National trends and local delivery in old age mental health services: towards an evidence base. A mixed-methodology study of the balance of care approach, community mental health teams and specialist mental health outreach to care homes

David Challis,[1]* Sue Tucker,[1] Mark Wilberforce,[1] Christian Brand,[1] Michele Abendstern,[1] Karen Stewart,[1] Rowan Jasper,[1] Val Harrington,[1] Hilde Verbeek,[2] David Jolley,[1] Jose-Luis Fernandez,[3] Graham Dunn,[4] Martin Knapp[3] and Ian Bowns[1]

[1]Personal Social Services Research Unit, University of Manchester, Manchester, UK
[2]Department of Health Services Research, Maastricht University, Maastricht, Netherlands
[3]Personal Social Services Research Unit, London School of Economics, London, UK
[4]Centre for Biostatistics, University of Manchester, Manchester, UK

*Corresponding author

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Scientific summary

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Background

The rising number of older people with mental health problems makes the effective use of mental health resources imperative. However, despite a raft of initiatives designed to increase service efficiency and user satisfaction, concerns persist about the quality of care provided for this client group and the extent of variation in practice and investment.

Although specialist services for older people with mental health problems have developed significantly over recent decades, evidence on the relative clinical effectiveness and/or cost-effectiveness of different service models is sparse. This programme sought to add to the evidence base and focused on three fundamental concerns:

- the best combination of inpatient, residential and community services to provide for this population [balance of care (BoC)]
- the factors that make for effective working of community mental health teams for older people (CMHTsOP); and
- the quality and quantity of mental health support provided to older care home residents (care home outreach).

Aims

The programme explored the most appropriate and cost-effective ways of organising and delivering care for older people with mental health problems at the macro (strategic planning) and mezzo (provider unit) levels, both locally and nationally. In particular, it aimed to:

- refine and apply 'the balance of care approach' (a systematic framework for choosing between alternative patterns of support by identifying people whose care needs could be met in more than one setting and comparing their costs and outcomes) to the care of older people with mental health problems
- identify whether, how and at what cost the mix of services provided for this client group might be more optimally developed in a particular locality
- enable other health and social care decision-makers to apply the BoC framework independently
- identify core features of national variation in the structure, organisation and processes of community mental health teams (CMHTs)
- examine whether or not different CMHT models are associated with different costs and outcomes
- identify core features of national variation in the nature and extent of specialist mental health outreach services for older care home residents
- scope the evidence on the association between different models of outreach and resident outcomes; and
- disseminate the findings and service development tools from the work to NHS trusts, commissioners, local authorities and national policy-makers.

Methods

The programme ran between 2008 and 2012 and employed a mixed-methods approach with three workstreams.

Workstream 1: balance of care

A systematic literature review explored how past BoC studies have operationalised key elements of the approach and highlighted their strengths and weaknesses. No geographical or time restrictions were applied.

A refined version of the BoC approach explored the support needed by older people with mental health problems in three areas of north-west England.

This encompassed people in five settings:

1. acute mental health inpatient wards
2. care homes
3. extra care housing (ECH)
4. home with CMHT support
5. home with social services support

and had seven elements:

1. Current service provision was profiled using secondary data, and a bespoke data collection exercise identified service users' needs in each setting.
2. Study samples were divided into groups of people with similar needs for care (case types), and vignettes were formulated to exemplify prevalent types.
3. Local staff identified care home and inpatient case types whose needs could be met by other services, and devised alternative care plans for them.
4. Alternative care package costs were estimated and compared with those of the original care settings. Existing evidence was sought on the relative outcomes of people with similar needs supported in different settings, and a matched cohort study of service users at home and in care homes was undertaken.
5. Senior managers reviewed the alternative care options for the care home entrants in light of information about costs and outcomes, and agreed 'best options'.
6. Older people and experts reviewed senior managers' plans.
7. The resource implications of caring for different combinations of the care home and inpatient case types with the most potential for diversion from institutional care were explored, and the wider implications for the whole care system considered.

Workstream 2: community mental health teams for older people

The second workstream had four main elements:

- A systematic literature review synthesised descriptions of CMHTs' structures and processes (objective 1, UK materials since 1998), and examined whether or not such features influenced user outcomes (objective 2, international peer-reviewed papers since 1989).
- A self-administered postal questionnaire was sent to all CMHTs in England. This collected information on teams' organisation, structures and processes, including nine indicators of joint working.
- A multiple case study approach explored the relative costs and outcomes of different CMHT models. This initially categorised teams on two key dimensions: integration (high or low, as primarily characterised by the presence of social workers within teams); and who held clinical responsibility for clients' care (consultants alone or shared). Nine CMHTs were recruited to the study based on their fidelity to this typology.

    - Semi-structured interviews were undertaken with a broad selection of staff, providing an assessment of the utility of the above classification, and enabling contrasting views of important team features and processes to emerge. Data analysis adopted a grounded theory approach.

  - An observational study of user outcomes collected information at three points: baseline, when the needs of a random sample of service users living at home were profiled from a bespoke data collection exercise; stage 2, when the outcomes of a subgroup of users and carers were collected by interview and questionnaire respectively; and stage 3 (7 months post baseline) when additional information was collected about inpatient and care home admissions for the whole service user sample. Regression models tested for systematic differences in user outcomes between team types and care costs were estimated, facilitating a cost-effectiveness analysis.

- A self-administered postal questionnaire was distributed across all 38 CMHTs in the nine trusts which participated in the case study work. This collected information about respondent and psychosocial work characteristics, and included two primary outcomes: job satisfaction and intention to quit. Team managers provided data about team composition and management, including the aforementioned integration indicators. Regression analyses investigated the personal, professional and team characteristics associated with job outcomes and psychosocial job content. Particular attention was paid to the correspondence between team integration and the balance between job demands and control. Interview data from the nine case study teams supplemented this analysis.

Workstream 3: care home outreach

This workstream had two main elements:

- A systematic literature review examined how the structure, organisation and activities of specialist mental health services in the UK vary in their provision of outreach to older care home residents (question 1, UK references since 2000), and the impact of such services on resident outcomes (question 2, international work since 1989). One-off/short-term training interventions were excluded.
- Two national self-administered postal questionnaires were distributed to (a) all CMHTsOP in England and (b) a stratified sample of 1000 care home managers (homes with or without nursing, specialising or not in the care of people with dementia). These collected information about the nature, extent and quality of support provided to older care home residents. Analyses were predominantly descriptive.

Results

Workstream 1: balance of care

The BoC literature review identified 42 relevant publications, detailing 33 separate studies. However, just two related to older people with mental health problems. A number of methodological concerns were identified including the restricted range of settings examined; the limitations of public expenditure costing approaches; the failure to consider outcomes; and the lack of sensitivity analyses.

The subsequent North-West Balance of Care Study found services for older people with mental health problems did not always correspond with users' needs and preferences, and identified a shared aspiration to shift care towards the community. The results suggested that if enhanced community services were available, it might be possible to support up to a half of current care home entrants, and more than one-fifth of inpatient admissions in alternative settings. However, in contrast to most past studies, the model predicted that no overall cost savings would be made by diverting more older people from care homes. By contrast, replacing the current hospital care of certain inpatient groups across all three study sites might release up to £1.5M per annum.

Plans to include outcome information in the model were limited by difficulties identifying and collecting sufficient data on the relative merits of different service options for specific groups of people on the margins of care, with recruitment to the matched cohort study disappointingly low. However, it must be assumed that in determining where service users were best placed, participants made normative judgements about their best interests.

Workstream 2: community mental health teams for older people

The CMHT literature review identified 44 references for objective 1. Only a minority of the teams described within this literature included all five commonly recommended disciplines, although multidisciplinarity had increased over time. Just seven papers fulfilled the objective 2 criteria, six from the UK. Limited evidence supported the use of open referral systems, shared assessment documentation and assessments by non-medical staff, but no evidence was found to support other frequently advocated team attributes, including their multidisciplinary composition.

Three hundred and seventy-six CMHTs (88%) responded to the national survey, of which 60% contained at least a social worker and two different health professionals. One-third lacked social workers, and one-quarter lacked psychologists. Most teams were colocated, had a single point of access (SPA) and used the same assessment documentation, but health staff were frequently unable to access social services records or arrange social care services.

Although the nine teams selected for the multiple case study broadly adhered to the above integration typology, qualitative data suggested a more subtle categorisation differentiating network, low, nominal and high-integration teams. Furthermore, the original categorisation of clinical responsibility was abandoned, with patterns of working more complex and varied than conceived. Staff working in all team types believed integration benefited service users. However, no evidence was found that high-integration teams produced better outcomes with regard to hospital and care home admissions, service user quality of life (QoL) and satisfaction or carer burden.

Most CMHT members were satisfied with their jobs, although social workers and occupational therapists (OTs) were less satisfied than other disciplines and were particularly vocal about the advantages/disadvantages of generic versus specialist roles. Support workers generally enjoyed their work, but had concerns about career prospects and role definition. More generally, working in high-integration teams was associated with a poor balance between demands and control, although this effect dissipated when staff mix, job insecurity and, for nurses, being managed by non-nurses were taken into account.

Workstream 3: care home outreach

The care home outreach literature review identified seven references for question 1 and 12 references for question 2 (15 services in total). All were from the UK or Australia. Six services provided support for residents with dementia, three for residents with depression and six for people with any mental health problem. The typical service model involved a multidisciplinary team (MDT) undertaking some combination of screening, assessment, medication review, behaviour management and training. The quality of outcome studies varied. However, there was some suggestion that specialist outreach benefited depressed residents.

Practitioners from 231 CMHTs (55%) responded to the outreach survey, of which almost all provided care home support. One-third had staff with dedicated time for this work. Most teams made regular visits to homes and more than two-thirds had processes in place for the initiation, review and cessation of antipsychotics. However, few undertook systematic case finding or screening. Although 85% of teams felt that care home staff lacked appropriate skills to care for this client group, less than half provided formal training.

Three hundred and ninety-one care home managers (40%) responded to the outreach survey, of whom less than one-third were confident their staff were appropriately trained to meet residents' mental health needs. Although the vast majority of respondents rated the quality of mental health support they received as at least 'fair', general practitioners (GPs) and community nurses provided more frequent support than specialist practitioners.

Implications for practice, policy and research

The programme identified a number of building blocks required to change the BoC. These included the growth of community services (particularly mental health support workers, care home and carer support services); a clarification of the role of ECH; a more timely response to people at risk of mental health admission; and improvements in hospital discharge planning. More generally, the study raises questions about how the continuing promotion of community care fits with drives to reduce public expenditure, while the research team are developing a BoC workbook that will enable other health and social care decision-makers to apply the framework independently.

The study found almost unanimous support for integration from CMHT practitioners. However, in the absence of empirical evidence that including social workers in CMHTs improves user outcomes, the programme suggests there is a need for clarity about the goals of integrating care, for integration is not a costless exercise. In the meantime, OTs and social workers face difficulties identifying optimal roles, and there are concerns about support workers' career structure. These are issues for consideration by professional bodies, Skills for Care and local managers. There also appears to be a need for improved peer mentoring and support where managers oversee staff from other disciplines.

Although no large-scale study was funded in the outreach workstream, the programme scoped a critically important area. The continuing lack of confidence in care home staff's ability to meet residents' mental health needs suggests outreach services might focus on building their skills and confidence, whereas other potential areas for development include mental health screening, particularly for depression.

In the context of ongoing service change, the programme raises a number of further research questions, summarised here in priority order:

- What are the costs and benefits for older people of a newly emerging form of integration, i.e. age-inclusive mental health services?
- What is the relative cost-effectiveness of different models of mental health outreach for older care home residents?
- How could information on the outcomes of people with similar needs supported in different settings best be collected?
- What mechanisms could be employed to incentivise health and social care staff to participate in research and improve service user recruitment?
- What are the critical components of effective and efficient CMHTs and of integrated community mental health services?
- What impact have past BoC studies had in facilitating change?

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Editorial contact: nihredit@southampton.ac.uk

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