

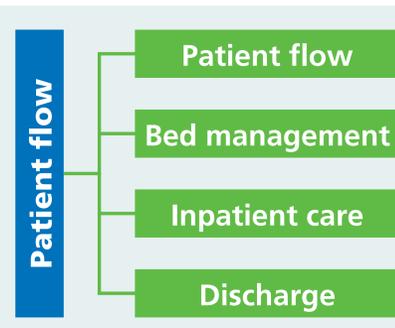
# Audit on gatekeeping assessments done by IHBTT

(Dec 20- Jan 21)

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## The joint commissioning panel for mental health (2013) defined IHBTT as:

"A multidisciplinary team that operates on a mobile basis 24 hours a day, 7 days a week. Providing treatment at home for those acutely unwell who would otherwise require hospital admission. The team 'gate-keeps' (assess the appropriateness) of inpatient admissions and facilitates early supported discharges".



### Introduction

This audit was undertaken to see if the gatekeeping assessments are done according to the trust guidelines which states that:

- Service users requiring admission to an acute inpatient bed should be assessed (face to face) by the Intensive Home Based Treatment (IHBT) teams as 'gatekeepers'.
- The process for hospital admission will follow usual SWYPFT processes. There will be a focus on supporting service users to access alternatives to admission wherever possible, including the full provision of community care and treatment.
- Admission to a hospital in-patient bed will only be supported where there are no safe alternatives for care or treatment within the community.

- Individuals will be admitted to an in-patient ward when all community solutions have been pursued and are no longer suitable, including if they are assessed as being unable to maintain their own safety or pose a significant risk to others within the community.
- At this stage consideration could be given to identifying or allocating a bed. Beds can be identified for potential admissions where there is a gatekeeping or MHA assessment currently underway.
- Beds that are identified for a Community Treatment Order (CTO) recall must be held, as per Mental Health Act code of practice, as there is a legal obligation to provide safe recall conditions. This process should be kept under review for each individual case.

### Method

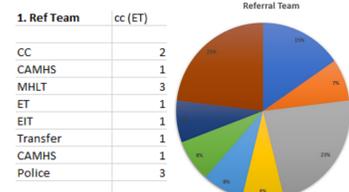
- A questionnaire was designed to collect the data from December 2020 till January 2021.
- There were 13 patients for December and 34 patients for January who required a gatekeeping assessment.
- Results were analysed and tabulated



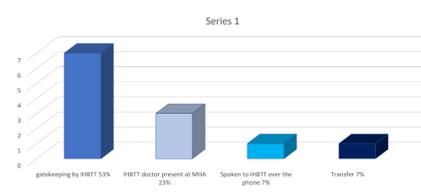
Referral team for gatekeeping:	
Admitted under:	
MHA (working hours/ out of hours)	
INF (working hours/ out of hours)	
Outcome of gatekeeping:	
Reviewed by referring team:	
Prior to 48 hours of referral:	
New referral:	
Duration between admission & discharge:	

## Gatekeeping done in December

### Referral by:



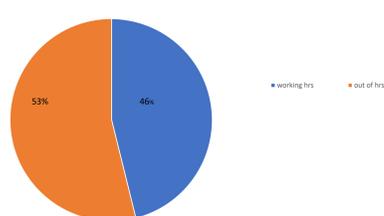
### Gatekeeping assessment done by:



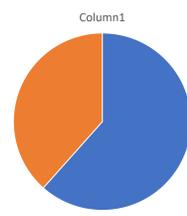
### Common reasons for request to gatekeep

- Increased suicidal ideation, risk assessment showed high level of risk
- Relapse related to abrupt discontinuation of medication
- Police warrant 135 executed (aggressive to public)
- Deterioration in mental health colluding to MHA
- Community support not enough to maintain patient's safety
- Increased paranoia, very partial medication concordance. Poor self care, previous history of assault.
- Impression: likely psychotic relapse
- Request made for gateway to care
- Service user declined any further assessment and had the capacity to consent for treatment. Simultaneously showed improvement
- Presentation again changed very quickly necessitating MHA
- AMHP liaised with KHBT over the phone. Face to face assessment for gatekeeping didn't happen. Patient was admitted under section 2 of MHA.

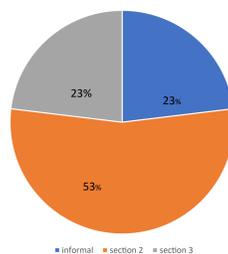
### Time of gatekeeping



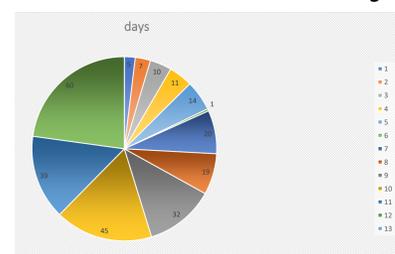
### Reviewed by referring team 48 hrs prior to referral



### Admitted as:

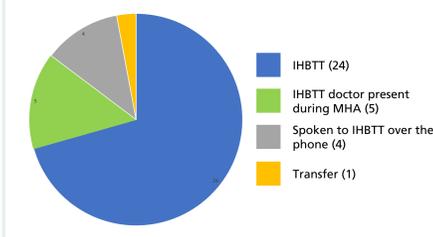
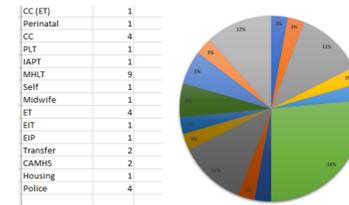


### Time between admission and discharge

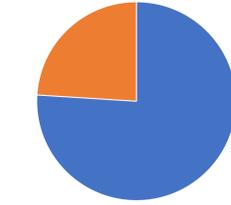


## Gatekeeping done in January

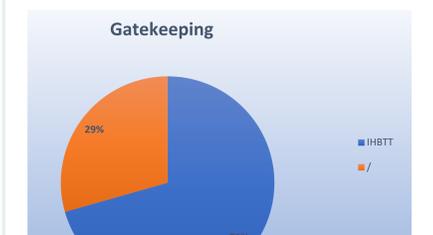
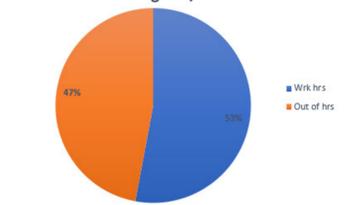
### Referral by:



### Reviewed by the referring team 48 hrs prior



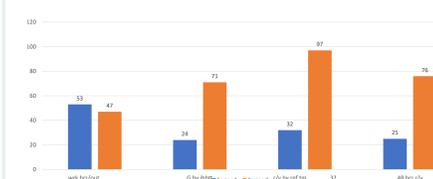
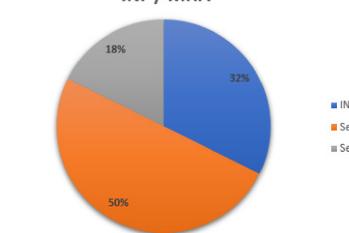
### Time of gatekeeping



### Common reasons leading to gatekeeping request

- Increased suicidal ideation
- Acute stress reaction
- Detained by police after receiving phone call from concerned members of the public
- Acute transient psychotic disorder
- IHBTT was supporting in the community before deterioration deemed unsuitable for community support

### Admitted as informal or under MHA



### Cases where gatekeeping did not take place face to face

- Post ictal mood fluctuation and agitation following prolonged seizures. Very frequent history of ward admissions, both INF and under the MHA. This admission was after MHLT made recommendation for section 2
- 2 weeks postpartum, presentation required a period of assessment of mental health due to significant risks. MHA proceeded on urgent basis. IHBTT was contacted for gatekeeping and bed was identified.
- Very frequent history of admission to mental health hospital. Current admission was after assessment on MAU following an impulsive overdose
- Well known to mental health services with a diagnosis of Paranoid Schizophrenia. Current admission under section 2 of MHA following deterioration after stopping clozapine. AMHP contacted IHBTT to request bed identification and gatekeeping.

### Situations where more face to face contact of IHBTT is seen during gatekeeping:

- service users on IHBTT caseload
- A&E refers to IHBTT for informal admission
- assessments that take place in 136 suite

### IHBTT gatekeeping will ensure:

- They have looked at the least restrictive options of management in the community based on ground logistics (team's capacity, resources)
- It would provide a 360 degree view particularly in a situation where the service user's presentation may have changed from when they were assessed earlier.

### Conclusions

- Results are promising and guidelines are being followed.
- However, the room for improvement exists albeit the factors mentioned that make face to face assessments not practically possible for IHBTT
- It would be useful to include similar criteria across all teams to have a uniformity of pre admission assessments.



### Recommendations

- To improve the practice in keeping with the policy of gatekeeping by IHBTT
- This can help to see if all other possibilities of care plan have been looked into before a service user is gate kept
- This can also provide valuable information for someone with fluctuating presentation to see the different perspectives of assessment.
- To re audit in a few months to see any differences in the practice.



With all of us in mind.