


Home Based Treatment Guideline

MHAPPM/800

Approved by:	General Manager – Mental Health & Addiction	First Issued:	January 2016	
Signature:	David Warrington	Review Date:	July 2022	
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Purpose

The purpose of this document is to provide assessment and treatment of acute episode of mental illness at home or in a safe and familiar environment as an alternative to hospital admission. It is expected that Home Based Treatment would last for up to three weeks.

This document is to be used in conjunction with MHAPPM/8953 – [Mental Health and Addiction Group Policy](#) which outlines the shared vision and expectations for the direction, values, principles, attitudes and ways of working to deliver a values based service.

Principles

All Te Whatu Ora, Te Matau a Māui Hawke's Bay documents are based on and link back to our values; **He Kāwanuano** (respect), **Ākina** (improvement), **Raranga Te Tira** (partnership) and **Tauwhiro** (care), and are detailed so all persons are provided with clear information on the way they are expected to practice and undertake tasks.

Scope

This applies to all staff in the Mental Health Service and Non-Governmental Organisations who contract with the Mental Health Service.

Definitions

Refer to the Mental Health Service Definitions Glossary [\\FS3\share\Public\All Users\MHS Policy review\DEFINITIONS FOR WORDS AND TERMS IN USE WITHIN THE MENTAL HEALTH SERVICE.docx](#).

Roles and Responsibilities

Role	Responsibility
Referrer	With consent from person will complete an electronic referral and verbal hand over with Home Based Treatment Staff.
Associate Clinical Manager	<ul style="list-style-type: none">Will receive the referrals and decide on appropriateness for Home Based Treatment. All referrals will be discussed at daily at team meetings. Outcome of referral will be communicated within 24 hours on receipt of referral.Manage governance issues such as Key Performance Indicators (KPI), training needs, risk management, procedures, audit, staffing levels, roster, clinical practice standards, complaints, staff and patient experience.

Role	Responsibility
Home Based Treatment Lead Worker	<ul style="list-style-type: none"> On allocation, the Home Based Treatment Lead worker will contact the person / tāngata whaiora/family/whānau to arrange a time for the first face to face meeting. Will update referral assessment and plan and begin Home Based Treatment interventions. Will start discharge planning at point of first contact. Inform GP of entry into and discharge from Home Based Treatment service.
Key Worker	<ul style="list-style-type: none"> Will remain involved with and work collaboratively with Home Based Treatment Service. To ensure continuity of care it is expected that any allocated key worker will actively participate in the delivery of care on a weekly basis. The key worker should also expect to receive regular updates on their person/tāngata whaiora/ progress from the Home Based Treatment team.
Home Based Treatment Psychiatrist	Will attend team meetings, provide clinical and risk management advice, carry out psychiatric assessment and review when required (usually after 1st assessment) and prescribe medications.
Community Psychiatrist	Where a person has been referred to Home Based treatment Service and is known to a Community psychiatrist, then the Community psychiatrist will remain responsible for the care of person / tāngata whaiora.
Emergency Mental Health Service (EMHS)	Will provide crisis response for urgent after-hours assessments as required and arranged by HBT, Community Mental Health Teams and Whakarongorau.
Whakarongorau	A contracted national telehealth service who will triage phone calls via the Te Matau a Maui, Hawke’s Bay crisis line 0800 112 334 and refer required face to face or localised follow up EMHS.

Guideline

Care Pathway for Mental Health Service

Refer to Appendix 1: [Care Pathway for Mental Health Service Flowchart](#)

Referral

Referrers must have a verbal conversation with Home Based Treatment staff to support the electronic referral.

Electronic Referrals

Electronic referrals must include the required information in a ‘Referral Note’ in Electronic Clinical Application (ECA).

Electronic referrals will only be accepted from staff of the Mental Health and Addiction Service and contracted Non-Governmental Organisation’s based on the following criteria:

- Age; 18 – 65 or over 65 who are known to Community Mental Health Team.
- Residing in Hawke’s Bay and those residing rurally by negotiation.
- Presentation with acute mental health/addiction/co-existing disorders.

- Admission to Ngā Rau Rākau is likely within 48 hours without any intervention.
- All people referred to Home Based Treatment will have been assessed face to face by the referrer or colleague within the previous 24 hours.
- All people referred will have an up-to-date Comprehensive Assessment, Go to Plan and appropriate outcome measure(s) completed.

Referral Exclusion Criteria

- Person/tāngata whaiora posing imminent and severe risk to self or others that cannot be supported at home or living environment
- A living environment that is unsupportive or unsafe.
- Unwillingness to engage with Home Based Treatment.
- Presentation solely due to intellectual disability or organic illness.
- Over 65 years who are not previously known to the Mental Health and Addiction Service.

Process

- Staff will act in accordance with TMMHB/OPM/097 - [Working Safely in the Community Policy](#) prior to the first visit and throughout the treatment.
- The outcome of the first visit will be an up to date comprehensive assessment and a review of the person's Plan.
- Comprehensive assessment and Plan must be visible in ECA.
- Daily clinical reviews of all active referrals.
- Clinical interventions delivered as required according to changing needs.

Assessment

- Following allocation, the lead worker will contact the person/tāngata whaiora/family/whānau to confirm consent, begin engagement with person and explain purpose of Home Based Treatment and provide contact numbers.
- During the first visit update any assessment with all relevant stakeholders (best practice where practical).
- Complete assessment outcome measure(s).
- Clarify any environmental issue of concern for visiting.
- Identify need for cultural assessment/input and arrange for Maori Health Services to attend first assessment visit.
- Review assessment outcome at team meeting.

Treatment

Home Based Treatment Lead Workers:

- Will review risk assessment and update the plan.
- The plan for Home Based Treatment will be formulated with explicit details of the evidence based interventions that will be delivered, including discharge planning.
- The plan will be jointly agreed and shared with the person/tāngata whaiora and where appropriate with whānau/significant others and other staff involved.

- The plan will be reviewed by the Home Based Treatment Team on a daily basis with weekly review with other involved parties. As part of this process there should be ongoing review of the arrangements for facilitating home treatment including the frequency of visits and the number of Home Based Treatment staff that should attend. Consideration should always be given to the person /tāngata whaiora/family/whānau wishes and in accordance with the most up to date risk information.
- For tāngata whaiora/person of Te Taiwhenua o Heretaunga support and communication will be maintained between Tāngata Whaiora, Whānau, the Maori Health Unit and Home Based Treatment Team.

Links to Other Services

Home Based Treatment Lead Worker:

- Working collaboratively with Home Based Treatment Team and key worker, the lead worker will continue ongoing assessment of risk and decide on best option for the service delivery.

If Home Based Treatment does not meet the current needs of the person as planned, consideration can be given to the person/tāngata whaiora being referred to:

- Ngā Rau Rākau Intensive Services – if clinical risk is difficult to contain at home or other community placements.
- Wai-o-Rua, unplanned respite bed – short term placement until crisis resolves or stabilises if treatment at home or with family is not feasible.
- Harakeke, Intensive Day Programme – if more therapeutic input is deemed appropriate along with Home Based Treatment input.

Discharge

- Discharge planning commences on the day of referral.
- Care will be transferred to:
 - Community Mental Health and Addiction teams.
 - Primary care for example, GPs, lead maternity carer's, Non-Governmental Organisations.
 - Other Mental Health and Addiction Services.
- Whaiora will be discharged if consent is withdrawn with alternative intervention to be included dependant on current risk.

Home Based Treatment Lead Worker will ensure that:

- The Home Based Treatment Team must review the discharge decision prior to discharge.
- A comprehensive clinical review, risk assessment and consultation with the person/tāngata whaiora /family/whānau will be undertaken prior to discharge and follow up arrangements and appropriate referrals agreed to by all involved.
- A discharge outcome measure will be completed.
- Relapse prevention plan will be in place and discussed with person/family/key worker (if allocated), including plan for re-entry to services.
- Complete discharge summary and give a copy to the person and send to appropriate agencies.
- Where a decision is made to transfer a person/tāngata whaiora directly back to the care of a GP, the Home Based Treatment Service will notify the GP practice nurse or GP before discharge and if possible discuss the ongoing treatment plan.
- Home Based Treatment lead worker will contact and confirm follow up appointment with GP/Practice nurse within one week of discharge from Home Based Treatment.

Measurable Outcomes

Referral

- Referrer will be informed of the decision regarding the referral within 24 hours of receipt.
- ECA referral data to track total number of referrals, accepted referrals, declined referrals and reasons, and response time. This information will be analysed monthly to feedback to referrers, clinical leads and service management to improve patient flow and make sure the referrer is making proper use of the service and that Home Based Treatment Team is utilised to its strengths.
- Each referral will need outcome measure completed at the start and end of the Home Based Treatment episode.
- Person/tāngata whaiora/family/whānau will be provided a feedback form so that person/tāngata whaiora/family/whānau has an opportunity to express their views about the service and contribute to service improvement.

Assessment

- Time period since acceptance of referral and visiting for assessment.
- Outcome measures are completed.
- Cultural assessment as required

Placement

- Audit of episodes of care events every three months initially and then every six months - one year that will help identify appropriate use of resources within the service and ensure that clinical risk management protocols are followed.

Treatment

- Outcome measures; 'Health of the Nation Outcome Scale' (HoNOS) and the 'Alcohol & Drug Outcome measure' (ADOM)
- Audit tool – evaluation of Home Based Treatment – reduction in admission rate, reduction in bed days.

Discharge

- The monthly clinical nurse managers audit, will include up to ten episodes of care and evaluate whether the discharge summary was in place and agreed with the person/tāngata whaiora, the primary care service/GP practice has been engaged and aware of persons discharge to provide follow up etc.
- Percentage of person/tāngata whaiora with a relapse prevention plan.
- Rate of inpatient admission from the start of Home Based Treatment intervention to 28 days after discharge from HBT.
- Person tāngata whaiora/whānau survey which is completed at the end of the treatment.
- 'Health of the Nation Outcome Scale' HoNOS compliance with the National Information Collection protocol.

Related Documents

MHAPPM/8953 – [Mental Health Service Policy](#)

TMMHB/OPM/097 - [Working Safely in the Community Policy](#)

References

[Home treatment team accreditation scheme \(HTAS\), Royal College of Psychiatrists, UK](#)

Nelson DHB home based treatment policy

[Home treatment for acute mental healthcare: randomised controlled trial. Niklaus Stulz, Lea Wyder, Lienhard Maeck, Matthias Hilpert, Helmut Lerzer, Eduard Zander, Wolfram Kawohl, Martin grosse Holtforth, Ulrich Schnyder and Urs Hepp. Published online by Cambridge University Press: 13 March 2019.](#)

[Discharge planning and mental healthcare act 2017. Mahesh Gowda, Gopi Gajera, Preeti Srinivasa and SHahul Ameen. 2019 Indian Journal of Psychiatry](#)

Discussion with Capital and Coast DHB, Waikato DHB, Nelson DHB, Taranaki DHB and Counties Manukau DHB HBT

Keywords

Home Based
Treatment
Alternative
Intensive

For further information please contact the Clinical Manager for Home-based Treatment Service

Care Pathway for Mental Health Service Flowchart

