

## Transitioning Long-Term Inpatient Mental Health Patients Into the Community

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### Background

Institutional settings have been utilized to provide care to individuals who have demonstrated difficulty living in the community due to a severe and persistent mental illness. These individuals have common characteristics such as a high recidivism rate, actively psychotic, behavioral problems, history of substance abuse, not adhering to recommended treatment (i.e. taking medications) and/or placement was not available in the community due to insufficient supports/resources. Several pieces of literature have shown that long-term care patients with chronic mental illnesses who transition into the community with appropriate supportive housing can result in positive outcomes at both the individual level and system level.<sup>1,2,3,4,5</sup>

Under the Mental Health Innovation Fund Grant program, a 25 bed psychosocial rehabilitation home (Kentwood) was developed out of a three-way partnership between a private landlord, the Schizophrenia Society, and Addiction and Mental Health (Alberta Health Services). The purpose of Kentwood is to provide support to the chronically mentally ill as they transition from a long-term in-patient psychiatry environment to community living. Practicing psychosocial rehabilitation in a community setting is relatively a new venture. Furthermore, having long-term stay patients move from facility based care has not been done on a scale of what Kentwood can provide.

### Objectives

Question: Is the Kentwood psychosocial rehabilitation model effective in meeting the needs of the chronically mentally ill who are transitioning from in-patient long-term care to community living? This brief note will expand on the Kentwood experience and discuss the lessons learned.

### Method

In June of 2007, 18 long-term patients from The Centennial Centre for Mental Health and Brain Injury (CCMHBI) were transitioned to Kentwood over a three-week period. These 18 individuals had an average length of stay in hospital of 17.1 years (the longest being 25 years). Outcome measurements (Quality of Life, Client Satisfaction Questionnaire and Functional Needs Assessment) were administered prior to discharge and at set intervals once living at Kentwood.

### Results

Our findings indicate that the quality of life increased significantly for patients living at Kentwood and level of functioning changed in specific categories. To evaluate quality of life, a Quality of Life Inventory (QOLI) was completed on each of the 18 patients from CCMHBI prior to residing at Kentwood. The QOLI was administered to these same patients at Kentwood on yearly intervals. The data supports an improvement in mean QOLI scores and this continues to improve each year.

In addition, the level of functioning was assessed through the Functional Needs Assessment (FNA). The FNA is an instrument to evaluate a patient's ability to perform a variety of every day tasks. As with the QOLI, the FNA was administered both prior to arrival at Kentwood, and at set intervals once at Kentwood. The data showed that in some areas in activities of daily living, scores decreased and in some areas scores increased.

For example, while in hospital, patients scored high in participation in treatment but upon residing at Kentwood the participation in treatment score diminished. This is understandable because while in hospital, a patient has easier access to their psychiatrist and Multidisciplinary Team. Alternatively, over time, clients at Kentwood are showing improvement in functional areas such as receptive communication. The improvement in receptive communication is most likely the result of tenants at Kentwood engaging directly with service providers in the community.

In addition, a cost analysis showed substantial savings for someone residing at Kentwood in comparison to a bed within an in-patient unit. Re-admission to in-patient psychiatry is also tracked and over two years of operation, five clients have been hospitalized with an average length of stay of 14 days.

Another contributing factor towards an improvement in quality of life is the utilization of a psychosocial rehabilitation model that assists a patient with their recovery. Tenants at Kentwood are actively engaged in their recovery, that is, tenants are setting meaningful life goals for themselves and staff assists the tenant in their pursuit of achieving these goals. Living in the community has allowed individuals to learn how to use the transit system, become involved with community agencies, find employment, make social connections, and set other meaningful goals. Another benefit from psychosocial rehabilitation is the establishment of a sense of community. The group environment at Kentwood enables social connections to be established much easier than an independent living arrangement. This social acceptance and belonging contributes to better mental health as tenants have a variety of people they can talk to and form friendships with, resulting in constructive ways to cope.

### **Conclusions**

Long-term stay patients have transitioned from a long-term inpatient psychiatric care environment into the community and function extremely well in a setting such as Kentwood. Following a psychosocial rehabilitation approach in service delivery empowers patients to set goals for themselves, thereby promoting independence. A combination of providing adequate support and fostering a sense of community through such a model, enhances the ability of a long-term stay patient to make the most of their recovery in a community setting. Further research (longitudinal studies) is imperative in determining how effective this type of supportive housing is and its feasibility as part of a supportive housing framework for Alberta.

### **Lessons Learned**

The resiliency of a person with a severe and persistent mental illness is underestimated from the perspective of understanding what a person is capable of achieving when living in the community. The individuals who come to live at Kentwood have demonstrated that with support and encouragement from mental health staff, they can achieve personal goals around their recovery. By fostering success, Kentwood tenants develop confidence and their self-esteem improves. In addition, psychosocial rehabilitation promotes independence, focuses on strengths, and empowers people with a mental illness to take control of their life. The combination of adhering to psychosocial rehabilitation principles and believing in recovery has assisted many individuals to develop and grow as well as better cope with their mental illness.

**References**

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