



Cross-national comparative study of recovery-focused mental health care planning and coordination (COCAPP)

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- The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the HS&DR Programme, NIHR, NHS or the Department of Health.

Research question

- What components need to be in place in order to ensure that care planning and coordination for people with mental illness are personalised, collaborative and recovery-focused?

Background

- In England the care programme approach (CPA) is the key vehicle for the provision of recovery-focused, personalised, collaborative community mental health care...
- ...and in Wales, with a new 'Mental Health Measure' statutory framework, it is now care and treatment planning

Recovery and personalisation

- *Recovery and personalisation in combination mean practitioners tailoring support and services to fit the specific needs of the individual; individuals taking more control over their condition and lives; and enabling social integration through greater involvement of local communities.*

Background

- There is limited evidence re: implementation of care planning and coordination as per policy aspirations
- Evidence suggests:
 - wide variation in implementation
 - lack of collaboration or personalisation
 - not recovery focused

Aims

- Identify and describe the basis for and the individual components of effective, recovery-focused, care planning and coordination for people with severe mental illness.
- Examine the interrelationships between these components and how they may interact to exert an impact on patient outcomes.

Study objectives

- ✓ Review the internationally published literature around recovery-oriented care coordination.
- ✓ Case-studies - Ask people with severe mental illness who access community mental health services about the services that they receive.
- ✓ Ask service users, informal carers, practitioners and managers what they think of the processes and what potential improvements could be made in line with a personalised, recovery-oriented focus.

Study objectives

- ✓ Measure perceptions of recovery-oriented practices (Service users and staff).
- ✓ Measure views of empowerment and the therapeutic relationship (Service users and staff).
- ✓ Identify appropriate methods, measures and processes to evaluate personalised recovery-focused care planning and coordination and improve patient outcomes.

Design

- Cross-national comparative study of recovery-focused mental health care planning and coordination
- Two phase, mixed methods
- To produce theoretical and empirical evidence to inform future intervention study

Phase 1: policy and literature

- Meta-narrative mapping of current mental health care planning and coordination literature (Greenhalgh et al 2004)
 - how the topic is conceptualised in different research traditions; key theories; preferred study designs and approaches; main empirical findings
- Comparative analysis of policy and services across England and Wales

Phase 2: case studies

- 4 NHS Trusts (England) and 2 Health Boards (Wales) (May 2013-March 2014)
 - Documentation (policies, audits, reports)
 - Officially collected data (numbers under CPA/CTP; caseload size, etc)
- Questionnaires (400 service users, 200 care co-ordinators)

Questionnaires

- **Recovery Self Assessment Scale (RSA) (O’Connell et al 2005)**
 - The RSA is designed to measure the extent to which recovery oriented practices are evident in services. It is a 36-item self-administered questionnaire with service user, family/carer and provider versions.
- **The Scale To Assess the Therapeutic Relationship (STAR) (McGuire-Snieckus et al 2007)**
 - specifically developed, brief (12-item) scale to assess therapeutic relationships in community psychiatry with good psychometric properties
- **The Empowerment Scale (ES) (Rogers et al, 1997)**
 - 28-item questionnaire with five distinct sub-scales: self-esteem, power, community activism, optimism and righteous anger. Empowerment is strongly associated with recovery and this is the most widely used scale.

Phase 2: case studies

- Interviews
 - 12 Senior managers (2 per site)
 - 30 Senior practitioners (5 per site)
 - 36 Care coordinators (6 per site, from one CMHT)
 - 36 Service users (6 per site, from one CMHT) and 36 Care Plan Reviews
 - 24-36 Carers (4-6 per site, from one CMHT)

Service user involvement

- Alison Faulkner, service user researcher, as a co-applicant
- Proposal developed with the help of SUGAR, City University
- Lived Experience Advisory Group
- LEAG representatives on Project Advisory Group

Service user involvement

- 4-6 service user research assistants (SURAs)
- SURAs to play key role in the project (recruiting, interviewing)
- LEAG and SURA opportunities being managed with the help of *Involving People* in Wales and MHRN

Progress to date

- REC approval obtained
- Adopted by MHRN and MHRN-C
- Study sites in place
- R&D/SSI approvals in process
- Research Assistants in post in London and Cardiff

Progress to date

- Regular project planning meetings held
- PAG established and second meeting about to take place
- 12-member LEAG established and third meeting about to take place
- Recruiting SURAs now
- Literature review and comparative policy analysis underway
- Data collection starts May

Analysis

- Meta-narrative mapping and comparative analysis (from January 2013)
- Analysis from case study sites (from May 2013 to June 2014)
 - Qualitative analysis ongoing throughout data collection period
 - Quantitative analysis from January 2014

Analysis

- Analysis of care planning, coordination, recovery and personalisation at different 'levels' (macro/meso/micro)
- Analytic connections to be made within, and across, these different levels
- Final report due late summer 2014

Plans for dissemination

- COCAPP Weblog – come very soon!
- Different outputs for different audiences (e.g., open access peer review paper, accessible summaries for managers, summary papers for users, carers, practitioners)
- Distribution via Mental Health Nurse Academics, NHS Confederation Mental Health Network, Mental Health and Learning Disabilities Nurse Directors and Leads Forum, MHRN/MHRN-C and via others recommended by the PAG

Information

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