

Home Based Treatment Team 2011

EXECUTIVE CATCHMENT AREA	Galway, Mayo, Roscommon
HSE AREA	HSE West
MENTAL HEALTH SERVICE	Portumna
NAME OF TEAM	Home Care Intervention Team, Portumna
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	31 May 2011

PROFILE OF SERVICE

Through discussion a need for such a service was identified and members of the multidisciplinary team (MDT) travelled to Clondalkin in Dublin to meet with the Home Based Treatment Team there. It was identified that certain service users in the acute phase of their illness needed intense periods of care and treatment at home. This Home Care Intervention Team (HCIT) had been instigated on a pilot basis only for a period of one year. The HCIT was based in Waterview House in Portumna and shared the premises with a social worker, a psychologist and an addiction counsellor. The HCIT saw itself as an extension of the day hospital (Alorstar Day Hospital, Portumna). The HCIT consisted of an ADON, a Home Care Team Co-ordinator (CNM2), a staff nurse and a multi-task attendant (MTA). Hours of service were from Monday to Friday 0900h to 1730h.

PROFILE OF SERVICE USERS

The service users identified were people who spent up to ten-week periods as in-patients in St. Brigid's Hospital, Ballinasloe and following discharge could only cope with two or three weeks at home and then were again admitted as in-patients for another lengthy period. This targeted brief intervention had reduced significantly the number of in-patient stays. The predominant age group of service users was between 30 and 64 years of age, who had an enduring mental illness with acute periods. Once targeted brief intervention had been carried through, then the team pulled back to allow the service user regain independence before becoming too reliant on the HCIT. When an intervention was made by the service a plan of care was developed by the team and with the service user and family where appropriate. Most service users had been discharged as in-patients from St. Brigid's Hospital, while others were referred from outpatients. Between 1 January 2010 and 31 December 2010 the HCIT had carried out 1,013 clinical interventions and 161 MTA interventions.

CURRENT SERVICE PROVISION

There was no waiting list. A service user satisfaction survey had been carried out in which twenty-four questionnaires were mailed and twenty-two completed questionnaires were returned. A satisfaction rating of 98% was the outcome. The team also had a service user information leaflet. The HCIT was on a pilot basis only and whether the service continued was uncertain although an excellent cost-effective and efficient business plan for the continuation of the service had been submitted by senior nursing staff. Risk assessment tools were used and assessment tools such as the Beck Depression Scale were also used. Service users were linked to outpatients clinics following discharge from the home care intervention team.

GOVERNANCE

There was a full suite of policies for East Galway Mental Health Services. The HCIT had a policy on working alone and a log book was entered to let staff know where any member of the HCIT was at any given time. The service stated it was very aware of not creating an overlap with the service provided by the rehabilitation team.

OVERALL CONCLUSIONS

The Home Care Intervention Team offered targeted brief intervention for people with enduring mental health problems who were experiencing acute difficulties. It was evidence that these interventions

were reducing acute in-patient bed usage and length of stay. Senior nursing staff had come up with an efficient and cost-effective business plan to ensure the expansion of the service.

RECOMMENDATIONS 2011

1. The Home Care Intervention Team should continue on a permanent basis.