

*NATIONAL FORENSIC MENTAL HEALTH SERVICE
CENTRAL MENTAL HOSPITAL
DUNDRUM, DUBLIN-14*



INDUCTION PACK

For
Student Nurses on Placement

Student Name

Year

University/I.T

TRAINING AND DEVELOPMENT DEPARTMENT

Induction

By the end of the placement period Student Nurses are expected to familiarise with each topic identified in their induction programme.

Students will:

- Be aware of the purpose of this service
- Be able to identify key members of staff
- Understand the role of each discipline working within the Central Mental Hospital
- Understand the need for confidentiality
- Be made aware of the various hospital policies
- Be responsible for ensuring that they have a knowledge and awareness of the Central Mental Hospitals procedure.
- Have completed their SSPD or relevant placement books.

Induction Pack

The induction pack is for use by Students who come on placement in the Central Mental Hospital, Dundrum.

- Each Student will be assigned a Preceptor and a Co-preceptor for the duration of their placement.
- The Clinical Placement Co-coordinator/Clinical Facilitator will explain the induction pack and the Student will have an opportunity to ask questions.
- The Student will ensure that they are familiar with the appropriate reading as required and how to access suggested reading material.
- The Student will evaluate their induction at its completion so that the training and education department can measure the efficacy of the induction and amend where necessary.

The Preceptor for the Student will:

- Welcome and orientate the student to the clinical area
- Meet with the Student to discuss expectations and the requirements of the placement during the first few days of placement.
- Discuss with the Student the objectives that are to be achieved and monitor progress on a regular basis.
- Ensure that the Student has an induction pack and information on how to access reading material.
- Inform the student of relevant local policies
- Supervise and monitor student performance and provide assistance as needed
- Evaluate the preceptee's ability to set and meet learning outcomes and validate her accomplishments
- Sign off each domains/indicators as it has been achieved.

CLINICAL GUIDELINES FOR STUDENT NURSES

The following policy and procedures are expected to be followed by the student nurses on placement in the Central Mental Hospital, Dundrum.

- First day of the placement is an '**Orientation Day**' where students are expected to reach the hospital gate at 8.45am.
- Students must participate in a clinical unit **orientation**.
- At the end of each shift a **time-sheet** must be produced to either the preceptor or the Nurse Manager to fill in. Hours not approved are subject to "make-up" time. Further, all changes made to the duty roster must be approved by the preceptor and nurse manager.
- Students are expected to **arrive at least 10 minutes** before the start of clinical experience.
- Students are expected to wear **smart casuals** during their placement (No jeans, trainers, big prints etc).
- Students are expected **NOT to make or receive phone** calls in the vicinity of patients
- Student allocated **keys** are students' responsibility for the duration of placement
- Students, who are **reporting absent**, need to call the unit (**Hospital Reception - 01-2989266**), speak to the unit in charge, leave a message for the preceptor/co-preceptor and notify the clinical placement co-ordinator (**01-2157429**) at least 30 minutes prior to the clinical experience. Please leave a message if you cannot get the CPC on line.
- Students should be **assigned to only the preceptor's/co-preceptor's patients**. Since the preceptor/co-preceptor is ultimately responsible for the care administered to patients, regular assessment and follow-up of student care is to be expected.
- Primary care is only to be provided to the **assigned patient**. However, supervised therapies or observations of other patients on the units can occur at the discretion of the preceptor/co-preceptor.
- Any **student signature** should be **co-signed** by the preceptor//co-preceptor. This is to be validated as part of the end-of-shift routine.
- Students should be **supervised for all nursing procedures** including Administration of Medication, Intra muscular injection, wound dressing, peg feeding etc by the preceptor/co-preceptor.
- All **incident reports** involving student or student's clients need to be co-signed by the preceptor/co-preceptor and the CPC must be notified.
- Students must be supervised for **ALL MEDICATIONS** administered.
- Students are required to attend **Bed Management meeting, MDT meetings, Case conferences** with a staff member from the unit.
- Preceptor/co-preceptor will conduct **three interviews** to assess students on five competencies as on SSPD (Shared Specialist Placement Document) or work book from relevant Universities.
- Students who are **not able to reach their learning out comes** must meet with the CPC to outline areas for improvement and plan to meet each clinical day to review and document progress.
- Students are responsible for learning, and must seek guidance as appropriate
- Students are responsible for using the library during their **reflective hours**.

Forensic Psychiatry

Forensic psychiatry has been defined as the interface between psychiatry and the law. At its centre is the assessment and management of mentally disordered offenders. These individuals are doubly disadvantaged by being both mentally disordered and offenders. Many people in our society view them as being criminal lunatics, both mad and bad. While it is easy to stereotype, to stigmatise and to reject mentally disordered offenders, humanity and compassion demand that we give proper treatment. In recent years there have been increasing demands that society is protected from dangerous mentally disordered offenders.

The National Forensic Mental Health Service, Ireland is committed to the provision of person-centred mental health services which respect the uniqueness of the individual and which assist the recovery of people with mental illness. We are also committed to the provision of a holistic model of care and to working in partnership with users, carers, communities and other agencies which impact on the lives of people with mental illness.

Background of the Hospital:

The Central Mental Hospital was established in 1850 as a result of recommendations of a parliamentary committee set up in 1843 under the Lord Chancellor. It is the oldest of the 'Special Hospitals' and was the only criminal lunatic asylum established in Ireland. It initially provided the forensic service for the entire thirty-two counties up until 1922 when partition occurred, and since then the six counties of Northern Ireland has had its own forensic service. At present, Carstairs in Scotland provides high secure facilities and the Shannon Unit provides medium and low secure services for Northern Ireland.

The treatment of patients in the Central Mental Hospital has long been the cause of much controversy, as to whether they should be treated as criminals or patients. The law originally placed the regulation of the hospital under the direct control of the Lord-Lieutenant yet care at the hospital was provided by a resident medical governor and by a visiting physician. These two very different approaches led to conflict of interests, which in turn resulted in the establishment of an enquiry in 1882. The enquiry found that the primary function of the criminal lunatic asylum was as a prison for the "safe custody of persons lodged there as prisoners whether or not they were also lunatics." A further enquiry in 1891 identified a low level of discipline, which had been aggravated by confusion caused by the role of the inspectors of lunacy and the administration of the asylum. As a result of this enquiry the office of the visiting physician was abolished.

The hospital was subsequently transferred to the Department of Health & Children on independence in 1922 and later to the East Coast Area Health Board in 1972. It is now managed under the auspices of the HSE, as part of the Dublin Mid Leinster Area. The service aims to provide treatment under conditions of special security for mentally disordered individuals who present with dangerous violent or criminal propensities.

Mission statement:

The Mission of the Central Mental Hospital is to effectively deliver a secure, safe, humane environment within which all that live, work and visit are encouraged to participate responsibly in a positive and structured way.

The ethos of the hospital is to provide special skills of a team of highly motivated staff with an active programme of assessment, analysis and rehabilitation geared towards the individual patient

needs. Each patient will have his or her own individual care plan, which is reviewed on an ongoing basis.

To provide in partnership with other interested parties the best health and care for the Republic of Ireland and where appropriate the wider community.

Bringing care to people by valuing individuals and families developing trust through involvement responding sensitively to needs and

Striving for excellence by developing partnerships with the community, valuing its staff, innovation, research, evaluation and managing for effectiveness and value for money.

Aim and Objectives

Aim: To provide a national service for people with a mental illness who require intensive psychiatric treatment and rehabilitation within a structured, secure and therapeutic environment.

Objectives: The National Forensic Mental health Service has the following objectives:

- To provide assessment, treatment, care and rehabilitation for patients who require high security.
- To provide a psychiatric consultative service throughout the twenty-six counties where appropriate for Courts, Probation Services.
- To deliver the highest quality of care by multi-professional input at all levels of service provision, encompassing management, clinical decision-making and delivery of care.
- To provide a broad based, multi-professional education and training in forensic psychiatry, forensic mental health nursing, forensic psychology, forensic social work, forensic occupational therapy and allied disciplines.
- To develop close collaborative and interagency co-operative arrangements with social and probation services, the criminal justice system and others.
- To pursue research in the field of forensic psychiatry, forensic mental health nursing and allied disciplines.
- To develop effective measures of service performance, clinical audit and quality of care
- To maintain a comprehensive information system to support effective clinical, managerial and operational practice.

Philosophy of Care

It is to provide individual and therapeutic care in partnership with the patient. The approach is one of holistic care and ensure individuality, dignity, empathy and understanding in an environment which maximises opportunity. The intention is to provide an environment and philosophy tailored to the needs of individuals requiring short or longer-term care.

Principles of Care

A. The emphasis of care is based upon a multidisciplinary team approach, which incorporates the assessment, planning, implementation and evaluation of patient's needs and problems.

B. Each patient is shown respect, integrity, acknowledgement of their individuality and a high quality of care regardless of age, sex, religion, race or background.

C. The multi-disciplinary team act to ensure that patient's needs and interests are met and when he or she is unable to maintain self-responsibility.

Patients should be cared for:

1. With regard to the quality of care and with proper attention to the needs of individuals
2. As far as possible in the community, rather than in institutional settings
3. Under conditions of no greater security than is justified by the degree of danger they present to themselves or others
4. In such a way to maximise rehabilitation and their chances of sustaining an independent life
5. As near as possible to their homes or families, if they have them
6. With respect for their rights as citizens.

SERVICE PROFILE:

The National Forensic Mental Health Service is based at the Central Mental Hospital, Dundrum. The service comprises of:

- Ninety Four in-patient beds at the Central Mental Hospital, Dundrum, Dublin
- Day Center & Out-patient Clinics at Usher's Island, Dublin.
- 6 Bedded Community Residence at Westlodge Hostel, Lucan, Dublin.
- Prison In-reach Services to the following prisons:

Mountjoy	Wheatfield
Dochas	St Pats
Cloverhill	Arbour Hill
Portlaoise	Midlands
- Court Liaison Service at Cloverhill District Court, Dublin.
- Community Team

The National Forensic Mental Health Service, Ireland is stratified according to clinical function and levels of therapeutic security as detailed in **Table 1**.

Table 1

National Forensic Mental Health Service, Ireland				
Cluster	Unit/Department	Function	Level of Security	No of Beds
ACUTE CLUSTER	Unit 1	Women's Unit Admission, Assessment/Treatment & Rehabilitation	High, Medium, Low	10
	Unit B	Male Admission	High	12
MEDIUM CLUSTER	Unit 2	Continuing Care	High	16
	Unit 3	Rehabilitation	Medium	16
	Unit 4	Behavioural	High	6
	Unit 7	Rehabilitation	Medium/Low	15
REHABILITATION & RECOVERY CLUSTER	Unit A	Rehabilitation	Medium/Low	9
	Laurel Lodge	Pre-discharge	Low	10
	West Lodge	Pre-discharge	Community	6
	Community Service & Aftercare			Assertive outreach
	Prison In reach	Triage assessment	High Medium and/or Low	N/A
	Court Liaison	Triage assessment		
Patient Activities				
Group Therapy	Vocational & Educational Centre			
Education	Usher's Island			
Primary Health Care	Addictions			
Harmful Behaviour Program				

FUNCTION AND ROLE OF EACH WARD/UNIT

Units/wards in the national forensic mental health service are grouped under three clusters: acute, medium and rehabilitation and recovery.

Acute Cluster: Acute cluster includes Unit 1, B and Court Diversion Services.

Unit 1 – Women’s Unit

Unit 1 is a 10-bedded female admission unit. It provides care for female patients with mental health needs. Assessments will be carried out prior to admissions being organised by consultants and nursing administration.

Objectives

- To set achievable goals at the start of the admission and review these weekly at MDT meetings held on the ward
- Involve the patient in the process of agreeing motivational goals and behavioural goals.
- To ensure the safety of all patients.
- Administering, for each patient, a holistic, bio-psycho-social assessment of their psychiatric history and high risk and challenging behaviours to inform their treatment and care plans and therapeutic interventions
- Develop a treatment and care plan for the patient which promotes positive mental health choices and minimises negative maladaptive challenging behaviours
- Collaborate with the patient in the development of a treatment and care plan and a daily activity schedule
- To enhance treatment opportunities.

It is intended that the patients being cared for on unit 1 are cared for on the ward for the shortest period of time possible. Whenever a patient’s mental state or risk allows transfer to another hospital or prison will be pursued depending on the category or legal status of the patient. It will then be possible when clinically indicated for patients to continue on their rehabilitation journey.

Patient Profile: The Female Admission Unit delivers a service for female patients who are admitted from the prisons, courts and other psychiatric services under various sections of the Mental Health Legislations (Mental Health 2001 & Criminal Law Insanity Act 2006).

Staff Profile: The Admission Unit provides high levels of relational therapeutic security (high staff patient ratios).

The unit offers a range of therapeutic opportunities to the patient group. There is the opportunity to engage in both group activities and one to one encounters with clinicians.

Unit B – Male Admission Unit

An assessment will be carried out prior to admissions being organised by consultants and nursing administration. It is intended that the patients being cared for on unit B are cared for on the ward for the shortest period of time possible. Whenever a patient’s mental state or risk allows transfer to another ward will be pursued. It will then be possible when clinically indicated for patients to continue on their rehabilitation journey.

Unit Description: The Admission Unit provides professional multi-disciplinary care for those admitted so as to:

- Respect patients rights
- Enhance patients' health and alleviate suffering,
- Ensure that patients and others are at all times in a safe and therapeutic environment.
- Facilitate family access, and respect the dignity and choices of patients at all times.

The Admission Unit is the first point of admission for all male patients. The Admission Unit also accepts patients transferred from other units because of a change in their mental state or behaviour such that they represent a level of risk that cannot be safely managed on another unit. Such transfers should be minimised by practice on other units. The Admission Unit minimises the length of stay in the SABU by enabling onward progress.

Objectives:

- To set achievable goals at the start of the admission and review these weekly at MDT meetings held on the ward
- Involve the patient in the process of agreeing motivational goals and behavioural goals.
- To ensure the safety of all patients.
- Administering, for each patient, a holistic, bio-psycho-social assessment of their psychiatric history and high risk and challenging behaviours to inform their treatment and care plans and therapeutic interventions
- Develop a treatment and care plan for the patient which promotes positive mental health choices and minimises negative maladaptive challenging behaviours
- Collaborate with the patient in the development of a treatment and care plan and a daily activity schedule
- To enhance treatment opportunities.
- To facilitate onward movement towards less intensive and less restrictive environments within a foreseeable time scale.

Patient Profile: The Admission Unit delivers a service for patients who are admitted from the prisons, courts and other psychiatric services under various sections of the Mental Health Legislations (Mental Health 2001 & Criminal Law Insanity Act 2006).

Staff Profile: The Admission Unit provides high levels of relational therapeutic security (high staff patient ratios). The unit offers a range of therapeutic opportunities to the patient group. The multidisciplinary team facilitates these. There is the opportunity to engage in both group activities and one to one encounters with clinicians.

Court Liaison Services

Court liaison service is a multidisciplinary psychiatric service to assist District Courts in identifying with major mental illness and provide practical solutions to accessing appropriate mental health care in the community. Clients are mainly assessed in Cloverhill Prison, Dochas Centre and outpatient department at Usher's Island Centre. Court liaison services assist the court:

- To identify those defendants with major mental illness
- To provide timely voluntary psychiatric reports and reports on request advising regarding fitness to be tried and psychiatric disposal options
- To identify those needing treatment in high secure settings such as the Central Mental Hospital
- To arrange access to treatment with local psychiatric services for those needing treatment in other settings.

Medium Cluster: Medium cluster includes Units 2, 3, 4 and 7.

Unit 2 – Continuing Care Unit

Unit 2 is a 16-bedded male unit. The unit caters for patients with continuing care mental health needs. The patients have been subjects of in-patient assessment in unit B prior to their transfer to unit 2 and/or it has been established that they have less acute care needs. Each patient has the support of a fully integrated multi-disciplinary team.

Objectives

- To provide opportunities to learn and enhance skills
- To optimise health
- To bridge between high secure environment and medium secure environment
- To provide safe and healthy environment
- To prepare clients for rehabilitation.

The unit offers a range of therapeutic opportunities to the patient group. There is the opportunity to engage in both group activities and one to one encounters with clinicians.

Unit 3- Men's Medium Secure Unit (MMSU)

Unit 3 serves a rehabilitation function. It comprises of 16 beds and caters for a male population only. The ward offers rehabilitation programmes that prepare the person for the challenges of community living.

The ward offers a range of therapeutic opportunities to the patient group. There is the opportunity to engage in both group activities and one to one encounters with clinicians.

Programmes of care are planned, implemented and evaluated by the clinical team and patient. In practical terms this means only a minority of programmes are ward based. The ward team fosters a culture that minimises the impact of environmental security. Levels of procedural security reflect the greater autonomy that individuals enjoy on the ward.

The hospital is exceptionally equipped with a wide range of therapeutic resources, including an extensive gymnasium and changing rooms, recreation hall, workshop, garden project, horticulture, art, education, computers, activities of daily living training, group therapy rooms, library and outdoor recreation area.

Security which is an essential element of care is provided by discreet systems and the objective has been to sustain the security of care principally through high staffing levels, observation and engagement with the patient's treatment.

Physical security is effective but remains discreet and unobtrusive. We are always conscious of the need to provide appropriate protection for the public and secure care for patients many of whom are detained under the Mental Health Act (2001) and under the direction of the courts and department of justice.

Unit 4 -Selective Adaptive Behaviour Unit (S A B U)

Unit 4 is a six bedded male unit for patients who are treatment resistant and require frequent seclusion due to their challenging behaviour.

Objectives

- To assess patient's challenging behaviour
- To draw a behavioural intervention plan for patients in S.A.B.U.
- To minimise the use of seclusion
- To minimise the length of stay in S.A.B.U.
- To enable onward progress

Patient Profile: The SABU will deliver a service for patients who

- Have required prolonged periods of seclusion or close observation due to treatment-resistant mental disorders
- Present complex needs usually including both behavioural and pharmacological treatments where changes in the course of treatment can lead to problems of increased risk to the patient and to others.

Staff Profile: The SABU will provide high levels of relational therapeutic security (high staff to patient ratios) and enhanced resources for psychological and related therapies requiring treatment programme fidelity.

Unit 7 – Men's Rehabilitation Unit

Unit 7 serves as a long stay/rehabilitation function. It comprises of 15 beds and caters for a male population only. There is an open door policy from the hours of 08.30 to 16.30. The ward offers rehabilitation programmes that prepare the person for the challenges of community living.

The ward offers a range of therapeutic opportunities to the patient group. There is the opportunity to engage in both group activities and one to one encounters with clinicians.

Programmes of care are planned implemented and evaluated by the clinical team and patient. In practical terms this means only a minority of programmes are ward based. The ward team fosters a culture that minimises the impact of environmental security. Levels of procedural security reflect the greater autonomy that individuals enjoy on the ward.

Rehabilitation and Recovery Cluster

Rehabilitation and Recovery Cluster includes Unit A, Laurel Lodge/Hostel, West Lodge and Usher's Island

Unit A- Men's Slow Stream Rehabilitation Unit (MRSU)

Unit A serves as a long stay/rehabilitation function. It comprises of 9 beds and caters for a male population only. The ward offers rehabilitation programmes that prepare the person for the challenges of community living.

The ward offers a range of therapeutic opportunities to the patient group. There is the opportunity to engage in both group activities and one to one encounters with clinicians.

Laurel Lodge (Hostel) and West Lodge

Laurel Lodge and West Lodge serves as a long stay/rehabilitation function. Laurel Lodge comprises of 10 beds, West Lodge has 6 beds and caters for a male population only. There is an open door policy in operation except during the night. The Laurel Lodge offers rehabilitation programmes that prepare the person for the challenges of community living.

Programmes of care are planned implemented and evaluated by the clinical team and patient. In practical terms this means only a minority of programmes are Hostel based. The Hostel team fosters a culture that minimises the impact of environmental security. Levels of procedural security reflect the greater autonomy that individuals enjoy on the Hostel.

Patients are encouraged to continue their study in colleges or work outside the hospital. Every effort is made to re-integrate them in to the community.

Usher's Island

Usher's island, located in Dublin city is a community day care centre for service users in the national forensic mental health service. It provides 5 day a week service for forensic mental health patients on rehabilitation in the central mental hospital, West lodge and those living in the community. Usher's island has an out patient clinic, a workshop and other facilities for rehabilitation.

PATIENT PROFILE

Admissions: Patients are admitted to the Central Mental Hospital from the Courts, Prisons and General Psychiatric Services.

A. Prison transfers

The majority of admissions to the hospital will be individuals transferred either on remand or as sentenced prisoners. The legal process for these transfers is described below. These individuals are primarily referred for assessment and treatment for mental health problems and will generally present in the crisis phase of their illness with associated risks of self harm and/or violence to others.

Section 15(1) - Transfer of prisoner to designated centre takes place where;

- a) a relevant officer certifies in writing that a prisoner is suffering from a mental disorder for which she or he cannot be afforded appropriate care and treatment within the prison in which the prisoner is detained,

and

- b) the prisoner voluntarily consents to be transferred from the prison to a designated centre for the purpose of receiving care and treatment for the mental disorder

then the Governor of the prison may direct in writing the transfer of the prisoner to a designated centre

Section 15(2) - Where 2 or more relevant officers certify in writing that

- a prisoner is suffering from a mental disorder for which he or she cannot be afforded appropriate care or treatment within the prison in which the prisoner is detained,
- the Governor of the prison may direct in writing the transfer of the prisoner to any designated centre for the purpose of care and treatment for the mental disorder
- not with standing that the prisoner is unwilling or unable to voluntarily consent to the transfer

B. Transfer from the Courts

The hospital will also have a number of patients who have been directly referred from the courts who require assessment for 'Fitness to be Tried' and/or an assessment of Insanity.

1. Not Guilty by the Reason of Insanity (NGRI)

Section 5 of the Criminal Law Insanity Act 2006 describes the verdict of Not Guilty by the Reason of Insanity as follows:

5.—(1) Where an accused person is tried for an offence and, in the case of the District Court or Special Criminal Court, the court or, in any other case, the jury finds that the accused person committed the act alleged against him or her and, having heard evidence relating to the mental condition of the accused given by a consultant psychiatrist, finds that—

- a) The accused person was suffering at the time from a mental disorder, and
- (b) The mental disorder was such that the accused person ought not to be held responsible for the act alleged by reason of the fact that he or she—
 - (i) Did not know the nature and quality of the act, or
 - (ii) Did not know that what he or she was doing was wrong, or
 - (iii) Was unable to refrain from committing the act, the court or the jury, as the case may be, shall return a special verdict to the effect that the accused person is not guilty by reason of insanity.

Guilty but Insane 1843 Mc Naughton Rules

Every man is presumed to be sane, until the contrary be proved, and that to establish a defence on the grounds of insanity must be clearly proved that at the time of committing the act the accused party was labouring under such a defect of reason, from disease of the mind, as to not know the nature or quality of act he was doing, or if he did know it, that he did not know that what he was doing was wrong.

2. Sections on Fitness to be Tried

Section 4 of the Criminal Law Insanity Act 2006 describes Unfit to be Tried as follows:

An accused person shall be deemed unfit to be tried if he or she is unable by reason of mental disorder to understand the nature or course of the proceedings so as to—

- (a) Plead to the charge,
- (b) Instruct a legal representative,
- (c) In the case of an indictable offence which may be tried summarily, elect for a trial by jury,
- (d) Make a proper defence,
- (e) In the case of a trial by jury, challenge a juror to whom he or she might wish to object, or
- (f) Understand the evidence.

C. Transfer from other Psychiatric Hospitals

In addition the hospital also accepts patients from other psychiatric hospitals who have a mental illness but who require conditions of higher security.

Section 21(2) of Mental Health ACT 2001

a) Where the clinical director of an approved centre-

i) Is of opinion that it would be for the benefit of a patient detained in that centre, or that is necessary for the purpose of obtaining special treatment for such a patient, to transfer him or her to the Central mental Hospital, and

ii) Proposes to do so,

He or she shall notify the Commission in writing of the proposal and the Commission shall refer the proposal to a tribunal.

- b) Where a proposal is referred to a tribunal under this section, the tribunal shall review the proposal as soon as may be but not later than 14 days thereafter and shall either-
- i) if it is satisfied that it is in the best interest of the health of the patient concerned, authorise the transfer of the patient concerned, or
 - ii) If it is not so satisfied, refuse to authorise it.

Patients admitted to the Central Mental Hospital are periodically reviewed either by mental health tribunals or mental health review board depending on their category or legal status.

TREATMENT

All the patients will be individually assessed and treated however there will be core treatment programmes on offer to compliment and enhance the patient's individual therapies and treatment plan. The programmes are designed to mirror everyday working life with the majority of formal timetabled sessions between the hours of 9.00-17.00. Many of the recreational activities will be offered at weekends and evenings.

Planned groups will be offered throughout the day; these groups will firstly aim to provide structure throughout the day and provide a medium for initial assessments and enable staff to actively engage with the patients. Patients will have individual sessions timetabled based on their stated recreational preferences and needs assessment.

They range from:

Arts and Crafts	Leisure	Social
Communication	Psycho education	Vocational
Music	Information Technology	Horticulture
Workshops and more		

Integrated Care Pathway (ICP)

The National Forensic Mental Health Service has adopted the *Recovery Approach* in seeking to deliver care to our group of patients. This approach aims to support the person in their own personal journey and emphasizes the importance of active involvement and partnership with the patient (MHC, 2008). A central tenet for this model of care is to provide a comprehensive, multi-disciplinary approach affording improved continuity of care, co-ordination and increased personal responsibility for recovery (A Vision for Change, DoHC, 2006). This model relies on an integrated systematic process of structured assessment, intervention & monitoring that matches the patient's level of risk.

The Integrated Care Pathway is considered to provide this practical framework in which to provide direction to the clinician, the manager, the patient and their carers. This pathway outlines the key milestones throughout the patient's journey and maps out the expected care, the respective time frames and the standards agreed for each stage (National Council for the Professional Development of Nursing & Midwifery, 2006).

The milestones, practice guidelines and standards have all been incorporated into a single composite set of notes which will form part of the clinical record for our patients. This single set of multidisciplinary notes will allow us to conform to the Mental Health Act 2001 (Approved Centre) Regulations 2006 and meet the HSE's Transformation Priorities, 2007-2010.

The clinical file is divided into eight books; a report section and an electronic record:

Book	Process
Pre-admission Report	Pre-admission assessment of need/risk Triage – assessment of Dangerousness
Nursing Assessment Medical Assessment	Reception; Admission & initial assessment & management of need/risk & security
Treatment & Care Plan	Individual Care Plan on needs; risks, security and health
Progress Notes	Contemporaneous record of daily activity, incidents and drug screening
DASA	Contemporaneous record of dynamic assessment of risk
Leave	To ensure that leave is granted and conducted in a safe and legislated manner
Transfer	Co-ordination and up-to-date assessment & management of the patient’s plan of care

Report	Process
Risk & Harmful Behaviour	Risk Assessment and Management of violence to self and others and criminogenic behaviour
Psychosocial Assessments	An assessment of the individuals’ broader health; social & psychological needs
Discharge	Ensure early & adequate discharge planning and follow up

Electronic Record	Process
Primary Healthcare	Individualised plan of care on physical and primary health

Pillars of Care

The Individual Care Plan has been structured into *five pillars of care*. Each pillar is intended to classify a series of common needs and/or risks and the requisite assessments and interventions that should be considered to address these needs/risks. It is not anticipated that all these pillars will be addressed concurrently or at one single point in time. These pillars map a pathway of care that should be addressed before the patient is discharged.

These Pillars are:

Pillar 1	Pillar 2	Pillar 3	Pillar 4	Pillar 5
Physical Treatment	Illness, Insight, Wellness & recovery	Drugs & Alcohol	Harmful Behaviour	Psychosocial, Occupational & Rehabilitation

It is also recognised that there will be areas of unmet needs and variances from this planned care. In all such instances, there should be documented evidence to support the clinical decision.

Risk Assessment & Risk Management

The assessment and management of all risk is an integral part of the units of care and treatment.

This includes: Assessment of risk, Documentation of risk, Communication of Risk & Adoption of appropriate Risk Management Strategies based on assessment.

All patients will have individual risk assessment carried out. As far as possible the patient will be involved in the risk management and reduction plans. Self-identification of triggers and risk are encouraged. The risk assessments will be discussed at case conferences to ensure all disciplines have input and importantly to facilitate the sharing of information.

BEST-Index (Behavioural Status Index)

BEST-Index is a classification instrument that attempts to assess some of the widespread characteristics and skills that have 'survival value'. They help to succeed with others in our social environment. BEST-Index is designed to aid assessment in a variety of psychiatric contexts and to provide valid data upon which to base therapeutic intervention. It consists of six subscales: Social risk, Insight, Communication and social skills, Work and recreational activities, Self and family care, and Empathy. These 6 subscales represent key domains of everyday life which everyone needs to be proficient in if he/she is to succeed in daily life. These are also skills which tend to suffer when an individual has mental health problems of many types, irrespective of diagnosis.

Working in Partnership

Patients are fully involved in all aspects of their assessment, care and treatment as permitted by their individual capacity. Patient satisfaction surveys are carried out annually to inform staff of areas of strengths and improvements. Patients are also involved in sharing their experiences on the training programmes, induction of new staff and various committees within the service.

Leave with Permission

Patients from the Central Mental Hospital go on leave with permission, both unaccompanied and unaccompanied by the staff. The clinical team in consultation with the Department of Justice decides these. Some patients benefit from bus outings to locations such as Co Wicklow, the RDS, Dublin Airport, Landsdowne Road and Croke Park. Further, leave may also be granted to visit the family, to work outside the hospital etc.

Voluntary Bodies

The voluntary bodies that play an active part in the Central Mental Hospital are:

- Alcoholic's anonymous
- The Mental Health Association
- The Marist Fathers who act as chaplains to the hospital
- St Vincent De Paul & Irish Advocacy Network

Teaching, Training and Research

The National Forensic Service has direct links with University of Dublin, Trinity College. It also has links with other Universities through them placing their students in the hospital at different times. Students are facilitated through teaching and learning to become articulate, inquisitive practitioners capable of problem solving, analysis, reflection and self-direction at a level appropriate to their development on the pathway. Students are respected and valued as adults. In their pursuit of personal and professional development they are guided, supported and facilitated by educators through the implementation of a caring and responsive curriculum.

The training and development unit in the hospital has a training room and a library which students can make use of during their placement. All new staff are involved in an extensive training and induction programme, covering both mandatory and specialist modules. Attention is drawn to the various hospital policies and procedures at appropriate times during the induction programme. All staff are responsible for ensuring that they have a knowledge and awareness of these.

The hospital provides an ongoing staff development programme which includes a forum for multi-professional presentation of cases for peer review, discussion of relevant literature, and tutorials. A model of clinical/professional supervision is also in place for all staff to participate.

The Development of an MSc for Mental Health

Year 2005 mark the 21st anniversary of the government's document "Planning for the Future" (1984). Major changes have taken place in the provision of the mental health service in Ireland. There is a growing recognition that services for people with 'severe and enduring mental illness' require improvement.

The Report of the Commission on Nursing (Government of Ireland, 1998) recognised the need of clinical specialists' roles for Registered Psychiatric Nurses. The National Council for the Professional Development of Nursing and Midwifery (2002) recommends that Nurse Specialist roles be developed in response to changing client need. The MSc in Mental Health is therefore aimed at Registered Psychiatric Nurses and other disciplines that wish to advance their knowledge and competence in this area. It is envisaged that this Postgraduate programme developed in partnership between the University of Dublin, Trinity College, and the National Forensic Service, Dublin, will facilitate a clear nurse specialist pathway for those wishing to undertake such a journey. Graduates of this programme will be equipped to facilitate the service providers to address the varied and complex health needs of people with severe and enduring mental illness.

In-Service Training

In-service training for all staff takes place throughout the year. We have our own instructors in the mandatory trainings such as therapeutic management of violence (TMV), in basic life support (B.L.S.), in basic first aid and lifting and handling techniques. Other trainings such as preceptorship preparation training, risk training, BEST-Index, DASA, HCR-20 and training on dual diagnosis are also provided within the service. There are a number of staff undertaking courses at undergraduate and postgraduate level. Every possible assistance is given to support staff interested in personal and professional development.

SPECIALIST ROLES WITHIN THE NURSING DISCIPLINE

Advanced Nurse Practitioner (ANP) in Forensic Mental Health- Andrea Nulty

The ANP in forensic mental health is the overall lead person in the development and service provision addressing *Pillar 4- Harmful Behaviour Needs*. She is also the lead person in the development and implementation of nurse led therapies for in-patients within the National Forensic Mental Health Service. The ANP works across the Clusters of Care in the assessment, formulation, planning and implementation of treatment programmes and discharge (clients from the case load) and carry clinical responsibility for these decisions. The ANP is accountable and responsible for the above, and also for caseload management, administration and audit of her own practice. She uses her own knowledge, experience and judgment to discuss with the MDT on assessed clients and potential referrals, and recommend referring clients to more appropriate or to further adjunctive or alternative services if this is applicable.

The ANP in Forensic Mental Health works within the multidisciplinary team collaboratively in order to foster a collegiate approach to providing quality patient care. Providing patients with information and support, techniques and tools which can enable them to improve their mental health and to maintain that improvement over time is an essential part of her role. She acts as a resource person to nurses and other members of the multi-disciplinary team by providing consultancy in the treatment of their clients. The ANP monitors the clinical interventions and assess client needs and fitness for discharge from the CBT service and make relevant recommendations to the MDT. Teaching, training and research are an integral part of her role.

A talk by the ANP may be organized if there are 3-4 students on placement at any given time.

Clinical Nurse Specialist (CNS) in Addictions- Hanora Byrne (Ext: 556)

The role of the CNS in addictions covers *Pillar 3-Drugs and Alcohol-* in the pathway care provided in the CMH. The CNS works across all the MDT's and is responsible for assessing the patient and, planning and implementing the substance use treatment programmes. An initial assessment to determine any/what levels of dependency is carried out on all new patients once s/he is capable of sitting for the duration of the assessment. Assessment consists of drug and alcohol history given by the patient with collateral information obtained from the medical files.

The history collection has two parts Part 1 includes: Drinking history, Drug history and Offending history related to substance misuse. Part 2 includes assessment tools such as: The Drug Abuse Screening Test (DAST -20) and Alcohol Dependency Scales (ADS). The CNS also facilitates the following groups within the CMH: Brief Information Programme, Getting Sorted Education Programme, Relapse Prevention Programme and Aftercare Self Help Programme.

Students have a day placement with the CNS in addictions.

Activity Co-ordinators- Eleanor Newe and Peter McCrarren (Ext: 384)

Activity co-ordinators are responsible for the planning, coordinating and delivery of activity programs for service users within the hospital. Working closely with the Recreation Department, they implement and conduct various therapeutic, social and recreational activity programs designed to effect improvement in service users' physical, mental and social well-being. The activities mainly include physical activity and fitness programs such as daily swimming classes, exercise classes, walking groups, Water Safety/ Lifesaving classes and Yoga. Special events such as a Knock Bus Trip, Sports Day, Disco, Monster Bingo Night, Christmas Fair and the Christmas Play are organised during the year. The Activity Co-ordinators and Recreation department are also involved in co-ordinating and undertaking accompanied community leaves, home leaves and weekly bus-outings. On every Wednesday a Calypso group is invited to the hospital to help service users enhance their

creative work such as music, poetry, drama etc. Eleanor has also helped introduce and develop the Meta-Cognitive Therapy (MCT) training program within the hospital. This uses cognitive-behavioural principles and methods to teach skills and strategies in time management, organisation and planning.

Students are advised to contact the activity co-ordinators in order to get more information on their role within the service and to involve in the Calypso group where possible.

Primary Health Care Nurse-Tracey Hoare (Ext: 321/211)

Primary health care nurse liaises with the multidisciplinary team and the G.P. to meet some of the objectives within the **Pillar 1- Physical Health**. Primary health care nurse is responsible for screening, assessment and early management of some of the physical ailments and referral of service users to external hospital and agencies (Podiatrist, optician, community physiotherapists and dentist). She provides Diabetes care, Wound Management / Removal of sutures / Cryotherapy / Ear care and General Medical Reviews for each service user every six month. Primary health care nurse manages a Clozaril Clinic, Well Man Clinic (PSA testing, Cholesterol Testing, E.C.G, BMI checks, STI checks) and Well Woman Clinic (Cervical screening programme, cholesterol testing, ECG, BMI checks, STI checks, Breast checks) within the service. Primary health care nurse is involved in induction of new staff and also training staff in Venopuncture and ECG. An occupational health service for staff also is provided by the primary health care nurse.

Students may contact the primary health care nurse, Tracey Hoare to get more information on her role and to get involved in primary health care clinic.

Clinical Lead in the VEC- Melissa Nolan (Ext: 270/272)

The VEC is a nurse led patient education service within the hospital. The clinical lead in the VEC is responsible for processing referrals from the MDT, assessing patient's educational needs and planning programmes/courses around their needs and also facilitating the MCT (Meta Cognitive therapy) course which is a cognitive skills course.

The clinical lead in the VEC engage and work closely with other disciplines in addressing specific learning issues patients may have such as difficulties with basic literacy that may prevent them from progressing in therapeutic groups or other off unit activities. The clinical lead in the VEC works as a contact person with external agencies such as the VEC and FETAC in devising suitable courses and evaluating current programmes.

During their clinical placement students are encouraged to visit VEC.

Forensic Community Psychiatric Nurse

Forensic community psychiatric nurses work as a part of multidisciplinary team. FCPNs provide in-reach service in all the Dublin prisons and other prisons around the country when patients are referred to them either by the prison health care staff or the Court Judges. FCPNs have a significant role in acquiring background information of clients through a thorough assessment process and liaisons with the significant others (with client's permission) e.g. family/partners and/or personnel from local psychiatric service. FCPNs may also liaise with the arresting garda, probation service, court service or client's legal representative depending on the circumstances.

In the event of client facing a minor charge, considered to have been influenced by mental instability that remains evident, the FCPN will be present in court to accompany client to their local psychiatric facility for further assessment in the event of the court releasing client on this understanding. Such an outcome is often achieved through the court considering the report prepared by or under the supervision of the prison in-reach consultant psychiatrist.

Should a client require admission to the C.M.H., risk assessment is carried out using the Dundrum Tool Kit prepares and the FCPN prepares a preadmission assessment report highlighting relevant

history pertaining to client including risk to self or others, any security risk and previous/current levels of compliance.

FCPNs are also provide follow-up care to clients discharged from the hospital and act as a key worker on the MDT.

Students have a day placement with the FCPNs and a planned visit to one of the Dublin prisons

ADON-ID Services

Need to include info

KEY PERSONS IN THE HOSPITAL

Clinical Director	Prof. Harry Kennedy
Director of Nursing	Mr. Paul Braham
Assistant Director of Nursing	Ms Alice Malone Mr. Jass Singh Mr. Joe Scales
Superintendent of Care Officer (S.C.O)	Mr John Thompson Mr. Noel Farrington

TRAINING AND DEVELOPMENT DEPARTMENT

Mr. David Timmons	Practice Development Co-ordinator (Ph: 2157435)
Dr. Shobha Rani, PhD	Clinical Placement Co-ordinator (Ph: 2157429)
Mr Paul McKenna	Clinical Facilitator (Ph: 2157447)

Other Information

Car Parking: Limited car parking spaces are available for student nurses on placement at the Central Mental Hospital, Dundrum. You should inform the CPC if you are driving in on the first day of your placement.

Luas (Green line) and **buses** (44, 48) are available from city centre. If you are travelling by Luas, you should get off at Windy Arbour stop. Buses stop directly in front of the hospital.

Cafeteria: There is a staff cafeteria on the premises where you get meals and tea.

Library: The training and development unit is equipped with a library. There are several reference books on nursing, forensic, psychology, management and other disciplines are available. Students are encouraged to make use of the facility.

Central Mental Hospital
Dundrum, Dublin-14
Phone: Hospital Reception: 01-2989266/ 01-2157400
Website: www.centralmentahospital.ie

Prepared by Dr.Shobha Rani, PhD July 2011