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Mental health consumers' evaluation of recovery-oriented service provision

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**Mental health consumers' evaluation of
recovery-oriented service provision**

**A thesis submitted in fulfilment of the requirements
for the degree of**

Doctor of Philosophy

from

University of Wollongong

by

Sarah Louise Marshall

School of Psychology

2008

THESIS CERTIFICATION

I, Sarah L. Marshall, declare that this thesis, submitted in fulfilment of the requirements for the award of Doctor of Philosophy, in the School of Psychology, University of Wollongong, is wholly my own work unless otherwise referenced or acknowledged. The document has not been submitted for qualifications at any other academic institution.

Sarah. L. Marshall

September 2008

ABSTRACT

Consumers have rarely been involved in the evaluation of recovery oriented service provision. This is somewhat surprising considering the increasing emphasis on recovery focused service delivery both in Australia and internationally (Australian Health Ministers, 2003; Slade, Amering, & Oades, 2008). This thesis addresses this gap by involving consumers in the evaluation, critique and ongoing improvement of the Collaborative Recovery Model received in case management settings across three eastern Australian states.

The Collaborative Recovery Model has been used as a model to train mental health staff in evidence-based practices and constructs consistent with the recovery movement to assist them to effectively support the recovery process of people with chronic and recurring mental disorders. Key aspects of this model include two guiding principles ‘recovery as an individual process’ and ‘collaboration and autonomy support’ and four skills-based components 1) change enhancement; 2) collaborative needs identification; 3) collaborative goal striving and 4) collaborative task striving and monitoring (Oades et al., 2005). This thesis incorporates three key studies as part of the overall evaluation.

Study one (self-report questionnaire) sought to gain the broader perceptions of consumers’ and case managers’ regarding engagement in and perceived importance of recovery-focused practice received with staff trained in the Collaborative Recovery Model, when compared to consumers’ and case managers’ perceptions around receiving services as usual (non Collaborative Recovery Model trained staff). A questionnaire was developed and completed by 92 consumers and 97 case managers. Preliminary findings suggest that consumers working with Collaborative Recovery Model trained staff were able to identify significant changes to service delivery in relation to the frequency with which they were: encouraged to take responsibility for recovery, collaborated with staff and completed homework activities to assist them to achieve their goals. In contrast to findings for consumers, case managers did not report that they engaged in activities consistent with the Collaborative Recovery Model more frequently when they had received training. The vast

majority of consumers and case managers appeared to value, or place importance on key parts of the Collaborative Recovery Model.

Study two (semi structured interviews) sought to explore in detail consumers' perceptions regarding the Collaborative Recovery Model as received in case management settings and its use in relation to supporting their personal recovery journey. Twenty two consumers were purposively sampled. Findings provided insight into processes considered valuable by consumers. For example, with respect to goal striving and homework activities consumers discussed benefits in relation to providing a sense of direction for life, encouraging ownership and responsibility, benefits of formal documentation and positive feelings of achievement and personal growth, among others. Concerns were offered by some participants such as appropriateness of the terminology 'homework' and some consumers preference for the term 'life' over the term 'recovery.' Other concerns reflected a deeper need for improved transfer of the Collaborative Recovery Model in practice within mental health services, as opposed to criticism of the conceptual model per se.

Study three (focus group meetings) incorporated a reflexive design bringing together groups of consumers to discuss key findings from study one and two. The central aim was to generate further feedback to inform improvement of the Collaborative Recovery Model and its use and delivery in services. Eighteen consumers were purposively sampled. Findings offered further support for many earlier concerns and recommendations, for example concerns around terminology and transfer of training issues. Additional concerns and ideas were also raised including the inadequacy of orientation to the Collaborative Recovery Model, concerns around the existing format of goal and homework sheets and suggestions for redevelopment of sheets into a book format, owned and individualised by consumers.

In summary, consumers were able to perceive some recovery-focused changes following staff training in the Collaborative Recovery Model. Consumers and case managers valued the key guiding principles and components of this model. However consumers wanted to be more empowered and involved in use of the model from the outset such as through an equivalent training/introductory session, a peer led group to introduce and share

experiences of recovery and use of a hand held diary to record goal striving to be personalised and owned by consumers. Such directions around empowering consumers to take more responsibility for usage of the model and hence their own recovery may also hold promise for addressing difficulties regarding transfer of the Collaborative Recovery Model from theory into practice within mental health services.

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ABBREVIATIONS

AIMhi HSS	Australian Integrated Mental Health Initiative High Support Stream Project
CEO-CRM	Consumer Evaluation of Collaborative Recovery Model questionnaire
CGT	Collaborative Goal Technology
CANSAS	Camberwell Assessment of Need Short Appraisal Schedule
DACTS	Dartmouth Assertive Community Treatment Scale
NSW	New South Wales
NHMRC	National Health and Medical Research Council
QLD	Queensland
SEO-CRM	Staff Evaluation of Collaborative Recovery Model questionnaire