
POSTER ABSTRACT**Rehabilitation programme of Residential Homes: compare the results in two different models.**16th International Conference on Integrated Care, Barcelona 23-25 May 2016

Sandra Ribas, Pamela Infante, David Fernández-González

Salut Mental Gràcia (Grup ATRA), Spain

Introduction: Residential care homes are services which offer a flexible residential framework to provide different responses for people with severe mental illnesses through an integrated care model. From this psychosocial and community device we work is carried out with users for their personal independence and retrieval abilities to reach the greatest possible autonomy. In this sense, it is a temporary service that offers adequate support during the necessary time to achieve the aims of social integration and standardization

The model of Residential care Homes for people who have severe mental disorders was initially defined in Catalonia in the document "Residential care services for people with mental illnesses: residential care homes and support homes" (1). It was prepared in order to evolve and improve these services, as well as define and agree on care models and intervention programmes among different professionals in the sector.

In 2004-2005 a series of documents were published to define the model of residential care homes (2 & 3). In spite of progress to define the model of Homes, presently we can find a diversity of intervention programmes that, still have a main and common idea based on these documents, depending on the professional's goodwill and innovation of each service. As a result developing different rehabilitation activities in each home.

This diversity in application of intervention model suggests there might be significant differences in the evolution of the rehabilitation processes.

This study shows the results of two different models of Homes, each home with a different intervention programme. In one residential home (home1) we apply a comprehensive intervention programme within the home, that is, in the service we carry out rehabilitation activities with different areas of intervention: a) Basic everyday activities, b) Instrumental activities of daily living, c) rehabilitation cognitive activities, and d) activities of social inclusion and community insertion. In the other home (home2) the rehabilitation programme is partial, in other words, within the home the rehabilitation programme only has activities in areas a) Basic Everyday Activities, and b) Instrumental activities of daily living, this home doesn't apply activities in areas: therapeutic cognitive activities and social and community activities. However, it has to take into account that all the residents, whether they are in home 1 or home 2, can participate in rehabilitation activities in other services of mental Health and in the community.

Methodology:

Purpose: Compare the results obtained in the Bels and Honos scales between two groups using different models of intervention for residential care homes.

Method: The design type is quasi- experimental retrospective comparing groups. Comparing data from the scores obtained on the Bels scale, in order to assess the level of autonomy for the basic skills of daily living, and on the Honos scales to compare the impact of the mental illness. The scores used are those obtained during 2013. To assess Honos we use the total result, whereas for the Bels scale BELS we use results of only four areas (self-care, domestic skills, abilities and community activities and social relationships). Items 11, 12, 13 and 15 are excluded because they value skills related to cooking and laundry, which are not present in home 2. The Cohen's d has been used for the statistical results and the Pearson product-moment correlation coefficient. For this study we use the Spanish version of the Bels (4) and Honos (5) scales.

Population: Of the people cared for, we select residents with a primary diagnosis of schizophrenia (including all subtypes), in total 63 individuals. We use natural groups design. The ages range from 36 to 65 years of age. They are separated into the following 3 groups age:

- 36 – 45
- 46 – 55
- 56 – 65

Results: Using the Cohen's d a significant difference arises in the Honos scale ($d = 1,03$) from the range of age 56-65 (average 10.07 for the first home and average 14.4 for the second home). From the ranges of age 36 -45 and 46 – 55 there are no significant differences ($d = 0,18$ and $d = -0,24$ respectively).

Using the Cohen's d we don't observe significant differences between the two residential care homes comparing the results in the Bels scale in none of the four areas. Instead, we observe a moderate worsening in the area of community skills, using the Pearson's r ($r = -0,4$) to compare the results of the Bels scale with the age.

Conclusion: The results don't show a significant difference in the basic skills of daily living between the two residential homes. According to the results when the age increases the community skills deteriorate in both groups of the sample. The significant difference in the results in the Honos between the two residential care homes is only in the range of age 56 – 65. The results might show that this difference is due to the implementation of a programme of comprehensive care and domestic rehabilitation within the residential care home. With this kind of programme the impact of the mental illness should not increase when the users are unable to come to external rehabilitation centers. Therefore it is essential to maintain rehabilitation programmes integrated within the resources of residential care homes, to ensure the preservation of skills, personal and functional abilities as well as acquiring new habits and lifestyles, healthier and designed to achieve the highest normalization of the person.

Ribas; Rehabilitation programme of Residential Homes: compare the results in two different models.

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