Home Based Treatment Team 2011

EXECUTIVE CATCHMENT AREA	Dublin West / Dublin South East / Dublin South City
HSE AREA	Dublin Mid-Leinster
MENTAL HEALTH SERVICE	Tallaght
NAME OF TEAM	Home Based Treatment Team
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	1 June 2011

PROFILE OF SERVICE

Function:

The function of the home based treatment team (HBTT) was to provide mental health services to service users in their own homes, when for a variety of reasons they were unable to attend regular services in the community or approved centre. The other function of the HBTT was to assist service users to manage their mental illness in their home setting as an alternative to hospital admission to the Department of Psychiatry in AMNCH. The HBTT was established in 2004 and provided a home based service to adults in the sector catchment area. The operating hours were 0900h to 1700h, Monday to Friday.

Criteria for Involvement:

The HBTT accepted service users for referral who required urgent intervention and assessment of their mental illness and were unable to attend out-patient clinics, day hospital or community services or who were poorly compliant with attendance at regular community services and were at risk of relapse if not followed up.

Frequency of Visits:

Service users utilising the services of the HBTT were seen as frequently as necessary by the team, sometimes two or three times per day. Two members of the team travelled together to the service user's home for initial assessments and whenever it was deemed necessary for safety reasons. The frequency of visits diminished as a person recovered from the acute phase of their illness. Carers and other family members were often seen during these home visits.

Location:

The HBTT was based in a designated room in Sheaf House, on the same floor of the building which housed the day hospital, day centre and sector headquarters. The building was leased from a voluntary sector organisation also engaged in the provision of mental health services. The service user's clinical files were also stored in the building and there was one composite set of clinical file used by the whole service.

Team Members:

There were seven full-time members of staff on the team:

- 1 Clinical Nurse Manager 2 (CNM 2)
- 1 Clinical Nurse Specialist (CNS)
- 4 Staff Nurses
- 1 Occupational Therapist
- In addition, a student nurse was attached to the team at times.

One member of the team was a Nurse Prescriber, a facility which greatly benefited the team. Two team members had received training in Cognitive Behaviour Therapy (CBT) for Psychosis and two more were due to receive training in family therapy.

PROFILE OF SERVICE USERS

In 2010, there were 93 referrals to the HBTT; 67 service users were discharged from the service in the same period. In general, service users were referred by the Community Mental Health Team (CMHT) or from the day hospital, and were seen within 24 hours in most cases. On recovery from the acute phase of an illness, service users were discharged to the out-patient clinic, or the day hospital. On occasion, due to deterioration in their condition, service users were admitted to the approved centre from the HBTT.

CURRENT SERVICE PROVISION

Caseload:

The caseload at the time of inspection was 42 service users, 11 of whom had been attending the HBTT for longer than one year. Fifteen service users had been referred from the approved centre on discharge. One service user was availing of the service since it began in 2004 and was being seen once or twice per week.

A number of clinical files were reviewed by the Inspectorate. All service users had individual care plans which were written in consultation with the service user within two weeks of their first assessment by the HBTT. Following assessment, visits were carried out daily initially, gradually reducing in frequency as the service user's mental illness improved. Medication was administered to service users in their home initially if required. Members of the HBTT referred service users to other members of the multidisciplinary team, day hospital or other agencies as required. When service users had been referred from the approved centre, members of the HBTT visited them in the approved centre prior to discharge. Discharge plans from the approved centre were drawn up approximately two weeks before discharge and the HBTT were involved in this process. Service users of the HBTT also attended the out-patient clinic for review by the medical staff.

GOVERNANCE

Policies:

There were policies and procedures on risk management, conducting home visits, clinical file management, admission criteria to the HBTT and admission to the approved centre from the HBTT. There were also policies regarding communication with internal and external agencies. A number of assessment tools were used by the HBTT, including Risk Of Violence Assessment (ROVA), Hamilton Rating Scale, the Positive and Negative Syndrome Scale (PANSS). The HBTT accepted referrals of persons with an intellectual disability and mental illness, but staff had not yet received specific training in dealing with service users with both conditions.

OVERALL CONCLUSIONS

The home based treatment team (HBTT) was a well established service based in Sheaf House in Tallaght and provided care and treatment to service users of the mental health services in the catchment area within their homes in conjunction with the service user's families and carers as an alternative to hospital admission. The HBTT was an integral part of the community mental health services with well established links to the Department of Psychiatry in the Adelaide and Meath Hospital which incorporates the National Children's Hospital (AMNCH), general practitioners and both state and voluntary agencies.

RECOMMENDATIONS 2011

1. The team should carry out a review of the current caseload to determine whether input from the team was still considered necessary.

2. The HBTT should undertake an audit of the effectiveness of the service in ensuring that the interventions of the HBTT assist the services users in being admitted to the approved centre only as a last resort to further treatment.

3. With the possible introduction to the community mental health services in the catchment area of an outreach team, the service should ensure that there is a clear differentiation between these services to ensure there is no duplication of services.