



The College of Psychiatry of Ireland  
*Coláiste Síciatrachta na hÉireann*

**31<sup>st</sup> May 2012**

**The College of Psychiatry of Ireland**

**Submission to HSE on the  
Establishment of Regional ICRU's in Irish Mental Health Service**

**by**

**Faculty of General Adult Psychiatry and Faculty of Social and Rehabilitation Psychiatry**

The CPSYCHI Faculty of General Adult Psychiatry and Faculty of Social and Rehabilitation Psychiatry support the establishment of ICRUs as recommended under *A Vision for Change*. The ICRU's should be managed by General Adult and Rehabilitation Teams. *A Vision for Change* asserts that the movement between the acute unit, high dependency area, ICRU and community facilities must be smooth and flow easily. There should be "good working relations between forensic services and the ICRU." There must also be joint clinical management between catchment area CMHT's and the ICRU team.

*A Vision for Change* also recognises the need to reorganise forensic services and recommends that four multidisciplinary community based forensic mental health teams be provided, one in each of the four HSE areas. It is recommended that the location of these teams be proximate to prisons and regional ICRUs.

The guiding principle must be to provide services that are in the best interest of the individual, with care delivered in the least restrictive and non-stigmatising environment, that is consistent with the safety of the individual, staff and the public.

In order to ensure efficient movement of patients between the different services, it is essential that governance lies with General Adult and Rehabilitation teams. We recommend local decentralised management, with regional governance structure, but oversight by a national group. This group would set standards, identify policies and management protocols, and ensure avoidance of mission creep.

Access to an ICRU needs to be by voluntary patients, those admitted under the Mental Health Act and Criminal Law Insanity Act. Close working relationships with Forensic Mental Health Services need to be developed, with integration of services at regional, catchment, adult sector and rehabilitation level.

General Adult Psychiatrists and Rehabilitation teams are best placed to provide an efficient, recovery focussed service, which addresses safety issues in the least restrictive environment. Leaving the governance of ICRUs with local General Adult and Rehabilitation teams will ensure the service continues to be a demand led service, which will work with the other components of the service in offering some service in all cases. This differs from Forensic Services which are capacity services; once the beds are full the individual goes elsewhere and in practice this leaves General Adult or Rehabilitation teams with difficult to manage problems.



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Access to beds in an ICRU is an essential component of both General Adult and Rehabilitation Mental Health Services. The faculties are of the strong opinion that they can cooperate in the establishment of ICRUs, only if those ICRUs are under the governance of General Adult and Rehabilitation teams.

Representatives of both faculties can be available to join the subgroup for further planning of ICRUs, once it is established that governance will be with General and Rehabilitation teams.

The following should be addressed by that subgroup:

**i) A comprehensive national needs assessment is required:**

This would identify the numbers of individuals requiring ICRU facilities and should include the needs of men and women; the needs of those currently overseas; the needs of those with comorbid mental illness and cluster B personality disorders; the needs of those with mild learning disability; and the needs of those adolescents aged sixteen and seventeen years who may need access to adult ICRUs when they reach eighteen.

**ii) Resource issues and staffing:**

Staff for ICRUs will require specialist training. CMHTs and Rehabilitation teams also need to be adequately staffed and any existing deficits should be addressed and rectified. Acute admission units continue to need high dependency areas as their function differs from that of ICRUs.

**iii) Governance:**

Regional management teams, led by General Adult and Rehabilitation psychiatrists but with involvement of all key stakeholders including Forensic Mental Health Services and with a national overseeing committee responsible for developing standards, operational policies and protocols.

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