Haime, Z. (2016).

INTRODUCTION

This service review was conducted within the Day Therapies unit of an NHS London Acute Mental Health Inpatient Service. Day therapies staff consisted of Support Workers, Occupational Therapists and Sessional Therapists (Music and Art Therapists). Continuous audits and reviews of this nature, into NHS practice, are essential for maintaining high quality work from services (DoH, 1999).

Literature Review

Therapy services aim to work in a recovery-oriented way to ensure that individual's with mental distress are able to regain maximum function in their daily lives (Borg & Kristiansen, 2009). This involves delivering group and individual therapy, daily skills assessment, and psychoeducation. The therapist role also consists of promoting community resources available to patients on departure from the inpatient setting (Boniface and Seymour, 2012). The focus for recovery through therapy should be on the patients' own strengths (Rapp & Gosha, 2012) and recovery principles should be seen across different therapeutic input, including music (Solli et al, 2013) and art (Boutillier et al, 2011).

This service review was based on the 6 Pillars of Recovery tool, which outlines areas considered essential in mental health services to aid patient recovery (MHC, 2008). These include **leadership, empowerment, hope-inspiring relationships, inclusion, education, and research**. The pillars were established on existing frameworks and recovery research findings.
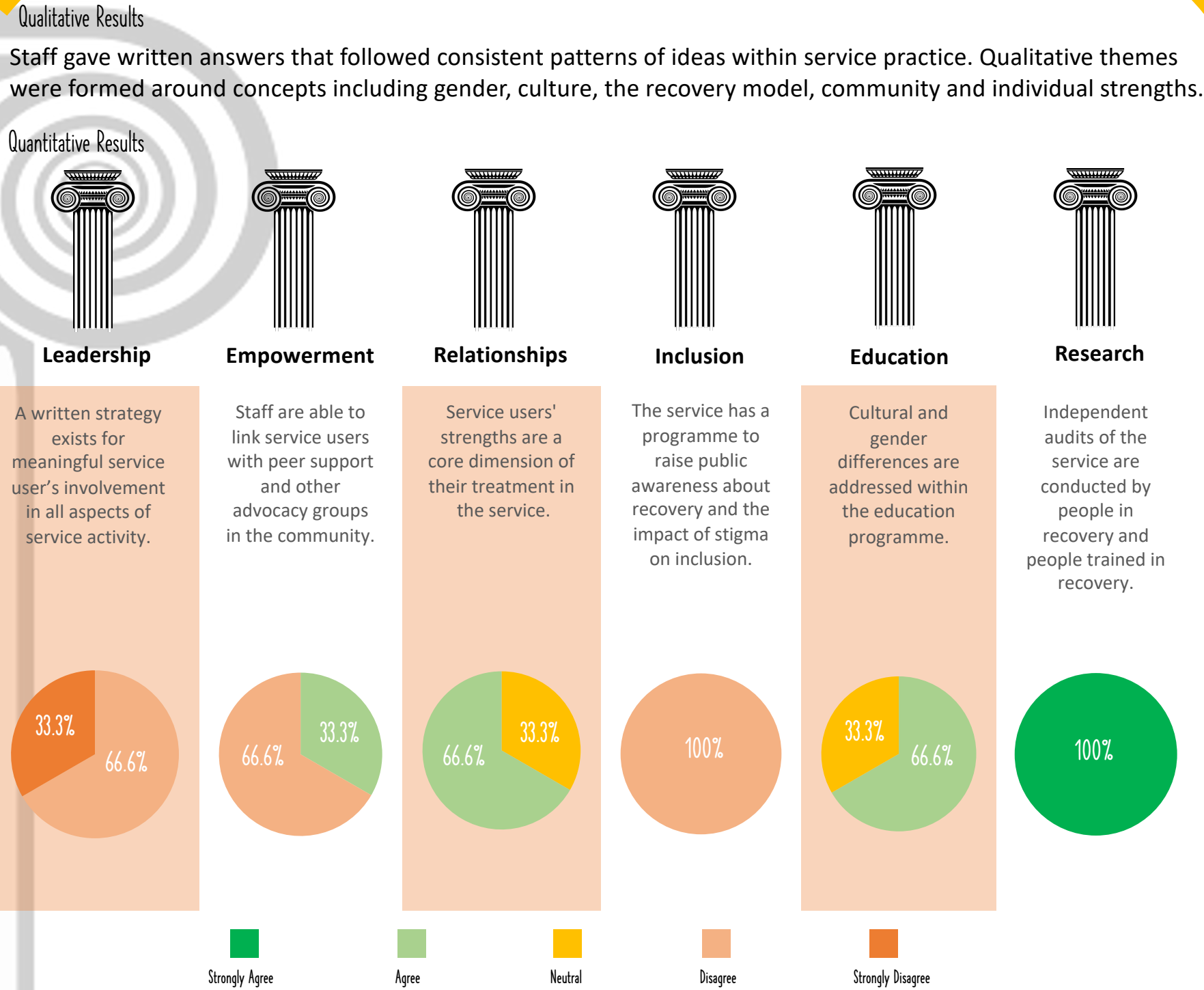
Service Review Aims

This review aimed to discover the recovery principles of the Day Therapy Inpatient Services. This was based on an evaluative summary by the staff who work as permanent staff on the ward.

From research into music, art and occupational therapies it is clearly that practice is based on recovery principles. Therefore, it is essential that services provide high quality care in order to allow for the recovery process to take place successfully. This service review aims to help identify areas of improvement as established by staff report and hopes to improve future professional practice.

METHOD

A survey was created based on questions adapted from the *6 Pillars of Recovery Tool*, established by MHC (2008). Two to three questions were asked for each of six areas considered integral in recovery practice. For one of these questions in each category an extended answer was asked to be provided, to establish additional qualitative data. Answers were given on a 5-point Likert Scale of Strongly Disagree to Strongly Agree. It was not possible for participants to skip any questions. All Day Therapy staff at St Ann's Mental Health Hospital, Tottenham were asked to participate.

RESULTS

Qualitative Results

Staff gave written answers that followed consistent patterns of ideas within service practice. Qualitative themes were formed around concepts including gender, culture, the recovery model, community and individual strengths.

Quantitative Results

Leadership	Empowerment	Relationships	Inclusion	Education	Research
A written strategy exists for meaningful service user's involvement in all aspects of service activity.	Staff are able to link service users with peer support and other advocacy groups in the community.	Service users' strengths are a core dimension of their treatment in the service.	The service has a programme to raise public awareness about recovery and the impact of stigma on inclusion.	Cultural and gender differences are addressed within the education programme.	Independent audits of the service are conducted by people in recovery and people trained in recovery.
33.3% / 66.6%	66.6% / 33.3%	66.6% / 33.3%	100%	33.3% / 66.6%	100%

■ Strongly Agree ■ Agree ■ Neutral ■ Disagree ■ Strongly Disagree

Diagram 1.
Pie charts representing the responses to one of three questions from each of the Six Pillars of Recovery.

Diagram 1 shows pie chart results for one question of each area of the recovery principles. These show that answers were generally similar from all five respondents of the survey review. Results showed 100% disagree for all questions in the research and evaluation category. High percentages of disagreement were also seen for Empowerment questions (100% and 66.67% respectively). Social Inclusion, Hope-Inspiring Relationships and Education were given relatively positive responses, with a higher rate of agree/strongly agree answers. In the leadership category 100% of those asked disagreed that a written strategy for service user involvement exists. 66.67% of participants also disagreed that procedures are available for patients, carers and families to express their opinion about the service.

DISCUSSION

Quantitative Data - Key Findings

Five members of staff completed the survey. Answers suggested that services have various areas where they could improve, specifically inadequacies were found in patient involvement in research and audit of services, and in the empowerment of patients using the service. However, data also revealed that staff rated hope-inspiring relationships as more successful. Specifically, they believed culture, gender and individuality were considered in their service provisions and that **The Strengths Model** is followed in practice (Rapp & Gosha, 2012).

Qualitative Data - Key Findings

Interestingly, responses from staff were consistent across questions, and a brief content analysis showed patterns in words used to describe the services. On a question around community links there were contrasting opinions, and therefore this may need more discussion as a team to establish a common understanding. One response to staff education stated, 'Due to severe staff cuts in the Day Therapy Service in the last 4 years there is no longer an educational programme to raise awareness in the community'. This shows that depleting resources have significantly affected the recovery principles and practice of services.

Limitations

Due to low staff numbers the responses were only collected from five participants, however this does account for all permanent staff within the unit. It may be useful to address the wider team to include managerial staff, or that of the psychology team whose work integrates with the service, in order to include an additional perspective and reduce potential bias.
In addition, not allowing skipping of any questions may have put people off the survey and therefore more leniency in this regard should be considered.

Conclusions & Recommendations

Areas identified for improvement include more comprehensive involvement of patients in service development, including in audit and evaluation processes. Additionally, staff education has been identified as an area currently lacking resources, and poor staff ratings in this area may suggest signs of concern with confidence and understanding of recovery principles amongst the workforce. A lack of liaison with external recovery-orientated agencies was also identified in the survey, this is an important part of the recovery process within Day Therapy Services and should therefore be prioritised as an area for improvement in the future.

Future Research

Findings promote the idea of future investigation into recovery principles as a process within services, to continually assess standards. This will also allow staff to identify areas for improvement and areas of success in their workplace.
In addition to this, more research and evaluation needs to take place that involves service user input to ensure high quality and relevant work is being conducted.
Day Therapy Services also need to continue to consider how they can incorporate the six pillars of recovery into their day-to-day practice with service users on the ward.

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