Community Mental Health Center (CMHC) 24/7 operative manual

Department of Mental Health
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Direzione DSM, via Weiss n. 5

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CMHC

Interventions on the social environment and the community

Therapeutic environment and social habitat

Hospitality 24/7

Community approach

Continuity

Crisis

User involvement and empowerment

Social and family networks involvement

Promoting anti stigma culture

NO RESTRAIN and OPEN DOOR SYSTEM

Appropriate and Evidence Based Intervention
CMHC

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NO RESTRAIN and OPEN DOOR SYSTEM

Continuity

Crisis
More than 40 years of good practices...

1975 - The first Community Mental Health Centers are opened and the asylum guests begin to be included in group apartments in the city.
Team composition

• Psychiatrists
• Psychologists
• Nurses
• Social Workers
• Psychiatric Rehabilitation Technicians
• Support Operators
• Administrative Staff
• Professional Educators
• Peer support workers, volunteers, trainees, students,…
2018 activity data

- 4052 contacts with MHDep.
- SERIOUS PSYCHIATRIC DISORDER in half of the cases
- 2413 people visited away from CMHC facility
- 18 people with compulsory treatment episodes (9/100.000 adults inhabitants)
- 292 people with job training and/or job placement
- 159 people with Personal Health Budget (Complex Individual Care Plan)
- 18 people in the Recovery House living experience
The 4 CMHCs of Trieste

HEALTHCARE DISTRICT & CMHC 1
HEALTHCARE DISTRICT & CMHC 2
HEALTHCARE DISTRICT & CMHC 3
HEALTHCARE DISTRICT & CMHC 4

Total: 234,638 inhabitants

60,000 inhabitants per Healthcare District

ONLY 1
MENTAL HEALTH DEPARTMENT
The CMHC 24/7 operative manual development

- Collection of 40 years of good practice documents in use
- Brand new discussion on today’s practices
- Grasping the differences between the 4 CMHCs
- Standardizing the most common procedures
- Building the user’s pathway within the MH services
- Involving the greatest possible number of professionals and operators
- Frequent sharing the contents with head nurses, to make the text as close as possible to daily practice
1 - Functions of the CMHC 24/7

- Acceptance of referral
- Continuity of care
- Crisis home treatment or CMHC hospitality

DEALING WITH COMPLEX NEEDS

MULTIDISCIPLINARY TEAM AND CASE MANAGEMENT
2 - Organization cornerstones

• 24/7 guaranteed by whole team

• Daytime activity inside/outside facility: 12/7

• **BRIEFING** every morning

• **DAILY GENERAL STAFF MEETING**
  
  – Assessment / reassessment of urgency
  
  – Organizational discussion (at least once a week)
  
  – Can provide network meetings with specific teams

• **HOME TREATMENT TEAM MEETING** at least weekly (Continuity)
## 3 - Team functions

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
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<tbody>
<tr>
<td><strong>RECEPTION OPERATOR</strong></td>
<td>• At least 6 months experience in CMHC;</td>
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<td></td>
<td>• SKILLS: decoding incoming requests and knowledge of activatable networks.</td>
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<tr>
<td><strong>2nd RECEPTION OPERATOR</strong></td>
<td>• guaranteeing urgent demand acceptance</td>
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<tr>
<td></td>
<td>• activated by reception operator.</td>
</tr>
<tr>
<td><strong>RECEPTION PSYCHIATRIST / PSYCHOLOGIST</strong></td>
<td>acting as a filter and providing:</td>
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<td></td>
<td>• participation in morning briefing</td>
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<td>• emergency response</td>
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<td>• daily reassessment with internal service operators</td>
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<td>• connection with Psychiatric Emergency Unit in the General Hospital.</td>
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<td><strong>INTERNAL SERVICE OPERATORS</strong></td>
<td>at least 2 operators guaranteeing:</td>
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<tr>
<td></td>
<td>• care for people hosted in the CMHC</td>
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<td>• management of pharmacological therapies.</td>
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<tr>
<td><strong>HOME TREATMENT TEAM</strong></td>
<td>Team for planned territorial activity (continuity of care)</td>
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</table>
4.a – Acceptance of the referral

REFERRAL

Triage by reception operator

Appropriate referral?

No

Sending to the most appropriate service

Yes

Already known?

No

Fill first contact form

Urgent?

No

Yes

Assessment and intervention of 2nd reception operator + reception psy

Intervention as planned in team meeting

CONTINUITY

First assessment by the reception operator

No

CRISIS?

Yes

CRISIS

No

END
4.b – Crisis acceptance

**CRISIS**
- Can it be managed at home?
  - Yes
  - No

- Planning of intensive interventions by the home team
  - Yes
  - No

- Interventions and at least daily assessment
  - Yes
  - No

**Negotiation:**
- Try with every available means to convince the person to be accompanied to the CMHC
  - Convinced?
    - Yes
    - No

**Compulsory treatment**

**DNH**

**CONTINUITY**
- THE EVENTUAL STAY IN PSYCHIATRIC EMERGENCY UNIT IN THE GENERAL HOSPITAL MUST BE AS BRIEF AS POSSIBLE
5 – Day/night (DNH) hospitality

**DNH**

- Internal service operators welcome the person, managing beds; the psy of the team that decides the DNH records it and sets up the new therapy

- Urgent interventions as planned in internal service team meeting

- Internal service team and/or the case manager defines a care plan for the DNH involving all services/people that can help with care objectives

- Interventions and at least daily assessment

**Yes**

- DNH still needed?

**No**

- Sending to GP the “DNH discharge letter”

**CONTINUITY**

**END**
6 – Continuity of care

AIMS:

PROACTIVITY AND PREVENTION

METHODS:

• Individual and group case management;
• Secondary prevention;
• Recovery pathways, rehabilitation and social inclusion;
• Integration at community level;
• Networking
6.d – Continuity of care flow chart

**CONTINUITY**

- Discussion during home treatment team meeting
  - Care plan present?
    - Yes: Care plan appropriate?
      - Yes: Entering in the home treatment list; identification of Case Manager and/or Reference operator(s)
      - No: Case manager and Psy agree with the person on the discharge
    - No: Care plan needed?
      - Yes: Interventions as planned
      - No: Care planning by Case Manager and multidisciplinary team, together with the person

- Instruments for care plan:
  - Individual Health Budget
  - «Possible Autonomy» regional budget
  - Job placement and Job training
  - Diffused Day Center

- Sending to GP the “discharge letter”

END
The CMHC 24/7 operative manual

COMPLEX SYSTEM

= COMPLEX SHARING OF CMHC 27/7 MANUAL
Staff training

STEP 1

“The Manual of the 24hrs Community Mental Health Center: train the trainers. 1st STEP”

- 2 meetings in April 2019
Staff training

STEP 1

Addressed to identified operators of each service-facility:

- **Responsible** (psychiatrist/psychologist)
- Nurse coordinator
- 2 operator of the **multiprofessional team** (social worker, nurse, support operator, psychiatric rehabilitation technician, psychologist, psychiatrist)
- **Operators** from Gorizia & Monfalcone involved
Regional Law DGR n. 732/2018 on Mental Health clearly defines the function of 24hrs CMHCs in relation to a specific area of the population (catchment area):

**Core service** responsible for accepting requests and taking care of people with mental health problems.

It must be able to:

- respond to the **crisis**, also through an adequate number of **beds**,
- reduce recourse to the **Psychiatric Emergency Unit in the General Hospital**, and
- also **alternatively** carry out Compulsory Treatments.
STEP 1

METHODOLOGY:

- 6 hours to read individually the Manual
- debate and discussion among peers in the group for improvement

The construction of the 24hrs CMHC Manual arises from the need to systematize organization and practices of the 24 hours 7 days a week CMHCs, which are the core of the Community Mental Health System.

It aims to consolidate the experience gained over time by the operators of the services and to provide guidance to the newly acquired staff, ensuring the flexibility aspects that characterize the single and peculiar realities.
Staff training

STEP 1

OBJECTIVES OF TRAINING:

• to Know the 24hrs CMHC Manual
• to analyze the topics
• to support the function of tutors in the 2° Step
• Share the manual and catch any critical issues
• To coordinate the training in the different facilities (2° Step)

36 operators trained

TRAININGS IMPACT:
Recognizing critical points and strengths of the daily practices that emerged during the training
Staff training

STEP 2

  2nd STEP”

Manual reviewed (STEP 1)

- **Whole** operators of **MHDep**. Involved
- Training venues: **4 CMHCs + SPDC**
- **1 meeting** in Direction with the **tutors** (2nd October)
- **4 meetings** (16th October- 13th November)
- **1 plenary** session in the MHDep. **Direction** (20th November)
Objectives:

• To **share** the Manual in the whole MHD
• To **reflect** about every single **practice**
• to **contextualize** practices in the **daily work**
The Manual has to be a dynamic work toolkit continuously updated