recovery, nursing, consumers' experiences

Research into Recovery Network
IOP, KCL November 2013
Dr Bridget Hamilton
University of Melbourne

3 practice evaluations:

- **consumer views of case management with the Strengths Model** in sesidential & MST teams in 2011
- **WRAP/daily maintenance plan in acute psychiatric unit** of St Vincent's in 2013
- **evaluation of the Nursing and Midwifery Health Program** in Victoria in 2012

practice
experience
recovery

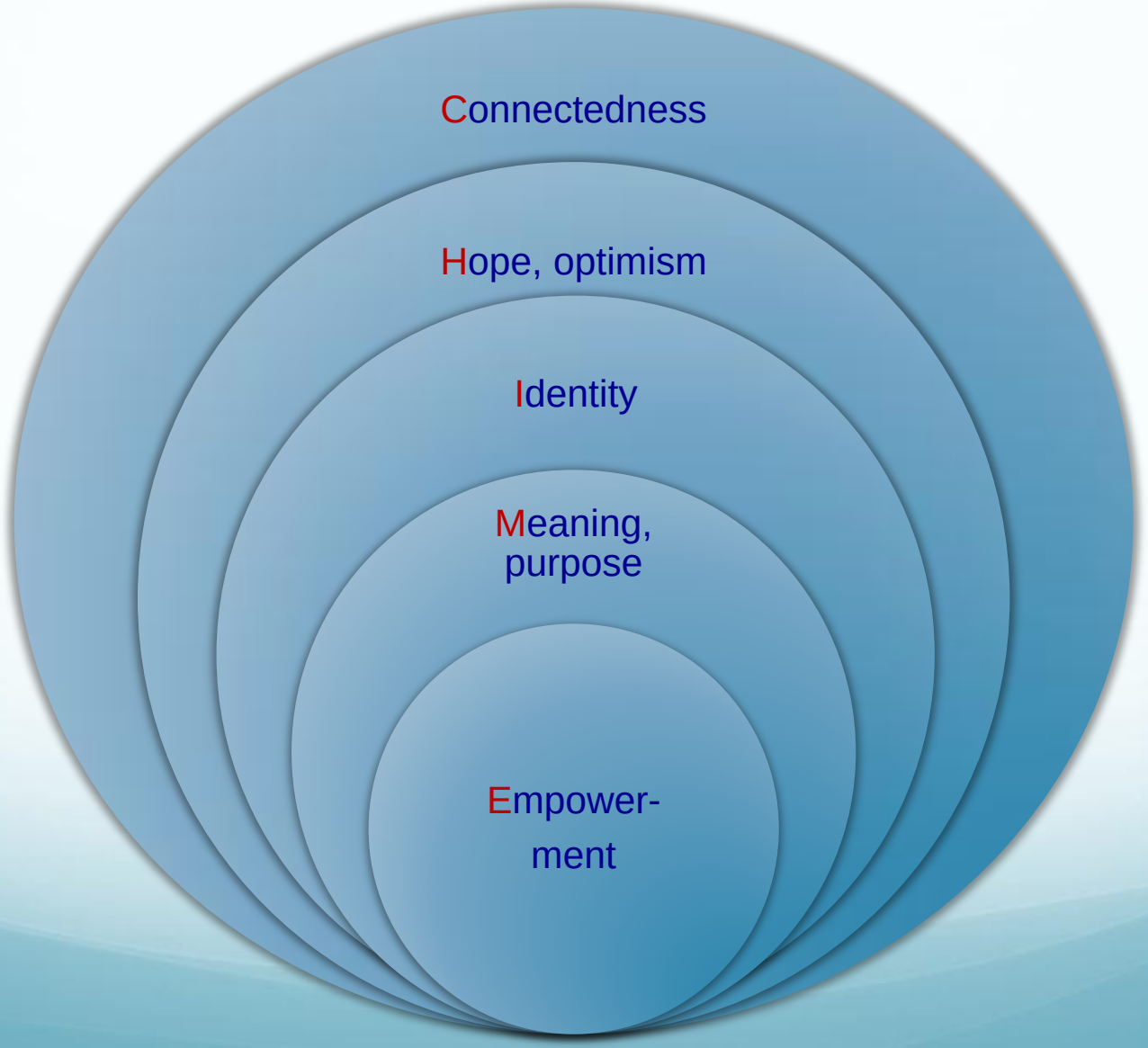
recovery?

…as defined in Australian Policy:

A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of psychiatric disability.

…from the Glossary in *National Standards for Mental Health Services* (2010), p39

recovery elements: *Leamy et al 2011*



recovery-oriented (nursing) practice?

philosophy & intention

practices …as judged by whom?

experiences of being assisted/supported towards recovery

defining Recovery Oriented Practice as **whatever practitioners do that might add to people's experiences of CHIME**

recovery-oriented (nursing) practice?

= whatever might add to **people's experiences of CHIME**

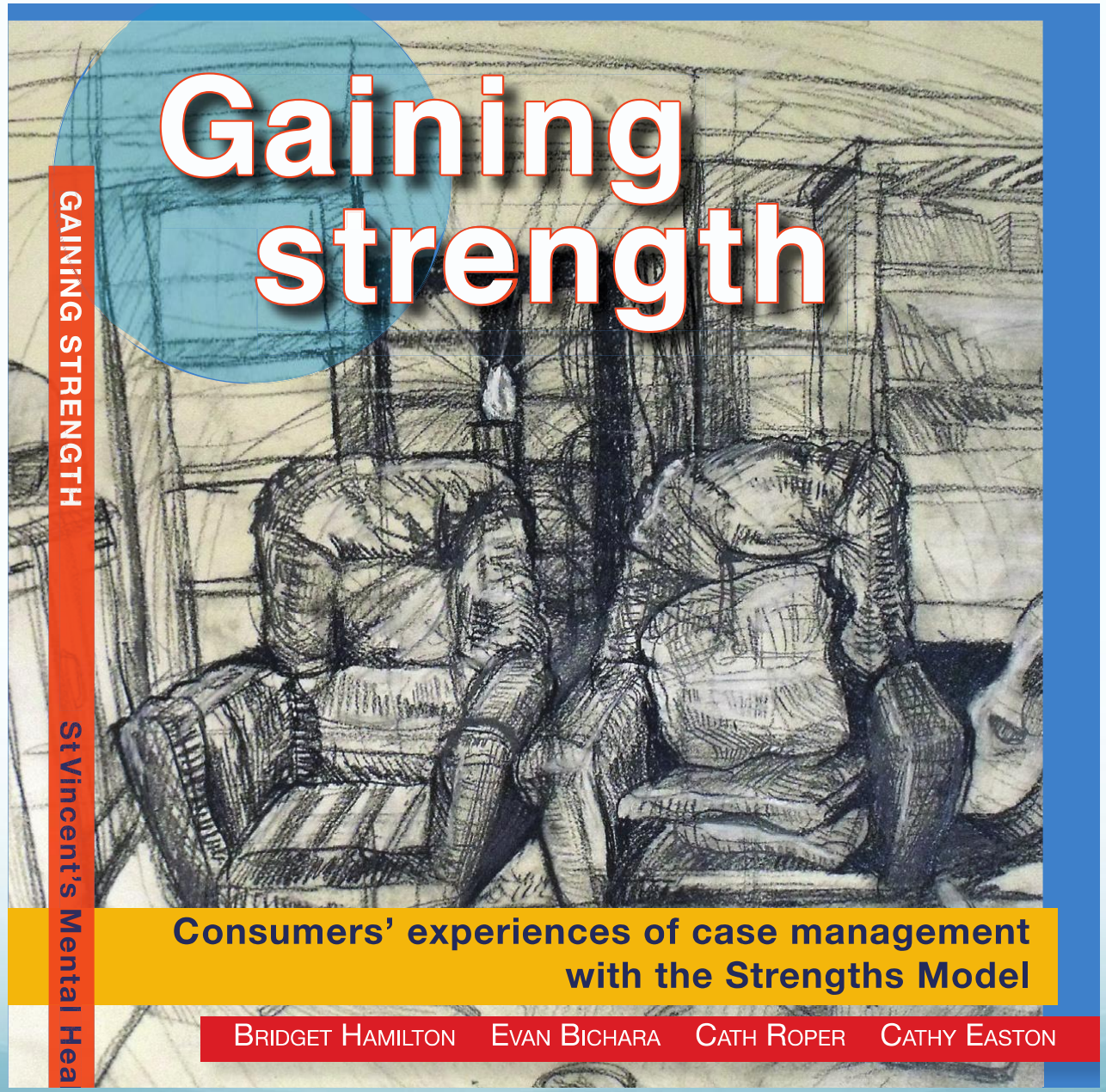
Formal/published approaches & tools:

- Tidal model
- Wellness Recovery Action Planning = WRAP
- Strengths approach to assessment & goal planning
- Safewards interventions?
- REFOCUS?
- Peer support – active linkage with

- …your other ideas?

practice
experience
recovery

recovery oriented practice?


Gaining strength
GAINING STRENGTH
St Vincent's Mental Hea
Consumers' experiences of case management with the Strengths Model
Bridget Hamilton Evan Bichara Cath Roper Cathy Easton

experiences of nursing (1)

- Valued relationship characteristics: when we are warm, genuine, able to listen, optimistic, respectful
- Every participant spoke of this

Evan:…what is it like to have a case manager?

Andrew: Well you know I think it's a good thing to have somebody who's, you know, able to listen to you and respect your needs.
(p79)

Tom: She's become like a genuine friend, …whatever my issues are at the time, whether they be personal or whatever, she doesn't judge and stuff, which is important.
(p125)

experiences of nursing (2)

- Valued roles: when we are accessible, contactable, practically helpful
- Most participants valued this the most

Evan:…what is it like to have a case manager?...

Elizabeth: Oh its wonderful, somebody to lean on, to tell your troubles to, somebody that cares for you, and somebody that does a good job in helping you out. (p96)

Marcus:…they have helped me get my life back on track in a way, like I had parking fines, and they helped (p47)

experiences of nursing (3)

- Skills to push, to coach or to motivate
- 7/20 consumers talked about this, what was helpful & not so helpful

Ingrid: She wouldn't press it, you know, she'd give me the opportunity to decide for myself whether it was actually something I wanted to do (like quitting smoking dope) (p35)

Tina: I have to say though in terms of the Strengths Model, and that's what my second case manager's doing, I didn't think I could be able to handle it, nor would I want to at the beginning. …If I had someone almost I felt was pushing me at a time where I couldn't be pushed (p69)

experiences of nursing (4)

- Skills to push, coach or motivate

Yan: He's given me a boost.

Evan: how has he done that?

Yan: Just nice compliments & stuff, yeah.

Cathy: What would make him better than other ones (case managers)?

Yan: He just goes around things better. He's good at motivation & stuff.

Cathy: So how does he motivate you?

Just compliments & stuff. Yeah, sort of a bit of pushing as well, which is good.

experiences of nursing (5)

- Experiences of practice impeding recovery

Evan: What is it like to have a case manager?...

Amon: Terrible. …Terrible to have people apart from those who have your interests at heart deciding things about you (p87)

Evan: how could she improve?

Tom: she was more like for the medication. She was stressing more on the medication and less on the self-improving and looking on the positive side of things (p107)

is this recovery oriented?

- fidelity with Strength Model
  - overall strong results
  - pushing can be goal striving …or something else
  - clinical focus pose challenges
  - coercive flavour is low point
- CHIME–ing quite nicely in parts

recovery oriented practice?

RAPP • GOSCHA
THE STRENGTHS
THE STRENGTHS MODEL

Strengths Model: fidelity measurement

services. services health services

Hope-Inducing Behaviors

Item #11: Case Managers exhibit hope-inducing behaviors when interacting with people receiving services or other staff.

	1	2	3	4	5
11a) Case managers exhibit hope-inducing behaviors in the following areas: • Interactions at group supervision. • Interactions with clients in the field. • Language in progress notes • Responses to interview questions	None of the case manager behaviors clearly reflect hope-inducing behaviors	The minority of case manager behaviors clearly reflect hope-inducing behaviors		The majority of case manager behaviors clearly reflect hope-inducing behaviors	All of the case manager behaviors reflect hope-inducing behaviors
11b) Supervisor exhibits hope-inducing behavior	None of the supervisor's behaviors clearly	The minority of the supervisor's		The majority of the	All of the supervisor's

practices in acute services

Aims

- identify features of recovery oriented practice in patient records
- assess fidelity of documentation with Strengths Model

Method

- qualitative & quantitative audit of WRAP & other documents
- fidelity with “hope inducing language” (as per Appendix 2, R&G 2012)

Fidelity Scale, Item 11

- “Case managers exhibit hope inducing behaviours when interacting with people receiving services or other staff”

details of hope inducing behaviours (appendix II)

- building hope
- treating people with respect
- focusing on the positive
- celebrating success
- close assistance, advocacy
- working towards goals
- promote choice
- education
- future beyond the treatment system

St.Vincent's Acute Inpatient Services

fidelity audit tool – 7/20

Bed	Day Post Adm	WRAP Y/N	Notes	1 Tone (hopeful /other)	2 respect	3 positive	4 celebrate	5 practical advocate	6 ww goals	7 choice	8 educat'n	9 future beyond
G1												
2												
3												
4												
5PB	14	Offered, blank		0	1	0	0	0	1= to exit	1	2	1
6												

Notes: First admission

1. Tone: Cautious, reserved, sober, understated

story in a patient file on day 14

- 157 pages (single & double side)
- bulky with **standard forms**, registrations, legal tests & results
- **recovery related forms** were all blank
- **checklists**: FEP, admission, discharge
- 1/5 is **progress notes**, mainly nurses & doctors writing
- tone is cautious, measured
- PBs wishes in verbatim phrases
- bundle of risk assessments at the very back

is this recovery oriented?

- No

- traces to be found
- burden of de-personalised activity, bio-workup
- alliance through FEP psycho-education, navigating the system, a single goal to exit
- respectful standoff - is this intrinsic to involuntary admission?

recovery oriented practice?

Evaluation of the Nursing and Midwifery Health Program

Final Report – December 2012

Produced by Dr Bridget Hamilton & Dr Rachael Duncan

nurses / consumers

- NMHP, for nurses with mental health or substance use problems
- alternative-to-discipline model
- evaluation commissioned at 6 years of operation
- mixed methods outcome evaluation
  - mapped Program Logic
  - routine case-based data, health promotion data
  - anonymous feedback surveys (N=125)
  - focus groups with clients, employers & regulators
  - activity, health & work outcomes, experiences

evaluation findings

Referral

- self (75%), employers/colleagues (16%), regulator (9%)

Service

- individual & group support (647 nurses)
- case management (31% nurses)

Outcome

- work (79% of case-managed nurses)
- experience: Relationship, understanding & practical assistance

I found the program invaluable, as I didn't feel ashamed, embarrassed or degraded when I was at my lowest and extremely vulnerable. …my professionalism and inner strength were maintained, knowing that I wasn't the only nurse in this situation

value of peers for hope, connection, identity, empowering

- Without this group I don’t think I could be so successful in my recovery
- How helpful it was to to speak with another nurse who knows this industry and how challenging it can be at times
- At one meeting someone brought up having no structure in their life and I realised I didn’t either. …I am starting to get some structure back in my life

practice
recovery
as work
as wellbeing
experience

References

Bettinardi-Angres, K., Pickett, J., & Patrick, D. (2012). Substance Use Disorders and Accessing Alternative-to-Discipline Programs. *Journal of Nursing Regulation, 3*(2), 16-23

DoH Victoria (2011). Framework for Recovery Oriented Practice. Accessed at :www.health.vic.gov.au/mental health

Hamilton, B., Bichara, E., Roper, C., & Easton, C. (2012). *Gaining Strength: Consumers' experiences of case management with the Strengths Model*. Melbourne: St Vincent's Health, Victorian Department of Health.

Hamilton, B. and R. Duncan (2012). *Evaluation of the Nursing & Midwifery Health Program: Final Report*. Melbourne, Victoria, University of Melbourne: i-xiii, 1-59.

Higgins, A., Callaghan, P., deVries, J., Keogh, B., Morrissey, J., Nash, M., . . . Carter, T. (2012). Evaluation of mental health recovery and Wellness Recovery Action Planning education in Ireland: A mixed methods pre-postevaluation. *Journal of Advanced Nursing, 68*(11), 2418-2428.

Leamy M, Bird V, Le Boutillier C, Williams J, Slade M. (2011). A conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. British Journal of Psychiatry. 199, 445-52.

Scott, A., & Wilson, L. (2011). Valued identities and deficit identities: Wellness Recovery Action Planning and self-management in mental health. *Nursing Inquiry, 18*(1), 40-49.

Smith-Merry, J., Freeman, R., & Sturdy, S. (2011). Implementing recovery: an analysis of the key technologies in Scotland. *International Journal of Mental Health Systems, 5*(1), 11.