The QuEST for Evidence in Specialist Mental Health Supported Accommodation Services

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Quality and Effectiveness of Supported Tenancies (QuEST)

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UK whole system mental health rehabilitation care pathway

“A whole system approach to recovery from mental ill health which maximizes 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)

Referrals
- Acute inpatient wards
- Forensic/secure services

Inpatient rehabilitation units
- High dependency units
- Community rehab units
- Complex care 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
Background and rationale for the study

• Supported accommodation services are key component in whole system care pathway for mental health rehabilitation
• Estimated that at least 60,000 people in England live in specialist mental health supported accommodation
• Costs vary - ~ £600 per week/person for residential care, £250pw for supported housing and £100pw for floating outreach
• Hundreds of £m to health and social care budget
• Very little empirical research in this area to guide investment and focus interventions
• No trials (Chilvers et al, Cochrane Review, 2002)
Evidence for different models of supported accommodation

- In UK, “move-on” pathway with expectation that service users spend around 2 years at each level of support before graduating to more independent setting
- 67% people successfully discharged into supported accommodation from inpatient rehabilitation units and around 10% achieve fully independent accommodation within 5 years (Killaspy and Zis, 2013)
- Service users tend to prefer more independent settings, staff and family tend to prefer staffed facilities (Tanzman, 1993; Minsky et al, 1995; Piat et al, 2008; Friedrich et al., 1999)
- Some highly supported facilities have poor rehabilitative culture and compound institutionalisation (Ryan et al, 2004)
- Some service users report isolation and loneliness in independent tenancies (Walker and Seasons, 2002)
- In US - quasi-experimental comparison of supported housing and floating outreach (Siegel et al., 2006). At 18 month follow-up, floating outreach associated with:
  - greater community integration
  - greater service user satisfaction
National survey of mental health supported accommodation in England (Priebe et al., SPPE, 2009, 44: 805-814)

• Sampled 12 representative areas across England [psychiatric morbidity; social deprivation; urbanicity; provision of community mental health care; provision of residential; mental health care spend; housing demand] (Priebe et al, 2008)

• Randomly sampled 250/481 services for postal survey of whom 153 (61%) responded:
  – 57 residential care homes (mean 16 places)
  – 61 supported housing (mean 13 places)
  – 30 floating outreach (mean 34 places)

• Few differences in service user characteristics (N=414):
  – 71% male; 80% psychosis; 48% substance misuse problems; 50% previous involuntary admission

• All services provided support with medication and most provided support with activities of daily living (budgeting, shopping, cooking etc)

• 25% of those in residential care and 40% of those in supported housing or floating outreach participated in community activities (mean 13 hours/wk) but only 3% employed

• 20-25% service users moved on each year to less supported accommodation
QuEST study: aims and objectives

Aims
To provide evidence on the quality, cost and effectiveness of supported accommodation services for people with mental health problems in England.

Objectives
1. To adapt the “Quality Indicator for Rehabilitative Care” (QuIRC) for use in mental health supported accommodation
2. To assess quality and costs of supported accommodation services in England and the proportion of people who successfully move on to more independent settings
3. To identify service and service user factors (including costs) associated with greater quality of life, autonomy and move-on
4. To carry out a pilot trial to test the feasibility, required sample size and appropriate outcomes for a randomised evaluation of two models of supported accommodation
QuEST study overview: 2012-17

WP1
Adapt the Quality Indicator for Rehabilitative Care for mental health supported accommodation facilities

Project month 1-12

WP2
Survey nationally representative sample of ~90 supported accommodation services. Interviews with managers (using adapted quality indicator) and ~600 service users

Project month 13-30

WP3
Qualitative interviews with 30 staff and 30 service users of supported accommodation services

Project month 13-24

WP2
Prospective study of 30 month outcomes for 600 users of the 90 supported accommodation services previously surveyed.

Project month 43-60

WP4
Pilot trial to assess feasibility of comparing two forms of supported accommodation (supported housing and floating outreach)

Qualitative interviews with 10 staff and 10 SUs.

Project month 31-60
Quality Indicator for Rehabilitative Care (QuIRC)

- Longer term mental health units
- Completed by service manager
- Takes around 45-60 minutes to complete

Assesses seven domains of care:
- Living environment
- Therapeutic environment
- Treatments and interventions
- Self-management and autonomy
- Social interface
- Human rights
- Recovery based practice

- Staffing, staff training and supervision
- Built environment
- Interventions and support
- Activities within and outside unit
- Care planning
- Service user involvement
- Autonomy, promotion of independence
- Physical health promotion
- Response to challenging behaviour
- Access and involvement in community
- Family support and involvement
- Complaints, confidentiality, access to advocacy/lawyer
28. Do non-detained patients/residents have a key or entry code to the front door of the facility?  

29. Do patients/residents have keys to their own bedrooms?  

30. Are meals for patients/residents cooked in a central kitchen?  

31. How would you rate the quality of these meals?  

<table>
<thead>
<tr>
<th>Poor</th>
<th>Not very good</th>
<th>Satisfactory</th>
<th>Quite good</th>
<th>Excellent</th>
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32. Do patients/residents have any choice of meals?  

<table>
<thead>
<tr>
<th>None</th>
<th>Some</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
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</table>
Domain performance in your unit against average in your country

<table>
<thead>
<tr>
<th>Key</th>
<th>Domain</th>
<th>Your Unit Score (%)</th>
<th>Average Score In Similar Unit (%)</th>
</tr>
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<tbody>
<tr>
<td>LE</td>
<td>Living Environment</td>
<td>78</td>
<td>64</td>
</tr>
<tr>
<td>TE</td>
<td>Therapeutic Environment</td>
<td>68</td>
<td>69</td>
</tr>
<tr>
<td>TI</td>
<td>Treatments &amp; Interventions</td>
<td>58</td>
<td>63</td>
</tr>
<tr>
<td>SMA</td>
<td>Self-management &amp; Autonomy</td>
<td>82</td>
<td>67</td>
</tr>
<tr>
<td>SI</td>
<td>Social Interface</td>
<td>48</td>
<td>56</td>
</tr>
<tr>
<td>HR</td>
<td>Human Rights</td>
<td>83</td>
<td>71</td>
</tr>
<tr>
<td>RBP</td>
<td>Recovery Based Practice</td>
<td>79</td>
<td>69</td>
</tr>
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QEST WP1

• **Reviewed** QuIRC, focussing on “problematic” items (language, relevance)
  – Focus groups with staff of the three types of supported accommodation
  – Service user reference group (Gavin McCabe, James Bennett, Katherine Barrett)
  – Expert panel (Andrew van Doorne, Anna Campbell, Dave Fearon, Patrick Gillespie)
• Comments collated, **amendments agreed** by Project Management Group
• **Piloted** the amended QuIRC with one manager of each of three types of supported accommodation – minor amendments
• **Inter-rater reliability testing**
  – Two researchers interviewed managers of three types of supported accommodation across England
    (14 residential care; 21 supported housing; 17 floating outreach)
  ➢ 4 amended QuIRC items had poor reliability
  ➢ **Factor analysis** to check item allocation to amended QuIRC domains
  ➢ **On-line version later this year**
QuEST WP2: national survey and cohort study

- Using Priebe et al’s sampling index, identified 14 representative regions from across England with adequate numbers of the three types of supported accommodation
- Randomly sampled 2-3 of each of the three types of service from each of the 14 regions
  (Total 87 - 22 residential care, 35 supported housing, 30 floating outreach)
- Randomly sampled 5-10 service users from each service
  (Total 616 - 159 residential care, 251 supported housing and 206 floating outreach)
- Telephone follow-up 30 months later with key staff to clarify whether the service user has moved on successfully to less supported accommodation
WP2 analysis

• Association between service characteristics (including the adapted QuIRC domain scores) and service user characteristics with clinical outcomes

• Primary outcome
  - successful move-on to less supported accommodation at 30 months follow-up

• Secondary outcomes
  – Service user rated: Quality of Life (Manchester Short Assessment of QoL); Autonomy (Resident Choice Scale); Satisfaction with care (Client Assessment of Treatment)
  – Cost-effectiveness (Client Service Receipt Inventory)

• Sample of 600 will allow us to examine 30 predictors of outcome
  – Service factors: type of service; quality (adapted QuIRC domain ratings); input from local mental health services; availability of move-on accommodation
  – Service user factors: sociodemographic characteristics, clinical history, social functioning (Life Skills Profile), needs (Camberwell Short Assessment of Needs), substance misuse (Client Alcohol and Drug Scale) and challenging behaviours (Special Problems Rating Scale)
WP3: main themes

Staff interviews (10 from each service type, mix of gender, experience/seniority)

Main aims:
- Increase people’s independence and confidence
- Help them access community, improve daily living skills
- Move-on to less supported accommodation
- FO staff more likely to mention supporting people into employment

Achieved through:
- Building therapeutic relationship/trust
- Incremental steps
- Involving service users in individualised plans/choice and preferences
- Adequate training and supervision of staff
- Good liaison with other agencies

SU interviews: (10 from each type of service, mix of age and gender)
- Often unclear about any specific aims of the service
- Not usually involved in decision to move to current accommodation
- FO - more isolated
- SH - more supported but “friction” with others
WP4: feasibility trial

- WP2 and WP3 results confirm equipoise between SH and FO
- Feasibility of RCT comparing:
  - Supported housing (time limited, staff on site, constant level of support)
  - Floating outreach (time unlimited tenancy, visiting staff, flexible intensity)
- Aim to recruit 50 service users from across three sites over 12 months
- Randomly allocated to supported housing or floating outreach
- Assess content of care delivered (QuIRC, diaries, case notes)
- Assess outcomes suggested in WP3, 12 months after randomisation
  (e.g. service costs, move-on, satisfaction with services, QoL, autonomy, social functioning, contact with family, vocational activity)
- Assess feasibility of larger trial:
  - number referred; number recruited; attrition; time from recruitment to moving to accommodation; appropriateness of outcomes
  - In-depth qualitative interviews with 10 participants and 10 staff about their experiences of the trial
Many thanks for your attention