

The PULSAR study – Year 1

Working together with shared values
towards recovery-oriented practice -
Principles Unite Local Services
Assisting Recovery (PULSAR)

CI: Professor Graham Meadows

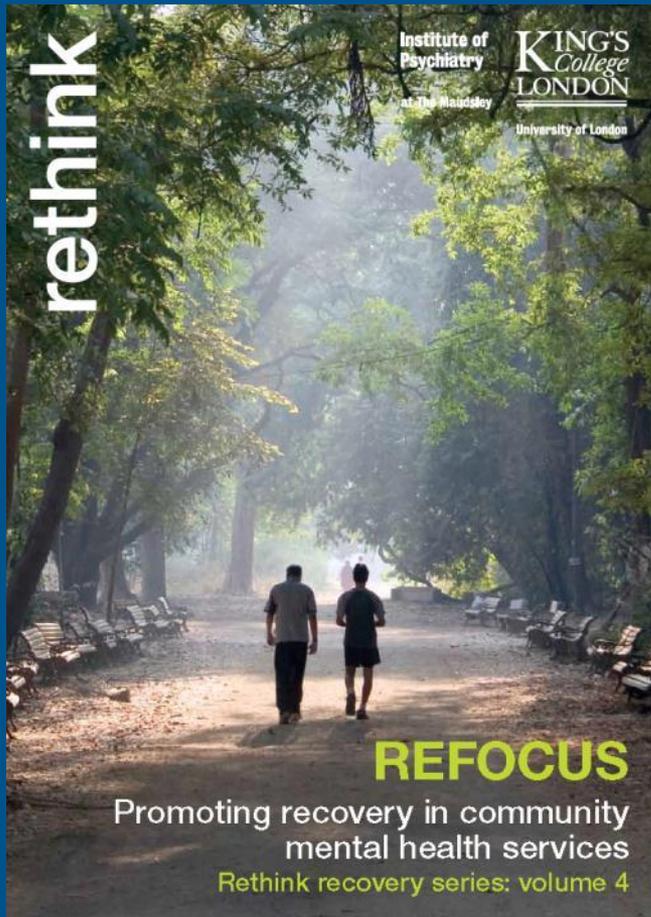
Melbourne



PULSAR project

- **Aims to promote Recovery-Oriented Practice involving community mental health services, primary care and the community managed sector within the Monash Health catchment, Melbourne, Victoria**
 - Implementation of recovery oriented practice, specifically the REFOCUS intervention, within the Victorian mental health care context
 - Delivery and evaluation of training across primary and secondary community care sectors to facilitate their working together to successfully deliver recovery oriented services





INTERVENTION

- Recovery-promoting relationships**
Staff values and knowledge, coaching skills, partnership
- Working practices**
 1. Understanding values and treatment preferences
 2. Strengths assessment
 3. Supporting goal-striving



PRACTICE CHANGE

Team Values	More pro-recovery norms and values within the team
Individual Values	More pro-recovery values in workers
Knowledge	More knowledge about personal recovery
Skills	More skills in coaching and the three working practices
Behavioural intent	Plan to use coaching and implement the three working practices
Behaviour	More use of coaching and the three working practices



EXPERIENCE OF PERSON USING THE SERVICE

Content	More experience of coaching. More focus on strengths, values and goal-striving
Process	More support for personal recovery



OUTCOME FOR PERSON USING THE SERVICE

Proximal	Increased hopefulness, empowerment, quality of life, well-being
Distal	Improved personal recovery

PULSAR - Administrative & coordination structures

- **Steering Group**
- **Project Implementation Group**
- **Task Groups**
 - Adaptation
 - Implementation
 - Research
 - Dissemination



Project employed staff

Staff	Role(s)
Ms Karen Braga	Administration
Ms Annie Bruxner	Fieldwork development /coordination
Dr. Joanne Enticott	Research design
Mr John Julian	Training/project management
Ms Debbie Lang	Administration
Dr. Mehmet Ozmen	Data management
Dr. Frances Shawyer	Fieldwork development /coordination
Dr. Shiva Vasi	Fieldwork development /coordination



Module 1: Adaptation

- **Adapting REFOCUS training materials to take account of local cultural, legislative and service contexts**
 - Consultations re potential barriers or challenges to delivering the training in secondary care settings
 - > Workshops with secondary community service staff and GPs
 - > Service user/consumer co-facilitation
 - Lived experience input to training material development
 - Consultations with REFOCUS team



Modules 2 and 3

- **Module 2 – Implementation**
 - Delivery of training
- **Module 3 – Research**
 - Randomised controlled trial
 - Nested qualitative research



The planned stepped-wedge cluster randomised controlled trial

- Fourteen clusters (sites) of **specialist care mental health services** within the Monash Health catchment will be randomised to receive the PULSAR intervention
 - at either step 1 (7 clusters) or, 12 months later, at step 2 (7 clusters).
 - randomisation will occur in July 2014 and sites notified.
- Data collection consists of:
 - a light minimum data set collected from volunteer consumers at three time points: baseline (T0: prior to step 1 intervention), end of year 1 (T1: prior to step 2 intervention), and end of year 2 (T2).
- A nested incomplete step-wedged design will involve:
 - a subset of participants providing a full data set at the two assessment time points pre and post intervention for their particular study cluster, either (T0, T1) or (T1, T2).
- To ensure that cluster types are balanced in step periods, stratified randomisation will be applied.



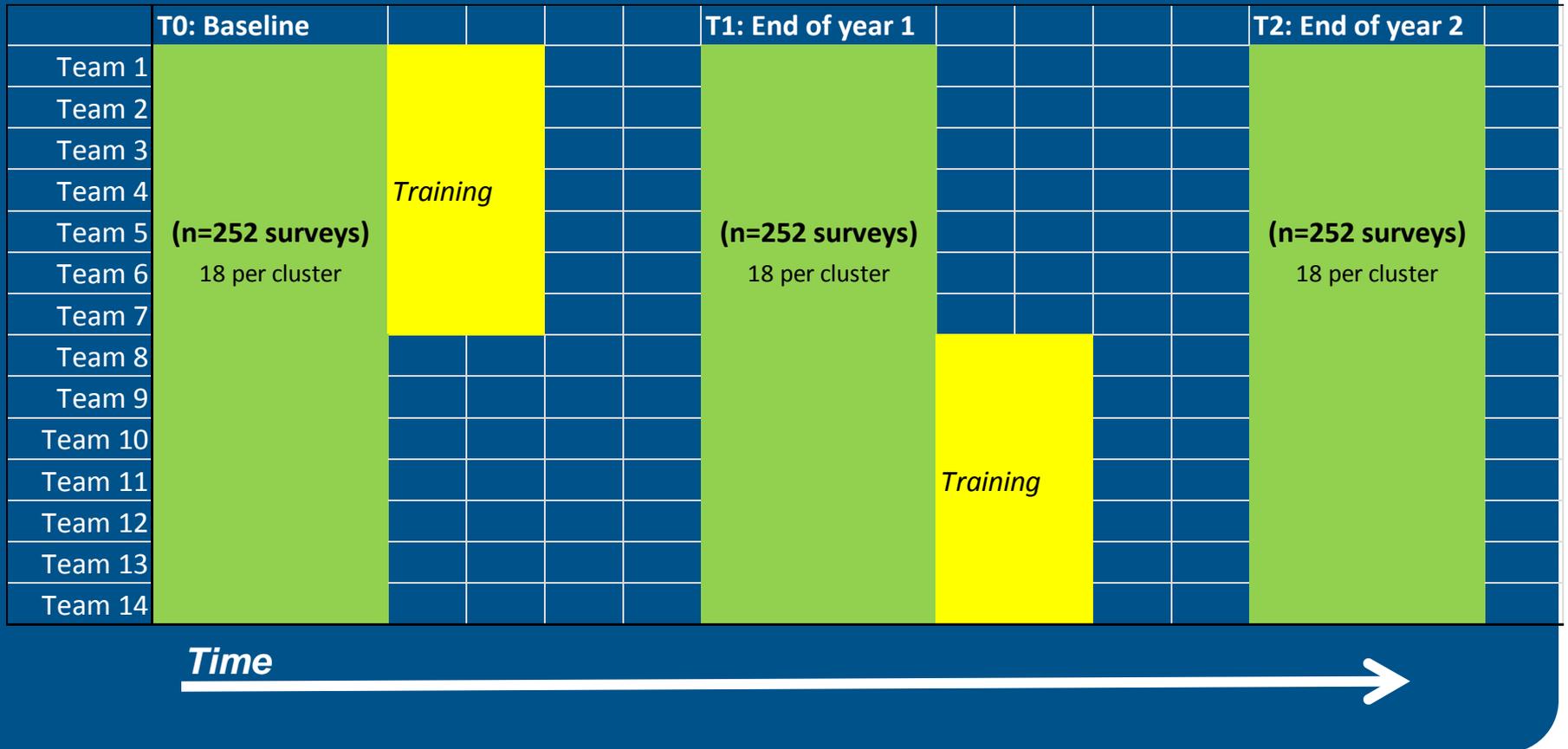
Design overview – 3 streams

Stream	Data	Design element
Stream 1 Light data	questionnaire posted	A cross-sectional survey (design: stepped-wedge, complete, 2-steps)
Stream 2 Full data	one face-to-face interview	Cross-sectional measures collected during one face-to-face interview (design: stepped-wedge, incomplete, 2-steps)
Stream 3 Full data	two face-to-face interviews	Longitudinal study involving a face-to-face interview at 2 time points that are 1-year apart (design: pre-post intervention or stepped-wedge, incomplete)



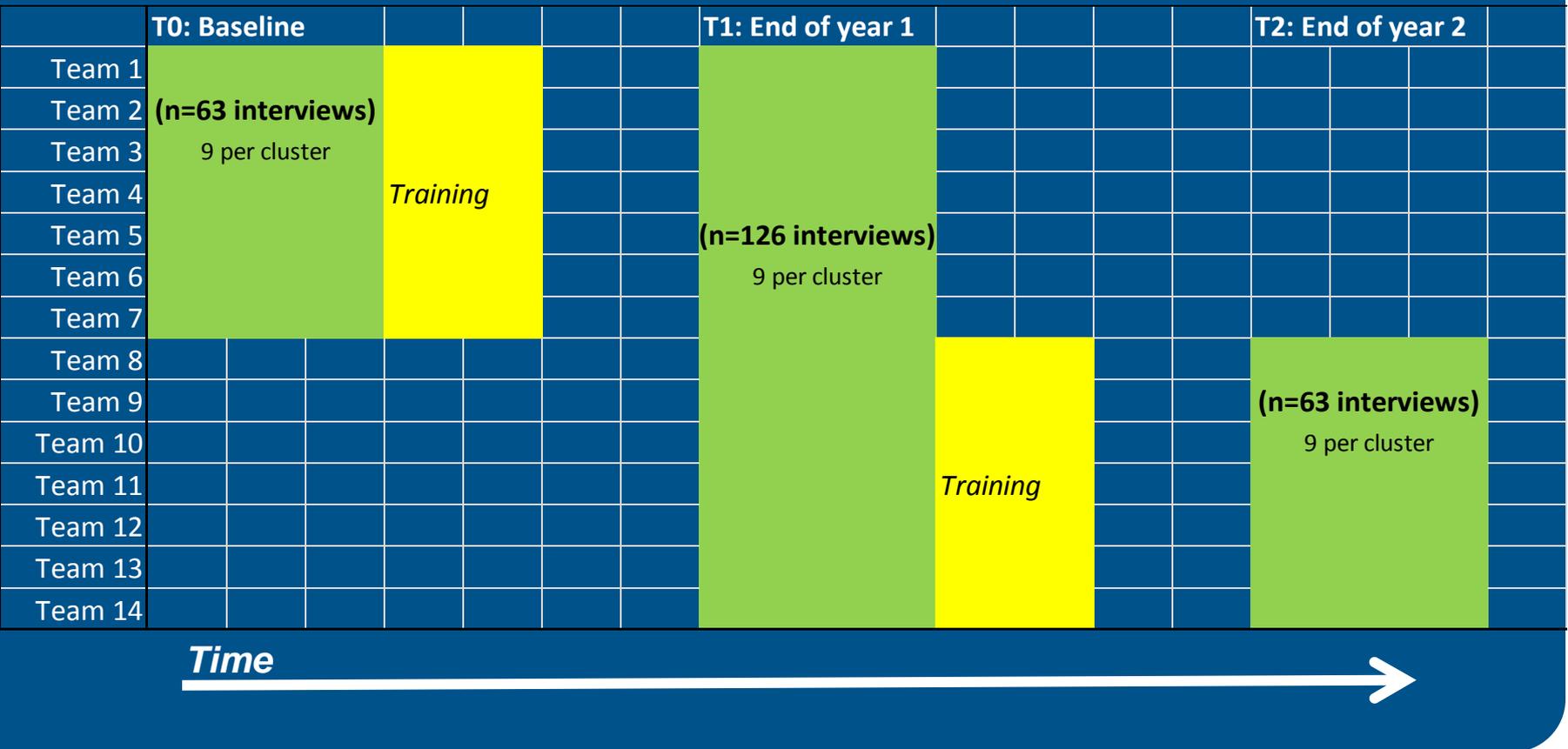
Stepped-wedge design, complete

- Stream 1**



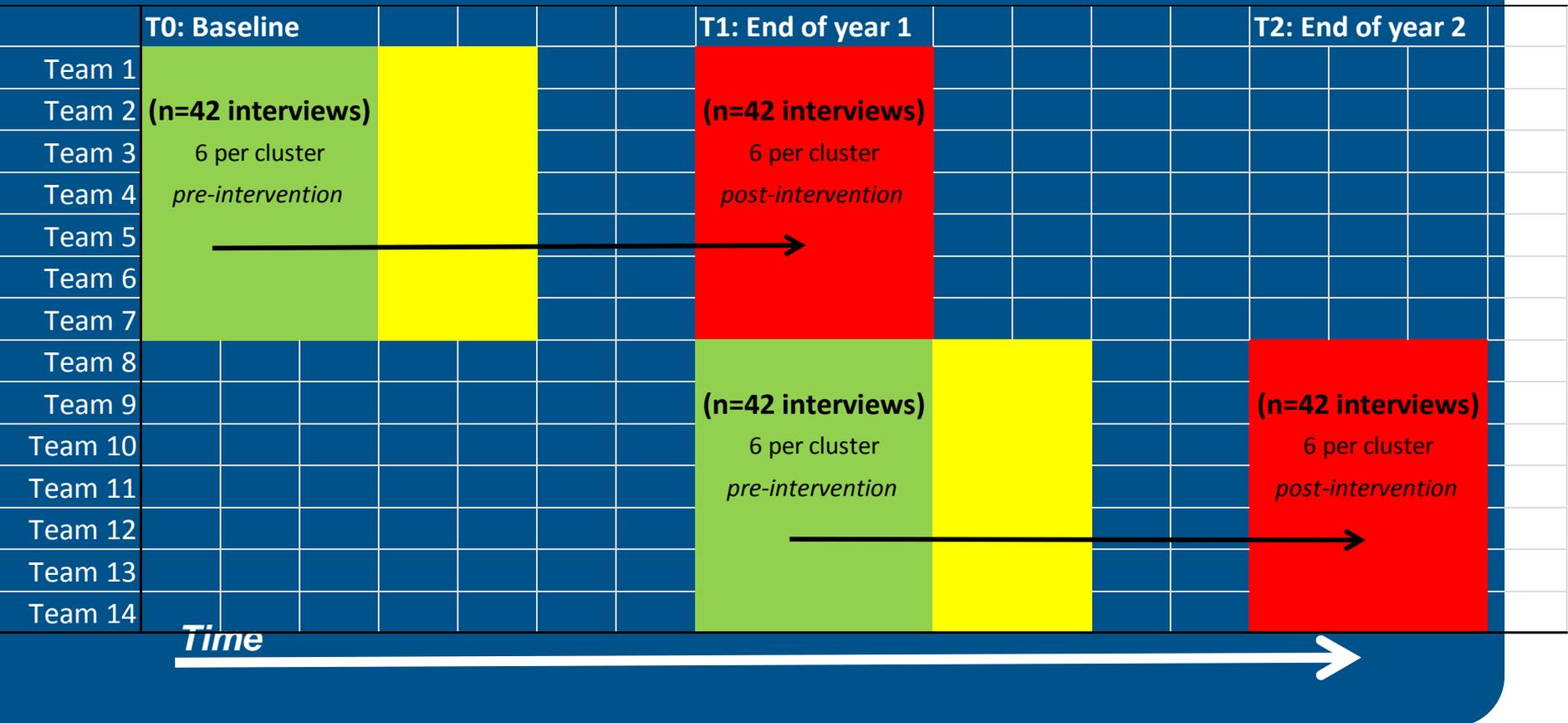
Stepped-wedge design, incomplete

- Stream 2**



Stepped-wedge design, incomplete

- *Stream 3 (longitudinal paired data)*



Recruitment targets

- We will seek to recruit 252 volunteer consumers (18 participants/cluster) at each of the three time points, T0, T1 and T2 (total $n = 756$).
- Eligibly criteria include:
 - Aged 18 -75 years; have accessed a study cluster mental health service in the 3 months prior to data collection.
- A systematic sampling process will be applied with quota sampling used to ensure that participants within clusters have a similar distribution of demographic and clinical variables.
 - This will include a quota of 12 participants with a diagnosis of a psychotic disorder and 6 participants not having a diagnosis of a psychotic disorder per site (except in the case of insufficient numbers).
- Participants with a diagnosis of a psychotic disorder may participate in all three streams.
- Participants without a diagnosis of a psychotic disorder may participate in streams 1 and 2.



Recruitment processes

- Mail out facilitated by the site coordinator so that it is independent from the researchers to protect the privacy of candidates.
 - Letters of invitation, a participant information and consent form and Process of Recovery Questionnaire (QPR) will be sent to candidates inviting participation in Stream 1-3
- Up to 75 candidates meeting inclusion criteria will be identified at each site from the service database using a quota template.
 - Once sufficient numbers of participants are recruited within each cluster for each quota group, we will stop recruiting participants from that quota group.
- Face-to-face interviews will take place at a time and location convenient to the participant, normally their service site.



Measures

- Stream 1:
 - Process of Recovery Questionnaire (QPR) + demographics.
- Stream 2 & 3:
 - Additional demographic information, Service activity from CMI/ODS; other service utilisation by self report; medication use,
 - NOCC suite (HoNOS, BASIS-32, LSP-16, FOC);
 - Client Satisfaction Questionnaire-8, Mind-Australia Services Satisfaction Survey
 - INSPIRE, Warwick-Edinburgh Mental Well-being Scale
 - Perceived Need for Care Questionnaire, Community Coercion Scale, occupational functioning.
 - Global Assessment of Functioning scale



Nested qualitative research

- **Steering group - co-researchers with and w/out lived experience of mental health issues**
- **Longitudinal study of staff & service user perspectives of re-orienting services to support recovery**
 - Interviews at 2 time points with service users, mental health staff, GPs (approx 45).
- **Factors that are helpful and hinder working in a recovery-oriented manner?**
- **Experiences of PULSAR-REFOCUS, strategies used, and supports for recovery within & beyond service settings?**



Coaching:



Thank you

- **Contact:**
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MONASH University



MonashHealth