

## TANDEMplus 2022 – annual report



TANDEMplus is the mobile team of the HERMESplus network.

TANDEMplus can be reached by phone and is available to professionals, users, family or third parties. The team works exclusively through home visits.

Via the telephone reception, either information is given, orientation is provided or counselling is started.

### **Number of new applications : 790**

Enquiries: 75

Orientations: 400

Inclusions: 314

For 40% of the contacts a home visit is required. This means an average of 26 new counselling sessions per month.

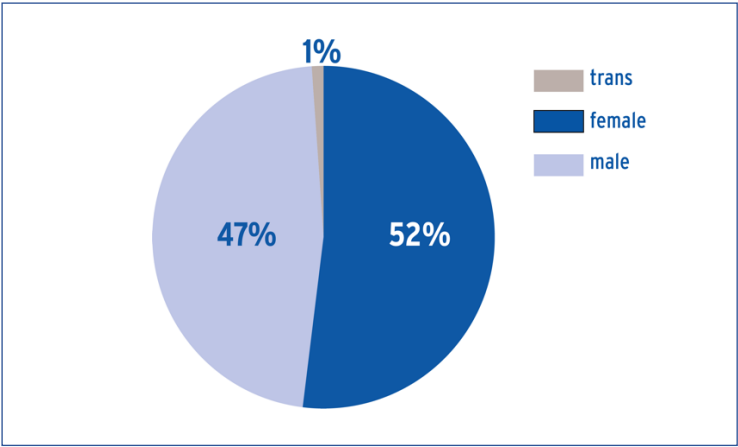
### **Refusing contact**

One in five people who were notified and contacted, refused to meet the team. This figure appears to be stable over recent years. 40% of those with whom contact failed, had previous experience in residential psychiatry. Of these, 53% had been admitted less than 6 months before our intervention.

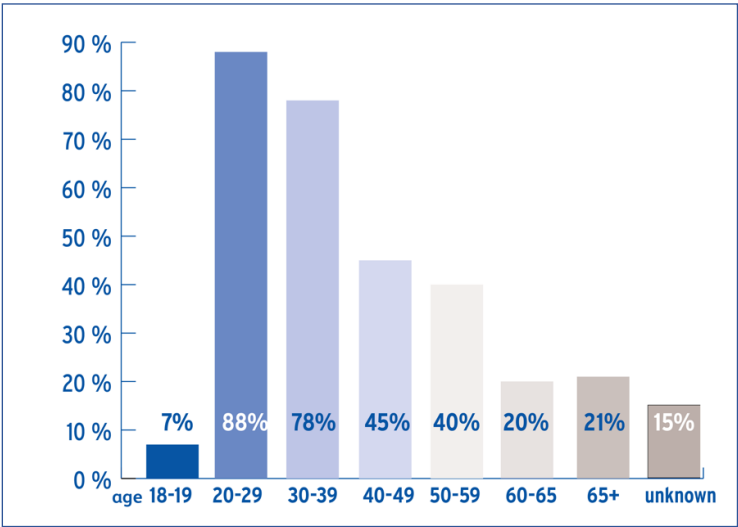


DATA

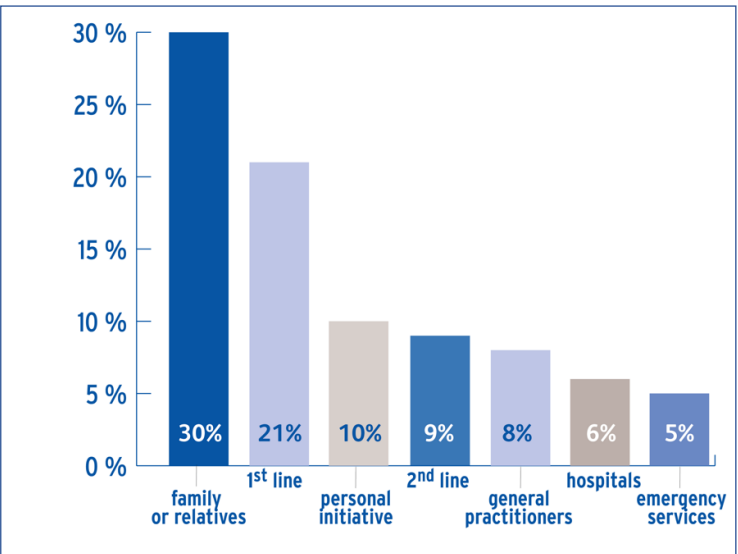
Gender



Age



Who makes the application ?



90% of the applications are made by a third person. TANDEMplus only intervenes if the person making the application is also present during the first interview. In half of the situations, these are family members, in the other half, professionals.

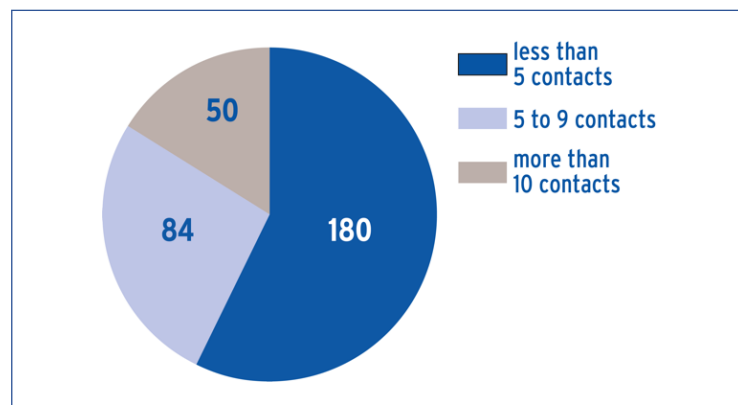
### Duration of counselling

The average duration is 47 working days - median = 38

### Telephone reception

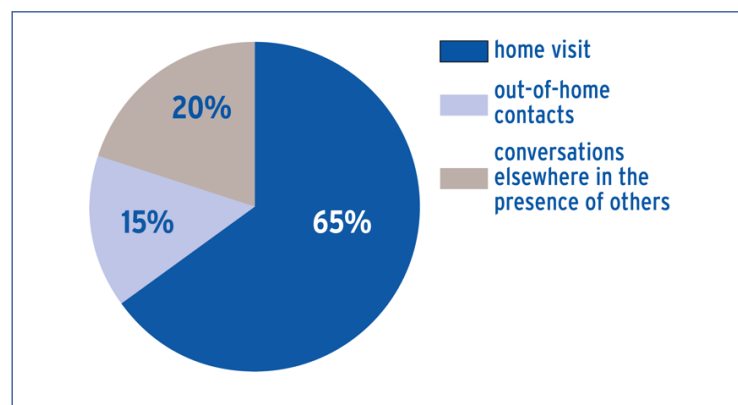
A significant number of applications are guided or oriented by telephone.

This is usually done through several telephone contacts. The number of telephone contacts per applicant varies.



### Nature of the encounters

Most conversations happen in the person's environment. 20% of the conversations take place in the presence of others with the person's consent. These include social workers as well as family members. Of the interviews involving others, in 33 % a doctor is present. On average, counselling consists of 6 contacts.

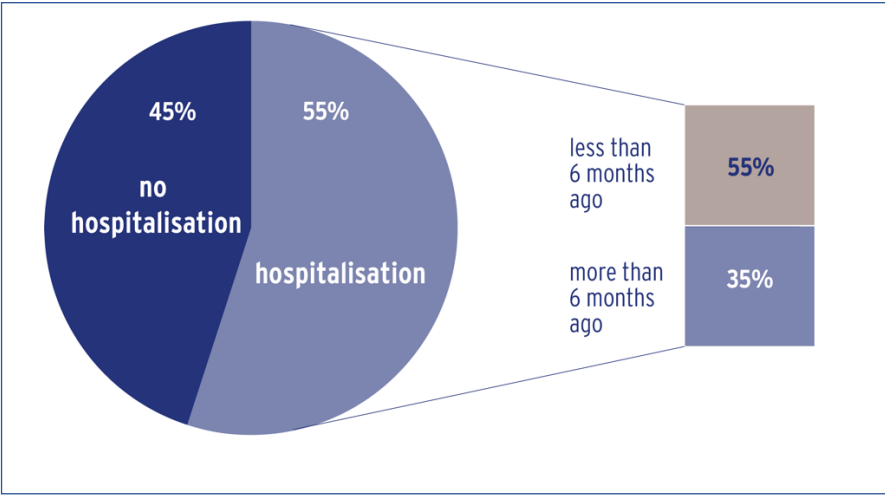


### Hospital admissions

Whether or not individuals have known a residential admission, is an important element in describing the group we are reaching. If we abstract from the 30 individuals about whom we do not have this data, we can establish the following for the remaining 287 individuals:

- ☐ had no residential admission: 45 %
- ☐ was admitted less than 6 months ago - 21%
- ☐ was admitted more than 6 months ago - 25%
- ☐ was ever admitted - 9%

40% of users did not know any residential admission.  
Of 10% of users, we have no data on this.

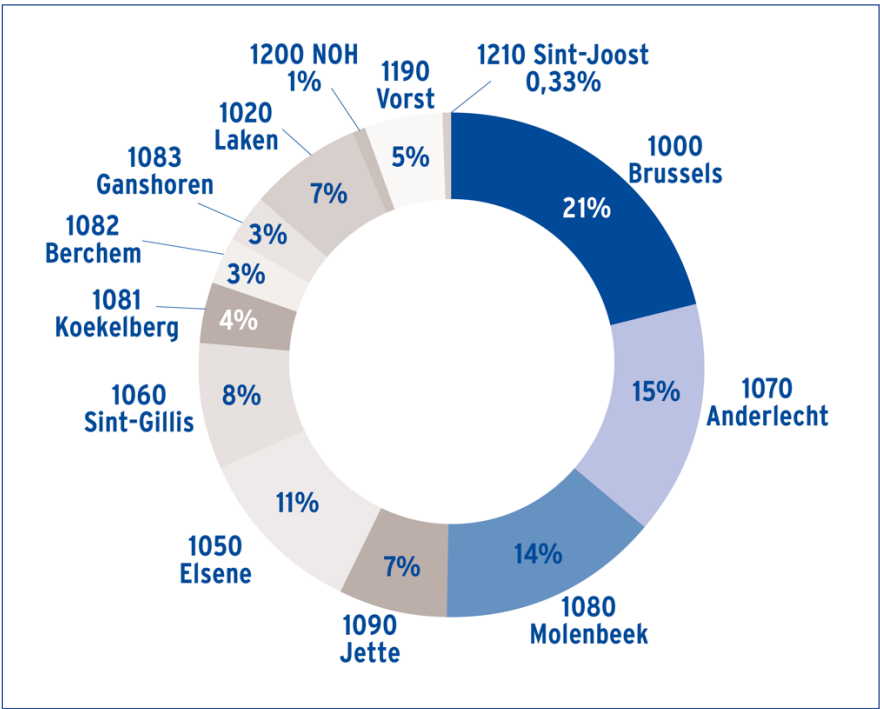


**Orientations**

74% of the applications we consider as orientations come from the TANDEMplus operating area.

**Inclusions**

We were in contact with 314 people. 55 of them refused contact with the team after registration. The individuals we did contact were from the following municipalities:

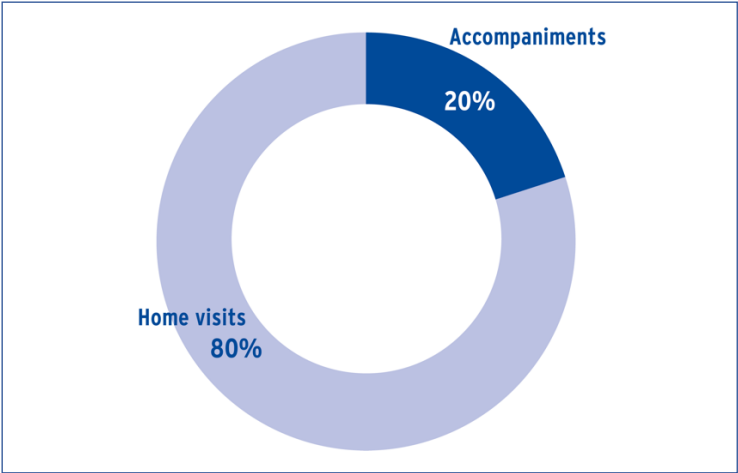


**Nature of encounters**

Most meetings take place at the person's home (65%). For various reasons, it is not always possible for the user to receive the person from the team at home. Therefore, 15% of the meetings take place outside the home.

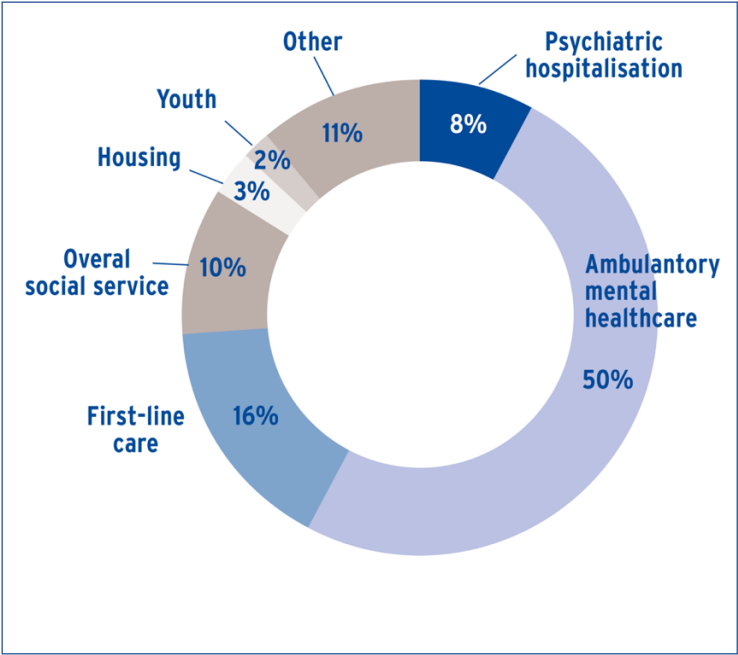
Another 20% of the meetings take a different form.  
The team's psychiatrist visited 2% of the users at home. In this case, he never performed medical procedures or prescribed medication.

Finally, meetings were also held with family members.  
An accompaniment by the team involves an average of 6 encounters.  
On average, an accompaniment consists of 6 encounters.



**Installing a network by TANDEMplus**

One of the tasks of the mobile team is to set up a network around the user. This may or may not be linked to mental health services. This project is developed in collaboration with the user. Most users are referred to different organisations with different functions.



## **THE (VERY) MEDICAL RULES FOR A MOBILE TEAM**

1. A doctor never forces a citizen to become his patient.
2. A doctor never forces his patient to be treated against his will.
3. A doctor first and foremost has a duty to his patient.  
Enforcing the law, morals or social order is not a medical activity.
4. As in medical practice, the mobile team is called in because of symptoms in a person reported by himself or by a third party. The team goes out because of these symptoms.
5. As in medicine, once the symptoms are identified, they are discussed and then an interpretation/hypothesis is formulated for each case leading to an action, i.e. treatment.
6. As in medicine, the most appropriate treatments are not necessarily medicines.
7. As in medicine, the ultimate goal of counselling is always cure or recovery, namely that it is no longer necessary to consult a healthcare provider.
8. A mobile team respects medical ethics, the law on patients' rights, the law on the protection of the person of the mentally ill and follows Council of Europe Resolution 2291 on the avoidance of coercion in mental health care.