

## Correspondence

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### Reply to Drs Hubberling and Bertram's Letter to the Editor.

#### Author's Reply

We thank Drs Hubberling and Bertram for their positive comments on the findings of our study, especially with regard to the importance of home treatment services and socio-cultural context in which home treatment services are planned, delivered and evaluated. A case in point is a study of home treatment in a predominantly rural context (Iqbal *et al.* 2012). From an Irish perspective, we wished to highlight the dangers in planning and implementing services based solely on research extrapolated from other jurisdictions.

The evaluation and comparison of outcomes between hospital care and home-based care is complex (Murphy *et al.* 2015; Paton *et al.* 2016). Interventions, patient characteristics and service setting need to be determined and specified in order to facilitate comparison, as context is often not adequately captured in research methodology.

We would respectfully demur from Hubberling and Bertram's suggestion that if somebody needs antipsychotic medication, it probably does not matter so much whether this is done at home or on a ward. Surely, any intervention, including pharmacological treatment, cannot be isolated from the setting in which it is delivered? Offering antipsychotic medication at home, we suggest, is experienced quite differently from the same pharmacological management in the hospital, from the perspective of patients and families. Medication management, as one intervention, inevitably interacts with other factors that powerfully influence outcome.

With regard to borderline personality disorder, our experience suggests that this patient group can be served better by other interventions and that the short-term nature of acute home treatment is often problematic. We note Turhan & Taylor's (2006) recent

study which found that home treatment can be beneficial but also found that most patients with a diagnosis of borderline personality disorder admitted to home treatment were frequent users of the service.

We share Hubberling and Bertram's view that diagnosis matters when evaluating who benefits most and least from acute home treatment and that admission criteria based on vague clinical descriptors and unproven crisis theory principles are unreliable (Hubberling & Bertram, 2012).

#### Conflicts of Interest

The authors declare that there are no conflicts of interest.

#### References

- Hubberling D, Bertram R** (2012). Crisis Resolution Teams in the UK and elsewhere. *Journal of Mental Health* **21**, 285–295.
- Iqbal N, Nkire N, Nwachukwu I, Young C, Russell V** (2012). Home-based treatment and psychiatric admission rates: experience of an adult community mental health service in Ireland. *International Journal of Psychiatry in Clinical Practice* **16**, 300–306.
- Murphy SM, Irving CB, Adams CE, Waqar M** (2015). Crisis intervention for people with severe mental illnesses. *Cochrane Database Systematic Reviews* **3**, CD001087.
- Paton F, Wright K, Ayre N, Dare C, Johnson S, Lloyd-Evans B, Simpson A, Webber M, Meader N** (2016). Improving outcomes for people in mental health crisis: a rapid synthesis of the evidence for available models of care. *Health Technology Assessment* **20**, 1–162.
- Turhan S, Taylor M** (2016). The outcomes of home treatment for borderline personality disorder. *BJPsych Bulletin* **40**, 306–309.

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