

## National Mental Health Database News

### WISDOM – a Mental Health Information System

WISDOM is a web-based mental health information system developed by the HRB in partnership with the HSE. WISDOM is used to record, store and retrieve service user information. This information is stored in a centrally located database and includes records of service user contacts. In addition to maintaining service user records, WISDOM has the ability to generate documents such as appointment letters, schedule appointments (e.g. with a social worker), and produce reports (e.g. to identify the number of service users receiving a particular treatment type). WISDOM has been designed to suit the manner in which the Irish mental health service delivers care to service users in both acute and community settings. It is accessible only on the private HSE network to authorised health professionals. In line with the plan to run WISDOM as a proof of concept, followed by a comprehensive evaluation of the outcome, the Donegal Local Health Area was selected as the location for the initial implementation.

The WISDOM Proof of Concept phase commenced in January 2009 with the training of the first system users and subsequent take-up of WISDOM. A team-based approach has been adopted for the roll-out of the system within Donegal. Since January this roll-out has been continuing according to plan, with the completion of training of approximately 250 HSE personnel scheduled for mid-August 2009. This will allow HSE staff to use the functionality within WISDOM to assist them in providing quality care to users of the mental health services in Donegal. The HRB would like to acknowledge the substantial effort that has been made to date by the HSE, particularly local HSE management, project staff and end users of the system.

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## Research in the MHRU

### Satisfied Carers of Persons with Enduring Mental Illness: Who and Why?

This article is based on a secondary analysis of qualitative data collected by the Family Support Study. This study examined the experiences and needs of families whose relatives were experiencing enduring mental illness (Kartalova-O'Doherty, Tedstone Doherty and Walsh, 2006). Whereas a lot of research on caregiver burden and psychological distress of carers has been carried out, constructive adaptation of families to mental illness and positive input of carers in treatment and rehabilitation needed further investigation. The current secondary study explores socio-demographic and contextual factors influencing carer satisfaction with family services and support, using a combination of content analysis and

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statistical procedures. The majority of the satisfied carers were male, and from a higher socio-economic group than other carers. The unwell relatives of all satisfied participants resided outside of their family homes. Carer satisfaction was associated with: perceptions of a caring service; supportive and unintrusive family relationships; being accepted as partners in service provision; living in a supportive community; and availability of suitable family services. All of these factors should be considered in the planning and evaluation of family support services.

Full article reference: Kartalova-O'Doherty Y, Tedstone Doherty D (2009) Satisfied carers of persons with enduring mental illness. *The International Journal of Social Psychiatry*, 55(3): 257–271.

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### Factors that Predict Help-Seeking for Mental Health Problems from GPs in a One Year Period

The first point of contact with health services for people experiencing psychological distress is the general practitioner (GP). However, it is well known that many people do not seek help when experiencing distress. Lack of support during periods of distress can lead to the escalation of problems and the subsequent need for more intensive treatment. It is important to investigate the factors that are most likely to influence people to seek help from the GP. This information can help policy makers to design mental health services aimed at those who are least likely to seek help. Furthermore, it can help practitioners to identify those who may be experiencing distress, but who do not seek help directly for these problems.

The aim of this paper was to examine the socio-demographic factors and health status factors that predict help seeking for mental health problems from a GP. The preliminary analysis used data from the HRB National Mental Health and Wellbeing Survey – a telephone survey of a representative random sample of 2,711 members of the population aged 18 years and over.

Almost 10% of respondents reported attending a GP for a mental, nervous or emotional problem in the previous year. Findings showed that there were a number of factors that influenced attendance at the GP for psychological distress.

Those who felt that their physical activities or their social activities were restricted by their mental health problems were more likely to seek help than those who did not experience limitations.

Females were nearly twice as likely as males to contact GPs for a mental or emotional problem. This finding replicates previous work and suggests that gender is an important factor in help seeking. Those who were unemployed or had a long-term sickness or disability were 1.76 times more likely to seek help from GPs compared to those who were employed, studying, retired or involved in domestic duties.

Interestingly, respondents who were married or cohabiting were nearly twice as likely to seek help from their GPs for mental health problems, than those who were single. The finding that married people were more likely to seek help suggests the crucial role played by informal supports. A single person may not decide to seek help on his/her own whereas a spouse who is likely to notice changes may encourage a partner to go to see a GP.

Respondents who rated their quality of life or physical health as 'less than good' were more likely to contact their GP for help than respondents who reported 'good' or 'very good' quality of life or physical health.

The importance of identifying those who seek help from those who do not will provide important information to policy makers and health service managers on the design of policies and services that target those least likely to seek help. These preliminary findings suggest that gender may be an important factor that influences help seeking. Therefore, further analysis will explore the factors that predict help seeking for males and for females.

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### **HRB National Psychological Wellbeing and Distress Survey: Comparisons between HRB NPWDS I and HRB NPWDS II**

The baseline report from the HRB National Psychological Wellbeing and Distress Survey I (HRB NPWDS) was published in November 2007. The data for the Republic of Ireland was collected in December 2005, January 2006 and April 2006. The second HRB NPWDS II survey was carried out in December 2007 and covered the Republic of Ireland and Northern Ireland. Only the data from the Republic of Ireland is included in the following preliminary analysis, which aimed to examine changes in the data over time.

Overall results showed that there was no change in the level of psychological distress (as measured by the GHQ12) from 2005/6 to 2007. However, preliminary results showed interesting changes across gender. For males, there was a significant increase in the level of psychological distress, with 10% exhibiting 'significant distress' in 2005/6 and 13% in 2007. This pattern was the opposite for females, with significant levels of distress in females falling from 14% in 2005 to 10% in 2007. Thus, interestingly, a higher percentage of males than females showed significant distress in 2007 – a finding contrary to the literature which characteristically reports females as showing higher levels of distress than males. It is unclear why the patterns of psychological distress have changed over this time period and requires further investigation.

The findings also showed a significant improvement in quality of life from the earlier survey to the 2007 survey. In 2007, perceived quality of life improved, with 16% of respondents reporting 'less than good' quality of life compared to 19% in 2005/6. There was no change in the perceived physical health status over this time frame.

The next report from the HRB NPWDS will be published at the end of 2009. This report will investigate mental health and the associated use of health services in the Republic of Ireland and Northern Ireland. This data is from the second HRB NPWDS collected in December 2007.

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### **MHRU-HRB Recent Publications**

Daly A, Walsh D and Moran R (2008) *Activities of Irish Psychiatric Units and Hospitals 2007*. HRB Statistics Series 5. Dublin: Health Research Board.

Kartalova-O'Doherty Y, Tedstone Doherty D (2009) Satisfied carers of persons with enduring mental illness. *The International Journal of Social Psychiatry*, 55(3): 257–271.

Kartalova-O'Doherty Y, Tedstone Doherty D (2008) Coping strategies and styles of family carers of persons with enduring mental illness: a mixed methods analysis. *Scandinavian Journal of Caring Sciences*, 22(1): 19–28.

Walsh D (2008) The Lunatic Asylums of Ireland 1825–1835. *Irish Journal of Psychological Medicine*, 25(4): 151–156.

MHRU research addresses three content areas prioritised in the HRB Mental Health Research Programme 2007–2011, namely epidemiology of mental health, psychosocial and environmental aspects of mental health, and mental health services research. In 2008 the MHRU published a total of three journal articles, and a further five papers were submitted to journals for consideration. It is anticipated that the articles submitted will be published in 2009. The MHRU also published the annual statistical report on admissions and discharges to Irish psychiatric units and hospitals. In addition, our research on the genetic epidemiology of schizophrenia and alcohol dependence in association with the Medical College of Virginia continues and has proven most fruitful in helping to elucidate the complex genetic infrastructure of these conditions which have a major impact on public ill health and the burden of morbidity. Our joint work on these conditions, as with the earlier Roscommon Family Study, has resulted in six publications so far this year in international peer-reviewed journals of high prestige. In 2009, these publications will continue and the MHRU aims to submit a further five papers for consideration by both national and international journals; three HRB reports will also be published. The papers cover topics such as the use of psychotropic medication in Ireland, predictors of help seeking for mental health problems from the general practitioner, and trends in discharges from general hospitals and psychiatric hospitals and units. The final report of the recovery study will be published as will results from the second HRB National Psychological Wellbeing and Distress Survey.

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## Research in Ireland

### Exploring People who use the Mental Health Services – Experiences of Going Home from Hospital: A Grounded Theory Study

It has been acknowledged that the transition from hospital to home following a period inpatient care is a challenging time for users of the acute mental health services. Re-entering the community can heighten mental health service users' vulnerability and this is exacerbated by issues such as social exclusion, loneliness, stigma and unemployment. Although community mental health services have been developed considerably to support these individuals, readmission rates in Ireland have remained constant at approximately 70% of total admissions. The aim of this ongoing grounded theory (GT) study is to provide a coherent theoretical explanation of the psychological and social processes that occur in the transition from psychiatric inpatient to home. Classic grounded theory methods are being used and mental health service users who have been hospitalised are being actively recruited from three mental health services and from voluntary organisations. Data collection consists of one unstructured interview which is analysed using GT approaches. Currently, 25 interviews have been completed and the researcher is attempting to articulate the main concern of the individuals when they are discharged. Once this is explicit, the qualitative data will be re-examined to discover the processes that the participants use to resolve their main concerns. The emergent categories will direct future data collection which will continue until saturation of all categories has occurred. The culmination of the research will be the development of a theory that explains the psychological and social processes under scrutiny. It is hoped that this PhD study will be completed in October 2010. This study has been awarded funding from the HRB research training fellowships for health professionals.

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### OECD Health Care Quality Indicators

The Information Unit of the Department of Health and Children regularly supplies data to international organisations, including the OECD, WHO and Eurostat. In early 2009, Ireland participated in data collection for the OECD Health Care Quality Indicators (HCQI). The objective of the HCQI project is to develop a set of indicators based on comparable data that can be used to track health care quality and provide international comparisons on quality and safety. According to the OECD, the HCQI project will be the largest project ever undertaken that evaluates international health care quality, both in terms of the number of countries involved and the number of indicators.

The HCQI data collection for 2009 included 40 core indicators organised into 4 groups: Regularly Collected & Time Series; Health Promotion, Prevention and Primary Care; Mental Health Care; and Patient Safety Indicators. Of the 40 core indicators, 20 were based on hospital discharges and were compiled by the Information Unit using Hospital In-Patient Enquiry (HIPE) data. Data for the Mental Health Care Indicators were compiled by the Mental Health Research Unit in the HRB. The Central Statistics Office and the National Cancer Registry also provided data for a

number of the indicators. Of particular interest to the Information Unit were the patient safety indicators, the primary care indicators and the mental health care indicators as these are detailed indicators that had never been compiled before and provide very useful information for the Department of Health and Children. The data are currently being analysed by the OECD. The results will be reported in the OECD *Health at a Glance* publication in November 2009.

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### Headline

Headline is Ireland's national media monitoring programme, which works to promote responsible and accurate coverage of mental health and suicide related issues within the Irish media. It is advised by a Steering Group made up of representatives from the following organisations: Aware, Bodywhys, Grow, HSE, Mental Health Ireland, Samaritans, Shine, Irish Advocacy Network, National Office for Suicide Prevention. Headline compiles a weekly bulletin of interesting stories on mental health and suicide related issues. This provides the public with coverage of 160 publications which would not otherwise be possible. It is a valuable tool for keeping up to date with mental health issues.

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## Irish Policy Context

### HSE Service Integration

The Health Service Executive (HSE) is currently engaged in a process of organisational change that will lead to enhanced local service integration. In an update to staff in May 2009, CEO Professor Brendan Drumm identified the aim of the structural changes as being to: 'simplify our structures through regional delegation and local decision making, enable more clinical involvement and drive national standards that will enhance the safety of our services'. Integration will provide patients with a single point of entry to the health service, within which services and professionals will be better connected. Planning has been ongoing since the end of 2008, and the HSE Board has approved the following organisational changes at national and regional level.

#### National Level

- 1 A senior clinician will be appointed as the first National Director of Quality and Clinical Care. This Directorate will play a key role in implementing a system where funding will follow the services provided rather than generalised allocations to institutions.
- 2 The existing corporate Directorates for NHO and PCCC will join together within one Directorate for Integrated Services. Within this single Directorate, two National Directors will report to the CEO across specific areas of responsibility. They will be primarily responsible for service performance, reconfiguration of services and driving integration.



- 3 National leads for care groups, such as mental health and disabilities, will report into the Directorate for Integrated Services, giving increased clarity for reporting on the delivery of services in accordance with national policies and the provisions of the National Service Plan.
- 4 The individual Population Health functions will be integrated into the Quality and Clinical Care Directorate, the Corporate Planning Directorate and the Regional Operating Units. Following transition in 2009, Population Health will no longer operate as a separate Directorate.

### Regional Level

Change at regional/local level is based on the principle of moving decision making closer to the populations that are being served. Four Regional Operations Directors will be appointed to manage all services within the four Regional Operating Units, which are based on the existing HSE Areas. These units are expected to be fully operational by January 2010. A new Clinical Director structure is intended to be a key driver of service development at regional and local level, involving the participation of clinicians in the management process. This aims to involve clinicians more actively in planning and streamlining the way many services are provided in hospital and community settings. During the transition to this new regional structure, the existing hospital networks and Local Health Offices will remain unchanged and will continue to meet 2009 plans.

**Information:** <http://www.hse.ie/>

### EU/International Update

In June 2008 the 'European Pact on Mental Health and Wellbeing', an inter-sectoral statement on mental health action for Europe, was launched by the European Commissioner for Health. Five priority themes were identified and background papers prepared. Each theme will be implemented through a conference (see 'Upcoming Events' below for 2009 events) along with calls for action from stakeholders and experts. A number of interesting events have been organised as a part of the implementation of the Pact. For example, a Round Table was held in Brussels on 27 April 2009 – *Reducing the Psychosocial Impact of the Financial and Economic Crisis*. On the basis of research evidence reviewed, it is predicted that the current global economic crisis will result in increases in certain psychiatric disorders and mental health problems. The HRB NPIRS data will be examined from this perspective and, where feasible, data from the HRB National Psychological Wellbeing and Distress Study will also be examined. The Round Table noted that marginalised population groups are especially at risk and advocated that mental health care and social support networks be strengthened in recessionary times. In addition, the Commission is funding research on the measurement of mental health problems in Europe to serve as a basis for a technical discussion on defining possible indicators under the Open Method of Coordination on Social Protection and Social Inclusion.

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### Upcoming Events

**Event:** Psychological Society of Ireland, Division of Health Psychology 6th Annual Conference: Psychology, Health and Medicine 2009

**Venue:** Trinity College, Dublin

**Date:** 18 June 2009

**Info:** [www.psihq.ie/events\\_index.asp](http://www.psihq.ie/events_index.asp)

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**Event:** 11th European Congress of Psychology

**Venue:** Oslo, Norway

**Date:** 7–10 July 2009

**Info:** [www.ecp2009.no/](http://www.ecp2009.no/)

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**Event:** European Commission Thematic Conference: Mental Health in Youth and Education

**Venue:** Stockholm, Sweden

**Date:** 29–30 September 2009

**Info:** [ec.europa.eu/health/ph\\_determinants/life\\_style/mental/index\\_en.htm](http://ec.europa.eu/health/ph_determinants/life_style/mental/index_en.htm)

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**Event:** NDA Annual Conference 2009: Promoting Independent and Community Living for People with Intellectual Disabilities

**Venue:** Croke Park, Dublin

**Date:** 6 October 2009

**Info:** [www.nda.ie](http://www.nda.ie)

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**Event:** World Mental Health Day: Mental Health in Primary Care – Enhancing Treatment and Promoting Mental Health

**Date:** 10 October 2009

**Info:** [www.wfmh.org/00WorldMentalHealthDay.htm](http://www.wfmh.org/00WorldMentalHealthDay.htm)

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**Event:** TCD School of Nursing & Midwifery 10th Annual Interdisciplinary Research Conference: Transforming Healthcare through Research and Education

**Venue:** Trinity College, Dublin

**Date:** 4–6 November 2009

**Info:** [www.tcd.ie/Nursing\\_Midwifery/events/2009\\_research\\_conf\\_with\\_form.php](http://www.tcd.ie/Nursing_Midwifery/events/2009_research_conf_with_form.php)

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**Event:** Psychological Society of Ireland 39th Annual Conference

**Venue:** Whites Hotel, Wexford

**Date:** 5–8 November 2009

**Info:** [www.psihq.ie/events\\_index.asp](http://www.psihq.ie/events_index.asp)

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**Event:** European Commission Thematic Conference: Prevention of Depression and Suicide

**Venue:** Budapest, Hungary

**Date:** 10–11 December 2009

**Info:** [ec.europa.eu/health/ph\\_determinants/life\\_style/mental/index\\_en.htm](http://ec.europa.eu/health/ph_determinants/life_style/mental/index_en.htm)

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