

Bespoke Repatriation Project

Presentation for Mental Health Act Committee

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Background

Individuals with a diagnosis of Emotionally Unstable Personality Disorder, who presented with emotional distress and risk to themselves, have been placed out of Hywel Dda Health Board (H DUHB) to receive intensive treatment in private low secure hospitals and can be challenging to repatriate. These will include people:

- 1) Whose lives and histories have failed to adequately equip them with the skills to manage their emotions, relationships with others, and distress.
- 2) With complex histories, and who have a diagnosable Emotionally Unstable Personality Disorder..
- 3) Who traditional services struggle to engage with successfully and constructively, in response to their emotional needs and behaviours

CHALLENGE OF CURRENT SERVICES

Experiences by service users and staff across HDUHB have indicated a gap in skilled and flexible community provision that provides an intensive, socially and vocationally orientated service which can respond to rapidly fluctuating needs, in a flexible and consistent way.

The clear goal of such a service would be to reduce this cycle of service use and to enable individuals to live meaningful, fulfilled lives in their communities.

WHY GOFAL

Work undertaken in Cardiff & Vale University Health Board in conjunction with Gofal, a leading Welsh mental health charity, identified bespoke care packages had been successful with a small number of individual clients.

Gofal in conjunction with local statutory services had supported individuals from private hospital placements to their own tenancies with high intensity community support that reduced as the individual settled and integrated into their community.

Funding

This project is a pilot funded by an invest-to-save loan from Welsh Government.

As this is a small pilot there is a need to evaluate this service to establish the following

If treatment costs are reduced in comparison to out-of-area placement

If this approach helps improve client outcomes over time.

The project is asked to report progress to Welsh Government on a quarterly basis, the report covers updates on finances, success, challenges and evaluation.

Operational Model

- To identify individuals who are eligible for transfer from low secure hospital to their own tenancy
- Care Coordinators, Gofal and the lead medic will identify individuals suitable to return from placement
- Once identified individual will be assessed by the multidisciplinary team for suitability under the pilot scheme criteria
- If suitable team will work with the individual and family/carer to negotiate and agree return
- Gofal will broker a tenancy with Local Authority
- Care and Treatment plan will be devised in collaboration with all concerned alongside a robust risk assessment and a clear crisis contingency plan
- Supervision will be provided to all pilot staff by psychology

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Variations on Original Model

- Project and service has flexed to provide a service which prevents admission to private low secure hospitals as well as working to repatriate from high cost out of area placements
- The pilot originated in Carmarthenshire but has been extended to repatriate other individuals to Ceredigion or Pembrokeshire
- The pilot has been used with individuals within our own hospitals to enable a reduced hospital stay due to discharge with intensive home support
- The pilot has supported individuals not able to undertake their own tenancy to leave hospital and return nearer to home whilst supported in an alternative placement.



Evaluation

The pilot is being formally evaluated by psychology services and this included in our reporting to Welsh Government.