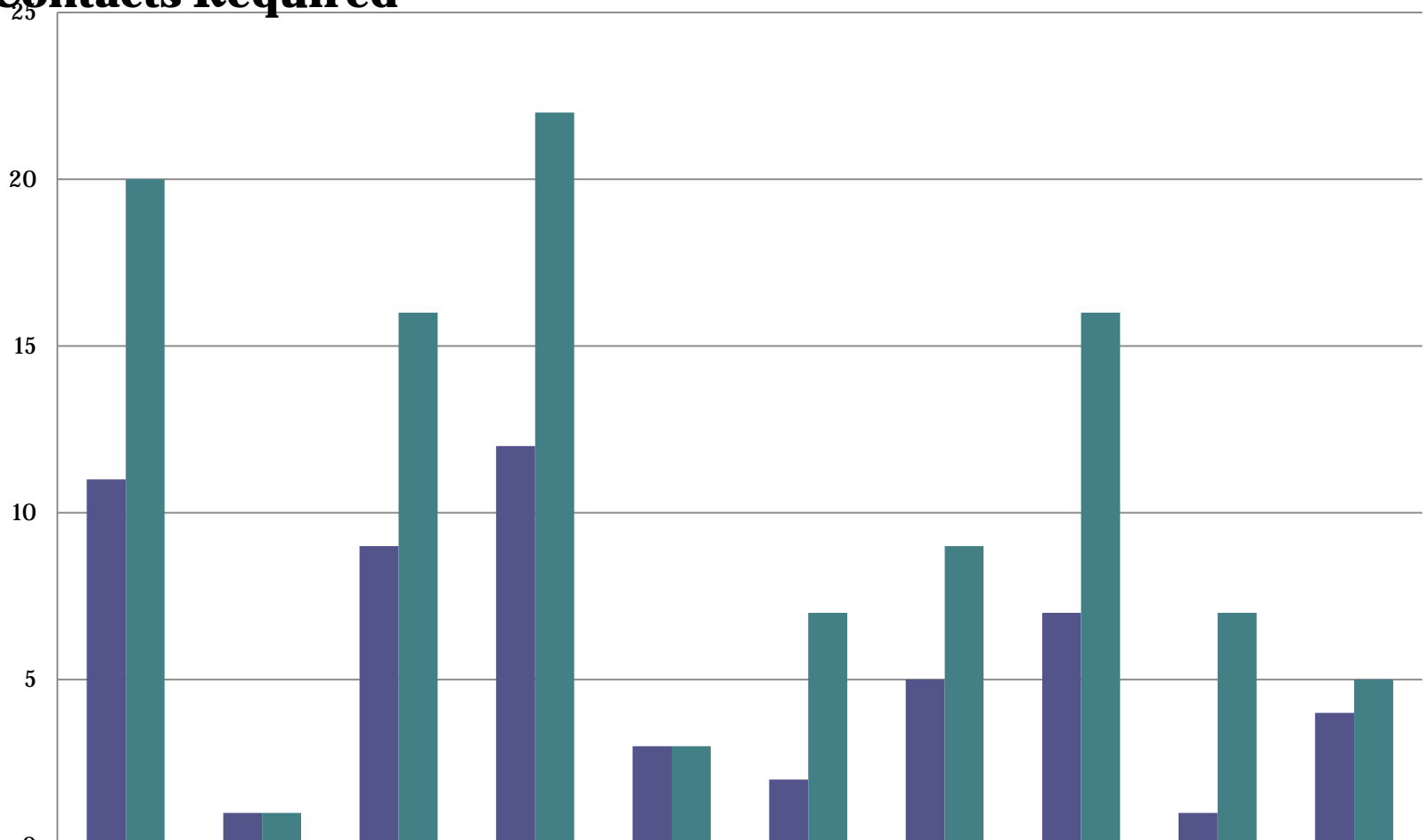
- Alcohol
- depression with Anxiety
- Bi polar disorder
- post self harm or Suicide attempt
- OCD not leaving home
- Post natal Depression
- Psychotic
- depression
- drug addiction
- delusional Disorder



# Referrals Vs Attendance



# Contacts Required



■ Series1	11	1	9	12	3	2	5	7	1	4
■ Series2	20	1	16	22	3	7	9	16	7	5

# In-patient admission

## Voluntary

- Agreeing to come to and stay in hospital.
- Admitted for own protection for treatment or for monitoring and assessment.
- Risk imminent
- Can request to leave / may be required to give 24 hours notice to leave.
- Can be made involuntary if deemed to meet the criteria.

## Involuntary

- In hospital under the Mental Health Act 2001.
  - Having been subject to an Application.
  - A signed recommendation.
  - Subject to a tribunal every 28days.
  - Must be suffering from a mental illness and must have immediate and serious risk to self or others, and be likely to benefit from Mental Health Treatment

- **Involuntary admission to Hospital**

- **Application**

- Spouse / Partner
    - Authorised officer
    - Member of the Gardaí
      - Section 9
      - Section 12
    - Member of the Public

- **Recommendation**

- Must be seen by a Medical Professional and the application must be agreed.

Mental health ACT 2001

22 bed unit at  
Roscommon University Hospital

50 bed Unit as  
Galway University Hospital

Both co-located with Acute  
General Hospitals



# Authorised Officer

- A paid Mental Health professional trained to assess and make applications.
- Available in Roscommon
  - Referral by a GP to have an authorised officer assessment completed.
  - Requested by any Mental health Professional on the MDT, once agreed with the Clinical Lead, or by the team.
- Normally completed within 24 hours where Possible.
- Benefits: Helps to Avoids Family conflict.

# Make up of a Multi Disciplinary Team

- **Consultant Psychiatrist**
- **Psychologist**
- **Occupational Therapist**
- **Mental Health Social Worker**
- **Community Mental Health Nurses**
- **Non Consultant Hospital Doctors**
- **Clerical Staff**

(As per Vision for Change )

# Additional resources

- **2 Alcohol Addiction Therapists – where there is a dual diagnosis of Alcohol addiction and Mental illness.**
- **2 CBT**
- **1 Engagement Nurse – encouraging engagement with vulnerable groups who fail to engage.**
- **2 Clinical Nurses – Health Promotion**

# Facilities available

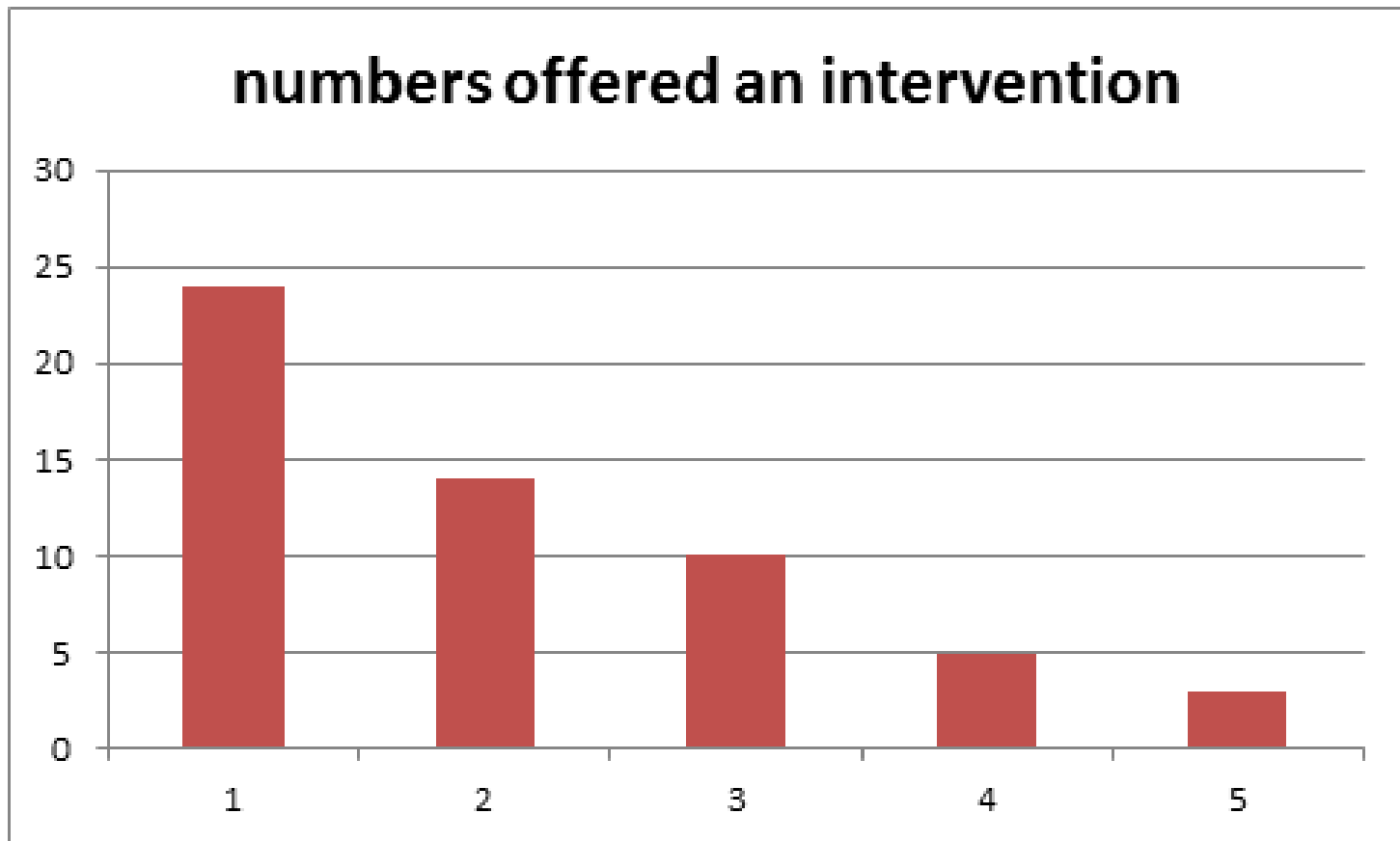
- **Day Hospital**
  - **Base of the team - Roscommon**
- **Day Centres**
  - **Boyle – Castlerea – Strokestown – Roscommon.**
- **Intensive Home Treatment Team**
  - **An alternative to In patient Care.**

# Intensive Home Treatment Team

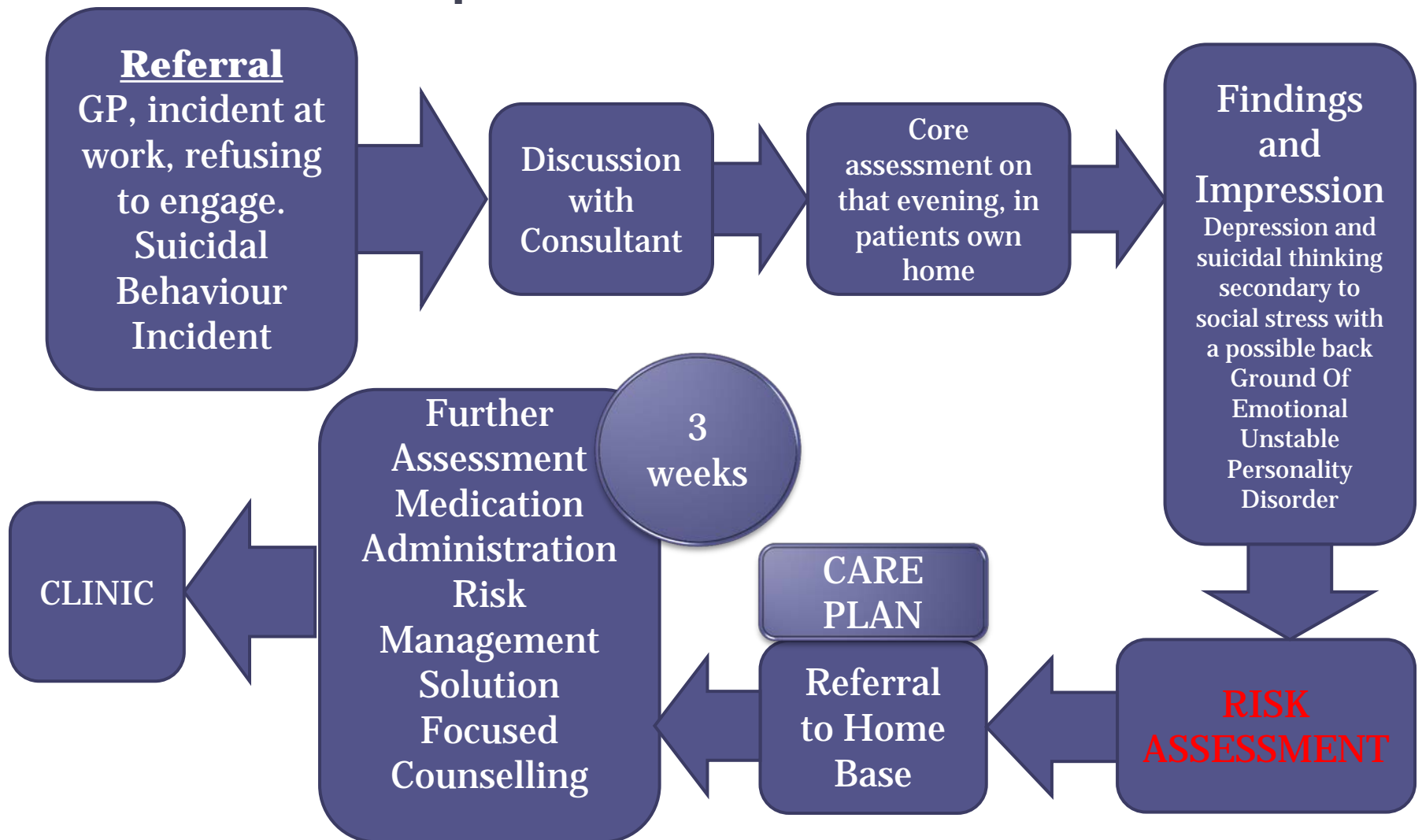
- Management of service users care in the community.
- Visited in own home – multiple visits daily where needed.
- Risk management
- Medication management
- Further Assessment

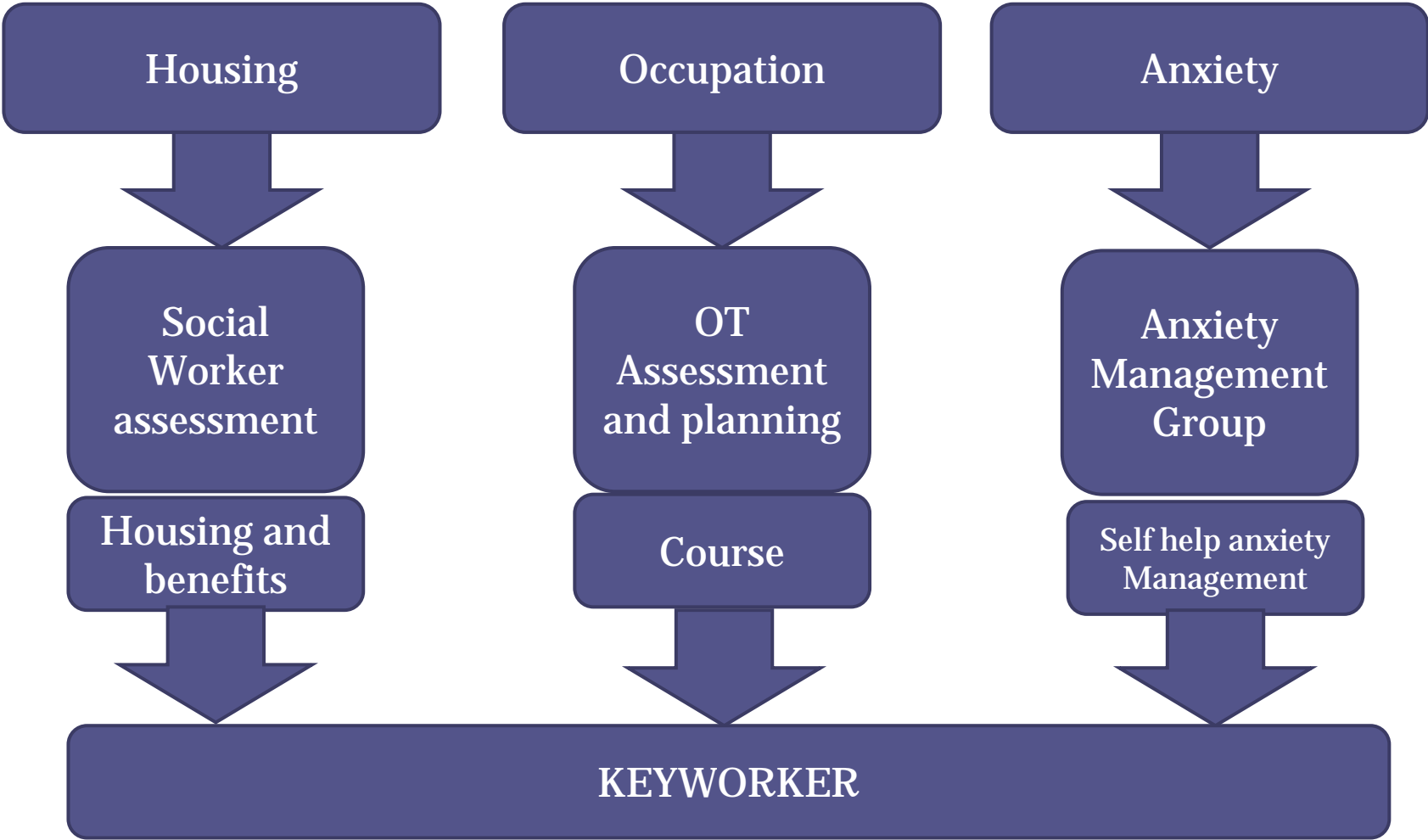
Research shows: Speedy recovery, Better return to functioning, reduced stigma, Improved future outcomes.

# December Activity - time in weeks from referral to appointment.



# Case Example







Questions ?