

Mental Health Rehabilitation and Recovery Services in Ireland: A multicentre study of current service provision, characteristics of service users and outcomes for those with and without access to these services

“This important study provides the first robust evidence for the effectiveness of contemporary mental health rehabilitation services in Europe. It highlights the importance of continued investment in specialist inpatient and community services for people with complex and longer term mental health problems and shows that despite the severity of their problems, rehabilitation services facilitate improvement in social functioning and successful community discharge”. Dr Helen Killaspy, Chair of the Faculty of Rehabilitation and Social Psychiatry, the Royal College of Psychiatrists, UK

“The superior real life outcomes achieved by individuals with the most enduring mental health needs in receipt of specialist rehabilitation support demonstrate the effectiveness of recovery focussed clinical services. The findings of the Mental Health Commission’s study provide a template for developing more efficient services through the inclusion of adequately resourced specialist rehabilitation teams. This study comes at a crucial point for Irish Mental Health Services and provides the necessary evidence base to inform the implementation of national mental health policy”. Dr Dominic Fannon, Chair of the Faculty of Rehabilitation and Social Psychiatry, the College of Psychiatry of Ireland.

Dr. Ena Lavelle, Consultant in Rehabilitation Psychiatry and colleagues have just published their study, *“Mental Health Rehabilitation and Recovery Services in Ireland: A multicentre study of current service provision, characteristics of service users and outcomes for those with and without access to these services”*. This is available on the Mental Health Commission Website (mhcirl.ie/Research) and the CPsychI website.

Mental health rehabilitation has been defined as:

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

The most recent mental health strategy in Ireland, *“A Vision for Change”* highlighted the under provision of specialist rehabilitation and recovery oriented clinical services, inadequate access to vocational training programmes and employment opportunities, inadequate housing and accommodation options, lack of advocacy and peer support for individuals with enduring mental illness and the significant burden of care being provided by family and other informal carers.

This study aimed to investigate the provision and effectiveness of mental health rehabilitation services in Ireland. Funded by the Mental Health Commission, the study was carried out between 2007 and 2010 and aimed to:

- i) describe current rehabilitation service provision in Ireland;
- ii) describe a representative sample of users of these services and investigate clinical outcomes and costs for those receiving and those wait listed for rehabilitation;
- iii) investigate service and service user characteristics associated with better clinical outcomes

A national survey of mental health rehabilitation services was first carried out which found that only 16 specialist rehabilitation services existed across Ireland. The Government's policy document "A Vision for Change" recommended 39 teams. No team was found to have the full "Vision for Change" staffing complement. There was also some disparity in what teams saw as their main remit, and the authors commented on the lack of assertive outreach emphasis in many teams.

In order to achieve the study's second and third aims, service users were recruited from specialist rehabilitation services in St Ita's Hospital, Dublin; St Loman's Hospital, Dublin; Cavan/Monaghan; Clare and St Senan's Hospital, Wexford. 200 service users were recruited into the study of whom 126 were in receipt of rehabilitation services and 74 were wait listed for rehabilitation services. At 18 months, 192 (91%) were followed up. The majority (90%) of those in rehabilitation services, and 80% of those on the waiting list had a diagnosis of schizophrenia or schizoaffective disorder, the rest had a diagnosis of bipolar disorder.

At 18 months, 21% of those receiving rehabilitation service and 73% of those on the waiting list, had had at least one admission to hospital. Service users with access to rehabilitation services were 8.44 times more likely to successfully progress as those awaiting rehabilitation (95% CI 4.16 to 17.16). Successful progression was defined for those recruited as inpatients as being discharged without community placement breakdown or readmission, and for those recruited as community patients, as maintaining the community placement or moving to a less supported one without placement breakdown or hospital admission. Those who were in receipt of rehabilitation services also had higher social functioning scores (as assessed by the Life Skills Profile - LSP) 18 months after recruitment than those without access to rehabilitation (difference in mean score 6.15; 95% CI 3.28 to 9.02). There was no statistically significant difference in the costs of both services. The study did not measure family burden or satisfaction of care, but those not receiving rehabilitation services were more likely to be living with family. Family burden may therefore have represented an additional cost not accounted for in this study. Those with more unmet needs and challenging behaviours at recruitment were less likely to progress, but no specific interventions were found to be associated with successful progress.

This study provides good evidence for the effectiveness of mental health rehabilitation services but the specific components that make up this complex intervention remain elusive. The study also identified that the investment in these services outlined in "A Vision for Change" had not been realised. The authors concluded that ongoing investment in mental health rehabilitation services and supported accommodation is needed to ensure that people with the most complex mental health problems are appropriately supported to be able to leave hospital successfully. They warn against disinvestment in rehabilitation services since, in the UK, this has led to expansion in independent sector provision of longer-term mental health care for people with more complex mental health needs, an approach which has been found to be more expensive than local provision and leads to service users becoming socially dislocated from their area of origin and support networks. In the current economic climate, spending on specialist rehabilitation services has been questioned by some managers in the HSE. The results from this study confirm the need to continue to adequately resource these services.