



Title	Home Treatment for Mental Health Problems: A Systematic Review
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Aim

To investigate the effectiveness of 'home treatment' for mental health problems in terms of hospitalization and cost effectiveness.

Conclusions and results

- The evidence for home treatment over inpatient treatment in terms of days in hospital was clear, but over other community-based alternatives it was inconclusive.
- There is evidence that visiting patients at home regularly and taking responsibility for both health and social care each reduce days in hospital.

Recommendations

The need for further studies is a clear, particularly in the UK. The evidence base for home treatment compared with other community-based services is not strong, although it does show that home treatment reduces days spent in hospital compared with inpatient treatment. Therefore, it is no longer recommended that home treatment be tested against inpatient care, or that small, localized studies replicate existing, more highly powered studies.

Methods

'Home treatment' was defined as a service that enables mental health patients to be treated outside hospital as far as possible and remain in their usual place of residence. The review was based on Cochrane methodology, but nonrandomized studies were included if they compared two services; these were only analyzed if they provided evidence of the groups' baseline clinical comparability. In total, 91 studies were found, conducted over a 30-year period. Most (87) focused on people with psychotic disorders. Authors of all the studies were followed up for data on service components, sustainability of programs, and service utilization. Economic evaluations among the studies found were reviewed against established criteria. However, the 22 studies that included economic evaluations provided little conclusive evidence about cost effectiveness. A three-round Delphi exercise ascertained the degree of consensus among expert psychiatrists about the components of community-based services that enable them to treat people outside the hospital. This was used to identify components for inclusion in the followup questionnaire.

A comparative analysis compared experimental to control services in terms of reducing hospital days. It analyzed all studies with available data, divided into 'inpatient-control' and 'community-control' studies, and tested for associations between service components and difference in hospital days. An analysis of experimental services analyzed only experimental service data and tested for associations between service components and hospital days.

Further research/reviews required

A centrally coordinated research strategy, with attention to study design, is recommended. Studies should include economic evaluations that report health and social service utilization. Service components should be collected and reported for experimental and control services. Studies should be designed with adequate power and longer followup and use comparable outcome measures to facilitate meta-analysis. Research protocols should be adhered to throughout the studies. It may be advisable that independent researchers conduct studies in future.

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