

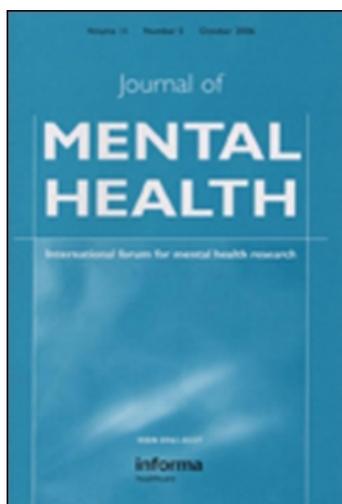
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A comparison of service users placed out of their local area and local rehabilitation service users

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Abstract

Background: Under provision of highly supported mental health accommodation in the UK has led to service users being placed away from their local area. These out of area treatments (OATs) are expensive and exacerbate service users' social dislocation.

Aims: (i) To assess service users in OATs for suitability for relocation to local rehabilitation and supported accommodation. (ii) To compare characteristics of OATs with local rehabilitation service users in order to identify gaps in local provision.

Method: Over the first 30 months, 51 OATs were identified and 40 reviewed. Standardized assessment data were compared with local rehabilitation service users' data.

Results: Individuals placed in OATs had a greater range of diagnoses and more had alcohol dependency than local service users. Ratings of social function were similar. Though severity of challenging behaviours was greater for OATs clients, few were "hard to place" in community settings. Of 25 (63%) OATs assessed as suitable to move, 13 (33%) relocated, all to more independent accommodation. Associated financial flows were reinvested into new local highly supported flats.

Conclusion: A significant proportion of individuals placed in OATs can successfully relocate to more independent local facilities.

Declaration of interest: None.

Keywords: *Out of area treatments, rehabilitation services*

Introduction

Since the 1970s, mental health services have been increasingly sited in the community. Although these developments have included rehabilitation services and supported accommodation for people with longer term and more complex mental health problems, need exceeds demand and there is an increasing reliance on a "virtual asylum" (Poole et al., 2002; Priebe et al., 2005). These out of area treatments (OATs) constitute one of the largest financial pressures for the NHS and Social Services in the UK: in 2004–2005 it was

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Study carried out at affiliations 1 and 2.

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estimated that they cost the NHS £222 million for working age adults (Mental Health Strategies, 2005).

In addition, people placed in OATs are disadvantaged by dislocation from family and community and loss of continuity of services from their area of origin. Standard Five of the National Service Framework for Mental Health (Department of Health, 1999) states that service users should have “timely access to an appropriate hospital bed or alternative... in the least restrictive environment... as close to home as possible”. Standard Six encourages services to include carers in planning and reviewing care. A recent survey of 70 non-forensic OATs funded by one Primary Care Trust (PCT) and Local Authority, found that despite a mean length of placement of over four years, only half those surveyed had ever visited their area of origin or been visited by relatives (Ryan et al., 2004). There were also serious concerns about clinical care: lack of review through Care Programme Approach (CPA); lack of information about service users’ histories; and higher levels of support being provided than were required. Standard Five also stresses the importance of integrated care management and care co-ordination. These recommendations are very difficult to achieve when service users are distant from their geographical area of origin and care management is split from clinical responsibilities. Further, mental health service commissioners have been shown to have inaccurate data about the clients they fund in these placements and inadequate systems for reviewing the need for ongoing care (Ryan et al., 2007).

Aims

- (1) To assess service users from Islington residing in OATs and, where possible, relocate to an appropriate setting locally.
- (2) To compare characteristics of OATs and Islington rehabilitation and supported accommodation service users to establish whether differences in client profile and gaps in local service provision could account for decisions to place clients in OATS.

Method

Setting

The study was carried out from the London borough of Islington, an area with a population of 175,797 (National Statistics, 2001) and a high level of psychiatric morbidity (Glover et al., 1998). Inpatient mental health services are provided by Camden and Islington Mental Health and Social Care Trust (CIMHSCT) and there are approximately 200 residential care beds and 650 supported tenancies across both boroughs.

The local ethics committee gave approval for the collection, analysis and publication of participant data as part of routine outcome measurement for the rehabilitation and residential service user population.

Participants

In the first 30 months of the project, 51 service users in OATs were identified from the financial records of CIMHSCT and Islington PCT and Local Authority. All 29 placements costing over £500 per week were reviewed and then those costing over £300 per week (22 placements). Two service users were deceased, two had had financial and CPA responsibility transferred to their new borough, one had only recently moved to their

placement, one was an inpatient, one was awaiting transfer to the mental health care of older people's team, one was not out of area, two refused to be seen and one was terminally ill. Therefore 40 service users were available for review.

Data collection

Assessments were carried out by DR and CH between March 2004 and September 2006 and included clinical interviews with service users and key informants (the service user's OATs placement keyworker and their care manager), review of the case notes and completion of standardized measures. Demographic details, diagnosis, contact with family and friends and service use data were collected from case records. DR and CH were trained in the use of staff observer rated standardized instruments by HK as follows:

- (1) Social functioning: Life Skills Profile (LSP; Parker et al., 1991).
- (2) Use of substances: Clinician Alcohol and Drug Scales (CADS; Drake et al., 1996) which can be summarized as problematic or non-problematic.
- (3) Challenging behaviours: Special Problems Rating Scale (SPRS; Trieman & Leff, 1996). Behaviours are categorized into four types and severity rated from 0 (no problem) to 2 (frequent and/or extremely difficult to manage).
- (4) Suitability for community placement: Community Placement Questionnaire (CPQ, Clifford et al., 1991). Items are collated into three sub-scores (social functioning, problem behaviours and a "hard to place" score) and an overall rating of the need for care. Service users and staff are also asked to state their views on the type of future accommodation required.

Detailed information about accommodation history, previous attempts to relocate and history of risk informed the assessment. The views of all stakeholders including service users and informal carers on possible relocation were sought and the final decision whether to move was made by the service user.

The CPQ was not used with the local service users as they were not being assessed for suitability for relocation.

Data analysis

Data were entered into the statistical software package SPSS version 11.0 and simple frequency analyses were carried out. Comparisons between OATs and local CIMHSCT rehabilitation service users were made for the LSP, CADS and SPRS for which data were available from a previous local survey (Killaspy et al., 2007). Student's *t*-tests were used to compare normally distributed quantitative data and Mann-Whitney's *u* test was used to compare non-normally distributed data. Chi squared tests were used to compare categorical data.

Results

Response

Complete data were collected for all variables except length of contact with services which was unavailable for two OATs and six local rehabilitation service users.

Demographics, diagnosis, length of history and level of contact with friends and relatives

There were few differences in demographics between OATs and local rehabilitation service users. There was a greater variety of diagnoses amongst OATs. The mean length of contact with services was similar (Table I).

Table I. Demographics, diagnosis, length of history.

	C&I N = 141	OATs N = 40	Chi squared	p value
Male (%)	N = 141 93 (66)	N = 40 23 (58)	1.0	0.32
Ethnic group (%)	N = 141	N = 40	15.0	0.02
White	83 (59)	22 (55)		
Black Caribbean	14 (10)	7 (18)		
Black African	11 (8)	9 (23)		
Black other	7 (5)	1 (2)		
Asian	6 (4)	0 (0)		
Other	20 (14)	1 (2)		
Marital status (%)	N = 141	N = 40	1.3	0.70
Never married	107 (76)	29 (73)		
Married/living as married	5 (4)	2 (5)		
Divorced/separated	26 (18)	9 (22)		
Unknown	3 (2)	0 (0)		
Diagnosis (%)	N = 141	N = 40	24.9	<0.01
Schizophrenia/sczaffective	129 (91)	27 (68)		
Bipolar affective disorder	5 (4)	3 (7)		
Depression	3 (2)	3 (7)		
Personality disorder	2 (1)	1 (3)		
Asperger's syndrome	1 (1)	1 (3)		
Alcohol dependency	0 (0)	2 (5)		
Dementia	0 (0)	1 (3)		
Eating disorder	0 (0)	1 (3)		
Korsakov's syndrome	0 (0)	1 (3)		
Other	1 (1)	0 (0)		
Secondary diagnosis (%)	N = 141	N = 40	48.0	<0.01
No other diagnosis	116 (83)	13 (33)		
Substance misuse	6 (4)	9 (22)		
Learning disability	7 (5)	3 (8)		
Organic brain injury	1 (1)	2 (5)		
Personality disorder	5 (4)	1 (3)		
Schizophrenia	2 (1)	0 (0)		
Anxiety/depression/OCD	4 (3)	10 (25)		
Major physical problems	0 (0)	2 (5)		
			Difference in means (95% CI)	p value
Mean (SD, range) age in years	N = 141 45 (13, 19–74)	N = 40 45 (15, 17–69)	0.70 (–4.18–5.58)	0.90
Mean (SD, range) years of contact with psychiatric services	N = 135 21 (12, 1–54)	N = 38 19 (13, 1–43)	–5.05 (–81.31–71.21)	0.89

C&I, Local rehabilitation service users in Camden and Islington Mental Health and Social Care Trust; OATs, Service users placed out of area.

Thirteen (33%) OATs received visits from their family annually or less and 9 (23%) had never been visited. Sixteen (40%) had never visited anyone outside their placement other than mental health professionals.

Current placement and source of referral

All OATs and local rehabilitation service users were in 24 hour supported settings. A greater proportion of OATs clients (36/40, 90% vs 91/141, 65%) were in placements with waking night cover. Thirteen (33%) were in specialist accommodation not provided within the local area. The median length of stay in the current placement was similar for both groups (OATs [$n=40$], mean rank 100.2, local [$n=141$], mean rank=88.4; Mann Whitney U test, $p=0.21$). The majority of local rehabilitation service users had moved to their current placement from inpatient services whereas the majority of OATs clients were referred from the community (Table II).

Table II. Current placement and source of referral.

<i>Current placement</i>	C&I N= 141	OATs N= 40
Medium secure unit	0 (0)	3 (8)
Low secure unit	0 (0)	2 (5)
Hospital rehabilitation ward	27 (19)	2 (5)
Rehabilitation "ward" in the community	44 (31)	1 (3)
Community residential care or equivalent with 24 hour support (waking nights)	20 (14)	20 (50)
Community residential care or equivalent with 24 hour support (non-waking nights)	50 (36)	2 (5)
Therapeutic community	0 (0)	2 (5)
Nursing home	0 (0)	2 (5)
Brain injury unit	0 (0)	1 (3)
"Wet house"- specialist residential care home for people with alcohol dependence	0 (0)	3 (8)
Adult foster care	0 (0)	2 (5)
Mean (SD, median, range) months in current placement	49 (55, 22, 3–225)	49 (49, 36, 1–228)
<i>Source of referral</i>	C&I N= 141 (%)	OATs N= 40 (%)
Prison	0 (0)	1 (3)
Medium secure unit	3 (2)	2 (5)
Low secure unit	0 (0)	4 (10)
Acute admission ward	68 (48)	6 (15)
Rehabilitation ward	56 (40)	6 (15)
Brain injury unit	0 (0)	1 (3)
Residential care home	8 (6)	9 (23)
Therapeutic community	0 (0)	2 (5)
Homeless persons' hostel	1 (<1)	0 (0)
Own home or other non-supported community placement	5 (4)	9 (23)

C&I, Local rehabilitation service users in Camden and Islington Mental Health and Social Care Trust; OATs, Service users placed out of area.

Social functioning

Table III shows the LSP scores for the local rehabilitation and OATs service users. The OATs population were rated as less turbulent but there were no other statistically significant differences between the two groups.

Substance misuse

More OATs than rehabilitation service users had serious alcohol problems, three of whom had been placed in specialist alcohol services out of area. Similar proportions in each group had problems with illicit substances (Table IV).

Table III. Social Functioning (LSP; Parker et al., 1991).

	C&I N = 141	OATs N = 40	Difference in means (95% CI)	p value
<i>Self care</i>				
Max score = 40			1.03	0.38
Mean (SD)	28 (6.0)	27 (7.2)	(-1.30-3.36)	
<i>Non turbulence</i>				
Max score = 48			3.01	0.01
Mean (SD)	41 (6.0)	38 (6.9)	(0.89-5.12)	
<i>Social contact</i>				
Max score = 24			-0.69	0.34
Mean (SD)	15 (4.0)	16 (3.8)	(-2.09-0.72)	
<i>Communication</i>				
Max score = 24			-0.66	0.25
Mean (SD)	19 (3.0)	20 (3.4)	(-1.79-0.47)	
<i>Responsibility</i>				
Max score = 20			0.86	0.12
Mean (SD)	16 (3.0)	15 (2.8)	(-0.22-1.93)	
<i>Total score</i>				
Max score = 156			3.55	
Mean (SD)	120 (16.0)	116 (19.0)	(-2.31-9.41)	0.23

C&I, Local rehabilitation service users in Camden and Islington Mental Health and Social Care Trust; OATs, Service users placed out of area.

Table IV. Substance misuse (CADS; Drake et al., 1996).

	C&I N = 141 (%)	OATs N = 40 (%)	Chi squared	p value
<i>Alcohol</i>				
Problematic use	8 (6)	10 (25)	13	<0.01
Non-problematic use	133 (94)	30 (75)		
<i>Drugs</i>				
Problematic use	10 (7)	4 (10)	0.37	0.54
Non-problematic use	131 (93)	36 (90)		

C&I, Local rehabilitation service users in Camden and Islington Mental Health and Social Care Trust; OATs, Service users placed out of area.

Problem behaviours

A greater proportion of OATs than local service users exhibited Type B problem behaviours. The rating of severity was greater for OATs for all types of problem behaviours and this was statistically significant for Type C behaviours and the total severity score (Table V).

Suitability for relocation

In terms of social functioning as assessed by the CPQ, 29 (72%) OATs clients required prompting and supervision in most areas. Problem behaviour scores were generally low. Twenty six (65%) OATs had a "hard to place" score of 10 or under, (seven scored zero). Of the 14 rated "hard to place", seven were in hospital. Seven (18%) service users were considered by staff to have very serious problems likely to make them difficult to place in the community, five of whom were in hospital. Twenty four (60%) were assessed as having minimal problems, likely to be manageable in a community setting (Table VI).

Table V. Problem Behaviours (SPRS; Trieman & Leff, 1996).

	Total C&I N = 141 (%)	Total OATs N = 40 (%)	Chi squared	p value
<i>Problem behaviour type</i>				
Type A (Risk to others: physical violence; sexual inappropriateness; fire risk)	42 (30)	10 (25)	7.20	0.13
Type B (Antisocial: verbal aggression; destruction of property; begging; stealing; urinating/defecating in public)	35 (25)	14 (35)	17.29	0.01
Type C (Chaotic: substance abuse; non-compliance with medication; absconding; wandering)	38 (27)	17 (43)	13.76	0.17
Type D (Impact on individual: incontinence; risk of suicide; self harm)	14 (9)	6 (15)	3.39	0.34
Mean (SD) scores of severity of each behaviour type				
<i>Problem behaviour type</i>	Total C&I N = 141 (%)	Total OATs N = 40 (%)	Difference in means (95% CI)	p value
Type A	0.34 (0.71)	0.53 (1.0)	-0.18 (-0.54-0.17)	0.30
Type B	0.45 (1.1)	0.9 (1.6)	-0.45 (-0.98-0.08)	0.09
Type C	0.43 (0.93)	0.75 (0.93)	-0.32 (-0.65-0.01)	0.05
Type D	0.13 (0.51)	0.28 (0.68)	-0.14 (-0.37-0.09)	0.23
Mean (SD) total severity score for all behaviour types	1.35 (2.21)	2.5 (2.9)	-1.10 (-2.09--0.12)	0.03

C&I, Local rehabilitation service users in Camden and Islington Mental Health and Social Care Trust; OATs, Service users placed out of area.

Views on future accommodation needs

Of the 31 (78%) OATs clients who expressed a preference, 15 (38%) wanted to move to more independent, self-contained accommodation. Staff informants felt that eleven (28%) would be appropriate for more independent settings (Table VII).

Relocations

Of the 40 OATs service users reviewed, 25 (63%) were assessed as potentially able to relocate and 13 (33%) moved, all but one of them to more independent accommodation (11 to a supported flat, one to a hostel and one to a rehabilitation unit). Nine of these 13 had a "hard to place" score below ten, four scoring zero. Two did not move back to Islington for clinical reasons or personal choice.

Table VI. Appropriateness for Community Placement (CPQ; Clifford et al., 1991).

N=40	Social functioning (Possible score 1–4)	Problem behaviours (Possible score 0–21)	*Hard to place score (Possible score 0–48)	Overall need for care (Possible score 1–4)
Mean (SD)	2.8 (0.8)	7 (5)	9 (9)	2.4 (1)
Median	2.9	6	5	2
Range	(1–4)	(0–19)	(0–31)	(1–4)
Hard to place score > 10 n = 14 (35%)				
Mean (SD)	2.4 (0.9)	12 (4.1)	20 (6.8)	3 (0.9)
Median	2.4	11	17	3
Range	(1–4)	(5–19)	(11–31)	(2–4)

*Scores > 10 deemed "hard to place". C&I, Local rehabilitation service users in Camden and Islington Mental Health and Social Care Trust; OATs, Service users placed out of area.

Table VII. Service users' and key staff informant preference for future accommodation.

	Service user preference N=40 (%)	Staff preference N=40 (%)
Independent living – low support (flat with staff visiting 2–3 times/week)	7 (18)	1 (3)
Independent living – medium support (flat with access to staff on site weekdays, 9am–5pm)	2 (5)	2 (5)
Independent living – high support (flat with 24 hour waking night staff support on-site)	6 (15)	8 (20)
Residential group home (24 hour waking night staff)	9 (23)	17 (43)
Rehabilitation inpatient ward or ward in the community (24 hour waking night staff with full MDT*)	2 (5)	3 (7)
Nursing home (24 hour waking nights with full MDT and physical health support)	2 (5)	6 (15)
No view expressed	12 (30)	3 (7)

*MDT, multidisciplinary team; C&I, Local rehabilitation service users in Camden and Islington Mental Health and Social Care Trust; OATs, Service users placed out of area.

Discussion

Although Islington is not the first borough to review individuals placed in OATs, this paper reports the first detailed description of this group using standardized assessment tools and the first comparison with local users of rehabilitation and supported accommodation services.

The main limitation of the study is the different method of data collection for the two groups. Two research nurses collected OATs data over a two and a half year period, whereas local service users' data were collected over a five month period about half way through the OATs project by assistant psychologists. However, the use of standardized observer rated measures minimizes potential discrepancies.

The OATs population had a wider variety of diagnoses than the local service users which may reflect the difficulty of providing a critical mass of local resource for clients with less common specialist needs (Holloway, 2005). Also, a higher proportion of OATs had a secondary diagnosis of co-morbid substance misuse which could reflect a tendency to refer clients with more complex needs to out of area placements, again perhaps due to lack of local expertise. This appeared to be the case for co-morbid alcohol use more than illicit drug use.

We found few differences in social function between the OATs group and local rehabilitation service users but the severity of problem behaviours was greater for the OATs group. However, only a small proportion of these were assessed as having challenging behaviours that would be hard to manage in a community setting. Despite the fact that the majority of the OATs group were not assessed as "hard to place", the majority were receiving a high level of support (all but four were in 24 hour nursed settings, actively staffed at night). This suggests that a large proportion of OATs clients were over supported in their current placement, a finding in keeping with previous surveys (Ryan et al., 2004).

Though many OATs clients were assessed as able to live more independently, some were reluctant to consider relocation because of negative experiences in their area of origin, development of social networks in their new area and lack of encouragement to move on from their clinical team. The low frequency of contact that OATs clients made with friends or family are also in keeping with previous research findings about social dislocation (Ryan et al., 2004).

There were differences in client and staff views about the type of appropriate accommodation for their next placement, with staff suggesting clients required a higher level of support than clients. This finding is in keeping with previous studies (Tanzman, 1993). Often clients will have "stabilized" in the context of a high level of support and there is reluctance from the clinicians involved in their care to potentially destabilize this through move on. However, the fact that one third of the OATs clients in this study have moved on successfully to more independent settings has challenged this assumption and is in keeping with current thinking around the need for staff to hold therapeutic optimism for people with severe mental health problems (Roberts & Wolfson, 2004).

The financial flows resulting from the relocation of individuals from OATs were successfully reinvested locally into accommodation that was built or refurbished through partnership between local Housing Associations, Islington PCT, Adult Social Services and Supporting People with clinical support from local mental health services. The new accommodation was designed to provide independent units in line with service users' preferences but with a high level of support available on site.

Assessment of longer term outcomes for those who relocated is planned and a similar reviewing process for Islington clients placed in forensic OATs has recently begun.

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