Introducing the Recovery-Star into a dual-diagnostic ward

Poster · January 2019

CITATIONS
0

READS
20

3 authors, including:

Solvej Mårtensson
Region Hovedstaden
21 PUBLICATIONS **166** CITATIONS
SEE PROFILE

Jesper Bak
Psykiatrisk Center Sct. Hans
18 PUBLICATIONS **110** CITATIONS
SEE PROFILE

Mental Health Center Sct. Hans, Capital Region of Denmark
Department M, ward 20

Mia Boholdt-Petersen RN[1]; Solvej Mårtensson MSc. PhD[2]; Jesper Bak, RN PhD [3]
1. Department M. Mental Health Center Sct. Hans. Capital Region of Denmark
2. Competence Center for Dual Diagnosis. Capital Region of Denmark
3. Clinical Mental Health and Nursing Research Unit, Capital Region of Denmark

Recovery Star in a dual-diagnosis ward

INTRODUCTION

The recovery-oriented practice was introduced to Psychiatric Centre Sct. Hans in 2014. Recovery was defined according to Shepherd´s definition as: “ *recovery is about building a meaningful and satisfying life, as defined by the person themselves, whether or not there are ongoing or recurring symptoms or problems”.* Working recovery-oriented involves focusing on the individuals ability to develop in connection with the support given, for example during treatment. In order to monitor the recovery process we chose to implement the Recovery Star (RS) in unit M20, in year 2014, which is part of department M. Department M specializes in treating patients whit severe mental illness combined with substance addiction or abuse (dual diagnoses). The RS is both an outcome measure and a dialogical tool where the patients together with staff evaluates 10 life areas (mental health management, physical health, self-care, etc), from 0 (worst) to 10 (best).

The aim of this part of the study is to investigate the effect of the recovery oriented practice by:

- exploring how the RS scores develops during admission, and
- estimating the influence of the background factors on the patient´s personal recovery

METHODS

All patients admitted to the ward, in the specified period, were asked to participate in the study. Patients filled in the RS, DUDIT-E, Robson, BAI, BDI-II at admission and discharge. The RS was additionally completed every month through the treatment, which on average last 3-4 month. Patients who answered more than one recovery star were included in the *preliminary* analysis of change from first to last recovery-score (figure 1). The development from the first to last recovery-score as well as the relationship between background variables and the initial total recovery score, the two dimensions trust and hope and addictive behavior were tested using a simple t-test (table 1). Differences between patients who only answered one recovery star and patients who answered more than one were likewise estimated using t-test.

RESULTS

From January 2017 to December 2018, has 107 patients been included in the study. In total these patients have answered 244 RSs. 84 patients answered more than one.

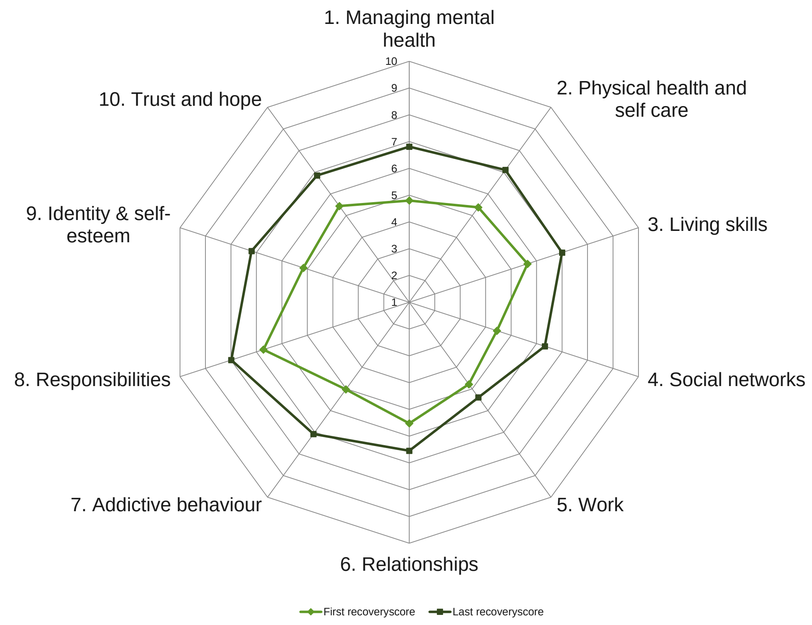

Figure 1: Comparison of average first and last recovery-scores

Figure 1 shows that on all dimensions of the RS the patients on average increased their score during the admission, all of these changes are significant. Analysis of the relationship between the background demographic information i.e. sex, age and education show that only patients with a bachelors degree or higher, scored significantly higher on the initial RS compared to their counterparts. There were no significant differences for the initial RS-score between patients in the different diagnostic groups. When looking at the other psychometric instruments and the initial RS-scores the results indicate that patients with a higher BDI score have a significantly lower total RS-score and a significantly lower score on the trust and hope dimension. Likewise for patients with a lower BAI who also scored significantly lower on the total RS score. Conversely for the Robson score were a higher score was related to a higher total RS-score. The initial RS-scores was not significantly related to the DUDIT motivational score. Patients who answered more than one RS did not score significantly different on the first RS compared to the patients who only completed one RS, but were significantly older and had on average initiated the drug addiction later than the patients who only answered one RS.

CONCLUSION

The preliminary results indicate that the patients on average improve on the recovery score during admission, however more data and more detailed analyses are needed.

Table 1. Associations between the first recovery-score and selected background variables (N=84)

Background variables		n	%	Total RS	Trust and hope	Addictive behaviour
Sex (n=84)	Male	55	65.5	5.2	5.6	5.1
	Female	29	34.5	5.4	5.4	5.0
Age (n=84)	<40	47	56.0	5.3	5.6	5.0
	>=40	37	44.0	5.3	5.3	5.1
DUDIT-E, Motivational index (n=68)	<11	49	72.1	5.1	5.4	5.3
	>=11	19	27.9	5.6	5.6	4.8
BDI, Beck Depression Inventory (n=80)	<27	40	50.0	5.7	6.2	5.4
	>=27	40	50.0	5.0*	4.7*	4.7*
BAI, Beck Anxiety Inventory (n=83)	<23	41	49.4	5.6	5.5	5.4
	>=23	42	50.6	5.0*	5.4	4.7
Robson, Robson Self Concept Questionnaire (n=80)	<103	35	43.8	4.7	4.8	4.5
	>=103	45	56.3	5.7*	5.9	5.4
BTQ, Brief Trauma Questionnaire (n=84)	<2.5	52	61.9	5.3	5.5	5.1
	>=2.5	32	38.1	5.3	5.4	4.9
Age of debut (addiction) (n=83)	<25	61	73.5	5.3	5.6	5.1
	>=25	22	26.5	5.2	5.1	4.7
Education (n=84)	Below bachelor	65	77.4	5.1	5.2	4.9
	Bachelor or above	19	22.6	6.1*	6.4*	5.4
Main diagnose at admission (n=84)	F1	6	7.1	6.2	6.5	5.2
	F2 (ref)	28	33.3	5.2	5.4	5.1
	F3	19	22.6	5.3	5.7	4.9
	F4	5	6.0	5.1	6.2	5.4
	F6	25	29.8	5.2	5.0	4.9

Note. * p-value <0.05. Total RS, trust and hope, and addictive behaviour are mean values.

Contact: Mia.boholdt-Petersen@regionh.dk