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15.6 NEUROPSYCHIATRY SERVICES

Neuropsychiatry is the speciality that provides for the mental health needs of persons with brain and nervous system disorders. Clinical neuropsychiatry is a subspecialty of psychiatry devoted to the assessment and management of mental and behavioural problems in nervous system as well as unexplained neurological symptoms.

Typical clinical presentations requiring the specialist skills of neuropsychiatry services include brain injury sequelae, early-onset dementia, psychological morbidity related to epilepsy and other neurological disorders and psychogenic non-epileptic seizures. A key role of neuropsychiatry services is the assessment of these complex cases, which are often beyond the skills and service remit of general adult mental health services. Neuropsychiatry service needs are largely unmet in Ireland and where they are met, it is by existing liaison psychiatry mental health services. Additional expertise and treatment is purchased from abroad but should and can be provided here. Neuropsychiatry should become established in Ireland to meet this need. Neurology services are typically the highest referrers to neuropsychiatry. Neurology is greatly understaffed and under-resourced in Ireland though neurological diseases are common. A likely increase in neurology services will lead to greater recognition and thus more frequent referral and heightened demand.

15.6.1 THE NEED FOR NEUROPSYCHIATRY SERVICES

A year after traumatic brain injury, approximately 20% of people will have diagnosable mental disorders and 40% will have neurobehavioral problems. These figures estimate a neuropsychiatry need in traumatic brain injury of approximately 80 cases per 100,000 population. Neuropsychiatric needs are also present in service users with acquired brain injury from encephalitis, meningitis, subarachnoid haemorrhage and anoxic brain as shown in the experience at National Rehabilitation Hospital (NRH). Similar estimates are available for epilepsy (600–1,500 cases per 100,000 population), early-onset dementia (50 cases per 100,000 population age 46-64), unexplained A Vision for Change CHAPTER 15 A Vision for Change REPORT OF THE EXPERT GROUP ON MENTAL HEALTH POLICY 158 neurological symptoms including non-epileptic seizures and motor conversion disorders (300 cases per 100,000 population) and other disorders. Taken together, these estimates suggest that it is reasonable to expect 30–35 new referrals to specialist neuropsychiatry services per 100,000 population per year whose needs cannot be met by local mental health services. It has been a view of the NRH that Ireland needs a challenging behaviour unit similar to services of this type provided in the UK. Since the NRH set up its neurobehavioural clinic, where patients are reviewed by neuropsychiatrists, neuropsychologists and rehabilitation medicine brain injury specialists, it has become concerned about the overlap in challenging behaviour care with the forensic mental health services. There appear to be a number of brain injury patients whose frontal lobe disorders have led to challenging behaviour and subsequent incarceration in prison. It would appear more appropriate that patients with challenging behaviour due to brain injury are rehabilitated in a non-custodial challenging behaviour unit rather than in a prison. Neuropsychiatry should have a key role in any proposed challenging behaviour unit for patients with acquired brain injury.

15.6.2 PROPOSED MODEL OF NEUROPSYCHIATRY SERVICE PROVISION

Key representatives from liaison mental health services, neurology, rehabilitation medicine and MHSOP in each neuroscience centre should establish a working group to plan neuropsychiatry services. The proposed model will still not service all the needs of those who need neuropsychiatric expertise, especially for patients with enduring neuro-behavioural-rehabilitation needs residing at a distance from centres. The working group should consider the needs of these individuals in the context of evolving national provision for neuro-rehabilitation in the future. There is a requirement for two multidisciplinary neuropsychiatry teams nationally.

These multidisciplinary teams should consist of at least:

- one consultant psychiatrist
- two doctors in training
- one to two clinical neuropsychologists
- two cognitive-behavioural therapists
- one to two occupational therapists
- two social workers

They should have defined access to neurophysiology, neuro-radiology and imaging, physiotherapy, and speech and language therapy. These teams should have close working relationships and develop shared-care protocols with neurology, LMHS, general adult and recovery and rehabilitation CMHTs, and MHSOP. These teams should be established and based in the two major neuroscience centres nationally:

- Dublin (Beaumont Hospital, with sessional commitments outreaching to other acute sites including the NRH)
- Cork (Cork University Hospital, with sessional commitments outreaching to Waterford, Kerry, Limerick and Galway).

RECOMMENDATION 15.6.1:
Two specialist neuropsychiatry multidisciplinary teams should be established in the major neuroscience centres in Dublin and Cork. Defined sessions in each of the four other Dublin based neuroscience centres – St Vincent's University Hospital, St James's Hospital, Tallaght Hospital and Mater Misericordiae University Hospital should be funded to allow a named key clinician take the lead in developing regional neuropsychiatry services. There will also be a requirement for in-patient neuropsychiatry beds for both assessment and management of the most complex cases. A national in-patient neuropsychiatry unit with six to ten beds will ideally be based in or near a clinical neuroscience centre and have a working relationship with neurology and rehabilitation medicine.

RECOMMENDATION 15.6.2:
As a national resource, a special neuropsychiatric in-patient unit with six to ten beds should be established.

RECOMMENDATION 15.6.3:
Facilities for videoconferencing and telemedicine should be considered to extend the expertise located in these units nationally, and to enable them to become a consultation and training resource. Continuing care needs of neuropsychiatry patients are best provided in consultation with rehabilitation medicine services and recovery and rehabilitation mental health services. Mental health services for older persons are best positioned to address the continuing care needs of early-onset dementia patients. Guidelines and service agreements for this will be required and must be developed.

RECOMMENDATIONS: NEUROPSYCHIATRY
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2. As a national resource, a special neuropsychiatric in-patient unit with six to ten beds should be established.
3. Facilities for video-conferencing and telemedicine should be considered to extend the expertise located in these units nationally, and to enable them to become a consultation and training resource.