Mental Health Service Awards 2017
Program and Services | Psychosocial and Support

Montrose Aged Care Plus Centre

PART B INFORMATION

Homelessness, Mental Health and Holistic Support: A lifestyle and wellness model in residential aged care

Additional Information regarding entry

This submission outlines a relationship-based, person-centred model of care offered at a specialist care home for men (Montrose Aged Care Plus Centre), the majority of whom have a mental illness, history of incarceration/institutionalisation or homelessness (approximately 75% of the current resident population at Montrose are managed through the Office of the Adult Guardian (Public Trustee) due to a history of incarceration or homelessness)[1], substance abuse, and previous failed residential placements. There is a general reluctance to admit this cohort to mainstream aged care for various reasons (substance use/abuse, personal hygiene and compatibility). Further, some residents in the centre have come from the justice system, where a disproportionate percentage are sex offenders; not always preferred candidates for residential aged care homes.

With a basis in equality and empowerment, the model outlines a resident centric governance process achieving balance between dependence, interdependence and independence by-

- focusing on capabilities, not deficits
- fostering a shared understanding of life goals and how to achieve these to further empower a state of mental wellness

Experience has shown the best relationships are reciprocal – thus, the Centre philosophy is based on a collaborative, reciprocal and respectful relationship between the residents and care staff. This is vital working with people who have limited family and social networks. The care home is well respected as a unique and dynamic home with a focus on relationships and connection to others.

[1] 50% of the current resident population at Montrose are managed through the Office of the Adult Guardian (Public Trustee) due to a history of incarceration or homelessness.

The model of caring for older Australians with mental illness has been titled My Mindfulness. My Mindfulness has been a model which has been developed over a number of years and is focussed specifically on meeting mental health needs of older persons. The model is different to caring for persons with dementia as there are specific needs associated with supporting Older Australians who are diagnosed with chronic and acute mental illness.

The resident group for Montrose Aged Care Plus Centre experience great difficulty gaining access to residential aged care services. Reasons for this have been previously mentioned, but there is a lack of residential care places that cater for the needs of this client group within the Australian Aged Care Industry. Many suffer from multiple cognitive problems[2] (including psychiatric disability, intellectual disability, alcohol related brain impairment and associated mental illness, poor health status, poor nutrition, premature ageing and social isolation. Most mainstream residential aged care services do not have the resources or the level of expertise to provide accommodation, care and support for these people (Aged and Community Services Australia, Homeless people's access to aged and community care services, National Policy Position April 2002)[3].

Evidence shows homeless people with mental illness stayed less than half the number of days in hospital than accommodated peers, and had the potential to be readmitted more frequently (South East Health (2000) *Homelessness and Human Services – a Health Service Response*)[4] Homeless people with mental illness have more than three times the age adjusted mortality rate (Australian Bureau of Statistics (2008) Counting the Homeless Australia 2006 Canberra). [5] Further, homeless people have significant difficulties recuperating from illness[i] and the incidence of illness rises as people age. The specific

[2] See Figure One

[3] Aged and Community Services Australia, **Homeless persons access to aged and community care services,** National Policy Position April 2002

[4] South East Health (2000) *Homelessness and Human Services – a Health Service Response*

[5] Australian Bureau of Statistics (2008) *Counting the Homeless Australia 2006* Canberra

wellness model implemented at Montrose focuses on holistic needs of the men (specifically mental health needs associated with homelessness). This model was implemented in 2013. The success of the model in terms of psychosocial support and ongoing wellness was intentionally considered to ensure greater connections with the office of the adult guardian, NSW justice health and homeless shelters in Sydney as well as providing a suitably skilled multidisciplinary health team. This intentional focus has removed significant barriers for our men and this has expedited their wellness experience as a result.

Evidence of a significant contribution to the field of mental health on a local, state or national level

Meaning is centric to all individuals. Residents' are provided with the opportunity to embrace the reality of their individuality in a safe environment, there is a hope and freedom that is found ultimately resulting in improved well-being, quality of life and contentment. In order to ensure the model was resident and consumer focused, focus groups were held and experiential data and evidence was reviewed from the broader Salvation Army services related to homelessness (shelters) and alcohol / drug recovery services in developing the model for a residential aged care focus. The integration of local providers to this demographic of consumers was vital in the development of the program. Our men are users of multiple services and a strong collaboration and case management approach was vital to ensuring each consumer could reach their own wellness goals and ultimately live life without the constant fog, social stigma and overwhelming oppressiveness that is often associated with mental illness.

In order to achieve wellbeing and spiritual contentment within our resident cohort an experiential model has been implemented based on the emotional awareness behind the behaviour of the individual resident. The involvement of key stakeholders was pivotal in the development of the model of care and this included liaison with medical professionals (GP, Psychiatrist, Psychologists and Behavioural Specialist Nurses). This model is based on the needs of the target residents who are at risk due to their socioeconomic background, previous lifestyle choices and medical comorbidities. The specialists involved with this model development were from NSW State Health.

Montrose Aged Care Plus Centre is only one of ten national aged care services providing care to people from homeless backgrounds, and it is the only aged care home in Australia specifically providing care and wellness support to men with mental illness in accordance with the identified consumer demographic. The Salvation Army Aged Care Plus is proud to be the only provider of this national service and is humbled by the unique service offering Montrose provides to consumers at the local, state and national levels in terms of mental health and psychosocial support.

"There are also regular meetings with staff and the allied health professionals and the chemist. As a result, communications have been excellent among them." – (General Practitioner).

Many of our residents at the home have required residential aged care services at a relatively young age (average admission age is 66) and therefore some have been with us for 15 or more years. It is our goal to gain a good understanding of them, their medical history and health triggers as quickly as possible. As such we work closely with care referrers such as social workers, hospital discharge planners, NSW Justice Health, Homeless shelter networks through The Salvation Army and Mission Australia and the Office of the Adult Guardian.

As part of our initial care review we also identify what services they have previously accessed or are still working with as part of their ongoing health and care management plan. Where appropriate we ensure these services continue after admission to allow us to better meet their needs and create an environment in which they will feel safe and secure. To achieve this, we have strong relationships with local general practitioners, physiotherapists, speech pathologists, chemists and other allied health professionals who visit the centre regularly to monitor the health and well-being of our residents.

Evidence of innovation and/or recognised best practice

Planning and implementation was essential and this phase included significant collaboration with external providers at the local, state and national levels. In the planning and development phase, stakeholders identified the model required a resident centric focus with specialist medical support (psychiatry and psychology), general medical support (general practitioner and nursing) and a focus on wellness which is identified by each individual resident. As a result, an innovative model was required to ensure residents had a truly person centred approach. Our innovative model required specialist and general medical support as well as a focus on wellness, and supporting what this was to the individual.

Based on the aforementioned model, the objectives were defined to include an increased sense of emotional awareness and emotional connectivity which resulted in contentment.

Emotional Awareness
A persons experience will often dictate their outward expression. Experience is based upon an individual's emotions and how they interpret the situation or circumstance they are in. Older Australians in the target group are unable to identify or be aware of the links between their actions (or the behaviour) and their emotional and spiritual state (well-being).

Emotional Connectivity
When we focus on the expression of the individuals experience this allows the care giver to identify specific interventions to address well-being based on individual experience. It is a focus not on the management of the behaviour or medical conditions and their co-morbidities, but the emotional connections that provides significance to the person.

Contentment
The outcome is not focussed on a specific management strategy (typically used in a medical care model), but rather on the individual residents' contentment. The interventions implemented in the care plan, result in achieving contentment for the individual and this in turn increases their wellness experience. The model gives the person a supportive framework to address their feelings and emotions.

From a national perspective, the model of care has been recognised by the Australian Aged Care Quality Agency as a better practice initiative for older persons in Australia with mental health problems. This national award was achieved in 2015 and recognised the niche service model provided for consumers in this demographic in terms of mental illness and recognition of the pathways to wellness it has achieved within the Australian aged care industry.

The isolation and fractured nature of relationships of older homeless people often means they require a range of approaches and techniques to ensure the model meets their wellness and medical needs. Diversional programs that are community focused, educational and developmental as well as regular monitoring from the multidisciplinary health team are vital for ongoing success. This requires extensive contact with case managers from justice health and the office of the adult guardian, mental health workers, drug and alcohol workers and other health and welfare specialists as well as greater than normal liaison with GPs.

Evidence of participation of mental health consumers, in the planning, implementation and evaluation as relevant; and Evidence of Partnerships and Linkages (collaboration for continuity between organisations)

In order to achieve ongoing sustainability, the model was designed to focus on providing a dignified care environment to address underlying aetiology of emotional disturbances resulting from residents' mental health status and historical lifestyle choices (homelessness and alcoholism) which often results in significant internal turmoil for the individual. Sustainability of the model is reliant on continual review and adaptation of programs and specific care interventions to manage the physical, emotional, social and

spiritual needs of residents. This cannot be attained without active participation of consumers in planning, implementation and evaluation of the model of care.

The approach to care delivery and ongoing management of stakeholder engagement and partnerships is integral to ensuring efficacy of the programs sustainability. Staff engagement and a collaborative ongoing support system to monitor and evaluate resident well-being is achieved through regular case conferencing with the identified stakeholders including but not limited to:

- GP
- Psychiatrist
- Psychologist
- Nursing Staff
- General staff of the home
- Justice Health
- Office of the Adult Guardian
- most importantly the resident and their representatives (if they are known).

Sustainability is assured via –

- *Model structure* - The model of care has evolved over time. There is strong stakeholder engagement with the model and home, both with the consumer and other community partnerships.
- *Governance* - policies and guidelines are embedded within the organisation's culture, governance processes and reporting structures to ensure sustainable compliance to required practice and expected outcomes for residents. These are consumer centric in nature and highly collaborative.
- *Investing in staff* – All staff employed at Montrose are recruited for their experience and their emotional intelligence. Orientation to the home and the model of care is comprehensive. Education is ongoing. Our staff are an extension of family and this is a key partnership within the model to ensure successful outcomes.

It is important to consider a multidisciplinary approach to the management of mental health needs and critically evaluate the efficacy of the program to ensure ongoing innovation. This model was developed in collaboration with multiple parties to ensure a home like environment for residents who have had complex social histories and living arrangements from a very defined demographic. The social history of individual resident's needs to be considered carefully when implementing model design as this will affect the members of the multidisciplinary team and approach needed to ensure community integration not only in the home, but also with the wider community the home is situated in.

Community integration is one of the major aims of the program. This is considered from both the internal community unique to Montrose Aged Care Plus Centre, but also the local community. Since the implementation of the model, the home has become an active part of the local community where residents are free to express themselves, embrace their individuality and celebrate diversity in partnership with the community members. The connection with local community is so great that the community will interact and embrace

our consumers with open arms and they too act as an important advocate in being able to communicate with the multidisciplinary team in the event there is a need to modify treatment interventions.

It is imperative to ensure other aged care initiatives are synergistic to a person centred approach to care delivery, the importance of community integration cannot be underestimated and the complexity of individual needs is an underlying factor when considering transferability. The model would need to be on a continuous cycle of evolution to meet changing demographic needs. This demonstrates the uniqueness of the model in meeting resident needs now and into the future.

For this model to be effective, the major stakeholder is the consumer / resident.

Verification and evaluation of the program's effectiveness

"I believe that the residents in the home are very blessed indeed. Their life would have been unimaginable if not for Montrose Aged Care Plus Centre. The excellent care of the home is the reason why this place is always in such a high demand" (General Practitioner)

Resident's medical diagnoses are complex, multiple and include both a primary mental health diagnosis in addition to general medical diagnoses. The demographic of Montrose Aged Care Plus Centre is one of the most complex cohorts of older Australians to provide care for, the complexity of mental health and medical diagnoses has remained constant throughout the models introduction and implementation. This remains consistent with the increasing rise of mental health diagnoses amongst ageing Australians[6].

[6] Source: Residential Aged Care in Australia 2010-11 a statistical overview

Despite increasing complexity, the model has resulted in optimal care outcomes due to the following intentional design factors:

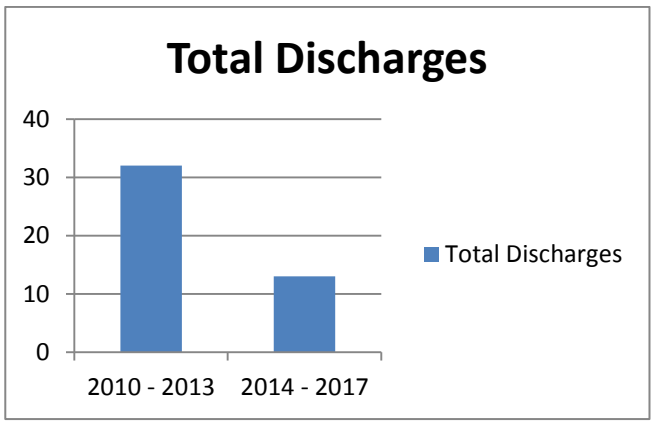
- Resident input into care planning, assessment and goal setting in order to 'live well' despite their mental health problem.
- Extensive collaboration with state and local providers to ensure an effective case management model with minimal barriers to service provision.
- Clear communication pathways to allow for greater collaboration of service providers and relevant stakeholders to achieve goal setting.

The model is dependent on continuous analysis, review and evaluation. This is measured through resident feedback and attention to changing complexities with mental health and medical diagnoses and social history. The success of the model will continue to be based around individualised case management processes in order to ensure increased experience of well-being and satisfaction for unique residents in an aged care environment.

There are significant challenges in providing care to this group of mental health consumers. Mistrust of "institutions" can lead to refusal to be involved in any regular activity (care or lifestyle) offered. As a result, staff have to often work on an individual basis with residents to build trust relationships with residents. Montrose Aged Care Plus Centre offers care to a group for whom the provision of Emotional, Social and Human Needs can be challenging. These are met through individualised support which builds personal esteem and skills. Residents do not generally have access to family members or friends, which results in extremely high emotional needs.

Results have shown

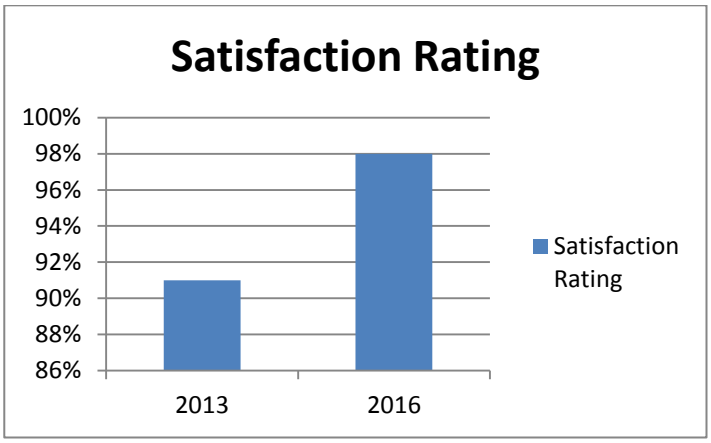
- A reduction of discharges due to resident's decreased life expectancy or decisions to return to a homeless environment or to alternative mental health institutions to manage ongoing psychotic episodes of 60% have been realised since commencement of the model in 2013[7].



- Resident satisfaction survey results have shown satisfaction ratings increase from 91% in 2013 to a 98% satisfaction rating in 2016.

[7] Resident discharges for the aforementioned reasons from 2010 – 2013 (inclusive) were 32. From 2014 – 2017 YTD there have been 13 discharges.

Since the implementation of the Model, there has been an increased satisfaction rating for residents and representatives at Montrose Aged Care Plus Centre. Results indicated Montrose Aged Care Plus Centre achieved an overall Resident Survey satisfaction score of 98% in 2016 when compared with a 91% satisfaction rating in 2013.



Conclusion

The prevalence of mental health will continue to rise. Montrose Aged Care Plus Centre has been able to demonstrate an innovative mental health model to improve psychosocial supports and well-being for older Australian men. The service is unique and highly specialised within the aged care industry and provides a much needed service. Our results have demonstrated increased satisfaction and there is empirical evidence of longer living as a result of this mental health model. Not only is longer living being experienced, our men are able to live life with meaning, live it their way and live life in a contented and engaging way with their local community, both in the home itself, and the wider community outside of the home.

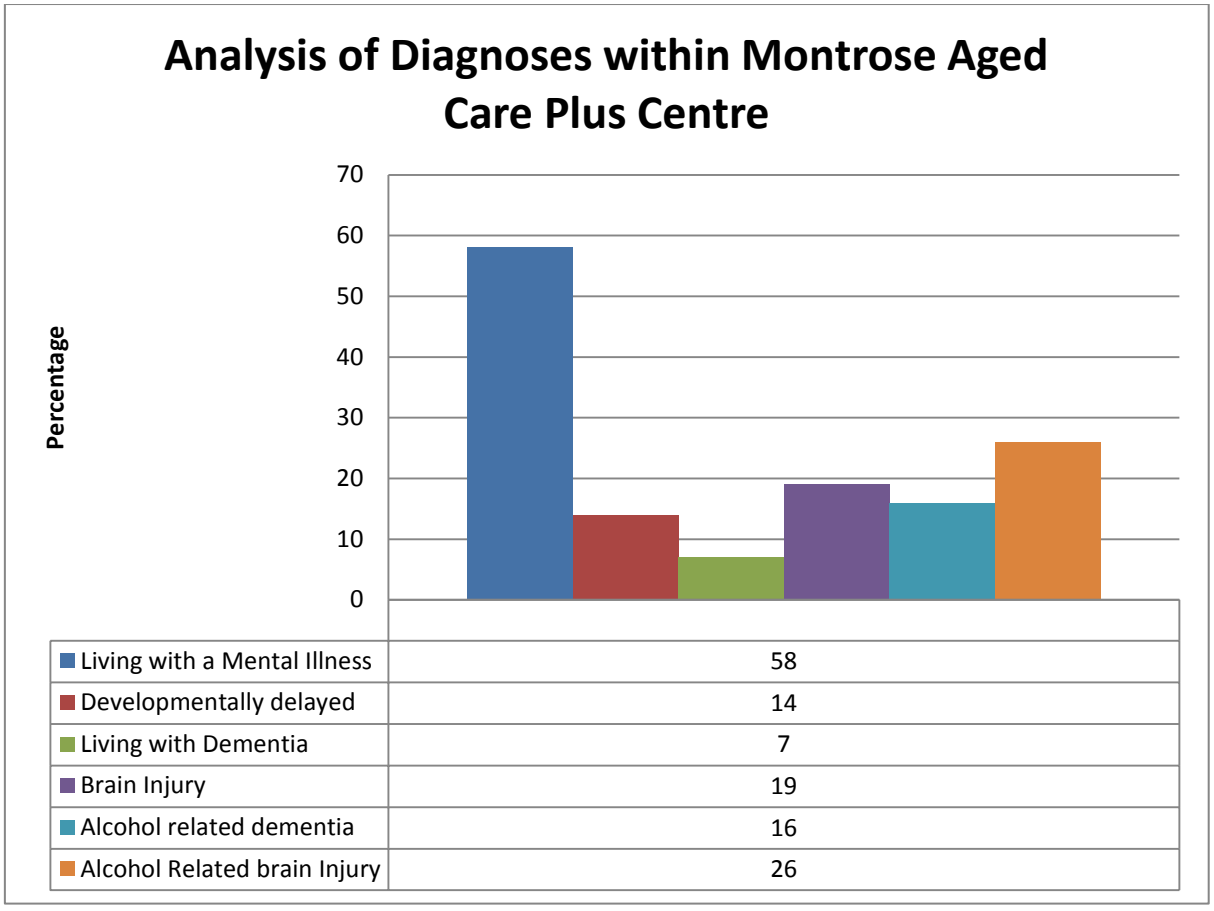
Wellness and Contentment is the personal quest for understanding answers to ultimate questions about life, meaning and relationships with others. What is important to understand is that the value of ones individuality cannot be defined by a diagnosis. A person's value is fundamental to whom they are and this is the essence of person centred care and the key to ensuring contentment.

This is the heart beat of Montrose.

Referees

Removed for privacy

FIGURE ONE



Living with a Mental Illness	58
Developmentally delayed	14
Living with Dementia	7
Brain Injury	19
Alcohol related dementia	16
Alcohol Related brain Injury	26

A review of the resident cohort has identified a high proportion of mental illness related diagnosis. It is important to note that of the 44 residents who reside at Montrose, they can have up to 4 separate diagnoses.

1. Total percentage of residents with a history of alcoholism: 22%
2. Total percentage of residents with a diagnosis of a Mental Illness: 58%
3. Total percentage of residents with a diagnosis of developmentally delayed: 6%
4. Total percentage of resident with a diagnosis of dementia / cognitive impairment: 3%
5. Total percentage of residents with a diagnosis of alcohol related cognitive impairment /dementia: 7%
6. Total percentage of residents with a diagnosis of brain injury: 8%
7. Total percentage of resident with alcohol related brain injury: 11%