

## The Function of a Crisis Intervention and Outreach (MHIST) Team Within an Intellectual Disability Service

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### Introduction

The incidence of mental health problems in people with intellectual disability (ID) varies but is higher than the general population. Often individuals with ID and comorbid mental health issues are admitted to General Adult Psychiatric beds highlighting difficulties with communication, the deficit in skills and lack of confidence of mainstream staff. This led to the development of the Mental Health Outreach Service in 2008 as a pilot to address the needs of the increasing number of adults with intellectual disability and mental health problems being admitted to mainstream psychiatric wards within Lothian.

### Objectives

Present evidence of an Outreach Service for individuals with ID and mental health issues, the functioning of the team and the impact on preventing admissions.

### Aim

To describe the functioning of the MHIST Team and present the demographic profile of the clients on the caseload.

### Method

Data was reviewed from the referral and discharge information for the MHIST Team over the period of 2011-2013.

### Results

During the review period the MHIST Team had an average caseload of 51 patients per year, mixed between community and hospital. The length of involvement ranged from 3 days to 1379 days depending on the reason for referral, diagnosis and time for transfer to specialist ID bed.

### Conclusion

It is beneficial to have a dedicated Outreach Team within an ID Service to reduce or prevent admissions through intensive support and in certain cases support hospital admissions into General Psychiatry by aiding communication, skills and education and support of the mainstream nurses.