

# Core Competencies for Psychiatric Hospital at Home (HaH) Treatment: A Qualitative Exploration

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**Abstract.** Hospital at home (HaH) applied in psychiatric settings is becoming an important component of mental health care, yet the core competencies required by health professionals for successful implementations remain understudied. This exploratory qualitative study aims to identify the core competencies health professionals perceive as essential for effective home treatment and proposes considerations for future training frameworks. Semi-structured interviews were conducted with five health professionals leading or developing psychiatric HaH treatment services. Data were analysed using thematic analysis, focusing on recurrent themes related to skills and challenges. Seven categories of skills and competencies were identified: clinical and diagnostic competencies, home and family-oriented skills, treatment planning and process management skills, communication and interprofessional collaboration skills, teamwork and leadership, professional attitudes and adaptive skills, data-driven practice and evaluation. Future work should concretize these core competencies to make the next step towards educational programs for successful realisation of HaH care services.

**Keywords.** Hospital at home, Skills, Competencies, Psychiatric care, Home treatment

## 1. Introduction

Hospital at Home (HaH) is a model of acute inpatient care that delivers hospital-level medical, nursing and allied services to patients in their own homes as a substitute for traditional hospital admission. It provides 24/7 supervision, diagnostics, therapeutics, medications and technology comparable to in-hospital care [1]. HaH is episodic, with a defined start and end. It is not a new treatment model, but it becomes increasingly important as alternative treatment model as it shows to be more cost-effective [2] and to increase sustainability of treatment effects [3]. However, as Marks et al. concluded, “home-based care [for psychiatric settings] is hard to organise and vulnerable to many factors and needs careful training and clinical audit if gains are to be sustained” [4]. Some studies reported upon necessary skills, such as crisis intervention, therapeutic engagement, and risk assessment [5], but a comprehensive framework defining the essential competencies for HaH professionals is lacking. Additionally, most competency

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models in mental health care are derived from inpatient or outpatient settings, which may not fully translate to the dynamic and often unpredictable nature of HaH care. Previous work collected information on education and training that are available for HaH care, but did not specifically focus on psychiatric settings [6]. The identified skills comprise, among others, communication, medication safety, infection control, and wound care. Given the limited empirical work in this area, this paper adopts an exploratory qualitative approach to identify core skills and competencies that are essential for effective HaH treatment in psychiatric settings and proposes preliminary considerations for future competency frameworks and trainings.

## 2. Method

To identify the specific skills and competencies required for HaH care, two co-authors conducted five interviews with four persons with a background in psychiatry or psychology, and one with background in general medicine. All were directly involved in the implementation or delivery of HaH care services: three led HaH care programmes, two developed such programmes. HaH projects comprised intensive psychiatric home treatment for children and adolescents [7] and psychiatric home treatment for adults. One person was involved in projects related to transitional treatment for adults. The service enabled three months of care after an inpatient stay and serves to stabilise patients after leaving hospital. One person was involved in a project on hospital-equivalent acute care.

Participants were asked to describe their HaH projects, their specific roles, and the technical, organisational and staffing challenges they faced in establishing the care model in practice as well as competencies needed to establish HaH treatment. Notes were taken while conducting the interviews. To these notes, we applied a thematic analysis that was guided by a large language model (locally running Llama 3.2). The prompt used was: “In the file are five interviews. Conduct a thematic analysis. Specifically, identify skills and competencies needed to set up and work in the context of home treatment and hospital at home”. The results of the language model were manually reviewed and corrected by one co-author.

## 3. Results

### 3.1. Challenges

To understand the origin of the skills described in section 3.2, we list the challenges that occurred in the HaH programs in which the experts were involved. Challenges concerned staffing, structure and technology. Staffing in the programs was unstable, with frequent turnover of health professionals and a shortage of nurses. These issues were driven partly by low salaries and lack of awareness about the roles which made recruitment difficult.

In a HaH treatment setting, nurses and social workers had to take on new responsibilities, requiring more interdisciplinary collaboration and flexibility. The teams had to work closely, often dealing with complex cases, including those involving asylum seekers with language barriers. Further, collaboration with families and schools proved difficult. Another challenge involved societal expectations resulting in communication efforts to highlight that not all healing requires hospitalisation.

Technical issues occurred as existing software lacked adequate interfaces, particularly for transmitting laboratory data. Efforts to implement a dedicated system failed, leading to inefficiencies in workflows. Overall, trial and error characterised the process of implementing HaH care, highlighting the need for a motivated team with the right mindset to make the model work.

### 3.2. Core skills and competencies

The provision of psychiatric care in HaH settings requires a comprehensive and context-sensitive competency profile that reflects the complexity of treating patients in their home environment. We have identified seven core competency domains that are essential for professionals providing psychiatric HaH treatment (figure 1).

**Clinical and diagnostic competencies.** Professionals working in psychiatric HaH treatment settings need to have in-depth knowledge of psychiatry, psychotherapy and relevant somatic comorbidities. They should be able to make a nuanced diagnosis, assess the indication for home treatment and exercise sound clinical judgement in both routine and crisis situations. Competence in the use of evidence-based therapeutic interventions in the home, monitoring of psychiatric medications and early recognition as well as management of suicide risk and psychiatric emergencies is essential as the monitoring is less consistent than in a hospital setting. Familiarity with community-based mental health and social care resources further enhances continuity and integration of care.

**Home and family-oriented care skills.** Effective HaH treatment depends on the ability to tailor interventions to individual home environments and family dynamics. Professionals must demonstrate sensitivity in supporting families through processes of change, build therapeutic relationships in emotionally complex situations, and maintain calm and reassurance in times of crisis. Emphasis is placed on promoting patient autonomy, dignity and shared decision making, while practicing with empathy, cultural sensitivity and clarity of communication.

**Treatment planning and process management.** HaH treatment requires strong skills in planning and managing individualised treatment processes. This includes the design and implementation of structured care pathways, the use of systemic approaches (e.g. systemic education) and the ability to respond flexibly to unforeseen events. Professionals need to coordinate interdisciplinary teams, maintain clear documentation and take clinical responsibility in often semi-autonomous field-based contexts.

**Communication and interprofessional collaboration.** Given the distributed and often fragmented nature of HaH treatment, communication and collaboration are key. Core skills include active listening, empathic communication and the use of structured communication tools (e.g. traffic light systems). Professionals need to collaborate transparently with multidisciplinary colleagues and engage effectively with external institutions, while also being able to represent HaH services in public or media contexts.

**Teamwork and leadership.** HaH teams benefit from shared, often horizontal, leadership structures. Professionals need skills in conflict resolution, promoting psychological safety and team coordination in emotionally charged situations. Awareness of team composition and complementarity (e.g. structured vs. flexible working styles) supports functional team dynamics. Participatory recruitment practices - such as team-based probationary periods and consensus-based hiring - promote cohesive, bottom-up team cultures. Strategic thinking and system-level coordination are also essential for those in leadership roles.

**Professional attitudes and adaptive skills.** Working in decentralised, patient-centred environments requires a high degree of professional autonomy and adaptability. Healthcare professionals must be able to make confident decisions in uncertain or rapidly changing circumstances, remain open to learning and innovation, and demonstrate resilience in the face of emotional complexity.



**Figure 1.** Categories of core competencies of professionals in psychiatric HaH settings.

**Data-driven practice and evaluation.** A recently emerging competency area relates to the integration of data and evaluation practices. Professionals should be able to collect, analyse and interpret clinical and operational data and use the evidence to improve quality, safety and service outcomes. In addition, participation in programme evaluation and research contributes to the ongoing development and legitimisation of HaH models within the wider health system. Different technologies were mentioned as being part of the HaH care model. These include communication technologies (Video call, Jabber, WhatsApp), hospital information systems and resource planning software, digital health apps (e.g. for dealing with anxiety, meditation and relaxation apps, suicide prevention app). Communication channels for advertisements around the HaH treatment programs were social media and YouTube.

#### 4. Discussion and Conclusions

This study presents seven groups of core competencies for psychiatric HaH settings, developed through synthesis of expert interviews ranging from clinical expertise to data-driven decision making, that collectively address the multiple demands of providing acute psychiatric care in patients' homes. The identified competencies are closely aligned with international standards, including the World Health Organization's Global Competency Framework for Universal Health Coverage (UHC, <https://www.who.int/publications/i/item/9789240034686>). It emphasises the importance of person-centred, integrated and equitable care and highlights core domains such as person-centredness, decision-making, communication, collaboration and continuous learning. These domains are reflected throughout our core competencies - particularly in the categories of home- and family-based care, communication and collaboration, and professional attitudes and adaptability. Our findings support the WHO's emphasis on transversal competencies - such as ethical integrity, teamwork and resilience - as critical

complements to technical clinical skills, especially in settings where health professionals work autonomously in patients' homes.

The “Hospital at Home Knowledge and Skills Development Framework”, developed by the NHS Education Scotland <sup>2</sup> provides a national model for the implementation of HaH services across nursing, allied health and healthcare support professions. It outlines a tiered system of knowledge and practice expectations from entry level to consultant level, structured around four pillars of practice: clinical practice, leadership, facilitating learning and evidence/research. These pillars are also reflected in our core competencies, but we go beyond by contextualising specifically within acute mental health settings, where relational, situational and crisis response competencies are particularly prominent. For example, our inclusion of competencies such as early crisis recognition, suicide risk management and therapeutic alliance building in the home reflects the different demands of home-based mental health care compared to general HaH services, which focus primarily on physical health.

In conclusion, this analysis showed that there are specific competencies needed to successfully implement HaH treatment in psychiatric settings. These competencies go beyond the skills needed in inpatient care settings and require specific training. Future work should specify the competencies in more depth for the single groups of roles in HaH treatment (e.g. managing role vs. role of interacting with patients). An additional validation of the identified competencies by additional experts in HaH treatment will help to ensure that all relevant skills are covered. Finally, educational programs to train the professionals appropriately have to be developed which will contribute to efficient HaH treatment in psychiatric settings.

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