FORTH VALLEY ADULT MENTAL HEALTH SERVICES
INTENSIVE HOME TREATMENT TEAM PILOT

Aim and Objectives

To provide services that offer an alternative to acute mental health in-patient care and treatment for people aged 18 to 64 years.

The key objectives of the pilot will be to:

- reduce the need for admission by providing intensive evidence-based alternatives to acute in-patient care where appropriate
- provide intensive post-discharge support for people in hospital which reduces the length of stay for those individuals
- respond to the needs of people being treated in the community under the Mental Health (Care and Treatment) (Scotland) Act 2003 should they be in, or nearing, crisis
- integrate the IHTT as a complimentary element of existing services
- provide increased choice and improved access to specialist services for service users
- enable in-patient beds to be more available for those most in need of very high levels of care and treatment
- test the effectiveness of this model of intervention and provide information that will inform future service redesign and development.

Client Base

The IHTT will be specifically targeted at people who are in ‘crisis’ at home and appear to require admission, as well as people already being cared for as acute in-patients and who could be discharged home with an intensive level of support. The team will be staffed by experienced health and social care professionals and will be integrated with existing local statutory and non-statutory services.

Background

The Intensive Home Treatment Team (IHTT) model will be piloted by NHS Forth Valley, in partnership with Stirling Council and Clackmannanshire Council.

A key aspect of the IHTT will be the ability to provide effective interventions that help resolve or alleviate a crisis. Interventions may include a review of medication, psychosocial and cognitive behavioural techniques, crisis resolution, solution-focused interventions, and other evidence based techniques. Social care needs, including quality of life issues and activities of daily living, will also be addressed. Post-discharge support will involve detailed pre-discharge planning, carer and family support, relapse minimisation plans and medication concordance. In both situations risk assessment will be rigorous and the intensity of input will be appropriate to need. It is anticipated that patients will engage with the IHTT for up to 6 weeks but typically for shorter periods with appropriate follow-on care arrangements.
Staff working in the IHTT will be provided with specific training in the principles and practice of crisis resolution and intensive interventions. The pilot will also be evaluated with a view to establishing the permanent service model by redesigning acute in-patient services.

**Key Contact**

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