Housing and Rehabilitation in Recovery from Mental Illness

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“A whole system approach to recovery from mental ill health which maximises an individual’s quality of life and social inclusion by encouraging their skills, promoting independence and autonomy in order to give them hope for the future and which leads to successful community living through appropriate support.”

(Killaspy et al, 2005)
Rehabilitation Psychiatry

- 85% Psychosis – longer term conditions
- Treatment resistance
- Negative symptoms
- Comorbidities, psychiatric and physical health
- Functional impairments – Activities of Daily Living
- Challenging behaviour
- Difficult to engage
- Risk
- Cannot be discharged home (Holloway 2005)
- ~14% of EIP require rehabilitation; (Craig et al 2004) earlier transfer better
- Low volume high need group
- Approx. 10-15% of those in secondary care, account for 25-40% of the annual UK mental health and social care budget (MH Strategies 2010 & Killaspy 2010)
14% of people newly diagnosed with psychosis will require rehabilitation services (Craig et al, 2004)

Long term view/evidence: 65% of this group achieve successful, sustained community living over 5 years and 8% achieve independent living (Trieman and Leff, 2002; Killaspy and Zis, 2012)

Support from rehabilitation services: 8x ↑ achieving /sustaining community living compared to generic CMHTs (Lavelle et al, 2011).

More evaluation data from recent publications – Bunyan, Killaspy, 2016
Clinical outcomes and costs for people with complex psychosis; a naturalistic prospective cohort study of mental health rehabilitation service users in England

Helen Killaspy, Louise Marston, Nicholas Green, Isobel Harrison, Melanie Lean, Frank Holloway, Tom Craig, Gerard Leavey, Maurice Arbuthnott, Leonardo Koeser, Paul McCrone, Rumana Z. Omar and Michael King
Flexible, personalised care packages – health & social care to optimise rehab, recovery and outcomes. Pre-agreed ability to dial up and down.

**Inpatient rehabilitation units**
- High Dependency Units
- Longer Term Complex Care Units, Move on Units

**Community services**
- Supported accommodation
- Residential care
- 24 hour staffed tenancies
- < 24 hour staffed tenancies
- Floating outreach
- Vocational rehabilitation
- CMHTs, Rehabilitation Teams, AOTs
- Primary care

**Referrals**
- Acute inpatient wards
- Forensic/secure services

**Acute Rehab In-reach**

**Community In-reach / Advisory function**

**Community Rehabilitation Teams**

Partnership working /contracting


26/09/2019
Community Rehabilitation Team Functions

- Advisory function – acute ward/community in-reach
- Right Rehab complement locally; Service Development; Market stimulation; step down/up
- Census approach; whole system management; manage budgets
- Community Rehabilitation Team
- Ongoing Rehab & Recovery > independence
- Maintain placements. Reducing acute admissions – 8X > non-Rehab team
- Rehab OAPS; Manage transitions
Community Rehabilitation Team Functions

- Locality based
- MDT- medical, CPN, OT, support worker, peer support worker, access to psychologist and family therapy
- Intensive support to patients with long term psychosis
- Provide enduring functional improvement and stability
- Transitions through the pathway- inpatient to community
- Enduring improvements in function, skills (2/3rd patients over time), reduction in symptoms
- Social Integration – local community, networks
- Improving physical health, life expectancy
- Progress to high level of independence and improved Quality of Life (Harding et al, 1987; Harrison et al, 2001; Warner, 2004)

26/09/2019
In reach work to aid transitions
Work with care providers in the community to formulate individualised care plans
Work with care providers in supported accommodation to enhance skills, meet individual needs
Responsive - intense support to stabilize placements and during crisis
Hold a long term view of the service user
Manage and support further transitions in the community
Care co-ordinate out of area placed patients
Recognising housing as a mental health intervention

The provision of supported housing can...

- Reduce hospital admissions
- Reduce the costs related to out-of-area placements
- Reduce transfer delays from hospital to home
- Reduce the risks associated with tenancy breakdown

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IMPACT OF INSUFFICIENT REHABILITATION SERVICES ON OTHER PARTS OF THE MENTAL HEALTH SYSTEM

Acute Psychiatric Inpatient Delays (16% - Crisp Review)

Revolving door readmissions & Placement breakdowns

Out of Area Placements – acute and Rehab; Winterbourne Whorlton Hall

Neglect in the community
Mortality Gap

- Cause: Most deaths from physical health conditions CVD, Stroke
- Partly due to socio-demographic factors – health inequalities
- It is ‘lethal discrimination’ at worst, at best, failure to act on evidence
### Table 1  Admission costs per year pre- and post-rehabilitation

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<thead>
<tr>
<th></th>
<th>Pre-rehabilitation</th>
<th>Post-rehabilitation</th>
<th>Statistics</th>
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<tbody>
<tr>
<td>Individual cost, mean (s.e.)</td>
<td>£66 000 (£10 000)</td>
<td>£18 000 (£9000)</td>
<td>$t_{(22)} = 3.200, P = 0.004$</td>
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<tr>
<td>Total cost (n=22)</td>
<td>£1324 000</td>
<td>£386 000</td>
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• National Commissioning Guidance
• Rehab services continues to wax and wane around the country
• NICE Guidance now underway

https://www.rcpsych.ac.uk/members/your-faculties/rehabilitation-and-social-psychiatry/news-and-resources
Introducing GIRFT

- Review of **40+ clinical specialties** leading to national reports for each.
- Led by **frontline clinicians** who are expert in the areas they are reviewing.
- **Peer to peer engagement** helping clinicians to identify changes that will improve care and deliver efficiencies, and to design plans to implement those changes.
- Support across all trusts and STPs to drive **locally designed improvements** and to share best practice across the country.
- Regional delivery hubs – supporting implementation of action plans
- Agreed **efficiency savings**: up to £1.4bn by 2020-21, starting with between £240m and £420m in 2017-18.

Tackling unwarranted variation to improve quality of patient care while also identifying significant savings.
GIRFT

- Data – will need some hand audit of e-notes.
- Key indicators to move to MHSDS at NHS Digital asap.
- Understanding the local rehabilitation pathway needs and service development.
- Housing needs locally.
- Understanding workforce need and competencies.
- How can GIRFT Rehabilitation support you?
GIRFT- Getting It Right First Time

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