

CONFERENCE ABSTRACT

Preliminary findings from the BRIGHTER DAWN integrated care home support service programme.

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

Jane Fossey¹, Alice Coates¹, Apostolos Tsiachristas²

1: Oxford Health NHS Foundation Trust, United Kingdom;

2: University of Oxford, United Kingdom

Introduction: A high proportion of people living in care homes have dementia, mental illness and/or physical frailty. An Integrated Care Home Support Service (CHSS) combined two evidence based approaches to deliver a stepped care and treatment to meet both physical and mental health needs, called the BRIGHTER DAWN programme. These evidenced based approaches trained staff to deliver Dementia Assessment of Wellbeing and Needs (DAWN) and/or a personalised intervention focusing on Building Relationships and Individually Tailored Evaluation and Responses (BRIGHTER). This presentation will outline some preliminary findings which formed part of a large implementation study over an 18 month period.

Methods: Staff in the CHSS responded to care home concerns about residents needs for support with pain management and behaviour which staff found challenging and was distressing to residents. Measures, including staff ratings of residents' symptoms, Neuropsychiatric Inventory and Abbey Pain Scale scores were collected from care home residents receiving the BRIGHTER DAWN programme as part of care delivery in order to identify their needs and the effectiveness of the stepped care interventions provided.

Results: A total of 507 episodes of care were completed across 81 care homes within one county of 102 care homes. The results identify the way in which care homes engaged with the service and the effectiveness of the stepped care approach in this setting. Key well-being needs were identified by the programme and how these were associated with effective clinical interventions.

Discussion: The results of this evaluation demonstrates good uptake of an integrated service and successful ways of detecting pain and mental health needs within a care home population. It illustrates how service pathways can be integrated to provide early detection and intervention.

Conclusion: A stepped care model of psycho-social interventions can be successfully implemented by an integrated physical and mental health team in reaching into care homes. The findings highlight the effectiveness of this approach in the treatment of pain and challenging behaviour in this context.

Lessons learned: The wellbeing and mental health needs of residents in care homes can successfully be addressed in a stepped care model. With the appropriate training, integrated teams can successfully develop shared protocols and practice to provide early identification and treatment of needs.

Limitations: This study was conducted in the context of the UK and whilst the clinical interventions themselves may be replicable widely the service model may not easily generalise to other service settings.

Suggestions for future research: Future research would benefit from conducting a follow up to evaluate the maintenance of clinical outcomes for residents as well as to consider possible changes to the support needs of care homes.

Keywords: care homes; physical and mental health care integration
