

# Week 4

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**Dr Carina Teixeira**

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Department:  
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Institute of Psychiatry, Psychology & Neuroscience  
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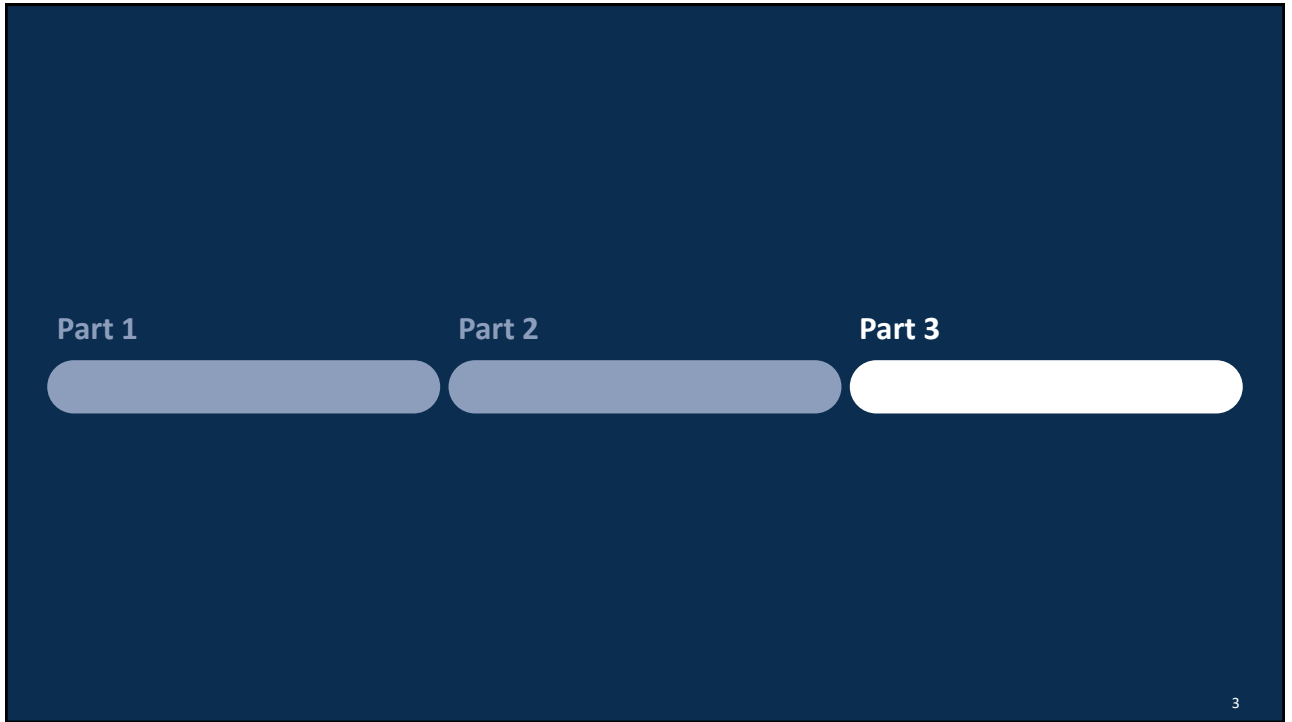
Module: Mental Health in the Community

Week 4: Psychosocial approaches to care in the community

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## **Topic 4: The recovery paradigm (Part 3 of 3)**

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## Recovery-oriented mental health services

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In this part, we will discuss whether mental health teams operate within the **paradigm of recovery**.

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## Guiding values

Slade (2013)

- Supporting personal recovery
- Supporting the person's goals
- People receiving services are responsible for their own lives

Slade (2013)



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## Recovery-orientation in mental health services

Meadows et al. (2019)

**Recovery-oriented practice** means that staff (clinical or other) work and relate to people who use services in a way that **promotes growth and empowerment** so that they can **achieve their full potential** (Meadows, 2019).



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## REFOCUS (1)

Bird et al. (2014)

### What is it:

A five-year programme of research (which was run between 2009 to 2014) led by King's College London.

### Aim:

to increase recovery-orientation approaches in mental health services

### Components:

- **Recovery-promoting relationships**
- **Working practices, including:**
  - Understanding values and treatment preferences
  - Assessing strengths
  - Supporting goal-striving

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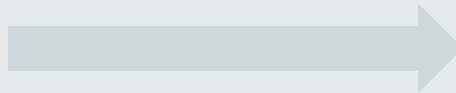
## REFOCUS (2)

Bird et al. (2014)

Services providers work **with** the person (rather than **for** the person)

**Use of coaching as an interpersonal style** helps staff apply the three working practices in REFOCUS.

Think about solutions instead of fixing problems



Accountability for achieving desired life goals lies on the person being coached.

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# 1<sup>st</sup> working practice

Bird et al. (2014)

## Values and treatment preferences

Care should be consistent with the person's values, and this can be done through learning about:

- what matters to the person
- the person's life history
- their identity (and potential influences)
- treatment preferences and needs
- boundaries regarding topics the patient is willing to share or not



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## Values and Treatment preferences interview

Bird et al. (2014, p.23)

REFOCUS Manual, 2<sup>nd</sup> edition 23

### Appendices

#### Appendix 1: Values and Treatment Preferences (VTP) interview guide

Name of person using the service: \_\_\_\_\_

Name of worker: \_\_\_\_\_

#### VALUES

For each area ask: What would be helpful for me to know? What is important to you?

##### Cultural identity including race, culture and ethnicity

How would you describe your ethnicity? Prompts: language, parent's background...

Tell me a little bit about your self and your culture Prompt preferred diet, social life, cultural behaviours, beliefs, involvement with cultural group

##### Religion / spirituality

Is spirituality or religion important to you? Prompts: how, in what ways?

What is your spiritual / religious background?

How do your beliefs affect your feelings towards your mental health experiences?

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## 2<sup>nd</sup> working practice

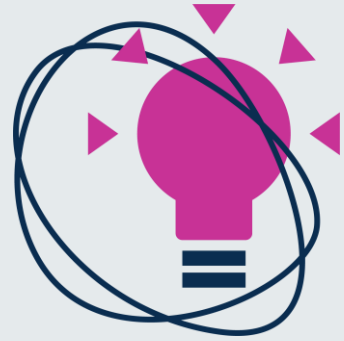
Bird et al. (2014)

### Assessing strengths

#### Aim:

Gaining a holistic understanding of the person through:

- Assessing internal and external resources



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## Strengths Worksheet

Bird et al. (2014, p.26)

### Appendix 3: Strengths worksheet

Name of person using the service: \_\_\_\_\_ Name of worker: \_\_\_\_\_

Currently What's going on today? What's available now?	Desires and aspirations What do I want?	Personal and social resources What have I used in the past?
<b>Daily living situation</b>		
e.g. Where are you living now? What things do you like about your current living situation? How do you get around?	e.g. Do you want to remain where you are, or would you like to move? If you could change anything about your living situation what would it be?	e.g. Where have you lived in the past? What was your favourite living situation? Why?
<b>Financial</b>		
e.g. What are your current sources of income, and how much money do you have each month to spend?	e.g. What do you want to happen regarding your financial situation?	e.g. What was the most satisfying time in your life regarding your financial circumstances?
<b>Occupational e.g. educational, vocational, leisure</b>		
e.g. What kind of things do you do that make you happy, and give you a sense of personal satisfaction?	e.g. What kind of activities or things would you like to do or be involved in?	e.g. What are the most satisfying activities that you have ever been involved in?

 REFOCUS Manual 2<sup>nd</sup>

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## 3<sup>rd</sup> working practice

Bird et al. (2014)

### Supporting goal-striving

Goal-striving is supported by coaching (interpersonal style which avoids a paternalistic approach).

#### GROW framework:

**Goal:** where do you want to be?

**Reality** – what is the situation now?

**Options** – what are the options to achieve the goals?

**Wrap-up** – Agree on next steps.



(Bird et al., 2014, p. 17)

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## Goal-striving (1)

Bird et al. (2014)

### Approach goals:

Involves a positive change

"I would like to use other strategies besides medication to manage my illness"

"I want to dance again"

### Avoidance goals:

Involves escaping from something negative

"I want to reduce my medication"

"I want to lose weight"

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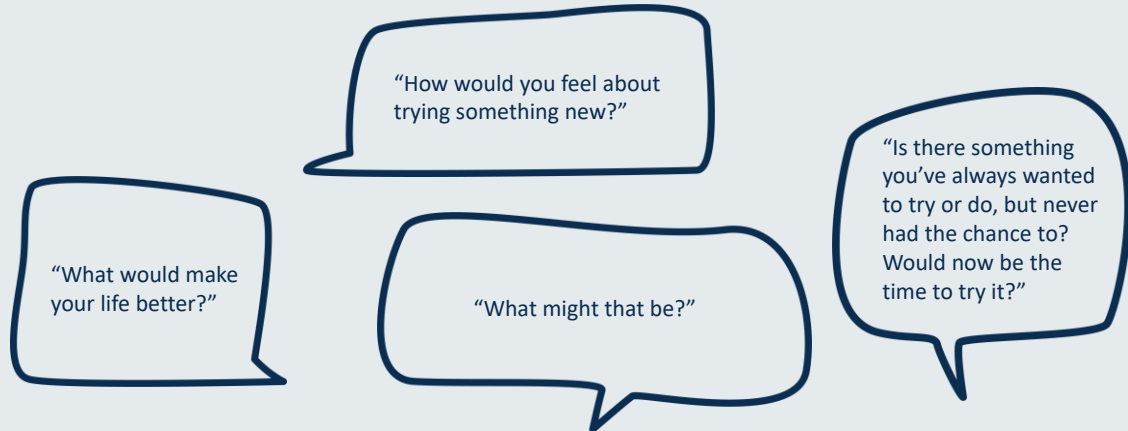
## Goal-striving (2)

Bird et al. (2014)

Goal striving **needs to be done sensitively.**

A **trusting relationship** between service user and staff member **is essential.**

(Bird et al., 2014, p. 18)



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## Evidence

(Slade et al., 2015; Meadows et al., 2019)



**REFOCUS trial UK**  
Slade et al. (2015)



**REFOCUS-PULSAR**  
Meadows (2019)

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## Evidence: REFOCUS trial UK (1)

Slade et al. (2015)



**REFOCUS trial UK**  
Slade et al. (2015)



**REFOCUS-PULSAR**  
Meadows (2019)

**Comparison of outcomes** for people with psychosis either **receiving the REFOCUS intervention plus treatment as usual** or **treatment as usual only**.

- Teams delivering services were: community-based adult mental health teams; multidisciplinary (for example, teams providing long-term support to patients with complex needs; high support forensic teams; and assertive outreach teams)
- Assessment of health and social needs, and provision of care coordination

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## Evidence: REFOCUS trial UK (2)

Slade et al. (2015)



**REFOCUS trial UK**  
Slade et al. (2015)



**REFOCUS-PULSAR**  
Meadows (2019)

**Comparison of outcomes** for people with psychosis either **receiving the REFOCUS intervention plus treatment as usual** or **treatment as usual only**.

- Teams delivering services were: community-based adult mental health teams; multidisciplinary (for example, teams providing long-term support to patients with complex needs; high support forensic teams; and assertive outreach teams).
- Assessment of health and social needs, and provision of care coordination

### Findings:

- No differences between service users of the two groups in recovery measured by the Questionnaire about the process of recovery (QPR)
- High team participation was better than low participation at follow-up:
  - Staff-rated scores for recovery-promotion behaviour
  - Patient-rated QPR interpersonal scores

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## Evidence: REFOCUS-PULSAR

Meadows et al. (2019)



REFOCUS trial UK  
Slade et al. (2015)



REFOCUS-PULSAR  
Meadows (2019)

**REFOCUS-PULSAR** (Principles Unite Local Services Assisting Recovery): **adaptation of the UK's REFOCUS intervention in Australia** (Meadows, 2019)

- Stepped-wedge cluster randomised controlled trials (RCT)
- 190 staff members were trained in the REFOCUS-PULSAR intervention

### Findings:

- The mean QPR (Questionnaire about the Process of Recovery) score was significantly higher in the intervention group, but the effect size was small ( $d = 0.23$ )

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## Part 3 summary

In this part of the lecture, you have learned:

- The values underpinning recovery-oriented services
- The REFOCUS intervention to train staff in recovery-promoting relationships and in recovery-promoting working practices

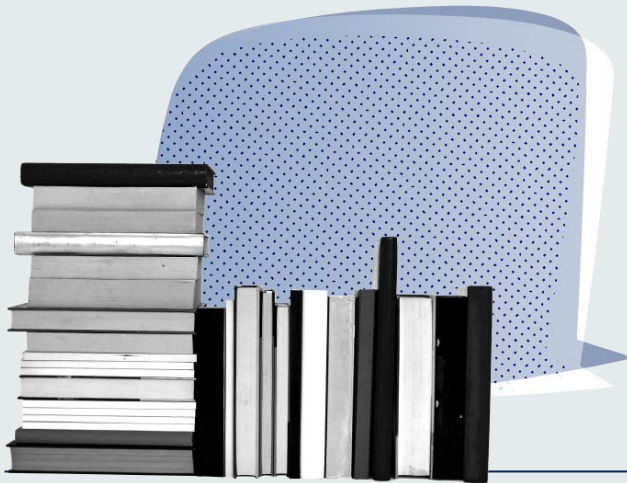
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## Thank you and contact



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## Questions for reflection

- Is it possible to study personal recovery scientifically?
- Is personal recovery a realistic goal within the current mental health system?
- Is personal recovery a realistic goal for people with complex mental health problems?

Pause the video to read this slide.

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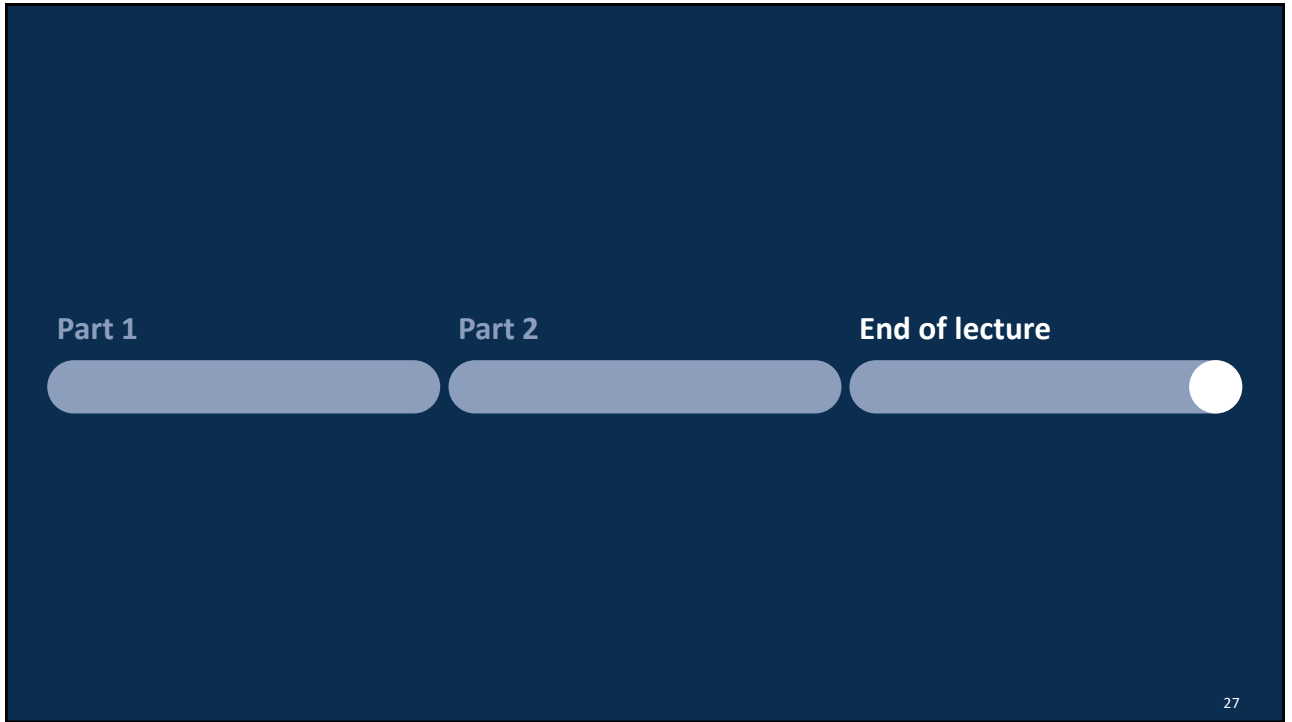
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# Thank you

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