

Community Rehabilitation Centres and Outcomes

Does NOCC measure rehabilitation?

Bill Miliotis – Manager Elpida House, July 2010.




**Government
of South Australia**


SA Health




Community Rehabilitation Centres

- Community based
- Rehabilitation and recovery model
- 24 hour support
- Intensive, short term residential rehabilitation

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- Consumers currently receiving a mental health service
 - Non-acute consumers
 - Identified as benefiting from rehabilitation
 - Length of stay is between 6 and 12 months
 - Consumers who have agreed to a rehabilitation program
 - The centre has a no-alcohol and no-drug policy the same as all other facilities in mental health.

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- Provide an intensively supported environment that facilitates the process of transition to community living.
 - Actively promote and encourage a person's return to their community of choice.
 - Assist individuals with psychiatric disability in linking to educational, vocational and recreational resources.

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- Provide an intensive, supported & monitored residential rehabilitation environment in a setting conducive to the further learning & acquisition of living skills.
 - Further functional daily routines & activities to facilitate independent living through the promotion of positive and sustainable self management strategies and behaviours.



- Aged between 18-65
- Experiencing significant problems managing tasks of daily living and self management of illness
- May have co-morbid drug and alcohol issues?
- complex health, lifestyle and/or behavioural needs that can be best supported within a managed environment
- Who have been unsuccessful in previous attempts of independent living in the community



- Restoring citizenship is vital to enabling people to lead fulfilling and satisfying lives and to be active participants in their communities.
- Rehabilitation and recovery approaches emphasise the person's strengths



**To work with the whole person means
acknowledging and responding to all
of the life domains:**

Behaviour

Leisure/Recreation

Health

Family Involvement

Residence

Community Access

Employment/Day Activity

Financial Management

Education

Advocacy

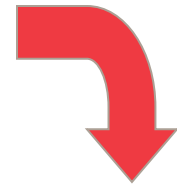
Partners in Wellbeing

<p>Supports:</p> <ul style="list-style-type: none"> ▪ Family ▪ Friends ▪ Neighbours ▪ Clubs & Churches ▪ Spiritual & Cultural Supports ▪ Financial ▪ Consumer Groups & Organisations ▪ Advocacy Groups ▪ Office of the Public Advocate ▪ Members of Parliament ▪ Ombudsman 	<p>AN INFORMED INCLUSIVE, TOLERANT COMMUNITY</p>	<p>Health:</p> <ul style="list-style-type: none"> ▪ Healthy Activities, exercise, nutrition, relaxation, stress reduction etc ▪ GP (Division of) ▪ Community Health Centres/Agencies ▪ Complementary Therapies/ Practitioners ▪ General Hospital/Emergency Dept ▪ Specialist Services <ul style="list-style-type: none"> - Private MH practitioners - Public MH Services Non-MH Services eg Diabetes, DASC
<p>HOLISTIC PRINCIPLES OF MENTAL HEALTH A WHOLE OF GOVERNMENT RESPONSIBILITY</p>	<p>CHOICE PARTICIPATION BEING VALUED CITIZENSHIP CONNECTEDNESS BELONGING RIGHTS & RESPONSIBILITIES</p>	<p>HUMAN RIGHTS, ANTI-DISCRIMINATION AND EQUAL OPPORTUNITY LEGISLATION</p>
<p>Accommodation:</p> <ul style="list-style-type: none"> ▪ Private landlords ▪ SAHT ▪ Supported Accommodation ▪ UC Wesley, Anglicare, Centrecare etc ▪ Hostels, Boarding Houses, Shelters etc ▪ Respite Options 	<p>CREATING HEALTHY COMMUNITIES, RESPONSIVE TO, RESPONSIBLE FOR THE HEALTH OF THEIR CITIZENS</p>	<p>Lifestyle/Meaningful Activity</p> <ul style="list-style-type: none"> ▪ Activities of Daily Living ▪ Hobbies ▪ Sport/Recreation ▪ Companionship ▪ Exercise/Relaxation ▪ Spirituality ▪ Employment (voluntary/paid) <ul style="list-style-type: none"> - Employers, Job Agencies, CRS, STEP ▪ Education <ul style="list-style-type: none"> - School, Uni, TAFE, Adult ED, WEA ▪ Clubs ▪ MH Rehabilitation/Club House

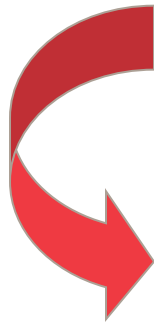
How do we determine what the resident needs?



Assessment, ask, NOCC,



Resident reflects on what they wish to achieve



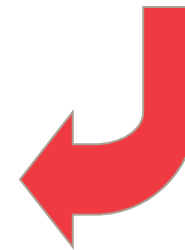
Collaborative working with the resident and stakeholders



Staff review information and alert plan accordingly



Better client outcomes





Recap of NOCC

The 4 HoNOS Sub Scales

1. Overactivity, aggression
2. Non-accidental self-injury
3. Problem drinking or drug-taking

BEHAVIOUR

4. Cognitive problems
5. Physical illness or disability problems

IMPAIRMENT

6. Hallucinations/delusions
7. Problems with depressed mood
8. Other mental and behavioural problem

SYMPTOMS

9. Problems with relationships
10. Problems with activities of daily living
11. Problems with living conditions
12. Problems with occupation and activities

SOCIAL



The LSP-16 Sub Scales

- Withdrawal
- Antisocial behaviour
- Self care
- Compliance



Scoring

Each item is scored:

0 = no problem

1 = sub-clinical problem

2 = mild problem

3 = moderate problem

4 = severe problem

9 = not known



What do we focus on?

Scores of 0 and 1 can be viewed as being of minimal clinical significance.

Scores of 2 or more are usually clinically significant problems

Therefore management plans should focus on those problem areas scoring 2 or more, with scores of 3 or 4 requiring urgent attention

The K-10+

Measures psychological distress

- All scales follow the following format:
- 1 none of the time
- 2 a little of the time
- 3 some of the time
- 4 most of the time
- 5 all of the time

4 items rate disability over preceding 4 weeks

Scoring


Score range from 10 to 50.

- 10-19: The score indicate that the client or patient may currently not be experiencing significant feelings of distress
- 20-24: The client or patient may be experiencing mild levels of distress consistent with a diagnosis of a mild depression and/or anxiety disorder.
- 25-29: The client or patient may be experiencing moderate levels of distress consistent with a diagnosis of a moderate depression and/or anxiety disorder.
- 30-50: The client or patient may be experiencing severe levels of distress consistent with a diagnosis of a severe depression and/or anxiety disorder.



The K10 is:

- a good indicator of a persons cognitive abilities or the individuals level of understanding of their illness, environment and how they view their world
- an opportunity for consumer and/or clinician to monitor change over time
- an opportunity for discussions in differences in feelings today as opposed to the last time.

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- Improved consumer and clinician interaction
 - Discussion regarding consumer's views in the management of their care.
 - Goal focused and strengths based discussions
 - Having more of a say in their own treatment and rehabilitation planning
 - Able to make comparisons and view progress



HoNOS, LSP and K10 contribute to:

- Review of Individual Goals, progress and strengths
- Supporting Clinical Assessments and Evidence Based Interventions
- Inform Clinical and client meetings
- Review of Individual Rehabilitation Plan
- Development, review and updating of Care Plan
- Evaluation across the consumer's journey
- Refocus resource allocation towards changing client needs.
- **PLANS, INTERVENTIONS and SUPPORTS**



NOCC and CRC

CBIS Data highlights:

Average HoNOS	Entry	Exit
Elpida	12	12
Trevor Parry	12.9	12
Wondakka	15.1	15



CBIS Data highlights:

Average LSP	Entry	Exit
Elpida	16.4	15
Trevor Parry	15.4	17
Wondakka	14.7	17



Median scores show identical trends.



Key questions:

What are we measuring?



Mr or Ms Average

Attends any of the CRC's, focus on support in addition to medication and symptom management, ADL's and behaviour.

How do we measure the elements of citizenship as outlined above?

- Independent use of phone to arrange appointments
- Visiting local community agencies
- Education and training
- Reliance on mental health services.



Other measures

To supplement the information and planning derived from NOCC, CRC's are utilising:

Nursing – (Lunser, Concordance)

OT – AMPS, OSA, MOHO

Psychology – Neuropsych and other standardised assessments.

Other measures

East Lancashire Social Inclusion
looking at domains:

Community Participation
Social Networks
Employment
Education & Training
Physical Health
Mental well being
Independent Living
Choice
Reliance on Mental Health Services



Other measures

Risks of:

- over assessing residents
- over duplication of information

Benefits of:

- clearer understanding of what we are measuring
- incorporating citizenship with clinical intervention
- Individual centred practice which increases responsibility, empowerment and ultimately positive outcomes.



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