Rapid access for older people to specialist mental health services

An initiative set up rapid access to services for older care home residents with mental health problems

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This article outlines an initiative to provide rapid access to specialist services for older people with mental health difficulties living in care homes. It outlines the main aims of the service and its impact. The service has significantly reduced unnecessary hospital admissions.

INTRODUCTION

Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust provides mental health, learning disability and substance misuse services to over 845,000 people across four areas.

A number of national guidelines and reports led to the reconfiguration and development of the community mental health services for older people (for example Commission for Social Care Inspection, 2008; Alzheimer’s Society, 2007).

Resources were channelled into the community mental health team for older people, including for the development of the care home liaison service.

Several reports, including one by the Alzheimer’s Society (2007), have shown that many care homes are not providing optimal care for people with dementia and most of the evidence points to a need to improve care. There is growing evidence that older people’s liaison services can help to improve the quality of care, reduce the use of harmful neuroleptic drugs and possibly reduce the number of hospital admissions.

CARE HOME LIAISON SERVICE

The care home liaison service (CHLS) was established in August 2006 following a successful six-month pilot, conducted in response to national best-practice guidance.

The service is now seen as an integral part of the community mental health team for older people. It consists of a consultant psychiatrist, and five mental health nurses who provide rapid access to specialist mental health services for patients living in registered care homes in the Doncaster area. The aim is to keep residents in their current setting and reduce hospital admissions. The service also aims to develop, deliver and sustain learning through educational packages and advice to care home staff, based on best practice and person-centred care, for people presenting with mental health problems.

Gamble and Brennan (2000) suggested that assessment is key to effective interventions, because it indicates the directions for treatment at point of contact. It also provides a baseline to judge the effects of these interventions. They argue that the aim of assessment is as much to engage service users in the treatment process as it is to identify their needs, stressing that qualities such as respect, empathy and genuine concern are important.

SERVICE OBJECTIVES

The CHLS collaborates with all partners and has four main objectives, which are to:

- Provide comprehensive mental health assessments for older people in care homes and to formulate person-centred care plans;
- Work in collaboration with partnership agencies and care homes to enhance evidence-based, person-centred care;
- Support patients admitted to 24-hour care from an inpatient setting and prevent readmission;
- Support, educate and train care home staff in managing and caring for older people with mental health problems.

The overall aims are to improve patient care and prevent hospital admission, ultimately enabling people to remain in their own care homes.

Each band 6 nurse is attached to a consultant psychiatrist covering an area of Doncaster. This has enabled staff to develop excellent working knowledge of the care homes in their district.

OUTCOMES

The value and quality of the service provided by the CHLS can be seen in the marked reduction in hospital admissions from care homes in the area. In the 12 months before the service was developed, there were 24 admissions to older people’s mental health wards from care homes, compared with only six during the first year of the service.

The CHLS received 486 referrals in the first year, of which 460 were accepted. Referrals came from sources including primary care, social services and internal transfers within older people’s mental health services. During this time, there were no complaints and 11 formal compliments were received.

The CHLS service has shown the following outcomes:

- Less antipsychotic medication use;
- Fewer admissions to mental health wards;
- Fewer unnecessary hospital admissions.

IMPLICATIONS FOR PRACTICE

- The partnership between care homes and the care home liaison service has shown what can be achieved by working with patients, carers and partners to identify a need, plan to meet the needs and work together to deliver the service.
- This initiative addresses the care needs of a particularly challenging group of patients.
- The service shows how partnership working can ensure that patients’ needs are paramount at all times and afford people living in care homes the dignity and respect they deserve.
BACKGROUND

● There are more than 700,000 people in the UK with dementia and, by 2025, this is expected to rise to over 1.5 million. It is estimated that 244,000 people with dementia live in care homes (Alzheimer’s Society, 2007).
● The government has recently launched its national dementia strategy (Department of Health, 2009). Learning and development are central to meeting the challenges of this strategy.
● According to the Care Services Improvement Partnership’s (2009) Dementia Care Services Collaborative, services have failed to deliver quality care for people with dementia on occasions.

● Reduced length of stay on mental health wards for people being discharged to a care home;
● Empowered workforce in care homes;
● Facilitated discharges from mental health wards resulting in successful placements and fewer readmission rates due to placement breakdown;
● New links with primary care and specialist services, enabling a seamless service.

During its first year, the CHLS delivered 28 training sessions, which were attended by 163 care home staff. The programme’s success was reflected in its second year when over 600 staff attended training, which was based around person-centred care interventions, depression and behaviours that challenge. Review of training is an ongoing process and is done in partnership with care homes through needs analysis and supervision with staff and care home managers.

CARE HOME MANAGER NETWORK

Once established, the CHLS quickly set up a network for care-home managers. This forum disseminates good practice, helps to reduce isolation and empowers the care home community. Most importantly, it has created an effective partnership between social services, the trust and the private sector.

Through the network, the CHLS held an inaugural awards ceremony in October 2008, which recognised the positive practice in care homes since the partnership began. The highlight of the event was the presentation of the CHLS person-centred care award, which was awarded to the care home showing the best person-centred care intervention to improve quality of life for residents with mental health problems.

Applications were requested from all homes in the area and nominations included resident activities, both therapeutic and recreational, care planning, resident and carer involvement and privacy and dignity initiatives. The service is to run this awards ceremony on an annual basis.

The CHLS strongly believes that the awards support and acknowledge good practice. They also provide an opportunity to increase motivation and enthusiasm among care home staff working with people with dementia and enable care home staff to be directly involved in developing and improving services.

The team wanted to ensure that people with dementia were well cared for physically, and that their psychological, spiritual and social needs were respected. Ensuring delivery of person-centred care is a key theme in day-to-day practice.

CHALLENGES

The main challenge was encouraging care home staff to view the liaison service and its staff as partners rather than regulators. It was important to promote the philosophy of working together to meet patients’ and families’ needs.

Care home staff face many challenges in dealing with older people with mental health problems but historically have been portrayed as providing second-class services. The CHLS had to establish a feeling of worth and value for care homes and their staff. This was achieved by developing excellent relationships, and through supporting staff who have passed an accredited training course. This has helped to motivate others and, more importantly, has raised standards of care for older people.

RECOGNITION

Evaluation of the service is ongoing and involves all stakeholders, including care home residents.

The service has national recognition through the Care Services Improvement Partnership and Help the Aged’s My Home Life programme.

The trust has recognised the service’s impact, awarding it the chair’s award for outstanding achievement and has featured the service in its annual DVD.

We have disseminated the results of our work across all areas of the trust and also nationally by speaking at conferences throughout the UK.

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REFERENCES


Care Services Improvement Partnership (2009) Dementia Services Collaborative. North East: CSIP. tinyurl.com/dementiacollaborative

