NATIONAL FORENSIC MENTAL HEALTH SERVICE

CENTRAL MENTAL HOSPITAL

DUNDRUM, DUBLIN-14

INDUCTION PACKAGE

For

Student Nurses on Placement
**Induction**

By the end of the induction Student Nurses will be expected to be familiar 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 induction checklist.

**Induction Pack**

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

- Each Student will be assigned a Preceptor for the duration of their induction.
- The training co-ordinator 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 clinic can measure the efficacy of the induction and amend where necessary.

**The Preceptor for the Student will:**

- Meet with the Student to discuss expectations and the requirements of the induction during the first few days of the induction.
- 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.
- Sign off each objective as it has been achieved.
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 through

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 and evaluation managing for effectiveness and value for money

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.

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 maxims 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.
**Service Profile:**

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

- Ninety three in-patient beds at the Central Mental Hospital, Dundrum, Dublin.
- Day Center & Out-patient Clinics at Usher’s Island, Dublin.
- Community Residence at Westlodge Hostel, Lucan, Dublin.
- Prison In-reach Services to the following prisons:
  - Mountjoy
  - Dochas
  - St Pats
  - Cloverhill
- Court Liaison Service at Cloverhill District Court, Dublin.
- Community Team

The Hospital is stratified according to clinical function and levels of therapeutic security as detailed in Table 1.

**Table 1**

<table>
<thead>
<tr>
<th>Department</th>
<th>Function</th>
<th>Security</th>
<th>No of beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit A</td>
<td>Female Assessment/Treatment &amp; Rehabilitation</td>
<td>High, Medium, Low</td>
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</tr>
<tr>
<td>Unit B</td>
<td>Admission</td>
<td>High</td>
<td>12</td>
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<tr>
<td>Unit 2</td>
<td>Continuing Care</td>
<td>High</td>
<td>16</td>
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<tr>
<td>Unit 3</td>
<td>Rehabilitation</td>
<td>Medium</td>
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<td>Unit 4</td>
<td>Behavioural</td>
<td>High</td>
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<td>Unit 7</td>
<td>Rehabilitation</td>
<td>Medium/Low</td>
<td>14</td>
</tr>
<tr>
<td>Unit 1</td>
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<td>Medium/Low</td>
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<tr>
<td>Hostel</td>
<td>Pre-discharge</td>
<td>Low</td>
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<tr>
<td>Westlodge</td>
<td>Post-discharge</td>
<td>Community</td>
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<tr>
<td>Community</td>
<td>Aftercare</td>
<td>Assertive outreach</td>
<td>&lt; 12</td>
</tr>
<tr>
<td>Prison In reach</td>
<td>Triage assessment</td>
<td>High, Medium and/or Low</td>
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</tr>
<tr>
<td>Court Liaison</td>
<td>Triage assessment</td>
<td></td>
<td></td>
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<tr>
<td>Patient Activities</td>
<td>Group Therapy</td>
<td></td>
<td></td>
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<tr>
<td>Vocational</td>
<td>Education</td>
<td></td>
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<td>Ushers’ Island Day Centre</td>
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<td>Addictions</td>
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<td>Primary Healthcare</td>
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Background:

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.

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 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.
Patient Profile

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

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.

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

Training and Development Department
(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.

Unfit 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.

Transfer from other Psychiatric Hospitals

In addition the hospital also accepts patients from other 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.
**Philosophy and Commitment**

The National Forensic Service is totally committed to providing the highest quality care for its patients. The service aims to provide quality driven, cost effective services to the region and to establish a national and international reputation for its work.

**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.

**Objectives**

The National Forensic 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 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 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.
Function and Role of each ward/unit

Unit/ward B – Male Admissions
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 will be 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 will provide 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 will be the first point of admission for all male patients. The Admission Unit will also accept 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 will minimise 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 will deliver a service for patients who
- Are admitted under ministerial order or hospital order from prisons
National Forensic Mental Health Service, Central Mental Hospital, Dundrum, Dublin-14

- Are admitted under Section 208 Mental Treatment Act 1945
- Are found unfit to plead or guilty but Insane Or equivalent orders under modernised legislation as this is commenced e.g. section 21(2) Mental Health Act, or Criminal Law (Insanity) Bill.
- All such admissions must be in keeping with the Admissions Policy for the service.

**Staff Profile:**
The Admission Unit will provide 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.

**Unit/ward A – Female Admissions**

Unit A is a 7-bedded female admission unit. It provides care for 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 A will be 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 status of the patient. It will then be possible when clinically indicated for patients to continue on their rehabilitation journey.

**Patient Profile:**
The Admission Unit will deliver a service for patients who
- Are admitted under ministerial order or hospital order from prisons
- Are admitted under Section 208 Mental Treatment Act 1945
- Are found unfit to plead or guilty but Insane or equivalent orders under modernised legislation as this is commenced e.g. section 21(2) Mental Health Act, or Criminal Law (Insanity) Bill.
All such admissions must be in keeping with the Admissions Policy for the service.

**Staff Profile:**
The Admission Unit will provide 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.

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

Unit 4 is a 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/ward 2 – Continuing care**

Unit 2 is a 14-bedded unit with a designated male area only. 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. The multidisciplinary team facilitates these. There is the opportunity to engage in both group activities and one to one encounters with clinicians.

**Unit/ward 3 Rehabilitation**

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. The multidisciplinary team facilitates these. 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 provide 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 1945 and under the direction of the courts and department of justice.

**Unit/ward 7 – Long stay**

Unit 7 serves as a long stay/rehabilitation function. It comprises of 14 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. The multidisciplinary team facilitates these. 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 provide 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 1945 and under the direction of the courts and department of justice.

**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.

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 provide 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 1945 and under the direction of the courts and department of justice.
The Patients

The patients admitted to the Central Mental Hospital will generally suffer from serious mental illness such as schizophrenia, bi-polar affective disorders and depressive illness, which are sometimes at an acute stage and may be chronic and relapsing. The illness is often associated with personality or behavioural disturbance leading to antisocial or offending behaviour.

The hospital is committed to a policy of anti-discrimination and racial awareness and sensitivity for its patients and staff.

Patient Involvement

Patients are fully involved in all aspects of their assessment, care and treatment as permitted by their individual capacity. Patient satisfaction surveys will be carried out to inform staff of areas of strengths and improvements.

Treatment

All the patients will be individually assessed and treated there will be however 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 9-5. 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
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.

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

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.

Teaching, Training and Research

The National Forensic Service has direct links with Universities including Trinity College Dublin and The Royal College of Surgeons. 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 hospital hopes to develop a training room and professional library. It also hopes to develop an electronic information system, which will be specially designed for individual patient records.

Staff will be involved in a variety of academic commitments providing undergraduate and postgraduate training for clinical staff and students of medicine, nursing, psychology, occupational therapy and social work.

All new staff will be involved in an extensive training and induction programme, covering both mandatory and specialist modules. Attention will be 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 will provide an ongoing staff development programme, which will include a forum for multi-professional presentation of cases for peer review, discussion of relevant literature, a journal club and tutorials.

A model of clinical/professional supervision is being developed for all staff to participate in.

**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 Mental Health Act (2001) represents a significant milestone in improving the rights of individuals with a mental health disorder. This Act advocated for the establishment of an independent Mental Health Commission to implement new legislation. The main purpose of the Commission is to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services in Ireland.

People with severe mental illness form a small proportion of those with mental health problems but have very high rates of psychological and physical morbidity. The World Health Organisation (1990) reported that mental illness, including drug and alcohol misuse, accounted for almost 11% of the global burden of disease. This is expected to rise to 15% by 2020 (World Health Organisation, 2002).

Psychological rehabilitation services should espouse to a long-term commitment, not transient service delivery, based on the concept of ‘recovery’. Recovery is an active process that the service user goes through to adapt with disability. Current service models are designed to provide an integrated community based mental health service supporting service users to sustain and maintain their family and community contact. Registered Psychiatric Nurses have been to the forefront of these developments and need to continuously update their nursing skills to keep with the changing models of care – a process of lifelong learning.
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.

**The Model of Care for the National Forensic Mental Health Service**

The model of care is the rationale underpinning all aspects of the development of the National Forensic Service and how services will be delivered in the National Forensic Service.

The model of care for the National Forensic Service will be characterised by the following defining features:

- A bio-psychosocial model
- Integrated Care Planning Approach
- Using a patient centred approach
- In a whole care planning process
- Which supports patient recovery
- In a safe, secure and therapeutic environment which supports a learning ethos for staff and patients and involves patients and families in care planning.

**The National Forensic Mental Health Service**

**In-Service Training**

In conjunction with the nursing department at the Royal College of Surgeons in Ireland the hospital currently offers a course in Psychiatric Nursing in Forensic and Secure Environments. Since September 2005 Higher Diploma/MSc in Mental Health is available to all healthcare disciplines and other professionals who currently hold an undergraduate qualification. In-service training for all staff takes place throughout the year. We have our own instructors in the mandatory trainings such as prevention, assessment and management of violence and aggression (PAMVA), in basic life support (B.L.S.), in basic first aid and lifting and handling techniques. There are a number of staff undertaking courses at undergraduate and postgraduate level in nursing and a number of care staff engaged in a Community & Health Services Course through the Further Education & Training Awards Council (FETAC). Every possible assistance is given to support staff interested in personal and professional development.
Dress Code for Staff and Students

Staff and students working in the Central Mental Hospital are expected to wear Semi formal dress. NO Jeans, Trainers, T-Shirts with big prints, knee length trousers, Runners etc.

KEY PERSONS IN THE HOSPITAL

Clinical Director                                           Dr. 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
                                                        Noel Farrington

CONTACT FOR ANY FURTHER INFORMATION

Mr. David Timmons                                           Practice Development Co-ordinator
Dr. Shobha Rani                                             Clinical Placement Co-ordinator
Mr Paul McKenna                                             Clinical Facilitator