

Long-Term Outcomes of a Randomized Trial of Integrated Skills Training and Preventive Healthcare for Older Adults with Serious Mental Illness

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Objective: *This report describes 1-, 2-, and 3-year outcomes of a combined psychosocial skills training and preventive healthcare intervention (Helping Older People Experience Success [HOPES]) for older persons with serious mental illness. **Methods:** A randomized controlled trial compared HOPES with treatment as usual (TAU) for 183 older adults (age ≥ 50 years [mean age: 60.2]) with serious mental illness (28% schizophrenia, 28% schizoaffective disorder, 20% bipolar disorder, 24% major depression) from two community mental health centers in Boston, Massachusetts, and one in Nashua, New Hampshire. HOPES comprised 12 months of weekly skills training classes, twice-monthly community practice trips, and monthly nurse preventive healthcare visits, followed by a 1-year maintenance phase of monthly sessions. Blinded evaluations of functioning, symptoms, and service use were conducted at baseline and at a 1-year (end of the intensive phase), 2-year (end of the maintenance phase), and 3-year (12 months after the intervention) follow-up. **Results:** HOPES compared with TAU was associated with improved community living skills and functioning, greater self-efficacy, lower overall psychiatric and negative symptoms, greater acquisition of preventive healthcare (more frequent eye exams, visual acuity, hearing tests, mammograms, and Pap smears), and nearly twice the rate of completed advance directives. No differences were found for medical severity, number of medical conditions, subjective health status, or acute service use at the 3-year follow-up. **Conclusion:** Skills training and nurse facilitated preventive healthcare for older adults with serious mental illness was associated with sustained long-term improvement in functioning, symptoms, self-efficacy, preventive healthcare screening, and advance care planning. (Am J Geriatr Psychiatry 2013; ■:■—■)*

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Long-Term Outcomes of the HOPES Intervention

Key Words: Older adults, serious mental illness, psychosocial skills training, healthcare management, preventive healthcare, integrated care

INTRODUCTION

The aging of the baby boomer population will dramatically impact the number of middle aged and older adults with serious mental illness (SMI) over the coming decades, foreshadowing an unprecedented challenge to a public mental health system unprepared to address the special needs of this emerging demographic. Adults with SMI constituted over 4% of those age 55 and older or 3.4 million adults in 2010^{1,2} and are projected to nearly double by 2050.³ In contrast to an array of evidence-based interventions and implementation guides targeting younger adults,^{4,5} few models of care are specifically designed for older adults with SMI. Among available interventions, those that have emerged as effective include combined cognitive behavioral therapy and social skills training (CBSST),^{6–8} group-based psychosocial support,⁹ and functional adaptation skills training (FAST).^{10,11} Interventions such as these are necessary to address the complex psychosocial and healthcare needs of this rapidly growing subgroup with the highest per person Medicare and Medicaid costs,¹² rates of institutionalization over three times those of other Medicaid beneficiaries,¹³ and greater use of emergency care than older adults without SMI.¹⁴

Several factors—lack of independent living skills, poor social skills, and medical comorbidity—are strongly associated with high-cost service use and differentiate older adults with SMI living in nursing homes from those in the community.¹² In addition, persons with SMI, when compared with those without, are known to be at risk for receiving preventive healthcare services at a lower rate.¹⁵ To address these needs, we developed and pilot-tested an intervention combining community living and social skills training with integrated preventive healthcare.^{16,17} The HOPES (Helping Older People Experience Success) program is designed to improve independent functioning and community tenure by teaching social skills, community living skills, and healthy living skills to older persons with SMI living

in the community with nurse coordination of preventive healthcare as an integrated component. In a series of studies, we reported that HOPES is associated with improved psychosocial outcomes after 1 year of weekly skills training and a second year of monthly maintenance sessions¹⁸ and with improved executive functioning at 1, 2, and 3 years of follow-up.¹⁹

The purpose of this final report of primary study outcomes is to address the following two remaining study questions: (1) Does HOPES result in long-term improved psychosocial functioning that persists at the 3-year follow-up after withdrawing maintenance sessions and nurse health management? (2) Is HOPES associated with improved preventive healthcare and reduced acute service use?

To address these questions, we evaluated 3-year psychosocial, preventive healthcare, and service use outcomes of a randomized controlled trial comparing HOPES with treatment as usual (TAU) at a 1-year (end of the intensive phase of skills training), 2-year (end of the maintenance phase), and 3-year (12 months after intervention withdrawal) follow-up. We hypothesized that HOPES compared with TAU at the 3-year follow-up is associated with greater long-term improvement in independent living skills, social skills, self-efficacy, and psychiatric symptom severity and with a greater quality of preventive healthcare and lower acute service use.

METHODS

A randomized controlled trial compared outcomes for HOPES and TAU at 1, 2, and 3 years. Written informed consent was obtained through procedures approved by the Committee for the Protection of Human Subjects at Dartmouth College and by the institutional review boards specific to each site.

Study Participants

Community-dwelling adults with SMI age 50 or older (N = 183) were recruited from two community

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