

Summary

Supporting recovery in mental health services: Quality and Outcomes

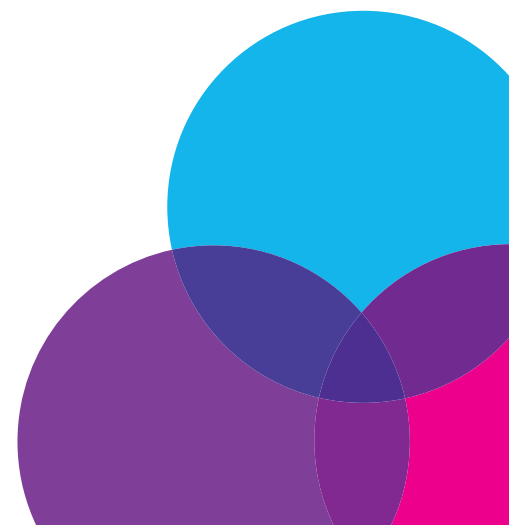
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INTRODUCTION

In this paper we presented three key frameworks:

- (i) quality indicators for services aiming to support recovery at an individual level (Box 1)
- (ii) quality indicators for supporting recovery at an organisational level (Box 2)
- (iii) a set of individual level Recovery Outcome Domains (Box 3).

We also made a number of recommendations for local providers, health and social care commissioners and government. These are reproduced below, together with the key references from the paper. The full paper is available free to download from the ImROC website www.ImROC.org



Box 1: Quality indicators for supporting recovery at an individual level

Staff should aim to:

Facilitate recovery-promoting relationships:

- establish shared values
- demonstrate good, basic relationships skills (empathy, warmth, respect)
- support personal hopes and aspirations
- promote a sense of control ('agency').

Use 'pro-recovery working' practices:

- narrative accounts (recovery stories)
- a 'strengths' approach
- 'coaching' methods
- Personal Recovery Plans (WRAP, STAR)
- self-management
- shared decision-making
- person-centred 'safety planning'.

Consider specific approaches which will support recovery not developed from a recovery perspective, for example:

- Joint Crisis Plans (JCP)
- 'Housing First'
- Individual Placement and Support (IPS)
- use of 'personal budgets' (social and health).

Box 2: Quality indicators for supporting recovery at an organisational level

Has the organisation used any of the following instruments?

- Recovery Oriented Systems Indicators (ROSI) Yes No
- Recovery Self-Assessment (RSA) Yes No
- Scottish Recovery Indicator (SRI) Yes No
- Recovery Promotion Fidelity Scale (RPFS) Yes No
- Developing Recovery Enhancing Environment (DREEM) Yes No

Has the organisation undertaken a self-assessment and attempted service development using the ImROC '10 key challenge' framework? Yes No

Has the organisation co-produced any of the following key recovery-supporting, service developments?

- a) Recovery Colleges Yes No
- b) Peer Support Workers Yes No
- c) Person-centred 'safety planning' Yes No
- d) Applying recovery principles to improve quality and safety on inpatient wards. Yes No



RECOMMENDATIONS

1. For health and social care providers

- 1.1 Acknowledge that defining 'quality' in services to support recovery for people with mental health problems is not simple or one-dimensional.
- 1.2 Recognise that recovery is based on simple, human needs: to have hope for the future, to feel somewhat in control of your life and to be able to have access to the ordinary things that make life meaningful – somewhere to live, something to do, someone to care about you, and a feeling that you are a part of society, not excluded from it.
- 1.3 Ensure that all staff are managed not just in terms of their technical competence in delivering 'evidence-based' interventions which will support these goals, but also their ability to form honest and respectful relationships with the people using services.
- 1.4 Give consistent messages to staff that support for recovery is a priority and that this can be achieved without significant additional costs.
- 1.5 Encourage staff to think beyond the traditional roles of 'expert professionals' and 'passive patients' and work together with the people who use services to 'co-produce' services which support recovery outcomes.
- 1.6 Encourage boards to ensure that recovery-focused outcomes are given priority throughout their organisations.
- 1.7 Using the outcome framework described in this paper, agree specific measures with service users and carers to be used locally which adequately reflect recovery-oriented outcomes and establish practical systems for routinely collecting this information.

2. For health and social care commissioners

- 2.1 Recognise that supporting recovery is complex and cannot be reduced to a single quality or outcome measure, no matter how superficially attractive this might appear.
- 2.2 Look for evidence that providers place emphasis on improving the *process* of care (quality of experience) *in addition* to the delivery of evidence-based interventions aimed at securing specific outcomes.



- 2.3 Notwithstanding 2.2 above, look for evidence that local providers are offering a number of key service developments – Peer Support workers, Recovery Colleges, shared decision-making, supported self-management, Individual Placement and Support (IPS), ‘No Force First’ – which are likely to lead to desirable, recovery-focused outcomes.
- 2.4 Recognise that the application of key recovery principles – ‘expert patient’, personalisation, choice, importance of self-management and shared decision-making – are common to the effective management of long-term conditions in both mental and physical health services.
- 2.5 Recognise that these ‘long-term condition management’ models require an emphasis on supporting people to achieve social (life) goals in addition to symptom management.
- 2.6 Using the outcome framework described in this paper, agree specific measures to be used locally with providers, service users and carers which adequately reflect recovery-oriented outcomes and establish practical systems for routinely collecting this information.

3. For government and NHS England

- 3.1 Ensure that ‘transactional models’ of healthcare delivery (e.g. PBR) support the central importance of the provision of effective relationships in healthcare.
- 3.2 Ensure that central, regulatory bodies such as the Care Quality Commission embed a framework for delivering high-quality, recovery-oriented services and recovery-focused outcomes into their mental health inspection methodology.
- 3.3 Within an agreed framework for quality and outcomes for mental health services which will support recovery, encourage local commissioners and providers – and user and carer groups – to work together to agree on systems for routinely collecting and feeding back relevant information to monitor performance.



Box 3: Summary recommendations for recovery outcomes measures

Definite

RECOVERY OUTCOME DOMAIN 1 – Quality of recovery-supporting care

To what extent do service users feel that staff in services are trying to help them in their recovery?

Recommended measure: INSPIRE

RECOVERY OUTCOME DOMAIN 2 – Achievement of individual recovery goals

To what extent have goals, as defined by the individual, been attained over time?

Recommended measures: Goal Attainment Scaling (GAS), narrative accounts

RECOVERY OUTCOME DOMAIN 3 – Subjective measures of personal recovery

To what extent do individuals feel that their hopes, sense of control and opportunities for building a life beyond illness have improved as a result of their contact with services?

Recommended measure: Questionnaire on the Process of Recovery (QPR)

RECOVERY OUTCOME DOMAIN 4 – Achievement of socially valued goals

Has the person's status on indicators of social roles improved as a result of their contact with services?

Recommended measures: Relevant items from Adult Social Care Outcomes Framework, Social inclusion web.

Possible

RECOVERY OUTCOME DOMAIN 5 – Quality of life and well-being

Has the person's quality of life and well-being improved?

Recommended measures: MANSA, WEMWBS

RECOVERY OUTCOME DOMAIN 6 – Service use

As a result of their recovery being supported, has the person made an appropriate reduction in their use of formal mental health services?

Recommended measures: Relevant items from the NHS Outcomes framework, and the Mental Health Minimum Data Set (but beware!).



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