

26th Edition of International Conference on **Clinical Psychology and Neuroscience**
&
24th International Conference on **Neuroscience and Neurochemistry**

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The effect of the C.O.M.E program for people with mental and/or drug disorders to live a more independent life

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In Austria many service provider offers a home treatment service. However, in most concepts housing depends on treatment. The innovation of the home treatment service in Vorarlberg since 2015 is that the home treatment is separated from housing. The long term-study started in the year 2016 and includes 52 probands from four service providers which offer a home-treatment for people with mental or drug disorders and other social needs. Based on the theoretical foundation of Housing First and Treatment First we developed the C.O.M.E Program which contains Cooperation, Observation, Mutual-support and Evaluation. The focus of the study is to evaluate if the C.O.M.E Program supports the service provider in their (daily) care-work and secondly, if it detects the individual-focused care supports the clients to gain a life with more autonomy, increase permanent housing, decrease stays in hospital, improve a long-term mental stability and encourage them in the development of alternative assistance for mutual support. To implement the program it was necessary to introduce the service provider into the theoretical, differences and practical aspects of Housing First, Treatment First and the purpose of the C.O.M.E Program. A crucial part of the data collection is done by the assessment sheet which is scored at least one time a week and correspond with the hometreatment basic learning skills which the caregiver try to convey the clients. For further analysis the items of the assessment sheet are combined to four dimensions: household management, personal hygiene, activity (social), psychosocial-stability. Over a time-period of 40 weeks we found that continuous abstinence from drugs and alcohol is another important criterion for a better cooperation between client and caregiver, but it is not necessarily a requirement to get a care-giver-support. The execution is designed and conducted that the clients are demanded as much as possible and as less as necessary in their daily life. Finally, it is necessary to keep the contact, even if the client denies the contact.

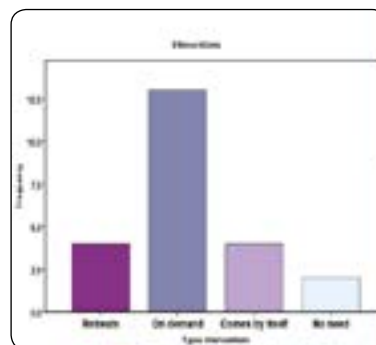


Figure 1: Shows on the y-axis the frequency of the Intervention or contacts of one client over a 40 week period. The x-axis describes the types of Interventions. In times of crisis,relapses or withdrawal, the care-giver increase the frequency of Interventions and hold at least contact on a low level.

Recent Publications

1. Pearson, C., Montgomery, A.E., Locke, Gretchen. (2009). Housing stability among homeless individuals with serious mental illness participating in housing first programs. In Wiley Inter Science [Electronic Version]. *Journal of community psychology*, 77 (3), 404-417.
2. S. E. Collins, D. K. Malone, S. L. Clifasefi and J. A. Ginzler, "Project-Based Housing First for Chronically Homeless Individuals With Alcohol Problems: Within-Subjects Analyses of 2-Year Alcohol Trajectories," vol. 102, no. 3, 2012.
3. Johnson, S. & Teixeira L. (2010). Staircases, Elevators and Cycles of Change – "Housing first" and other housing models for homeless people with complex support needs. London: Crisis. ISBN: 978-1-899257-63-8
4. Sahlin I (2002) The staircase of transition: survival through failure. *Innovation, European Journal of Social Research* 18(2):115-135.

JOINT EVENT

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5. Tsemberis S (2010) Housing first: the pathways model to end homelessness for people with mental illness and addiction manual. In *European Journal of Homelessness* 5(2):235-240.

Biography

Nikolaus Blatter Past Professional experience (2002-2015): Psychiatric-hospital Baumgarnter Höhe in Vienna; homeless-shelter in Vorarlberg; Supervisor of a small-care-unit for homeless clients with mental illness and drug diagnoses; Professional experience: Since 2015 he/she is working as Psychologist in the Government of Vorarlberg, Department for Community Psychiatry and Drug help. Working topics: individual case planning, detection from unmet-needs especially the support from severe mental ill clients in various treatment-sectors (homeless, community psychiatry, drug...); participation in the creation of the Vorarlberger-psychiatric-report. His/her research topics: as a PhD Student since 2016 to evaluate the home-treatment support in the federal state Vorarlberg; Detection of over-, under- and lack of supply in community psychiatry, drug help and adjacent areas (homeless, nursing...).

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