CLINICIANS' VIEWS ABOUT REHABILITATION AND RECOVERY: CARE PLANNING AND PRACTICES

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Background

Traditionally, clinical measures of current mental health have **not** included "*assessment of those aspects consumers identify as indicative of* (psychological) *recovery*", such as "o*ptimism, self-determination, resilience, positive identity*" (Andresen et al., 2010).

However, despite variations in terminology within the mental health literature, a consensus is starting to emerge that seeks to strike a better balance between "***clinical recovery***" (e.g., symptom reduction, relapse prevention, risk management) and "***personal recovery***" (e.g., promoting social and personal identity, goals, hope, and responsibility) (Slade, 2010).

In view of the considerable variation in individual recovery pathways, as Slade (2010) notes, "*there cannot be a single recovery model for services*" – furthermore, "*what promotes recovery at one time*" (e.g., active involvement from services) "*may hinder recovery at another*".

More generally, there have been calls "*to ground the concept of recovery in a scientific base*" (Silverstein and Bellack, 2008). Within the Australian context, there have also been preliminary attempts to assess the value of existing recovery measures for routine use in mental health services, both as tools for "*monitoring recovery status and change*" (by individual consumers), and the "*recovery orientation of services*" (Burgess et al., 2011).

Locally, we have begun to explore the utility of the Mental Health Recovery Star (MacKeith and Burns, 2010), both as an assessment and recovery planning tool for working with individuals, and as a framework for examining clinicians' current views and practices.

Service evaluation: The opening of a new Intermediate

Table 1: Key aspects of the survey of mental health clinicians included in this presentation

Selected questions from: Rehabilitation and Recovery Survey	Recovery Domains
Importance for Care Planning **(Question 10)** "*In developing care plans for clients, how much importance does your unit/service place on each of the following recovery domains*?" **Perceived impact of current treatment practices (Question 9)** "*How much impact (for clients) do you feel our current treatment practices are likely to have on each of these recovery domains*?" **Rating scale:** 1: None 2: Some 3: Moderate 4: Considerable 5: High **Choice of recovery domains:** Several survey questions were framed in terms of the ten recovery domains used in the Mental Health Recovery Star client/clinician assessment and recovery planning tool, which was developed in the UK by **Triangle Consulting** and is available for use under a Creative Commons licence (see **www.outcomestar.org.uk**)	**Managing Mental Health** (e.g. managing symptoms & encouraging self-reliance) **Self-care and Physical Health** (e.g. managing physical health & self-care) **Living Skills** (e.g. ability to live independently, shop, cook, clean, budget) **Social Networks** (e.g. encouraging participation and community activities) **Work** (e.g. full or part-time work, studying or volunteering) **Relationships** (e.g. developing closeness with family, friends or partner) **Addictive Behaviour** (e.g. developing coping strategies to reduce potential harm) **Responsibilities** (e.g. self-managing daily responsibilities - i.e. bills, neighbours) **Identity and Self Esteem** (e.g. liking who they are, satisfying sense of self) **Trust and Hope** (e.g. having a sense of hope, and trusting in self and others)

Extracted from ASPR 2011 poster presentation (Dunedin NZ, Dec 5-8, 2011)

Stay Mental Health Unit (**ISMHU**) within our region [i.e., a 20 bed, recovery focussed, non-acute unit, with a projected average stay of 6 weeks], and our desire to evaluate its short- to medium-term characteristics and impact, prompted us to undertake a multi-component service evaluation project. This project began with an online "Rehabilitation and Recovery Survey" of regional mental health staff, which included several items that were framed in terms of the ten domains within the Mental Health Recovery Star (see **Table 1**). Of primary interest here were questions about the **importance** of these recovery domains **for care planning** (Q. 10), and the **perceived impact of current treatment practices** on these recovery domains (Q. 9).

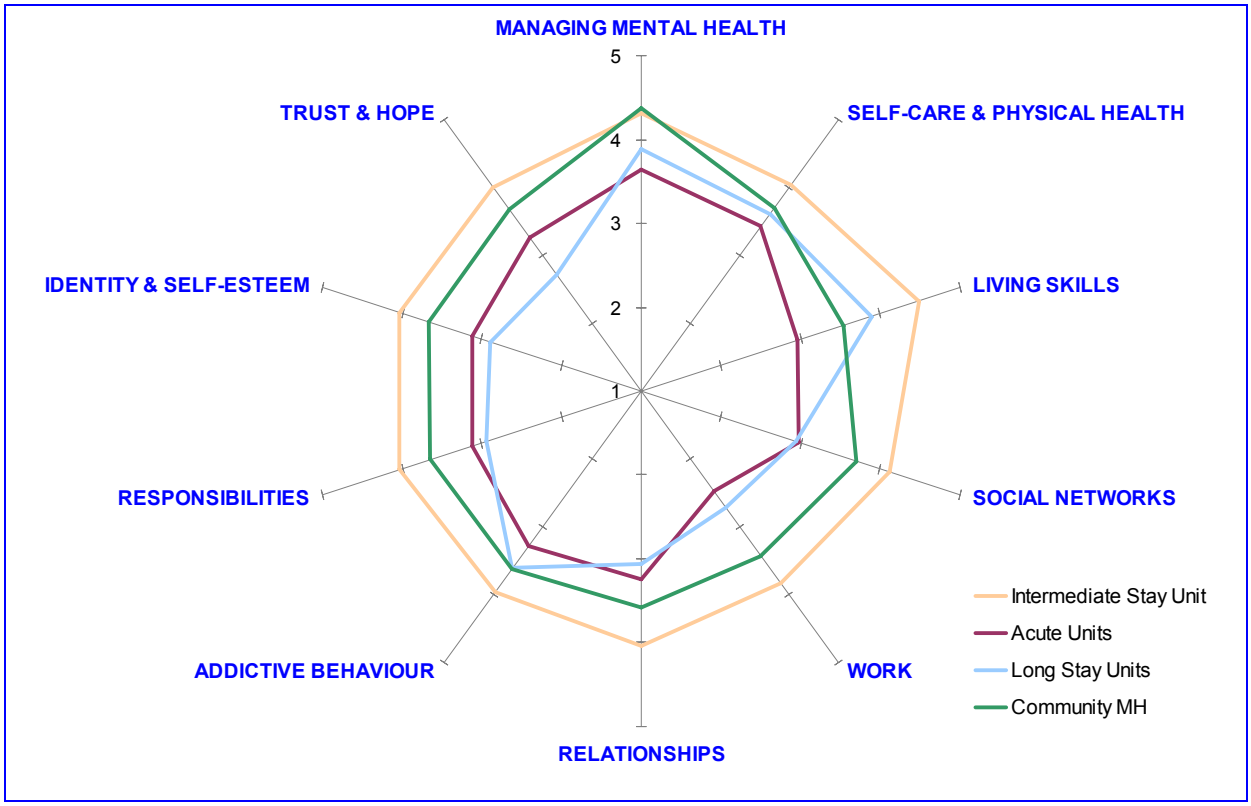
Methods

An online (Zoomerang) survey was conducted during April/May 2011 to give MH staff an opportunity to express their views on rehabilitation and recovery and the new unit (ISMHU). Survey respondents **in clinical roles** (N=164) were: predominantly female (76.2%); with a mean age of 44.7 years; working in a nursing (45.1%), allied health (40.2%), or medical/director role (14.6%); with five or more years experience in psychiatric rehabilitation (51.8%). They were divided into four sub-groups based on their primary work location – Intermediate Stay Unit (N=25), Acute Units (N=42), Long Stay Units (N=18), or Community MH (N=79).

Results

Mean ratings by sub-group of the importance of each of the ten recovery domains for care planning are displayed in **Figure 1**. Based on a series of one-way ANOVAs, with Scheffé follow-up tests, there were statistically significant sub-group differences on all but two of the domains (i.e., self-care and physical health, and addictive behaviour). *Relative to ISMHU clinicians*, those based in Acute and Long Stay units rated six domains as **less important** for care planning (i.e., living skills, work, social networks, responsibilities, identity and self-esteem, and relationships); clinicians in the Acute Units also gave lower ratings to managing mental health, while those in the Long Stay units rated trust and hope as less important; Community MH clinicians only differed from ISMHU clinicians on one domain, rating living skills as less important.

Figure 1: Rated importance of ten recovery domains for care planning: comparisons between mental health clinicians from four different types of units/services (rating scale: 1 – *None,* to 5 – *High*)



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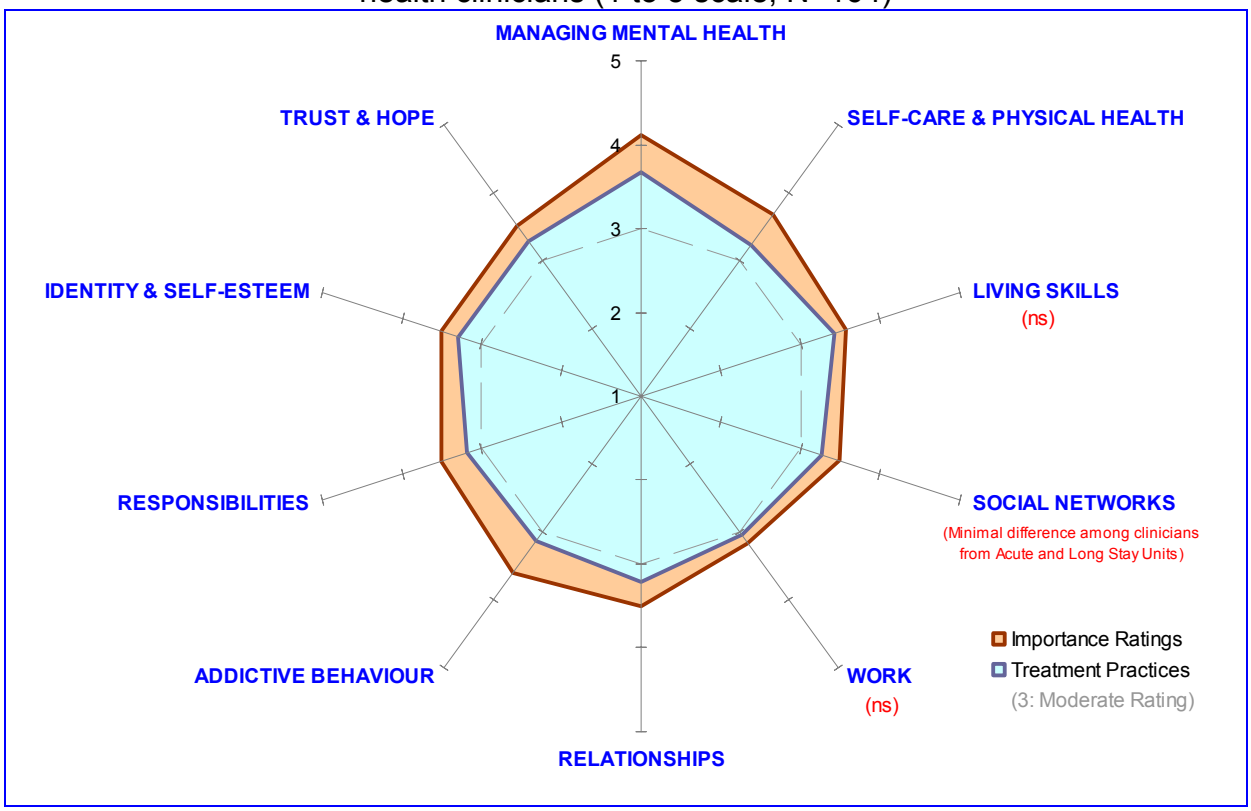
A preliminary examination of sub-group differences in the perceived impact of current treatment practices on each of the recovery domains revealed a comparable profile to that reported in **Figure 1** – that is, while current practices tended to receive lower overall ratings (on the five-point scale) relative to the corresponding importance ratings, the sub-group differences were largely maintained. However, overall importance and perceived impact ratings were similar for the living skills and work domains, and also for the social networks domain, but only for clinicians from the Acute and Long Stay units (see **Figure 2**). For most domains, mean perceived treatment impacts were rated as Moderate (3.05 to 3.29), with living skills (3.43) and managing mental health (3.67) receiving the highest ratings in terms of their likely impact for clients.

Figure 2: Overall importance of ten recovery domains for care planning *versus* the perceived impact of current treatment practices on those domains: mean ratings by mental health clinicians (1 to 5 scale, N=164)



Conclusions

- Arguably, based on the initial survey findings, there appears to be reasonable variation within our services in the "*recovery orientation*" of clinicians.

- Perhaps not surprisingly, clinicians affiliated with our new Intermediate Stay unit tended to view all of the identified recovery domains as important for care planning; however, they only differed from Community MH clinicians in the importance attached to living skills.

- Many of the recovery domains associated with the largest differences between the clinician sub-groups could be viewed as elements of "personal recovery" (e.g., work, social networks, responsibilities, identity and self-esteem, relationships, and trust and hope) – suggesting that a greater (service-wide) emphasis may need to be placed on these domains.

- The ten domains extracted from the Mental Health Recovery Star appear to provide a useful basis for examining recovery (at both an individual and a service level).

- **Limitations:** Modest participation levels and a potential for response bias associated with survey completion by more motivated staff; furthermore, only a subset of survey questions are reported here.

- Evaluation projects, such as the current one, improve our understanding about the attitudes, needs and expectations of clients and clinicians, and, thereby, help us to make better informed decisions about services.

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