

Mental Health Services

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Your family doctor is usually the first person to approach in relation to mental health concerns in Ireland. Many people go to their family doctor (GP) with mental health problems such as depression or anxiety and will not need the help of a psychiatrist. In other cases, the GP may decide to refer the person to members of the mental health team such as a psychiatrist, clinical psychologist or addiction counsellor. In an emergency situation, when your GP is not available, you may access the mental health services through your local mental health unit or hospital.

The mental health service has changed considerably over the last twenty years or so. These changes have been and are driven by Irish Government policies, changing patient populations and the closure or dismantling of the large mental institutions. This has resulted in the development of better care and a more supportive service to individuals with mental illness.

Health Services at your Local Health Office

The Health Service Executive (HSE) strives to provide a comprehensive range of community-based mental health services. The mental health team normally includes a consultant psychiatrist, registrar in psychiatry and nurses. In many areas, the services of an addiction counsellor, psychologist, social worker and occupational therapist are available. Total confidentiality is guaranteed at all times.

When you are referred to a psychiatrist

An out-patient appointment will usually occur within a few weeks of referral or, in an emergency, an immediate appointment can be arranged. The psychiatrist will meet with you to discuss your mental health problems and to explain the treatment options available, which may include a course of medication.

Treatment options

Treatment options include out-patient care: out-patient clinics (clients referred by GPs), day hospitals, day centres, home visits from the mental health team, referral to clinical psychological services, referral to addiction counselling services, access to social work or occupational therapy services and referral back to your GP for continuous care.

In-patient care, normally of short duration is provided, when a person is admitted to a psychiatric unit in hospital.

Can a person be admitted to hospital against their will?

Most people who have mental health problems are treated without going to hospital or go to hospital for treatment by choice. If you are admitted, you will be known in this situation as a voluntary patient.

Occasionally someone may have to be admitted for mental health treatment and care against their will. This is called 'involuntary admission'. You can only be admitted against your will if it is considered you meet the conditions for involuntary admission. These conditions are the rules set out in the law to ensure you are only admitted involuntarily if it is absolutely necessary. A mental health tribunal will review this decision. Further information on the rules and procedures for involuntary admissions is available in *Your Guide to the Mental Health Act 2001 (pdf)*, available from the Mental Health Commission.

Out-patient and community services

Effective use of out-patient care has overall prevented hospital admissions to in-patient facilities and resulted in shortened in-patient stays. The aim of out-patient and community services is to treat and support individuals in their own homes and communities where possible. Family doctors (GPs) are central to the delivery of community care services.

Out-patient clinic

This is a clinic in the community people attend, most usually by appointment, from their homes or care setting for either an assessment, follow-up or continuing management of their mental illness. These facilities are often based in community health centres and are staffed by a consultant psychiatrist, community psychiatric nurses and other members of the mental health team, as required. A consultant psychiatrist leads the psychiatric team. This psychiatrist will be responsible for the treatment of the person whether in the community or in hospital.

Day hospital

This is a day facility where people with mental illness can attend from their home or care setting for an assessment, treatment or nursing care. It is usually seen as an alternative to someone who would otherwise require hospital admission. It is for those people who are mentally unwell but who can also be cared for in their homes, for a period of time, without needing a hospital admission. The consultant psychiatrist who sees the person in the out-patient clinic will usually treat them in the day hospital also.

Day centre

This is a community setting where people attend voluntarily from their home or care setting for continuing support. It is staffed by psychiatric nurses and, occasionally,

occupational therapists. The aim is to provide a friendly and supportive environment with activities suited to the needs of each individual. It is not unusual for some people to attend a day centre for a long period of time. For others, a short period is all that is required.

Sheltered workshop

This is a community facility where the emphasis is on people with mental illness working in areas suited to their skills or needs with support and guidance from trained staff.

In-patient services

In-patient services refer to medical and nursing care that is provided in a mental health facility, which is usually a hospital. In the broadest sense, a hospital is a group of supports and services that are typically delivered at a fixed location. In line with Health Service Executive (HSE) policy, the large psychiatric hospitals that are often known as institutions are now being replaced by smaller psychiatric units attached to general hospitals. The advantage to the patient lies in the availability and easier access to services.

Acute admission ward

This is an area of the hospital where patients are cared for on admission for treatment and assessment of their presenting problem. After treatment, the vast majority of patients will be discharged home and follow-up care is provided by the out-patients clinic or day hospital. However, some patients may be transferred from an admission unit to a continuing care ward, a rehabilitation ward or a care of the elderly ward, according to their needs.

Continuing care ward

This is an in-patient facility that provides care for patients who often have long-term enduring mental illness. A small percentage will be discharged to another facility, i.e., a residential unit. This unit may be used as a respite area for those patients in the community who have this need.

Rehabilitation ward

This is an in-patient facility where the emphasis of care is on re-skilling patients with everyday living skills. This is done in order to improve their quality of life and help them regain a level of independence that will enable them to live in their homes or a residential facility.

Special care unit or secure ward

Sometimes it may be necessary to care for and treat a patient in a safe and restricted environment due to the nature of their mental illness. This is usually a small unit within a hospital setting staffed by highly trained psychiatric nurses. The unit is locked and the environment is secure. Patients who, because of their mental illness, have disturbed behaviour that does not respond to treatment may require an admission to a secure unit.

Care of the elderly unit

This is a specialised unit for the 24-hour care and treatment of patients, usually those over 60 years of age, who have a mental illness or associated problems. The environment is designed to meet the needs of the elderly.

Occupational therapy

This is an in-patient facility for the assessment of particular skills by trained staff. There is an emphasis on improving social skills and concentrating on other essential skills.

Residential units

Housing is an essential element of care for individuals with a mental illness, particularly for those with long-term mental illness who are so often dependent on the collaboration between hospital and community services in order to maintain a satisfactory existence outside of hospital. Hospital and community services aim to function as partners in the delivery of services to individuals with a mental illness. Some residential units serve as respite areas for those individuals who require this support at different times.

High support group home

This is a residential home for persons who do not need to be in hospital and who can live in the community but who requires 24-hour nursing care and support for a variety of reasons. Some people may spend a period of time in a high support residence and then move on into a medium or low support residence.

Medium support group home

This is a residential home for persons who are fairly independent in most areas of their everyday living skills but who require some assistance or support in certain areas, i.e., managing finances or cooking skills. For this reason, the home is staffed, usually by day only, by either a nurse or a trained care staff.

Low support group home

These residential units are for individuals who are independent in most if not all areas of their everyday living skills. The overall upkeep and management of the group

home is co-ordinated by the hospital management. The residents may have a community psychiatric nurse or supervisor who will check on them as required.

Where To Apply

Further information on mental health services and treatment options is available from your family doctor (GP), your Local Health Service Office .