SUPPORTO E TRATTAMENTO INTENSIVO DOMICILIARE (STID) PER LA GESTIONE DELLA CRISI PSICHIATRICA

Intensive Home Treatment and Care in Psychiatric Crisis

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PROJECT

CRISIS: an emotionally significant life event in a person's life, which breaks a previous balance.

GOALS of the CRISIS TEAM PROJECT:
Quality improvement of crisis intervention
High intensity home care, treatment and support
Decrease of admission in 24 MHCs/Psychiatric Acute Service (SPDC)
HYPOTHESIS:

Creation of a mobile crisis team for home support in Trieste could positively affect:

- Positive long-term outcomes
- Compliance and care continuity
- Improvement in collaboration with Emergency Agencies and the Police
- Users' better satisfaction of care interventions
The project started in October 2017

Activity: Mon-Fri 8-20 /Sat-Sun 8-15

Located inside General Hospital, close to SPDC

Group of different professionals (13): 1 full time psychiatrist, 2 part time psychiatrists, 1 trainee, 1 social worker (part-time) and 1 rehabilitation therapist (part-time), 6 nurses (3 permanent and 3 on rotation from MHCs, students)
Intensive Home Treatment and Support: Operational Policy

- Referrals from SPDC/MHCs/Emergency Agencies:
  - Socio-demographic and clinical assessment by team professionals
- Assessment required for each referrals (inclusion and exclusion criteria)
- After assessment:
  - Team discussion before taking in charge
- Every decision shared with the user, family and MHCs case manager:
  - Set up together a home treatment plan
STID: Intensive Home Treatment and Support: Inclusion Criteria

- Acute psychiatric symptoms, recently worsened
- Crisis in relationships/ serious social isolation
- Request for help in alarming situations in family/work contexts
STID: Intensive Home Treatment and Support: Exclusion criteria

- High suicidal risk
- High risk of aggressive behaviours
- Active substance abuse/withdrawal syndrome
- Delirium/dementia
- User's/family's refusal of this kind of intervention+
- No acute crisis situation
- No house available
- Involuntary treatment
After inclusion in STID program:

- Clinical and social assessment fully completed
- Symptoms and functioning scale assessment (T0-3 months-6 months)
- At discharge: STAR-P/CSQ-8 (users' satisfaction evaluation of the Service)
Interventions

- Continuous assessment and global management of the crisis
- Daily life support
- Individual/family psychological and psychoeducational support
- Taking care of users' and family's needs
- Physical health monitoring (connection with Gps/Hospital/Community Health Care Districts)
- Support for pharmacological therapy (compliance, side effects monitoring, evolution of symptoms)
- Involvement in residential projects (admission in group apartments, Recovery House; project follow up)
- Involvement in social experiences, sports, cultural activities
Daily load: 4-5 to 10 people in charge

Duration of STID admission: from 3 weeks to a maximum of 3 months

Discharge program is shared with user together with family/MHCs case manager

Progressive decrease of frequency and intensity of home visits with a stronger involvement of MHCs
STID: Intensive Home Treatment and Support

Our experience so far

- Average duration of STID admission: 33.5 days
- Average number of home visits: 21.9

3 MONTHS FOLLOW UP

- 41 users carry on their therapeutic projects with MHCs/Addiction Service
- 3 users not more in charge of MHC
- 13 users were subsequently admitted in MHCs for relapse
- 1 user in jail
- 2 users died
# MHCs/SPDC ADMISSIONS

## DAYS OF HOSPITALIZATION COMPARISON 2016 – 2017 - 2018

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<th>2016</th>
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# INVOLUNTARY TREATMENTS

## DAYS OF HOSPITALIZATION COMPARISON 2016 – 2017 - 2018

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Variazione percentuale: -82% -18% -58% -31% 1%
Conclusions

- Rapid assessment with defined criteria
- Rapid admission to the therapeutic program
- Reasonable collaboration with MHC/family and other Service
- Severe mental suffering oriented Service