

## Home Focus Team 2011

<b>EXECUTIVE CATCHMENT AREA</b>	South Lee, West Cork
<b>HSE AREA</b>	South
<b>MENTAL HEALTH SERVICE</b>	West Cork
<b>NAME OF TEAM</b>	Home Focus Team
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	3 June 2011

## PROFILE OF SERVICE

The West Cork Mental Health Services (WCMHS) served a population of 55,000 people. Particular characteristics of this sector included: the highest percentage of elderly persons in a HSE sector; a population density of less than 20 persons per square kilometre compared to national average of 60 persons per square kilometre; a two hour drive to travel end to end across the sector; a rural population predominantly involved in farming, tourism and cottage industries.

There was no home based treatment team in this sector, instead there was a home focus team which provided a recovery orientated assertive outreach service. It was established in 2006 as a collaborative initiative between the National Learning Network, (NLN), WCMHS, the Irish Advocacy Network, the HSE Disability Guidance Services, Work Start West Cork and West Cork Community Project. The Home Focus team was funded under the Enhancing Disability Services Project Funding (EDS) of the Department of Justice, Equality and Law Reform.

Staff comprised an outreach nurse, a training support worker, a recovery support worker and a recovery advocate. Home Focus provided outreach, and individualised support to people with severe and enduring mental illness who were at risk of being isolated because of their inability or unwillingness to access traditional, centre-based models of service delivery. The team brought a wealth of service user and professional expertise to their role in engaging and providing ongoing support to individuals who might typically find it difficult to both engage in and sustain a recovery pathway and to build a future. The team was able to address everyday living, managing mental illness and mental health, education and training, accessing employment opportunities, community integration and managing leisure and social activities.

The team was based in Cois Cuain House, a small building overlooking the harbour in Bantry town. The home focus team held individual case files in their office in Cois Cuain House. There was a weekly team meeting with the NLN and regular meetings with the sector teams. The outreach nurse liaised with the sector teams on a weekly basis also.

## PROFILE OF SERVICE USERS

Persons who might benefit from the home focus team service were identified by the WCMHS sector teams. They were identified as requiring an intensive, tailor-made, individualised and home-based intervention. There was a home focus referral form. All referrals were coordinated by the WCMHS team coordinator who liaised with the team and was pivotal in identifying appropriate referrals. Once an individual was referred to the team the initial focus was to engage the individual and build up trust. Referrals were reviewed by the team and the initial contact was made by whichever team member was deemed most suitable to work with the individual. The community mental health nurse generally made the first introduction in person. Individuals were either seen by the home focus team at home or in Cois Cuain House. There were currently 30 persons on the active case load, comprising 21 males and nine females. The home focus team provided support for between three months and eighteen months. The frequency of individual follow up and support depended entirely on individual need. Some individuals were seen several times a week. A unique feature of the home focus team was that it provided a social inclusion, education and vocational training component of care and support.

The recovery support worker had researched and identified the community resources that were available in West Cork. This information was produced in a booklet entitled "Signposting" aimed at the general public but which also helped to promote a wide recovery focus for home focus service users and their families.

The home focus project had been evaluated in 2008 by an academic from the Department of Applied Social Studies in UCC. This evaluation, entitled "Having Choices" showed that the in-patient bed days for the referred group had been reduced by 47% and that quality of life was reported by service users to have been improved. The service users said that they had made gains in the areas of decision making, social interaction, improved mental health, linking with social and community groups, improved independent living skills, employment and training. The evaluation report identified the home focus team as providing vital support for service users who might typically find it difficult to engage in mental health and rehabilitation services owing to: fear of change in daily routine; reluctance to leave the security of the home environment; inability to be part of a group; not accustomed to using different means of transport; inability to get up in the morning; lack of motivation, lack of self-confidence in

interacting with others; and a preference for services in familiar surroundings. In addition to providing individualized support and engagement, the home focus team provided liaison between the service user and the community mental health nurse, outpatient clinics, day care centres, training and community groups.

### **CURRENT SERVICE PROVISION**

There were 30 persons on the active case-load of the home focus team, comprising 21 males and nine females. Individuals engaged with the team generally for between three and 18 months. All individuals had individual care plans and the frequency and range of contacts provided by the team was very flexible and was fitted to the person's needs. The team aimed at supporting individuals to manage their mental illness and make a good life. Thus, the activities were broad and largely concerned coping skills, literacy, self-care and independent living skills, social skills, family work, accessing community activities, education and vocational training. Individuals were supported in attending medical and clinic appointments, depot clinic, community mental health nurse appointments and day care centre. The home focus team operated a five day week and individuals were helped to develop a crisis plan. The clinical and management staff of the WCMHS met with the inspectors and said that the home focus team had made a significant difference to the wellbeing and engagement of a number of service users who might otherwise have deteriorated and disengaged from mental health services. The team reported a good working relationship with general practitioners. The team, although described as an assertive outreach team did not provide community follow up to persons residing in the sector who had either been discharged or were on extended leave from the psychiatric intensive care unit at Carraig Mor in Cork. Therefore, these individuals living in the community in this sector did not appear to have support in community reintegration and the development of a support network.

### **GOVERNANCE**

The home focus team (HFT) was a joint venture between the National Learning Network and the West Cork Mental Health Services. Admission and discharge to the home focus team was governed by the WCMHS policies, including the Lone Working and Home Visits policy.

## **OVERALL CONCLUSIONS**

The home focus team was innovative in its composition and service delivery. The home focus service had developed in response to a survey of need among community groups, mental health professionals and service users. The team was set up to work with individuals with severe and enduring mental illness who typically find it difficult to engage with traditional mental health services and community agencies. One of the unique features of the service was the capacity to deliver a truly recovery oriented service and not just pay lip service to the notion. The inter-agency team had a flexibility and capacity to respond over a range of psychosocial domains and to deliver person-centred care. This flexibility was not limited by the confines of professional role, diagnostic related interventions or balkanised agency working. In some senses, this adaptability may have been the Achilles heel of the service from a HSE perspective as funding would not be provided for the nursing post in the future. The nursing post on the home focus team was due to come under the umbrella of the NLN in the near future. In common with other catchment areas across the country, the WCMHS reported that resource limitations were increasingly making it difficult to maintain community based services as acute in-patient care demanded prioritization. The WCMHS was in need of an assertive outreach team in addition to the current home focus team.

The WCMHS sector covered a wide geographical area and the clinical staff reported that they had encountered difficulties in relation to assisted admissions under the Mental Health Act 2001, as it was often not possible to get mental health staff out to a crisis situation and that the support of local gardai was not assured.

## **RECOMMENDATIONS 2011**

1. The WCMHS should provide a community mental health service for individuals, living within the sector, who have returned home post discharge from Carraig Mor approved centre, or at a minimum, provide shared care.
2. The HSE should retain an assertive outreach mental health team in the WCMHS.