

# **Service user profile and activities of an Irish home-based psychiatric treatment service (2011-2015)**

**O’Keeffe B, Gulzar M, Gill M, Bannon H, O’Connor D, Dunlop L, McGovern  
S, Kim S, Russell V.**



# Disclosure Statement / Declaration of Interest

- None

# I. INTRODUCTION

## Definition of Home Care Treatment

- "Crisis resolution" or "Home Treatment" teams treat people with a mental health "crisis"
- The home based team will have a gate keeping role, to ensure they are treated in the least restrictive environment possible
- provided as an alternative to hospital and
- facilitate early discharge from in-patient care.



# I. INTRODUCTION: Positive Evidence

- Reductions in numbers of admissions
- Falls in costs
- Greater satisfaction among service users
- Fairly good staff satisfaction and low burnout

Johnson 2013

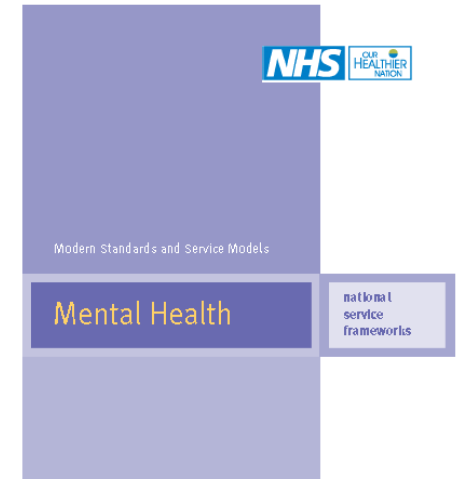
***“Crisis resolution and home treatment teams were found to be both clinically effective and cost-effective, with benefits including substantial reductions in probability of hospital admission and greater service user satisfaction.”***

Improving outcomes for people in mental health crisis: a rapid synthesis of the evidence for available models of care. Paton F, et al

Health Technol Assess 2016 Jan; 20(3):1-162.

# I. INTRODUCTION - UK Policy

*The Mental  
Health Policy  
Implementation  
Guide*



In 2000, the Department of Health for England recommended the **creation of crisis resolution and home treatment teams (CRHTs)**.

- Aim was to reduce the number and length of hospital admissions
- Gate-keeping was seen as pivotal to their success (National Audit Office, 2007)

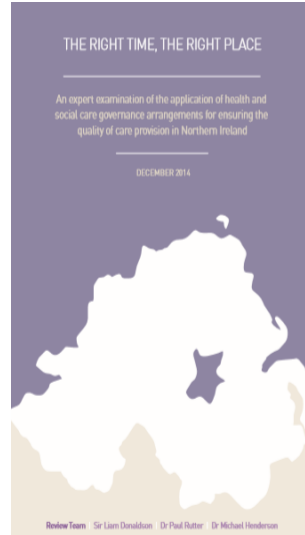
*Department of Health (2000) The NHS Plan: A Plan for Investment, A Plan for Reform. TSO (The Stationery Office).*

*Department of Health (2001) Crisis Resolution/Home Treatment Teams: The Mental Health Policy Implementation Guide. Department of Health.*

# I. NI POLICY - BAMFORD REVIEW 2005

THE REVIEW OF MENTAL HEALTH AND LEARNING DISABILITY  
(NORTHERN IRELAND)

## A Strategic Framework for Adult Mental Health Services



### Standard 4. Effective Crisis Services

- Comprehensive provision of **24/7 appropriately resourced Home Treatment Services**
- A single system of acute and crisis provision including Home Treatment, Day Hospital, Step-up, Step-down and Inpatient services

### 14. In Times of Crisis - Recommendations

29. HT services **must be available** and accessible to each provider's catchment area, on a 24 hour basis subject to demand, accessible to general practitioners, A&E departments, CMHTs, social services and police.

30. HT services **must become the gatekeeper** for hospital admissions.

### DELIVERING THE BAMFORD VISION

The Response of the Northern Ireland Executive  
to the Bamford Review of Mental Health and  
Learning Disability

ACTION PLAN 2012-2015

June 2005

Integrated Projects Unit  
November 2012



# I. INTRODUCTION – A Vision for Change 2006



**Home-based treatment teams** should be identified within each CMHT and provide prompt services to known and new service users as appropriate. This sub-team should have a gate keeping role in respect of all hospital admissions.

(RECOMMENDATION 11.10)



A Vision for Change  
Monitoring Group

**Independent Monitoring  
Group**

*A Vision for Change – the  
Report of the Expert Group on  
Mental Health Policy*

Sixth Annual Report on  
implementation  
2011

June 2012

**All vision but no change?**

**Determinants of implementation: the case of  
Ireland and mental health policy. (2014)**

Helen Johnson

Institute of Public Administration

“slow and inconsistent”



# I. INTRODUCTION

## Joint Conference-November 2016



**International Conference of the  
College of Psychiatrists of Ireland  
& the Royal College of Psychiatrists  
in Northern Ireland**

WORKING TOGETHER

**SLIEVE RUSSELL HOTEL, CAVAN**

10th & 11th NOVEMBER 2016

CHAIR: PROF VINCENT RUSSELL

CRANAGHAN SUITE 1

W2016.9

**ARE WE THERE YET? THE CURRENT STATUS OF HOME TREATMENT IN IRELAND**  
DR KAREN O' CONNOR, SOUTH LEE MENTAL HEALTH SERVICES, CORK, DR BEN O'KEEFFE, CAVAN MENTAL HEALTH SERVICES, DR PAT GIBBONS, CELBRIDGE HEALTH CENTRE, CO. KILDARE, & DR NETA CHADA, SOUTHERN HEALTH AND SOCIAL CARE TRUST, BELFAST

This symposium will present a profile of the current status of home treatment services in Ireland. Our aim is to facilitate networking and helpful discussion among clinicians and service managers on the challenges and opportunities that surround this service model and its future development in Ireland.

## Home treatment services for acute mental disorders: an all-Ireland survey

B. O'Keeffe<sup>1,\*</sup> and V. Russell<sup>2</sup>

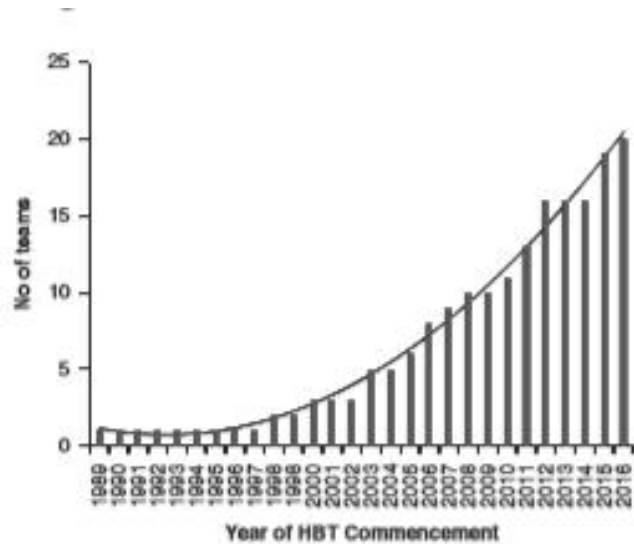


Fig. 1. Cumulative increase in home-based treatment (HBT) teams from 1989 to 2016.

This development however, while facilitated in part by mental health policy, has **been limited in geographic scope, inconsistent and notably lacking in national coordination.**

Geographic spread of HBT services across the island of Ireland was patchy with an aggregation of teams in certain urban and rural areas, while large swathes of the country remain without any HBT service provision.

A high degree of variability in the manner in which individual teams operated and an overall lack of progress in implementation of national mental health policy with respect to standards and resourcing.

# I. INTRODUCTION – Irish Evaluation Studies

## Building Blocks:

Evaluation of a Home Based Service for Patients with Acute Mental Illness in North Kildare



Dr. Pat Gibbons, MD, MRCPsych.  
Angela Cocoman, RPN, FFNRC SI, MSc.  
2006



## Home-based treatment and psychiatric admission rates: Experience of an adult community mental health service in Ireland

International Journal of Psychiatry in Clinical Practice 16(4):300-6. June 2012

Iqbal N, Nkire N, Nwachukwu I, Young C, Russell V. (2012)

Irish Journal of Psychological Medicine, page 1 of 5. © College of Psychiatrists of Ireland 2017  
doi:10.1017/ipm.2017.79

## Home-based crisis team in North Cork service description and patient-related outcomes

G. Lalevic<sup>1\*</sup>, A. Suhail<sup>2</sup> and H. Doyle<sup>3</sup>

<sup>1</sup> St. Michael's Psychiatric Unit (HSE), Mercy University Hospital, Cork, Ireland

<sup>2</sup> Acute Mental Health Unit, Cork University Hospital (HSE), Wilton, Cork, Ireland

<sup>3</sup> North Cork Catchment Area (HSE), St Stephens Psychiatric Hospital, Cork, Ireland



## EVALUATION OF A HOME CARE SERVICE FOR PATIENTS WITH ACUTE MENTAL ILLNESS

IN DUBLIN SOUTH EAST MENTAL HEALTH SERVICES



MS. MIDGE CONBOY-BROWNE, RNI, BSN, BSc (PSYCHOLOGY) PG Dip (EDUCATION)  
DR. EDDIE MCCANN, BMH, MSc, PhD, PG Dip FHEA TRINITY COLLEGE DUBLIN  
MS. FINOLA STEEMERS, BSN

28 APRIL 2010

SHORT REPORT

# Five Years from 2006-2011

*Int J Psychiatry Clin Pract* 2014; 18: 125–130. © 2014 Informa Healthcare  
ISSN 1365-1501 print/ISSN 1471-1788 online. DOI: 10.3109/13651501.2013.838631

ORIGINAL ARTICLE

## Profile and activities of a rural home-based psychiatric treatment service in Ireland

Izu Nwachukwu<sup>1</sup>, Nnamdi Nkire<sup>2,3</sup> & Vincent Russell<sup>4</sup>

<sup>1</sup>*Department of Psychiatry, St. Senan's Hospital, Wexford Mental Health Service, Enniscorthy, Wexford, Ireland,* <sup>2</sup>*Department of Molecular and Cellular Therapeutics, Royal College of Surgeons in Ireland (RCSI), Dublin 2, Ireland* <sup>3</sup>*Department of Rehabilitation Psychiatry, Cavan- Monaghan Mental Health Service, Cavan, Ireland,* and <sup>4</sup>*Department of Psychiatry, Penang Medical College, Penang, Malaysia*

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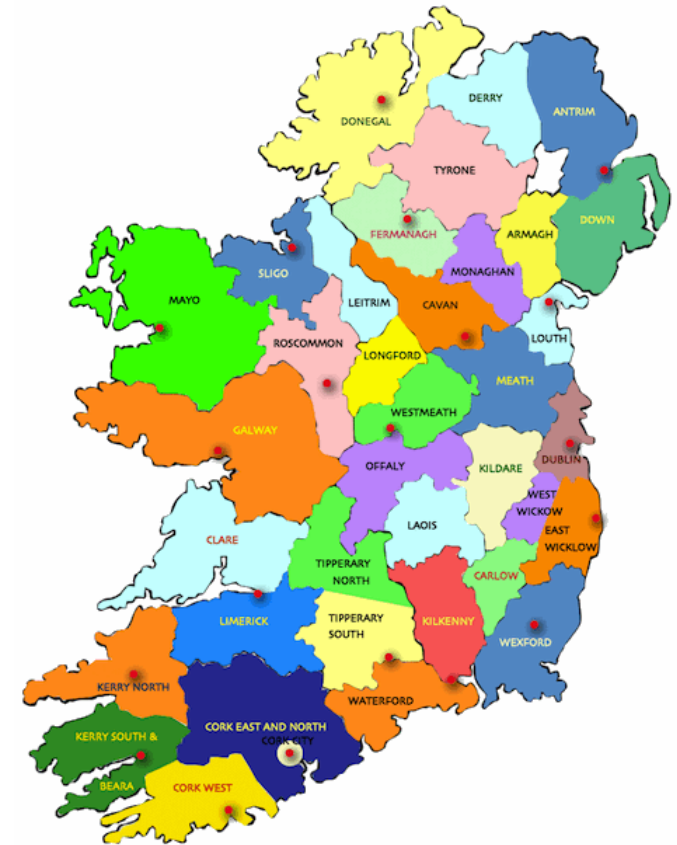
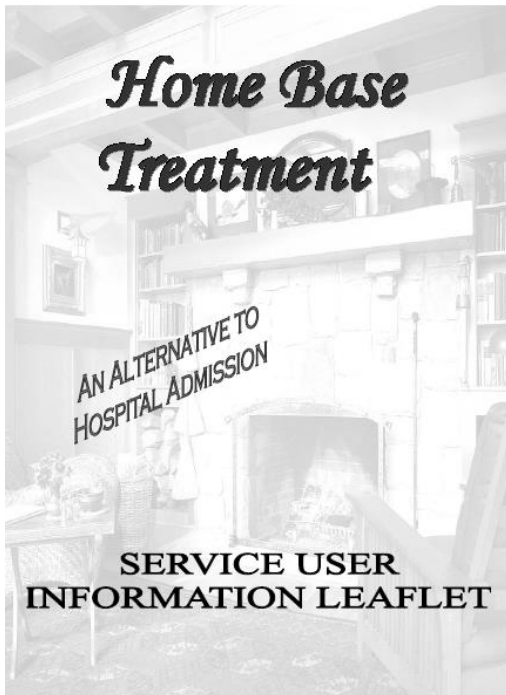
International Journal of  
**Psychiatry** in  
Clinical Practice

[informahealthcare.com/ijpcp](http://informahealthcare.com/ijpcp)

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## II. AIM

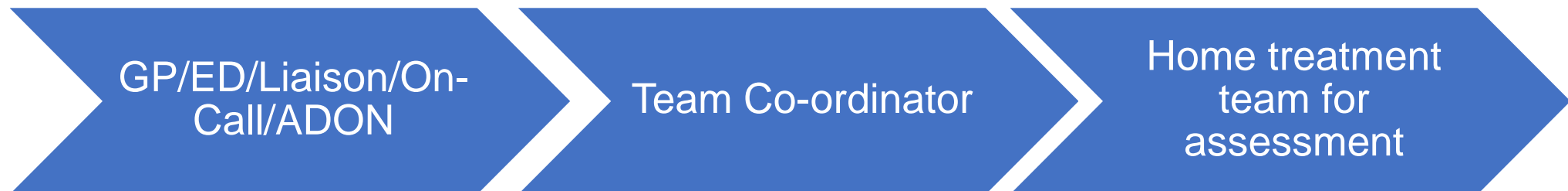
To describe the service user profile and activities of the Cavan HBT team from 2011-2015.



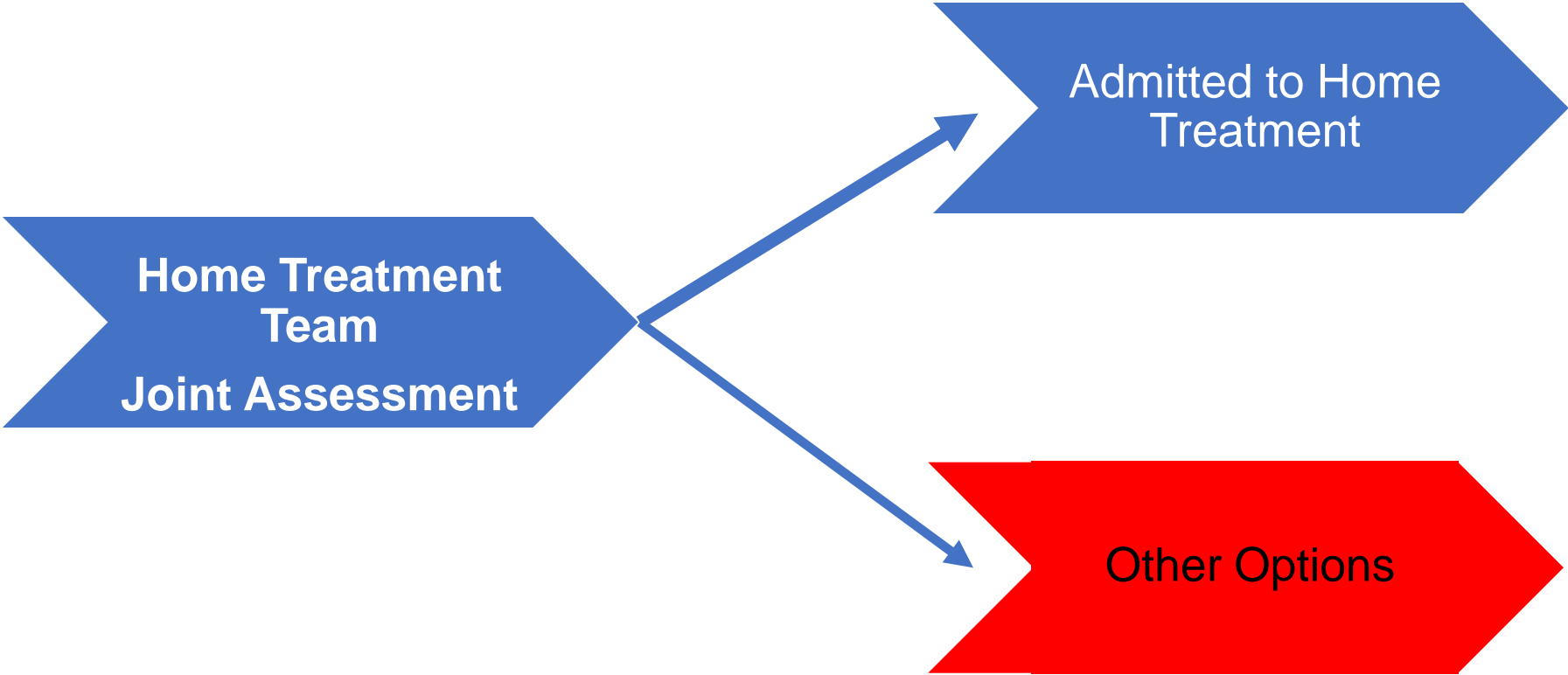
## II. AIMS – Study Location

- **Cavan Monaghan Mental Health Service** has delivered a multidisciplinary HBT service since 1998
- Working on a 7 day, 9.00 am – 7.00 pm basis
- With joint medical/nursing assessment of acute referrals as a **standard** gatekeeping activity.

### Referral Pathway



# Home Based Treatment Assessment Pathway



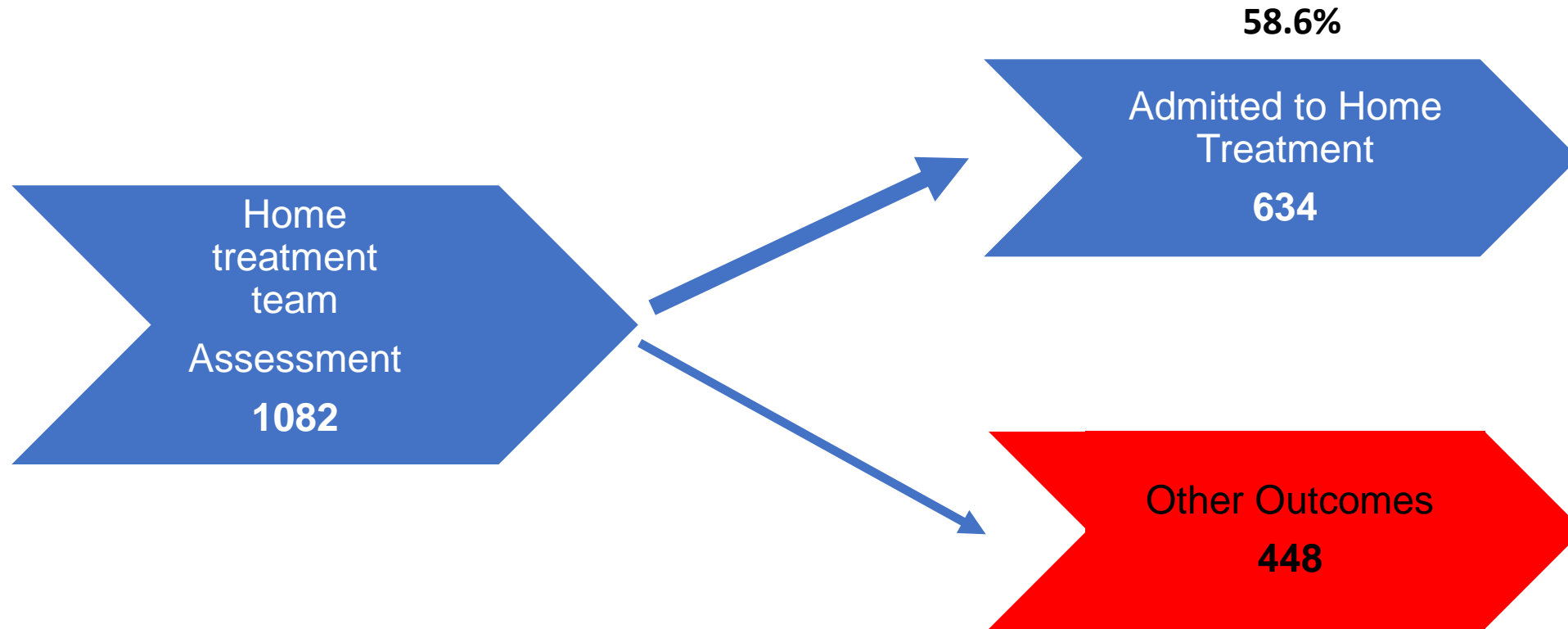
### III. METHODS

- Information on patient demographics, referral details, team activity and disposition on discharge between 2011 and 2015 was retrieved from the Cavan HBT database.
- Data were analysed using Excel and SPSS version 25.



# IV. RESULTS

Of **1082** HBT assessments undertaken from 2011-2015.



Other Outcomes

448

Irish Journal of Medical Science (1971 -) (2018) 187 (Suppl 7):S231–S235  
<https://doi.org/10.1007/s11845-018-1869-z>

ABSTRACTS

**Proceedings of the Psychiatry Section of the Royal Academy of Medicine in Ireland (RAMI) and the Faculty of Academic Psychiatry of the College of Psychiatrists of Ireland, BST and HST competition. Venue: Lecture Theatre, RCPI, 6, Kildare Street Dublin 2 on Thursday 24<sup>th</sup> May 2018**



### **Can home-treatment teams fulfil an effective gatekeeping role?**

Benjamin O'Keeffe<sup>1</sup>, Mutahir Gulzar<sup>2</sup>, Melissa Gill<sup>2</sup>, Dan O'Connor<sup>2</sup>, Helen Bannon<sup>2</sup>, Laura Dunlop<sup>2</sup>, Vincent Russell<sup>2</sup>.

<sup>1</sup>Finglas Community Mental Health Service, Century Business Park, Finglas, Dublin 11

<sup>2</sup>Cavan/Monaghan Mental Health Service, Drumalee Business Park, Cavan

<sup>3</sup>RCSI Psychiatry, RCSI Education and Research Centre, Beaumont, Dublin 9.

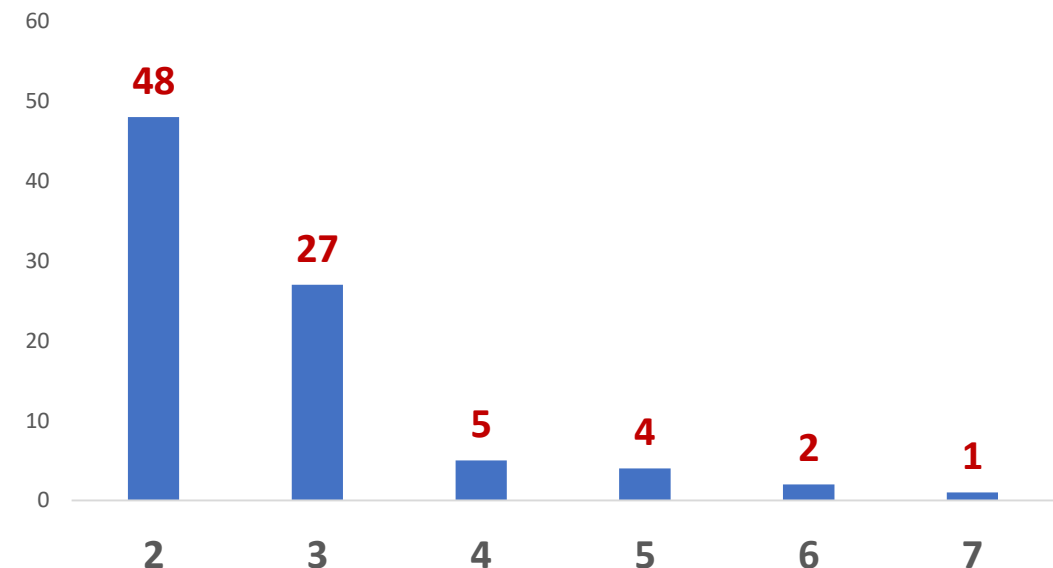
# IV. RESULTS - SUMMARY

- **58.6% (n=634) were accepted for home treatment**
- **Referral sources included:**
  - **Psychiatric inpatient unit 27.4% (n=174)**
  - **GPs 27.3%**
  - **Community Mental Health Teams 25.8% (n=164)**
  - **General hospital wards or emergency department (9.6%)**
  - **Self-referrals (6.3%).**
- **Reasons for referral included:**
  - **low mood, with or without suicidal ideation 42.58%**
  - **to facilitate inpatient discharge 27.7%**
  - **psychotic illness 12.9%**
  - **mania (6.5%),**
  - **personality disorder/crisis (5.2%)**
  - **anxiety symptoms (2.5%).**

## • Type of referral

- **New: 336 (53%)**
- **Re-referrals: 295 (46.5%)**

## • Multiple admissions to Home Treatment



# Comparison between both 5-year cohorts

	2006-2010	2011-2015
<b>Numbers</b>	783 referred → 722 admitted to HBT (92%)	1082 referred and assessed → 634 admitted to HBT (58.6%)
<b>Referral Source</b>	<b>GP 51% (n= 400)</b> <b>Step-down care 18% (n = 142)</b> MDT/ED: 24% Self-referrals 7% (n = 53)	<b>GP 27.3% (n=173/634)</b> <b>Step-down care 27.4% (n=174/634)</b> MDT 25.8% (n=164/634) LIAISON/ED 9.6% (n=61) Self-referrals 6.3% (n=40/634)
<b>Referral Type</b>	<b>New: 52.7% (n= 413)</b> Re-referrals: 310 (39.6%) Missing: 60 (7.7%).	<b>New: 52.99% (n=336)</b> Re-referrals: 46.52% (n=295) Missing: 2 (0.3%)
<b>Reason for referral</b>	<b>Low Mood 26% (n = 204);</b> Suicidal ideation 24% (n =190) Psychotic symptoms 23% (n=179) Elated mood 11% (n = 83) Anxiety symptoms 9% Stepdown care 7%	<b>Low Mood 34.8% (n=221)</b> Stepdown care 27.7% (n=176) Psychotic Illness 12.9% (n=82) Suicidal ideation 7.7% (n=49) Mania/BPAD 6.5% (n=41) Crisis/Personality 5.2% (n=33) Anxiety 2.5% (n=16)

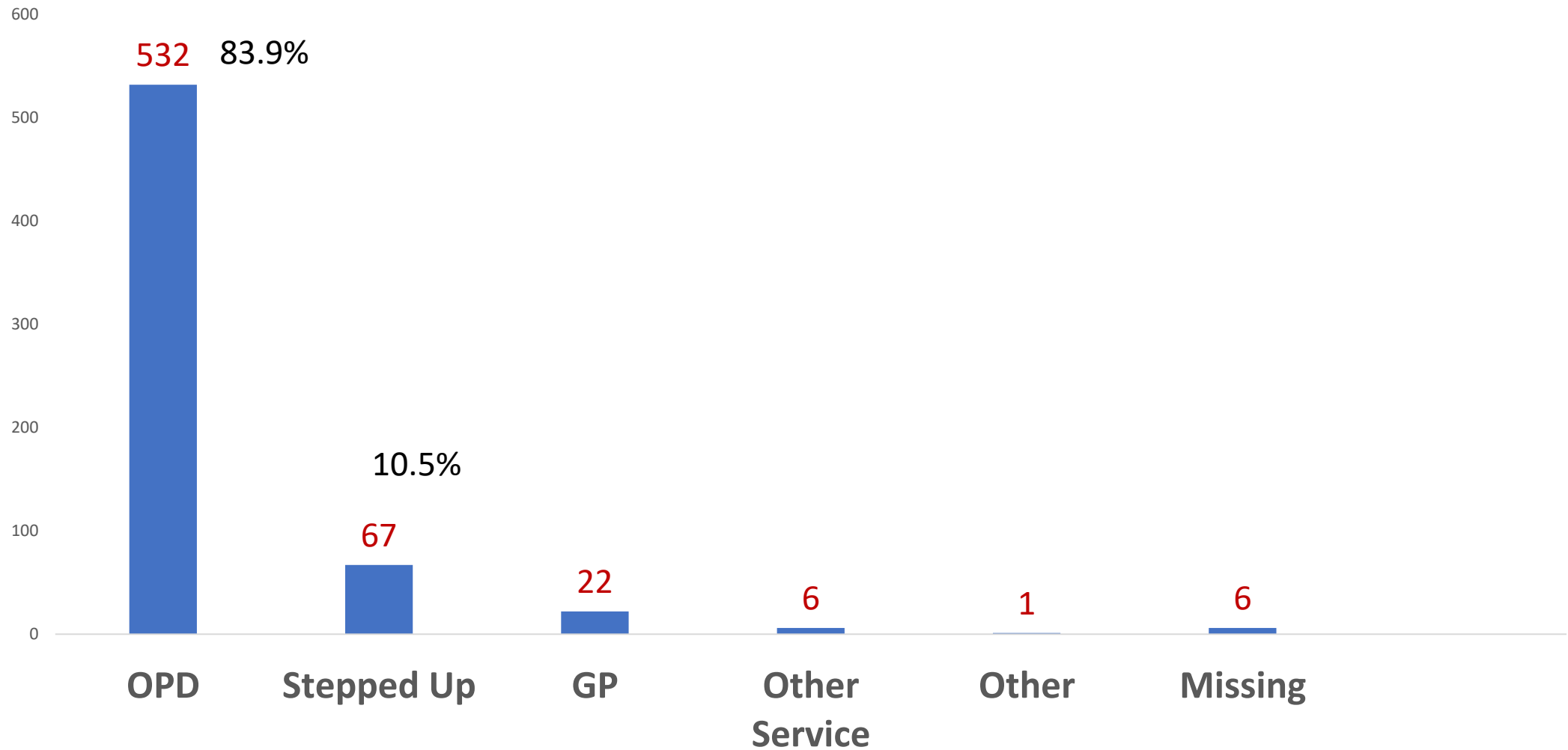
## IV. RESULTS - SUMMARY

- **Mean age of HBT admissions was 39.2 years (SD: 14.20); Range:16-80**
- **50.3% Male**
- **53.9% Single (Married 39.3%, Separated/Widowed, 6.15%)**
- **49% Unemployed (Employed 36.3%, Student 7.6%, Retired 5%)**
- **Average duration of HBT care was 25 days (Median 18)**
- **The mean number of HBT**
  - **Clinical contacts = 15.7**
  - **Domiciliary visits = 8**
- **On discharge, immediate follow-up was predominantly by the CMHT (83.9%), while 67 (10.6%) required stepped-up inpatient care.**

	2006-2010	2011-2015
<b>Age</b>	Mean age of <b>41.5 years</b> Range 18 – 80 years	<b>Mean age: 39.23 years</b> Range: 16-80 SD: 14.20 Median: 39
<b>Gender</b>	<b>Females</b> (51%, n = 400)	<b>Male:</b> 50.3% (n=319) Female: 49.7% (n=315)
<b>Marital/Civil status</b>		<b>Single</b> 53.4% (n=339) Married 39.2% (n=249) Sep/Widowed 6% (n=39)
<b>Employment status</b>		<b>Unemployed</b> 49% (n= 310/634) Employed 36.2% Student 7.5% Retired 5.2% Missing 2%

	2006-2010	2011-2015
<b>Duration</b>	The mean duration of admissions was <b>29</b> days (SD = 30.8 days).	Mean: <b>24.96</b> days, Median: 18 days SD: 23.86 days, Range: 1-245
<b>Clinical Contacts</b>		Mean: 15.76 Median: 11.5 SD: 15.95, Range: 0-147
<b>Home Visits</b>	The mean number of home visits by the entire team per month was 120 (SD=40.3; Range = 43– 260) representing a <u>mean of 15 home visits per patient per month.</u>	Mean no of home visits: 7.9, Median: 5 SD: 8.2, Range: 80
<b>Outcomes</b>	<b>OPD 77%</b> (n = 604) GP Care: 5% (n = 40)	<b>OPD/MDT 83.9%</b> (n=532)- GP Care 3.47% (n=22)
<b>Admission from HBT to Hospital</b>	<b>10%</b> admission rate (n=78)	<b>10.5%</b> admission rate (n=67)

# IV. RESULTS – Outcomes (n=634)

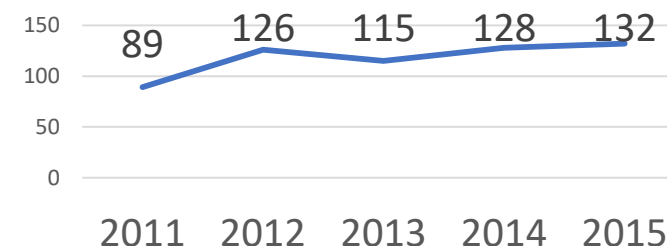




# Limitations

- Referral Symptoms do not necessarily reflect later diagnoses
- Descriptive statistics only
- Dependent on veracity of entries in Home Treatment Log/database

# V. DISCUSSION



## Compared with the 2006-2010 period

- an increase in the number of referrals/assessments for HBT
- a decrease in the numbers accepted
- reduced duration of HBT admission.
- 50% reduction of HBT referrals from GPs
- low mood +/- suicidality remains the commonest reason for referral
- increased use of HBT as a stepdown from acute inpatient admission
- pattern of service delivery was otherwise unchanged, including the rate at which patients required inpatient admission from HBT - approximately 10%.

# V. DISCUSSION

- Vision for Change policy is being successfully being implemented in Cavan
- In spite of increased demand, home treatment team continues to operate and to actively gatekeep/triage.
- HT admission reserved for those that need it and require intensive community treatment
- Cavan Home treatment team
  - Low level of attrition in team
  - Experience of team
  - Strong clinical governance
- ? National Forum - More service implementation evidence

# Take Home message

Do Not Send

  
~~“Send the patient to the ED!”~~

**There are much better options!**



# Thank You!

- The Team in Cavan and Monaghan
- College of Psychiatrists of Ireland
- Northern Ireland Division of Royal College of Psychiatrists

# Some Irish References

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