

Current Status of Home-visit Psychiatric Nursing

Ayumi Iwamoto¹⁾, Mayuko Ago¹⁾, Teruhisa Yasuoka¹⁾, Mayumi Hanazono²⁾, Chiaki Fukuoka²⁾,
Sumiko Shimizu^{1)*}

1) Community-based Medical Liaison Office, Department of Nursing, NHO Tottori Medical Center

2) Regional Medical Liaison Office, Department of Regional Cooperation Service,
NHO Tottori Medical Center

*Correspondence: sumiko@tottori-iryō.hosp.go.jp

Abstract

In line with the national project “Out-reach (Home-visit) Support for Individuals with Mental Disorders” initiated in 2013, we integrated our Assertive Outreach (AOT) and Home-visit Psychiatric Nursing Teams, and newly organized the Home-visit Psychiatric Team with multiple professionals in 2016 to help such individuals lead a stable community life. This study examined the current status of home-visit psychiatric nursing through our activities over the past 6 months. A large number of service users maintained their daily lives using multiple services, indicating the necessity of enabling them to live in their communities with a sense of security by further improving the quality of home-visit services, and providing comprehensive approaches, integrating medicine and welfare services through collaboration with related institutions, as a future role of home-visit psychiatric nursing. Tottori J. Clin. Res. 8(1), 38-44, 2016

Key Words: mental healthcare and welfare, assertive outreach teams (AOT), individuals with mental disorders, home-visit psychiatric nursing

I. Introduction

Healthcare, medical, and welfare services for individuals with mental disorders are being shifted from inpatient treatment to community-based care. The national project “Out-reach (Home-visit) Support for Individuals with Mental Disorders” was initiated in 2013 based on the following idea: ‘In order to help individuals with mental disorders maintain their community lives, it is necessary to provide both medical and daily life support for them. Collaboration among healthcare, medical, and welfare staff members as a multi-disciplinary team is effective to simultaneously provide such support from multi-faceted perspectives using their techniques based on their diverse sense of values, while respecting patients’ own intentions’. In 2015, our home-visit psychiatric nursing services were shifted from the Outpatient Division to the Community-based Medical Liaison Office. In line with this, we integrated our Assertive Outreach (AOT) and Home-visit Psychiatric Nursing Teams, and newly organized the Home-visit Psychiatric Team with multiple professionals in 2016 to help individuals with mental disorders lead a stable community life. This

study examined the current status of home-visit psychiatric nursing through our activities over the past 6 months.

II. Home-visit Psychiatric Team

1) Team members

The Home-visit Psychiatric Team is made up of psychiatrists, nurses, psychiatric social workers, occupational therapists, and psychotherapists. During the study period, activities were actually performed by 3 nurses and 2 psychiatric social workers.

2) Characteristics of service users

Our activities targeted individuals living in the eastern part of Tottori Prefecture and using outpatient psychiatric services provided by our facility, based on their diagnoses, corresponding to one of the following ICD-10 categories: organic mental disorders (F0), dependence syndromes (F1), schizophrenia (F2), mood disorders (F3), neurotic disorders (F4), or behavioural syndromes associated with physiological disturbances and/or physical factors (F5). In short, we deal with patients with disorders F0 to F5.