

CMHEI community mental health

EVALUATION INITIATIVE

NUMBER

7

Helping Homeless People with Mental Illness

Homeless people with mental illness have complex needs but often receive the fewest services. In Ontario, there is interest in evaluating the services currently being provided for the homeless mentally ill, such as the longstanding intensive case management (ICM) program operated by the Canadian Mental Health Association (CMHA), Ottawa Branch. To address this interest, CMHA Ottawa and the Centre for Research on Community Services at the University of Ottawa are collaborating on an Evaluation of Intensive Case Management for Persons with Severe Mental Illness Who Are Homeless. The study is a clinical trial that compares clients receiving ICM with those receiving standard care, over a two-year period. Final data analysis is expected to be complete by the end of 2003.

What do we know about the homeless people with mental illness participating in this study?

Upon entry to the study, all participants had a severe and persistent mental illness, and many complex needs, such as concurrent substance abuse problems. All were homeless or at risk of becoming homeless, and most were socially isolated, with few resources. Members of this population are often labeled "hard to serve." In the nine months prior to joining the study, 25% lived primarily on the streets or in shelters, while roughly 40% reported being a victim of a violent crime during that time.

At baseline, 55% of the 147 study participants were over 40, 18% were youth (16 to 24 years), and there were roughly equal numbers of men and women. Virtually all (96%) were single and receiving social assistance. Almost half of the participants experienced their first hospitalization for mental illness by age 25, with one-quarter first hospitalized by age 18. While more than 48% have been diagnosed with schizophrenia and 52% with



Leading this project are (l-r): Dr. Tim Aubry, Principal Investigator, Marnie Smith, Program Manager at CMHA, Ottawa Branch, and Heather Smith Fowler, Research Coordinator. The multidisciplinary research team of PhD-level investigators also includes, from the University of Ottawa, Doug Angus (School of Management), Brad Cousins (Faculty of Education), and Robert Flynn (Centre for Research on Community Services), and, from the Royal Ottawa Hospital, Dr. Pamela Prince.

mood disorder, approximately half of the participants have received more than one diagnosis.

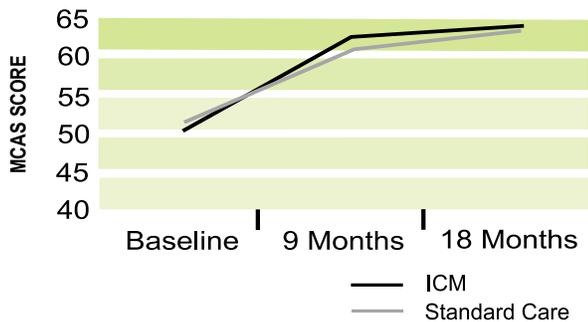
What is intensive case management and how does it compare to standard care or assertive community treatment?

The Ottawa ICM program provides client-directed case management support services, including outreach, assessment, service planning and coordination, counselling, advocacy, crisis intervention, and long-term followup. ICM helps clients to achieve their personal goals, build informal supports, and access community resources, and links clients with treatment and rehabilitation services such as social recreation, employment programs, and supportive housing.

For the purpose of this study, standard care (received by the comparison group) is any community service for which the client is eligible. This may include outreach, referrals, and/or short-term support to help clients meet their basic needs (housing, financial assistance, clothing, food, medical care), as well as other mental health services.

ICM and Assertive Community Treatment (ACT) both provide similar services and long-term support. The main difference is that ICM provides service to clients through individual case managers and links them with other community services, whereas ACT provides a multidisciplinary team for “one-stop shopping” treatment. ACT teams are mandated to be available 24 hours a day, seven days a week, whereas the hours of service can vary among ICM programs. CMHA Ottawa’s program, for example, now has extended hours of service on evenings and weekends. Both programs provide services in the community rather than at an agency office. Caseloads for ACT are typically 10 clients per staff member, while the Ottawa ICM has a slightly higher load of 12 to 15 clients per staff member.

Changes in Functioning As Measured by the Multnomah Community Ability Scale (MCAS)



While many tools have been developed to determine fidelity to the ACT model, there have not been similar tools created to capture the distinguishing features of ICM. Ottawa researchers have developed the Intensive Case Management Key Component Profile, a tool to clearly define ICM services, determine the extent to which ICM is being delivered to the target population in the intended manner, and make it easier to compare functions from one case management program to another. (The tool is available on the CMHEI website.)

After 18 months, how are participants doing?

All study participants showed significant improvement over 18 months in overall functioning in the community and greater life satisfaction, particularly in relation to housing, daily activities, health, social relations, and finances (see graph showing MCAS scores). However, analyses conducted to date show no significant differences in improvement between ICM clients and those in the standard care group, a finding which needs further study. It may mean that early intervention – specifically, stabilization of housing – has broader, longer-term benefits than originally expected. There was, for example, a significant reduction in the number of nights clients in both groups spent on the streets or in a shelter — from an average of 43 nights per year at baseline, to less than two nights during the first nine months of the study. This overall housing stability has continued through the 18-month followup.

Were there other benefits from this research?

More than 30 graduate students have been involved in this study, receiving extensive clinical experience with an under-served population and in-depth training in community mental health research. Other case-management programs in Ottawa have adopted some of the study measures in their own data collection and training, resulting in additional research projects on similar programs. For a detailed description of researchers’ experiences, see Heather Smith Fowler and Marnie Smith, “Practical Considerations for Conducting Research with Marginalized Populations: A Case Study,” available at www.vserp.ca.

The researchers created an effective new tool to define and evaluate intensive case management services.

As part of a multisite project, the Ottawa researchers gained a broader perspective on mental health research across Ontario and developed new links with other community mental health researchers in the province. New collaborations have evolved, such as the evaluation of the Ministry of Health and Long-Term Care Phase 1 Homelessness Initiative by the Ottawa researchers with John Trainor, Centre for Addiction and Mental Health, and Geoff Nelson, Wilfrid Laurier University.

For more information about the Ottawa ICM study, visit the CMHEI website at www.ontario.cmha.ca/cmhei.

CMHEI

About CMHEI

The Community Mental Health Evaluation Initiative (CMHEI) is a provincial evaluation project conceived by the Ontario Mental Health Foundation, the Centre for Addiction and Mental Health, and the Canadian Mental Health Association, Ontario Division. The goal of the initiative is to research and advocate solutions for major issues and problems in the mental health arena. Funding support provided by the Ministry of Health and Long-Term Care is gratefully appreciated.

Contact Information

If you have questions or comments regarding this newsletter, or you would like to receive a copy of our next issue, please contact Susan Macartney at 416-977-5580 ext. 4122 or smacartney@ontario.cmha.ca. To subscribe online, visit www.ontario.cmha.ca/cmhei.