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PROTECTED HOMES, ACCORDING TO THE HONOS SCALE, IN PATIENTS WITH PSYCHIATRIC DISORDERS,2022

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ABSTRACT

The objective of this research work was to determine the effectiveness of sheltered homes in global functioning according to the HoNOS scale. Methodology, is of a quantitative, quasi-experimental type of research.The research discusses with Herrera et al (2018), finding improvement in functionality in the patients of the Protected Homes. Conclusion, global functioning of the residents improved from 15 points on average in the pre-test of the patients to 5 in the post-test, evidencing an improvement in global functioning.

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1. Introduction

The present research work aims to determine the effectiveness of sheltered homes in global functioning according to the HoNOS scale. The rehabilitation of people with mental disorders is crucial for their insertion into society and for them to carry out their daily activities with total normality. The new approach to mental health is community mental health, whose main function is to deinstitutionalize patients who have been hospitalized for many years, receiving health care with the asylum model in different psychiatric hospitals, A strategy to deinstitutionalize these patients of long years, are the sheltered homes promoted by the State, which gives them the opportunity to regain autonomy and will to perform their daily activities with total independence and thus reintegrate them into society, their community and the heart of their family environment that is very favorable for their mental health.

Initiatives to implement rehabilitation programs in mental health have antecedents in the 20th century, since 2018 a new generation of mini psychiatric hospitals was put into operation in Peru, which are called Protected Homes. The Protected Home is an integrated medical support service provided through the Integrated Health Network System (RIS), attached to the Integrated Health Network Directorates (DIRIS); Regional Health Directorates (DIRESAS); Regional Health Managements (GERESAS), or whoever takes their place, be they MINSA, ESSALUD, FFAA, National Police of Peru and private and mixed. Workshops for "labor therapy" and occupational therapy have been set up in these centers, with simple tasks that stimulate important skills in inmates with mental disorders such as: attention, sociability, compliance with rules, routines, negotiation, etc. Group sessions are also held to rehabilitate communication skills, dialogue and debate, leadership and alliances.

The patients who enter these centers come from traditional psychiatric hospitals where they have been hospitalized for 10, 20 or more years, with varying degrees of deterioration; as an alternative to deinstitutionalize these chronic patients, sheltered homes were created to rehabilitate and reintegrate these people into society. Characteristics of the community service: it is part of the community promoting maximum social participation, accessibility to the Sheltered Home must be located less than 02 km away from a health facility and recreational spaces, to allow greater access to civic life activities and facilitate the development of functionality and integration of users. Services provided, accommodation for a maximum of eight (08) users, two (02) per room; clothing according to the season, culture and respect for gender; food, including food preparation; personalized support and accompaniment 24 hours a day, 07 days a week during the 12 months of the year to users living in the Sheltered Home; psychosocial support aimed at promoting social integration including self-care activities, daily life, social relations, community integration, leisure and free time. It promotes the recovery of functionality and improvement of the disability. The users of the Hogar Protegido have not only a healthy accommodation, but also a space to make possible the recovery of the highest possible functionality; each user has an individualized care plan. Permanent care is provided, as a medical support service that provides alternative transitory residential services. Care is assured 24 hours a day, 7 days a week during the 12 months of the year, including holidays and weekends.

Qualities of the staff for the Sheltered Home, has empathetic technical skills for good treatment and generation of bonds of trust, affection and respect, contributes to the promotion of autonomous behaviors of users, without imposition and motivation to facilitate relations between users and community and labor partner organizations to promote maximum reintegration and social reintegration of the same. Infrastructure of the sheltered home, has a physical structure of an independent plant within the residential area of urban areas and within the main population groups in rural areas; It has water, sewage, public and domiciliary electricity services, as well as fixed telephone and Internet connections; these services must be in good condition and functioning; it has at least five sleeping rooms (two users for each bedroom), three bathrooms (one bathroom for every three users, with handrails in the showers, bathroom walls and non-slip floors), a common living room, a dining room, a kitchen, preferably a laundry room and a patio or garden. The dwelling must have home-like characteristics, comfortable and warm environments, considering bedrooms that protect their privacy and individuality and respect their cultural condition. The bedrooms must have a minimum space that allows the location of their personal furniture, with space for bedside tables and individual closets to ensure adequate ambulation, one of the five sleeping rooms is intended for the use of health personnel,

the other four are for the use of users, maximum two (02) users per bedroom. The infrastructure can be owned or rented, and must have the respective documentation supporting the lease for at least 01 year renewable or in cession of use. Personnel responsible for the sheltered homes. The Sheltered Home Coordinators are Health Professionals, Nurse, with no less than two (02) years of work experience in public or private mental health facilities. Responsibilities, is directly responsible for one (01) to four (04) Sheltered Homes within their jurisdiction. Jointly elaborates with the user and the accompanying staff of the Protected Home the individualized care plan per user taking into account the indications of the outpatient mental health service where he/she continues his/her treatment; it must include objective goals for the recovery of the user's functionality. This individualized care plan must be included in the annual work plan of the Sheltered Home, supervises the accompanying staff, providing them with the necessary indications for their best performance. Prepares and executes the annual work plan of the sheltered homes in its area of jurisdiction, focused on the recovery of the users' functionality. Socializes with the staff in charge the annual work plan in their jurisdiction. Follows up on the annual work plan of the sheltered homes in his/her jurisdiction and prepares a quarterly progress report to the mental health coordination of his/her jurisdiction and to the mental health commission of the territorial network. Coordinates and implements a continuous training plan for the accompanying staff of the Sheltered Homes. Develops and implements a self-care plan for health caregivers of the sheltered home, to be carried out annually, in order to prevent caregiver burnout. HoNUS Scale is an instrument developed by the Royal College Research Unit within the framework of the Health of the Nation Project of the British Department of Health. It consists of a set of scales designed to measure the various physical, personal and social problems associated with mental illness, which can be used routinely by mental health professionals in a clinical context. Ultimately it would allow for an eventual national data collection system, which could be used across the range of patient-professional contacts at a reasonable cost, in which this instrument would be an important component. What was the HoNOS approach? It was suggested that to be useful, such an instrument would have to meet a number of characteristics. First, it would have to be sufficiently brief for practitioners to use it routinely. Secondly, it should cover the most common clinical problems and social functioning, and be sensitive to change or lack thereof. Finally, it needed to be reliable and compatible with more established scales. The initial idea was to develop a set of scales whose data could be used as part of a minimum data package with information on diagnosis, treatment, the affected population and their circumstances, within which the different indicators could be appropriately interpreted and compared with each other. The authors conducted a literature review that revealed a huge number of scales, but none that met the fundamental criteria of being sufficiently brief for routine and general use. Cover clinical and social aspects. A first draft was developed, tested and modified through four phases of development, including a consultation phase, two pilot studies, a field study, and a reliability and compatibility study with other instruments. Characteristics of the HoNUS Scale, it is a useful instrument for measuring progress, change or evolution should be. Short, simple, acceptable and useful for clinicians. Adequate coverage of clinical and social problems. Sensitive to improvement, deterioration or lack of change over time. Recognized reliability. Recognized compatibility with other scales. Taking these factors into account, the scale was developed with these general characteristics: HoNOS is designed for the assessment of adults in contact with secondary and tertiary Mental Health care services. HoNOS can be used by different Mental Health professionals, including Psychiatrists, Psychologists, Nurses and Social Workers. HoNOS is not a structured interview instrument but a clinical assessment instrument. HoNOS Structure It contains 12 items covering a broad psychosocial area including 1 Aggressive Behavior and Hyperactivity 2 Self-Aggressive Behavior 3 Substance Use 4 Cognition 5 Physical Health 6 Hallucinations and Delusions 7 Depression 8 Other Mental Symptoms 9 Social Relationships 10 General Functioning 11 Accommodation 12 Activities. Pastor et al.,(2010) in their publication of Rehabilitation of Severe Mental Disorder, mentions that the treatment and rehabilitation of people with mental disorders are especially complex, due to the variety of problems and limitations associated with the mental disorder or illness. Some variables that make it complex are the coexistence of several diagnoses at the same time, the concurrence of multiple causal explanations, the difficulties of therapeutic engagement, the slowness derived from cognitive deficits or the presence of resistant psychotic symptoms and the consequences associated with them. For all these reasons, it is artificial to separate assessment from treatment, since from the moment of referral, strategies are put in place to intervene on the problems detected.

Assessment in psychosocial rehabilitation consists of a behavioral assessment and functional analysis to identify and explain the symptoms and impairments associated with the disorder, as well as the person's skills and competencies, within a context of psychosocial functioning and with the aim of designing interventions that lead to improved functioning in the patient's environment.

Philosophers of mental illness are concerned with examining ontological, epistemological, and normative problems. All of these arise from the various conceptions of mental illness. Among the central questions in the philosophy of mental illness appears one issue, that of whether the concept of a mental illness can be given a scientifically adequate specification free of subjective value. Under this premise, modern medicine has assumed health and illness as phenomena related to a mechanical, ahistorical, analyzable organism that can be explained by means of laws that allow the establishment of cause-effect relationships. From a positivist perspective, health is reduced to disease, to the individual, to the plane of empirically observable phenomena and to the one-dimensional simplicity of a mechanically determined order (Restrepo, 2011) Barros (2022), Dunt et al (2021) "evaluation and impact of the Doorway program (2015-18) on housing, quality of life and mental health service use of participants in Melbourne, Australia. Doorway extends the original Housing First (HF) model by providing housing support to precariously housed people at risk of homelessness with severe and persistent mental illness (SPMI) receiving care within Victoria's public mental health system." Dogmara and Prieto (2020) "the HoNOS meets some desirable characteristics as an outcome evaluation measure of mental health services". (Dunt et al.,2022). "Housing was provided to people with mental disorders in a total of 157 people who had a stay of 119.4 days on average, observing a significant result in their health, reflected in fewer days of hospitalization in an average of 7.4 days less per participant, in their hospitalization in acute psychiatric centers" (Dunt et al.,2022). "Inter-rater reliability and validity of the Honos scale and follow-up in patients presenting with first-episode psychosis were evaluated, and the results were modest, except for the social variable of the Honus scale" (Amin et al., 1999). The Honos scale was applied to 402 people with mental disorders, where adequate validity was found to discriminate patients with different levels of severity; the Honos scale meets the desirable characteristics as an evaluation measure (Dogmanas & Prieto, 2021). The HoNOS scales were compared with the CANSAS scale to assess social functioning over time, the CANSAS scale assesses continuity of treatment and the HoNOS scale assesses global functioning (Slade et al., 1999).

Methodology

This is a quantitative, applied level research, the research design is
semi-experimental. The study design took into account 100% of the patients referred to the home, considering the following steps:
a) Patients hospitalized in the Psychiatry Department of the Hospital.
b) Patient who meets criteria for transfer to sheltered housing
c) Informed consent will be obtained from patients to participate in the study and Institutional authorization will be obtained.
d) The HoNUS scale will be applied before the reference to protected households.
e) The control is taken 6 months after the survey has been applied.
f) The result will be made at the end of the study.
The instrument for measuring global functioning; are the variables involved in the study, Independent Variable Sheltered homes, and dependent variable, Global functioning in psychiatric patients. The population was constituted by all the patients referred to the sheltered homes, the design was pre-experimental of explanatory level; being the instrument the scale (HoNOS) of measurement of global functioning in patients with mental disorders. In the results, using the HoNOS instrument we obtained an improvement in global functioning and using the Minimental Test instrument we obtained an improvement in cognitive function during the stay in the group home.

3. Results

Our research finds similarity with Herrera et al (2018), "There is a favorable evolution, in residents of group homes" in relation to aspects of global and cognitive functioning; as well as the implementation of a model of community mental health care

In the work of M. Gómez (Chile 2005) and M. Pio (Brazil 2006), M. Gómez (Chile 2005) and M. Pio (Brazil 2006) found that prolonged hospitalization of people with severe mental disorders in a psychiatric hospital is detrimental and that community mental health care is necessary and the patient's independence should be sought.

In the research conducted by E. Loza (2009) and the Spanish Association of Neuropsychiatry (2027), it is stated that the social support of people with schizophrenia has an impact on the course of their disease, there is an effectiveness of the sheltered homes suggesting a psychiatric reform and mental health policy; as well as initiating a process of deinstitutionalization. The results found in our study, according to the measuring instrument, show a favorable evolution in the residents of the sheltered homes. It is observed that the p-value for the two instruments (test) is greater than α=0.05, then H1 is accepted; that is, the data come from a normal distribution, therefore, it meets the assumption of normality and the T student test can be applied. The null hypothesis Ho is rejected. It is observed that the p-value=0.107 is greater than the significance level α=0.05, so the null hypothesis Ho is not rejected. The mean scores are different. As can be seen in the table, the mean score of the post-test is lower than the pre-test; that is, by applying the instrument, a decrease in the global deterioration of the patients is observed after the treatment.

As can be seen in the graph, in the Pre Test there is a higher score, there was greater deterioration in global functionality; compared to the Post Test there is a lower score, i.e. there is an improvement in global functionality in the patients of the sheltered homes. From the HoNOS instrument (Pre Test), measured on a scale of 0 to 4, the scores per question are observed, being questions 3 (behavioral problems), 2 (impairment problems), 3 (clinical problems) and 4 (social problems) the ones with the highest scores (mean score=15), presenting the greatest difficulties in the patients' functionality. From the HoNOS instrument (Post Test), measured on a scale from 0 to 4, those with the lowest score (mean score=5) show an improvement in all indicators, evidencing a better functioning of the person.

As can be seen in the table and graph, the post-test score increases, i.e. there is an improvement in cognitive function from 24.2 in the pre-test to 26 in the post-test.

From the MMSE instrument (Pretest), measured on a scale of 0-1, it is observed that the average corresponds to 24.25 points, with the highest score per category being Language with 27 points; while the category Memory is the one with the lowest score with 8 points. From the MMSE instrument (Post Test), measured on a scale of 0-1, it is observed that the average corresponds to 26 points, the highest score per category refers to Language with 36 points, while the category Memory is the one with the lowest score with 9 points, but higher than the pre-test.

4. Conclusions

The research was to determine the effectiveness of sheltered homes on global and cognitive functioning, according to the HoNOS and Minimental Scale (MMSE) in psychiatric patients. Type applied quantitative approach, quasi-experimental design, The population considered for the present study consisted of patients referred to the sheltered homes. There were 4 patients transferred, the sample corresponds to 100% of the population.

Sampling was by convenience, including all patients who met the inclusion and exclusion criteria, and a scale was used to measure global functioning in patients who met the inclusion criteria. There are three types of validity: content validity, construct validity and criterion validity. For the present research, the validation of the content was used, which consists of the instrument used to adjust the theoretical framework of the research, thus Corral (2009) used the following instruments:

The HoNOS (Health of the Nation Outcome Scales) evolution scale to measure global functioning in patients with mental disorders consists of 4 questions (behavioral problems), 2 (impairment problems), 3 (clinical problems) and 4 (social problems). The Minimental Test (MMSE), to assess cognitive impairment and mental status in the following aspects: temporal and spatial orientation, fixation, attention to calculation, recall and language. These instruments have been validated in their content in the specialty of Psychiatry. We proceeded to request the respective authorization to carry out this study in coordination with the Casas Hogares.

The study began by selecting patients to be referred to a sheltered home, who meet the inclusion and exclusion criteria, and do not present difficulties to participate in the research. The patients selected in

the Sheltered Home are evaluated through a Pre-Test, then they receive a Rehabilitation Program in the behavioral, cognitive and social aspects for an average of six months, with the purpose of recovering their autonomy and independence, willingness for their daily activities and subsequent family, community and society reintegration.

Finally, a post-test was applied, using the data recorded in the record card to measure the degree of evolution of the patients. The global functioning of the residents improved from an average of 15 points in the patients' pre-test to 5 points in the post-test, evidencing improvement in global functioning, accepting the null hypothesis (mean scores are different). The cognitive functions of the residents improved significantly, the cognitive deficits from an average of 24..25 in the pre-test to 26 in the post-test applying the Minimental scale (MMSE). Behavioral problems improved in patients in sheltered homes, with a reduction from 8 points in the pre-test to 2 points in the post-test. Social interactions improved in patients with mental disorders, from 5 points in the pre-test to 2 points in the post-test, with the residents of the sheltered homes being more sociable. Daily occupations and activities of daily living improved significantly from 5 points to 2 points according to the instrument used.

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