

# Intensive home Treatment in the Netherlands

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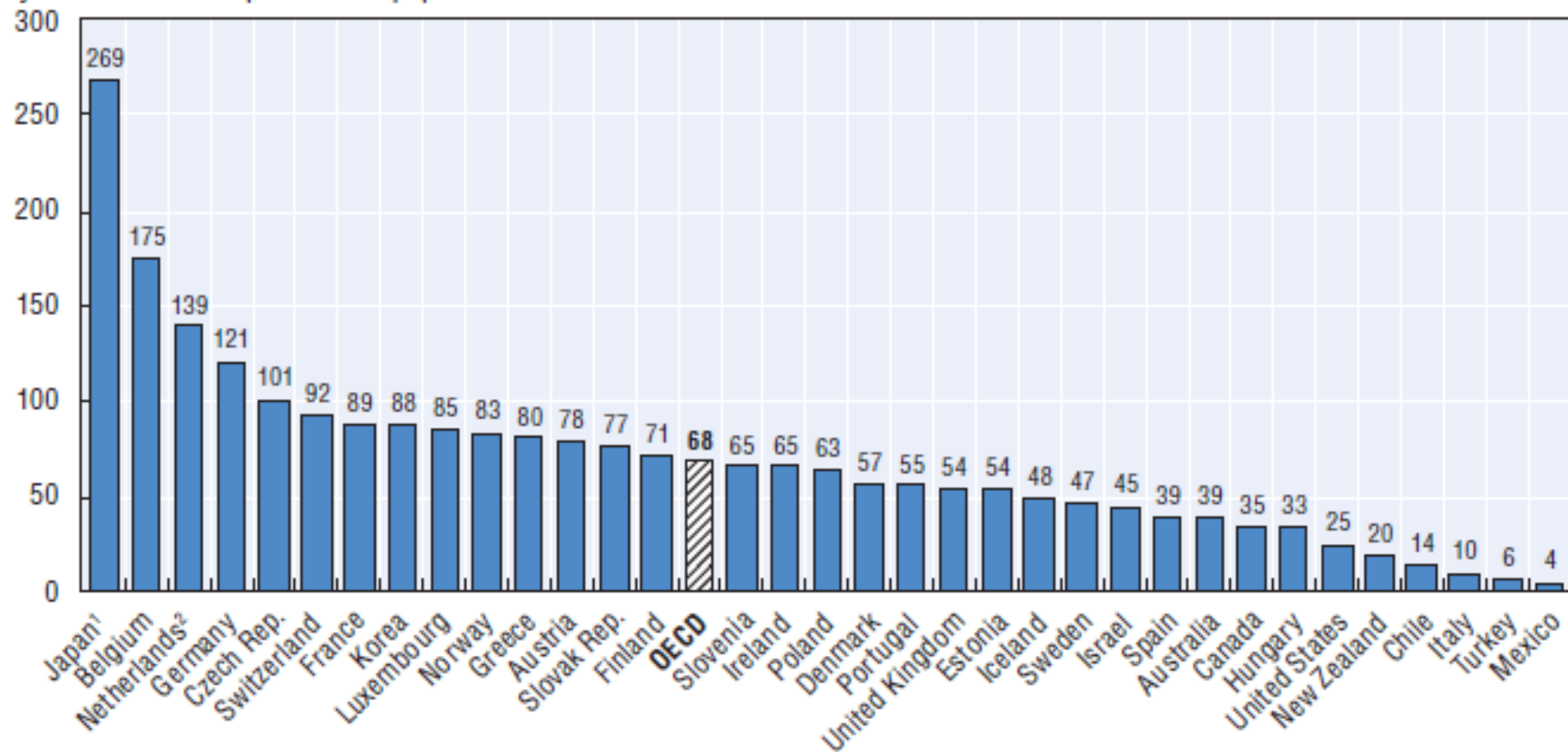
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# Introduction

- The number of in-patient beds for psychiatric treatment in the Netherlands is high
  - Is that a bad thing?
  - Harmful effects of admission
  - Coercive measures

Psychiatric care beds per 100 000 population



1. In Japan, a high number of psychiatric care beds are utilised by long-stay chronic patients.
2. In the Netherlands psychiatric bed numbers include social care sector beds that may not be included as psychiatric beds in other countries.

Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

**Table 1**

Number per 100,000 population of conventional psychiatric inpatient beds, involuntary hospital admissions, forensic beds, places in residential care and supported housing, and prison population in nine European countries, 1990, 2002, and 2006

Institutional care	Austria <sup>a</sup>	Denmark <sup>b</sup>	England <sup>c</sup>	Germany <sup>d</sup>	Republic of Ireland <sup>e</sup>	Italy <sup>f</sup>	Netherlands <sup>g</sup>	Spain <sup>h</sup>	Switzerland <sup>i</sup>
Conventional inpatient beds									
1990	80.6	111.5	131.8	167.4	232.1	4.5 <sup>j</sup>	161.3	59.5	—
2002	55.9	87.6	62.8	149.8	101.2	17.8; 5.3 <sup>j</sup>	128.1	43.0	112.5
2006	53.1	75.8	59.1	153.0	79.9	16.5	136.1	35.7	105.5
Involuntary admissions									
1990	92.1	33.4	40.5	114.4	90.2	20.5 <sup>j</sup>	39.8	33.8 <sup>j</sup>	—
2002	181.2	49.6	50.3	190.5	69.4	25.7; 18.1 <sup>j</sup>	43.0	32.1; 31.8 <sup>j</sup>	133.0
2006	228.0	57.8	50.8	237.2	54.8	21.9 <sup>j</sup>	47.9	47.6	120.0
Forensic beds									
1990	3.2	3.4	1.3	4.6	2.3	2.0	4.7	1.2	.4
2002	6.7	5.8	1.8	8.6	2.1	2.2	11.4	1.5	1.4
2006	8.2	7.0	2.5	10.5	1.7	1.9	13.7	1.6	1.3
Places in residential care and supervised and supported housing									
1990	.4	81.7	15.9	8.9	63.3	8.8 <sup>j</sup>	24.8	5.1 <sup>j</sup>	—
2002	34.6	85.6	22.3	17.9	80.3	25.6; 31.6 <sup>j</sup>	39.8	4.9; 12.7 <sup>j</sup>	33.3
2006	86.5	86.9	24.3	63.3	75.1	38.8	51.3	10.6	32.6
Prison population <sup>k</sup>									
1990	80.6	63.1	89.9	77.1	60.1	56.5	44.6	84.4	75.6
2002	92.9	63.9	137.1	90.8	77.3	99.2	100.6	123.4	67.8
2006	107.0	69.0	147.2	95.0	73.2	67.2	128.4	147.8	81.1

# Introduction

- Assertive outreach (FACT) resulted in a decline of long-term admissions.
- Acute psychiatric admissions can also be prevented (or at least curtailed) by acute short term intensive home treatment.
- Crisis resolution and home treatment model in UK

# Introduction

- Within our organisation fragmented services
  - Outpatient care/ polyclinic
    - Non-assertive/outreaching
    - Maximum weekly contact
  - day care centre
  - hospital ward for acute admissions
  - Outreach nursing team
    - Not multidisciplinary
  - Crisis service
- Integration

# Integrated care

- Integration in new IHT team
  - Crisis service
  - acute day care
  - Outreach nursing team
- Team functions between outpatient care and acute clinical wards
  - care coordination meetings



# Referrers

- Psychiatric outpatient departments
- Psychiatric inpatient departments (early discharge)
- GP's
- Police
- Alcohol and drugs services
- Social services department

# IHT model

- Asses all patients being considered for admission to acute psychiatric wards
  - Function as gatekeeper for acute psychiatric wards
- Starting care directly when it is needed
- Initiate home treatment with frequent visits
- Multidisciplinary team
- Continue home treatment until crisis has resolved and/or until transfer to other care services has succeeded
- Facilitate early discharge from acute wards by transferring inpatients to intensive home treatment.

# Essential parts

- Discussion in national platform
- Shortlist out of the 39 items from core fidelity scale for CRHT in UK
- Shortlist of 13 items

# Shortlist; the IHT-team..

- responds quickly to new referrals
- will consider working with anyone who would otherwise be admitted to adult acute psychiatric hospital
- provides a 24 hour, seven day a week service
- has a fully implemented “gatekeeping” role, assessing all patients before admission to acute psychiatric wards and deciding whether they are suitable for home treatment.

# Shortlist; the IHT-team..

- facilitates early discharge from hospital
- responds to requests for help from service users and carers whom the CRT is currently supporting
- is a distinct service which only provides crisis assessment and brief home treatment

# Shortlist; the IHT-team..

- closely involves and works with families and wider social networks
- plans aftercare for all service users
- has adequate staffing levels
- has a psychiatrist with adequate staffing levels

# Shortlist; the IHT-team..

- has effective record keeping and communication procedures to promote teamwork and information sharing between IHT staff
- mostly conducts assessments and supports service users in their home

# Research

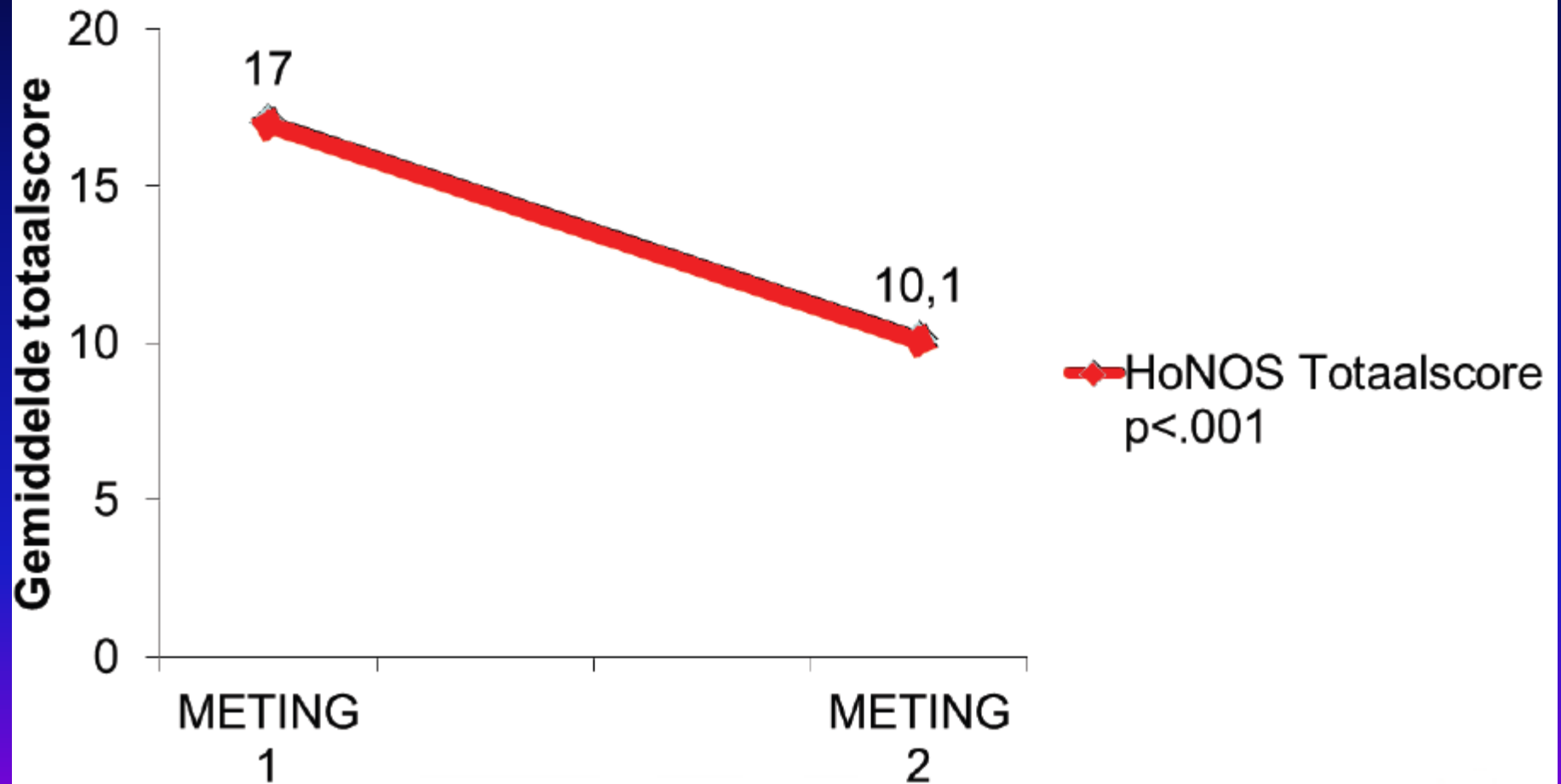
- Cohort and retrospective
- HONOS, BES, CQI
- Duration of admissions
- Reduction number of beds
- Reduction of total admissions



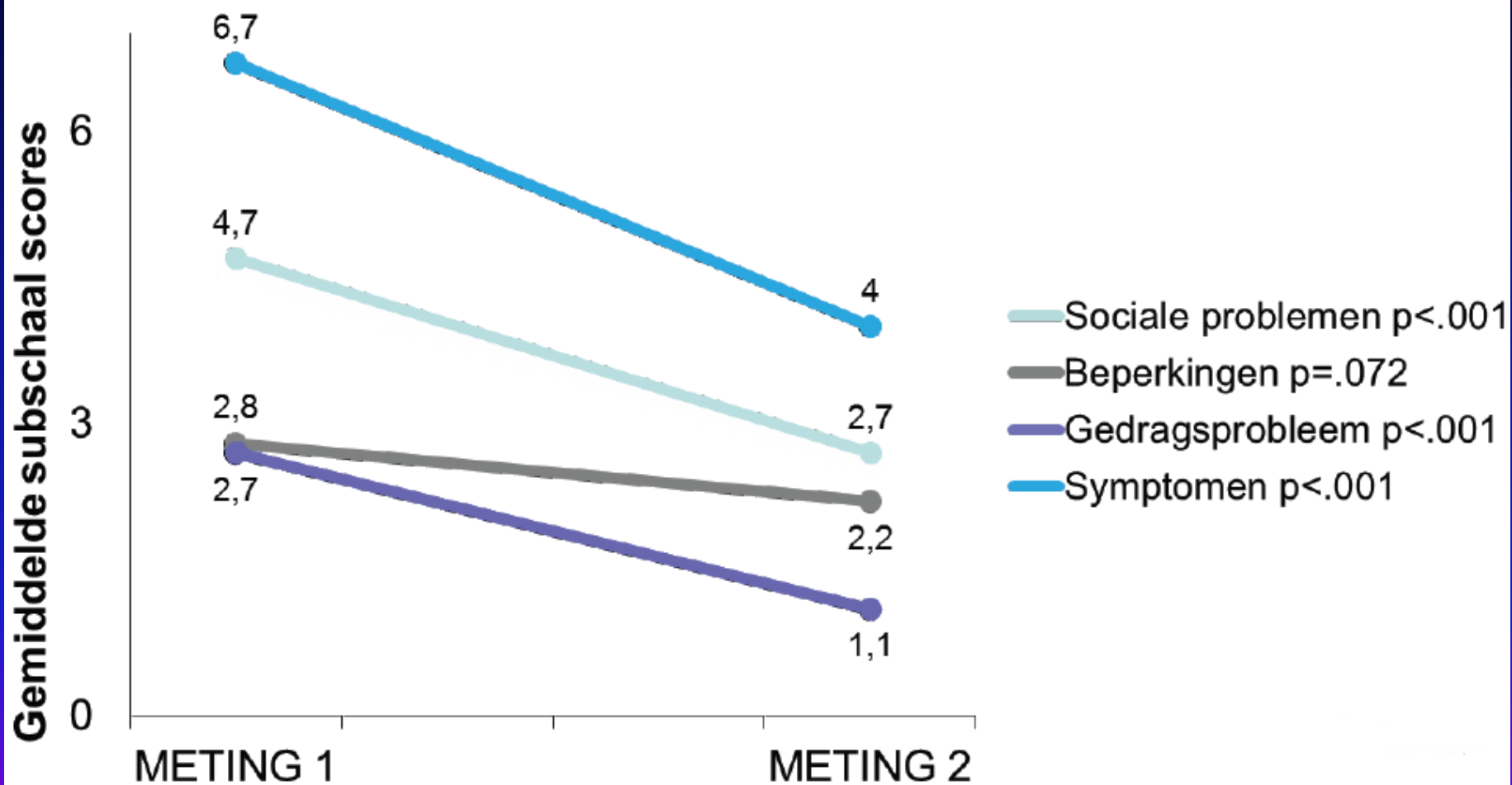
# Health of the Nation Outcome Scale

- 4 subscales
  - anti-social behaviour
  - physical and psychological impairment,
  - symptoms
  - Socio-economic factors.
- Consumer Quality Index

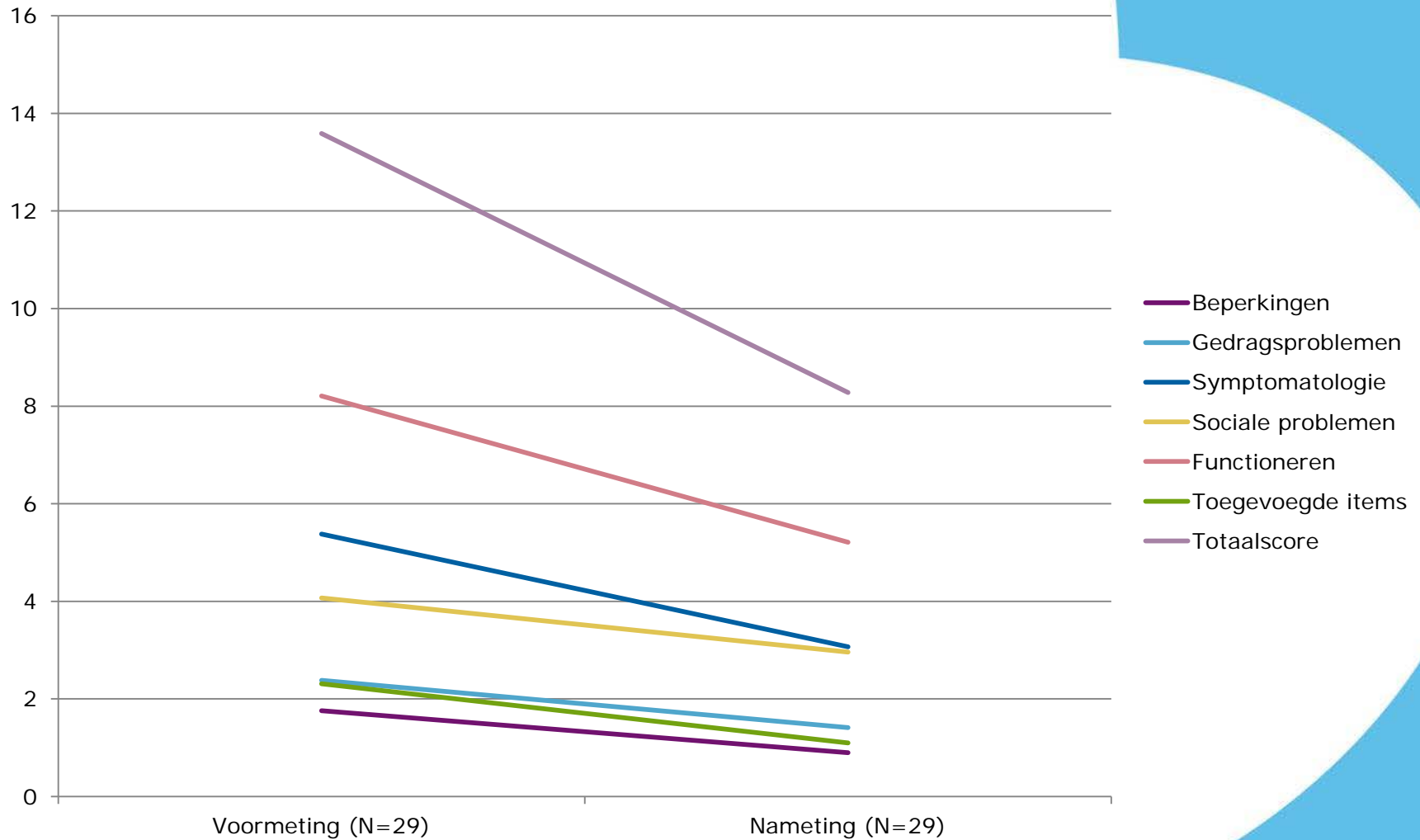
## Uitkomsten cliënten HoNOS (N=220)



## Uitkomsten cliënten HoNOS subschalen



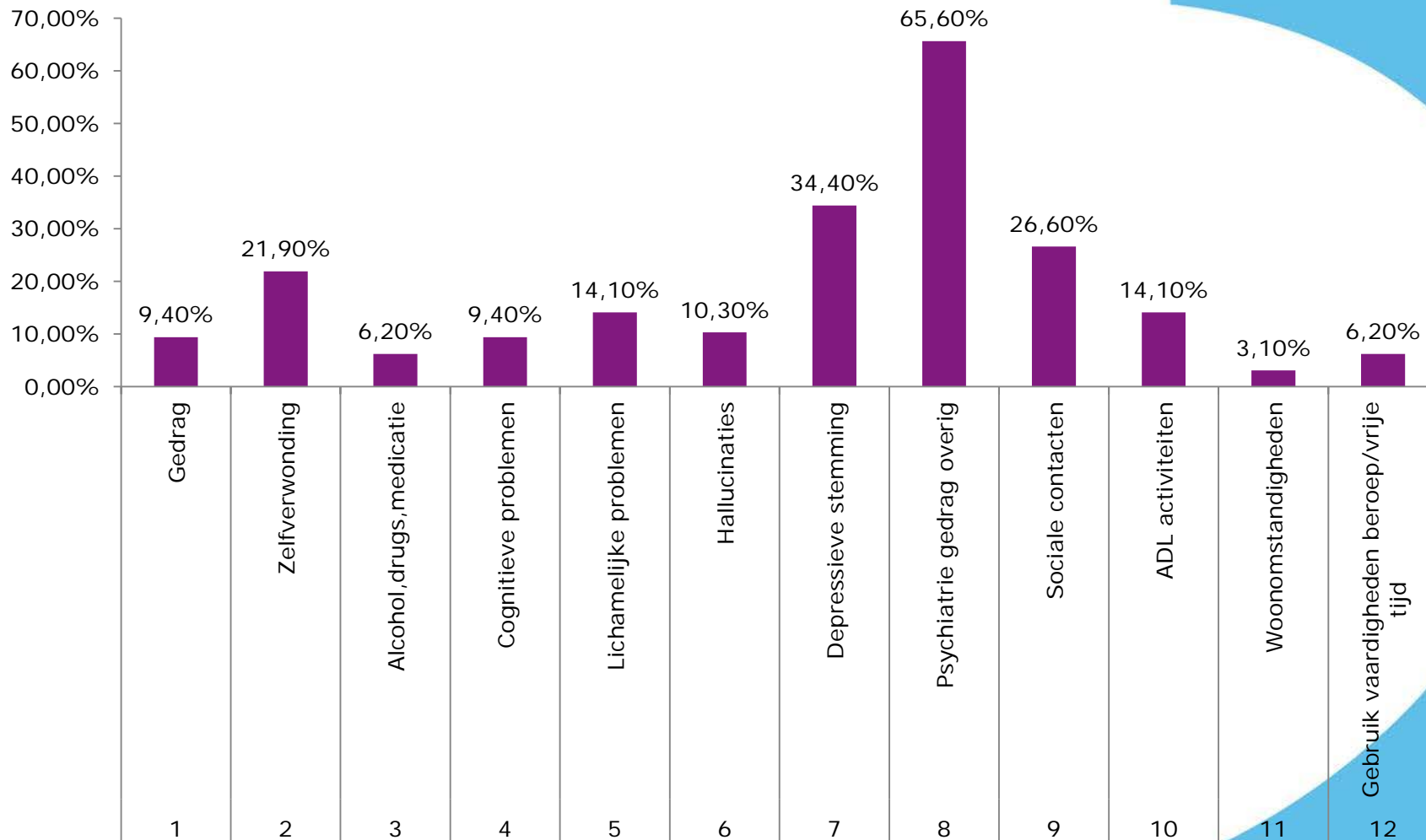
# HoNOS dec '14-feb '15



# HoNOS voormeting



% score 2 of hoger



# BES voor- en nameting

Subschaal	Gemiddelde voormeting (N=15)	Gemiddelde nameting (N=2)
Bezorgdheid	17,60	11,50
Gezondheid en klachten	14,07	13,00

# Length of admission at acute wards

- 2011: 31,4 days
  - 2012: 29,7
  - 2013: 22,5
  - 2014: 17,4
- 
- We started IHT in august 2013
  - In other regions without IHT there was no reduction in length of admission

# Number of acute psychiatric care beds (population of 400.000)

- 2011 en 2012: 48
- Aug 2013: 36
- 2014: 32
- 2015: 28



# Future research in NL

- Randomised controlled trial
  - Amsterdam; outcome, reduction of admissions, reduction of duration of admission, patient and family satisfaction, symptom reduction
- Fidelity scale → are the ‘essential’ part essential → comparison between IHT teams and other teams as crisis service teams, FACT teams etc.

# literature

- Johnson S, Needle J e.a. Crisis Resolution and Home Treatment in Mental Health, Cambridge Universtiy Press 2008/2011
- Wheeler C, Lloyd-Evans B, e.a. Implementation of the Crisis Resolution Team model in adult mental health settings: a systematic review. BMC psychiatry open access, 2015
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