



The engagement nexus and psychosocial recovery

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Push 1- shift from clinical definitions of recovery to psychosocial recovery;

Push 2- mental health recovery oriented services and policy;

Push 3 – embedding of consumers and carers within organisational service planning and design;

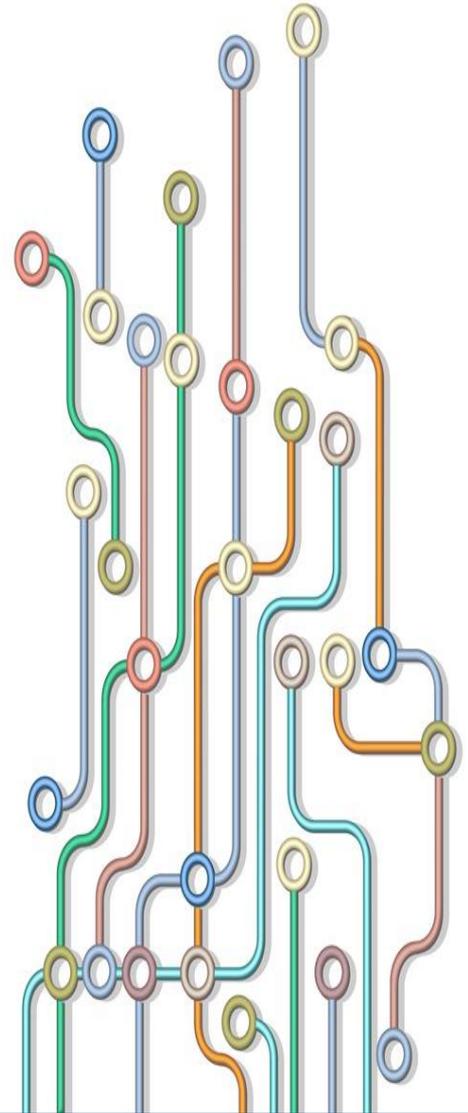
Push 4 – need for an evidence base.



Nexus: “a connection or series of connections linking two or more things...”

Word Origin: “from Latin (‘nectere’ a verb - to tie or bind together).”

Oxford Dictionary Definition





- “Patient” engagement posited as:

“a necessary condition for the re-design of the health care system, the “holy grail” of health care and next block buster drug of the century” (Carmen 2013, p. 223).

Many definitions of recovery exist, but shared across these definitions is an emphasis on recovery as an individual process (or journey) involving much more than symptom remission. Instead, recovery involves development in life domains considered subjectively important to the person, commonly related to progress in normative activities such as education, employment, housing and social relationships. Autonomy and choice in mental health care are considered central to the concept of recovery.

(Whitley, Palmer, Gunn 2015, p.2)



- ❖ Individual engagement in 'recovery process or journey'.
- ❖ Engagement in normative activities as enactment of meaningful, subjective life domains.
- ❖ Engagement in care choices and decision-making.



- Engagement is the nexus in consumer and carer involvement, psychosocial recovery outcomes and recovery oriented mental health services.
- *But, how well is the concept examined and understood?*



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- Prioritise “engagement” with people living with mental illness to meet needs (p.15);
- “Engagement” in an active life as part of the recovery definition (p.41).

CHANGING DIRECTIONS, CHANGING LIVES:
THE MENTAL HEALTH STRATEGY FOR CANADA

- Increase “engagement” through e-health with other people and services (p.42).
- Community mental health services as a conduit for “engagement” between recipient and provider of services (p.44).
- “Engage” particular (Metis) communities for better mental health (p.49)



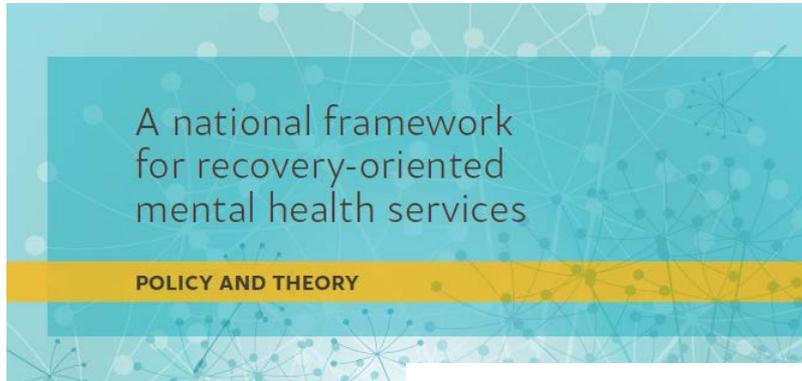
Good practice for mental health workers with carers: “training in engagement strategies” (p.34).

Recognition that engagement in treatment is affected by other religious and social factors (p.62)



Closing the Gap: Priorities for essential change in mental health

- Engaging in change across society.



5. Partnership and communication

Recovery oriented mental health practice:

- acknowledges each individual is an expert on their own life and that recovery involves working in partnership with individuals and their carers to provide support in a way that makes sense to them
- values the importance of sharing relevant information and the need to communicate clearly to enable effective engagement
- involves working in positive and realistic ways with individuals and their carers to help them realise their own hopes, goals and aspirations.

Recovery approaches are different depending upon where a person is on their recovery journey. During an acute phase of illness, the person's capacity may be impaired to the extent that alleviation of distress and the burden of symptoms, as well as safety, is the primary focus of treatment and care. Regaining capacity for self-determination or deeper engagement should be a focus in the next stage of treatment and support. At later stages, when capacity is improved, there are opportunities for the person to consider broader recovery strategies.



Figure 3: The concept of recovery





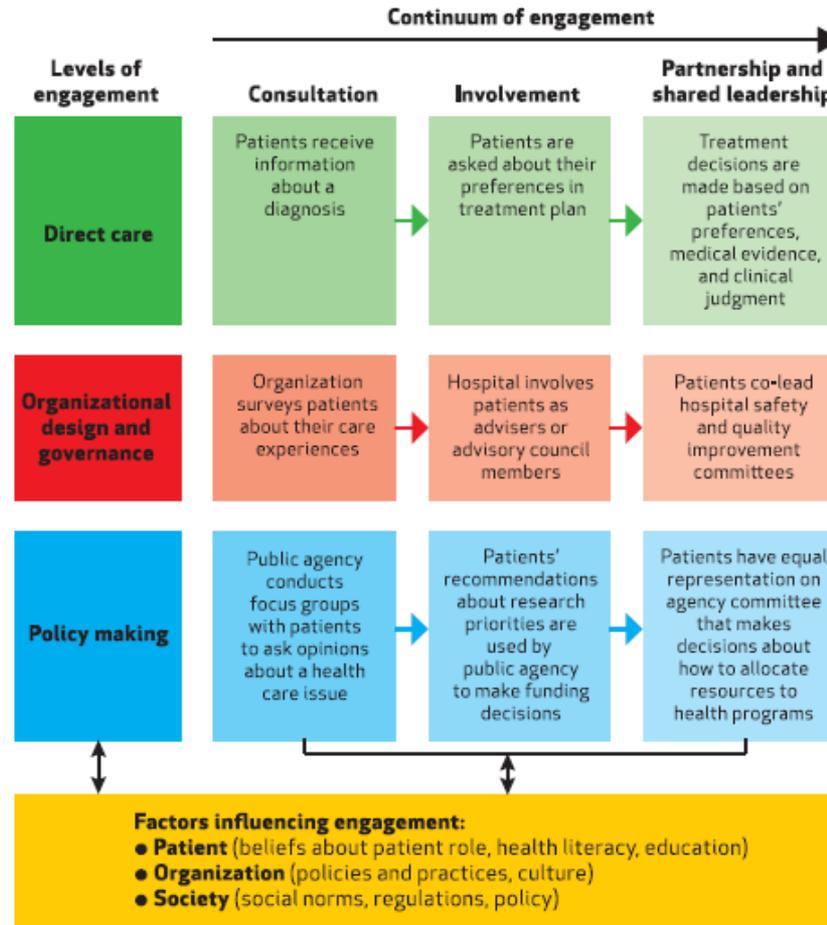
- Reaching out to connect with others
- As a conduit for treatment and support
- As a transaction based on service delivery and receipt



Concept of engagement needs greater attention and focus in current work (Push 3)

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A Multidimensional Framework For Patient And Family Engagement In Health And Health Care



SOURCE Authors' analysis. **NOTE** Movement to the right on the continuum of engagement denotes increasing patient participation and collaboration.

- Roots in civic engagement
- Community engagement
- Community-university engagement
- Learner/student engagement



The CORE Study – a stepped wedge cluster randomised controlled trial to test a co-design technique to optimise psychosocial recovery outcomes for people affected by mental illness

Investigating Team: Dr Victoria Palmer, Professor Jane Gunn, Professor Helen Herrman, Dr Rosemary Callander (Tandem representing Victorian Mental Health Carers), Mr Wayne Weavell (Victorian Mental Illness Awareness Council, VMIAC), Assoc. Professor John Furler, Dr Donella Piper (Independent Consultant Honorary), Assoc. Professor David Pierce, Professor Rick Iedema (University of Tasmania and the New South Wales Agency for Clinical Innovation).

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CORE aims to test if an Experience Based Co-design intervention will result in:

- 1) improved individual psychosocial recovery outcomes (primary outcome);
- 2) improvements to carer well-being and changes to staff attitudes to recovery and the recovery orientation of services (secondary outcomes).

Available Published Study Protocol: Palmer V, Chondros P, Piper D et al., 2015. The CORE study protocol: a stepped wedge cluster randomised controlled trial to test a co-design technique to optimise psychosocial recovery outcomes for people affected by mental illness in the community mental health setting. *BMJ Open*; 5(3): <http://bmjopen.bmj.com/content/5/3/e006688>

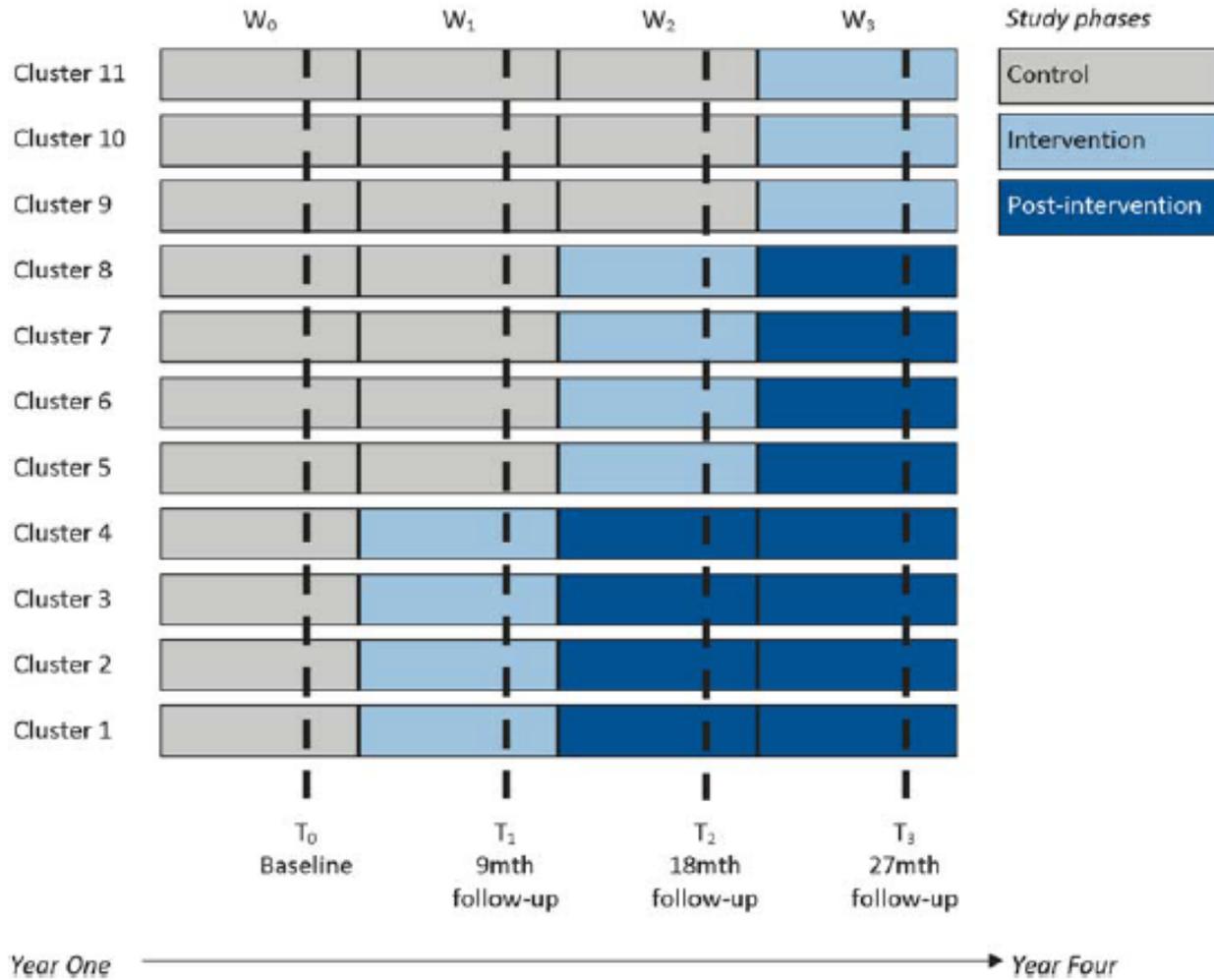


Participant & Eligibility Criteria	Outcome Measure	Reference
Consumers of mental health community support services in Victoria 16-65 years old Disability attributable to psychiatric condition Permanent impairment Substantial psychosocial functioning for communication, self-care, learning, social interaction and self-management.	Primary Outcome Recovery Assessment Scale (RAS-R) Revised 24 Items	Corrigan P, Salzer M, Ralph R, Sangster Y, Keck L. (2004) Examining the factor structure of the recovery assessment scale. <i>Schizophr Bull</i> , 30(4), 1035-1041.
	Secondary Outcomes EUROHIS-QOL 8 Items	
Consumers Carers 18 years and over Carer of service user in receipt of mental health services at participating sites.	Recovery Self Assessment (RSA) 36 Items	O'Connell M, Tondora J, Croog G, Evans A, Davidson L. (2005) From rhetoric to routine: Assessing perceptions of recovery-oriented practices in a state mental health and addiction system. <i>Psychiatric Rehabilitation Journal</i> 28(4):378-386.
	Staff Attitudes to Recovery Scale (STARS) 19 Items	



Study design

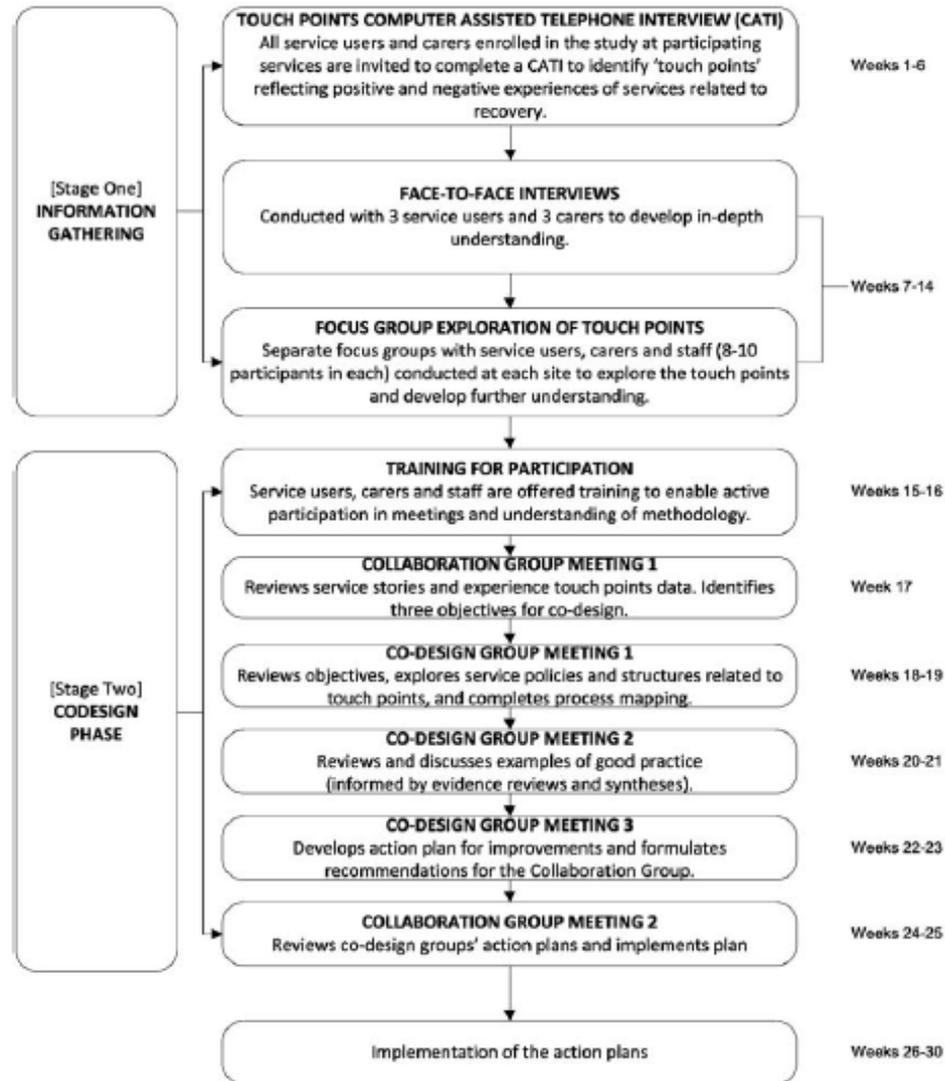
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The EBCD based intervention

www.ebcd.org.au/australia





Sartre's ethics of engagement (originally about the need for socially responsible writing and the question of human existence).





Engagement has three main conditions:
awareness, responsibility and respect.

AWARENESS – reflection and disclosure of injustice;

RESPONSIBILITY – encouraging others to act and be responsible through acts/actions of disclosure;

RESPECT – for others both the audience and those suffering.



“Existential engagement...is a social virtue that entails obligations to others.

Engagement instructs us to care about the civic conditions through which our identities are shaped and sustained” (Storm 2006, p.103).

- Relational (identity constituted relationally);
- Dialogical (conversation);
- Moral & Ethical;
- Invoked, evoked and provoked.

An essential ingredient:

“our engagement with the world around us is both profound and crucial” (Dowrick 2009, p.173).



- Thin use of concept of engagement may result in a “transactional” view of engagement;
- Engagement is tied to concept of psychosocial recovery, co-production/co-design and recovery oriented systems.

Carmen L, Dardess P, Maurer M, Sofaer S, Adams K, Bechtel C, Sweeney J. 2013. Patient and family engagement: a framework for understanding the elements and developing interventions and policies. *Health Affairs* 32 (2): 223-231.

Davidson L, Roe D. 2007. Recovery from versus recovery in serious mental illness: one strategy for lessening confusion plaguing recovery. *Journal of Mental Health*. 16:459-470.

Dowrick C, 2009. 2nd Ed., *Beyond Depression a new approach to understanding and management*. London: Oxford University Press.

Palmer V, Chondros P, Piper D, Callander R, Weavell W, Godbee K, Potiriadis M, Richard L, Densley K, Herrman H, Furler J, Pierce D, Schuster T, Iedema R, Gunn J. 2015. The CORE study protocol: a stepped wedge cluster randomised controlled trial to test a co-design technique to optimise psychosocial recovery outcomes for people affected by mental illness in the community mental health setting. *BMJ Open* 5:e006688.

Sartre JP. 1962. Sketch for a theory of emotions. TRANS., Philip Mariet. London: Routledge Classics.

Storm H. 2006. *Continuum Studies in Continental Philosophy : Sartre's Ethics of Engagement : Authenticity and Civic Virtue*. Continuum International Publishing.

Whitley R, Palmer V, Gunn J. 2015. Recovery from severe mental illness. *Canadian Medical Association Journal*. DOI:10.1503/cmaj.141558.

Whitley R, Palmer V, Gunn J. 2015. Primary care to enhance recovery from mental illness. *British Journal of General Practice*. Accepted February 2015.

Centre for Mental Health, Department of Health, MIND, National Health Services Confederation Mental Health Network, Rethink Mental Illness, Turning Point. 2012. *No health without mental health: implementation framework*. London, UK: DoH Mental Health Strategy Branch.

Council of Australian Governments. 2012. *The roadmap for mental health reform 2012-2022*. Canberra: COAG.

Department of Health Australia. 2013. *A national framework for recovery-oriented mental health services: Policy and theory*. Canberra: DoHA.

Department of Health. 2014. *Closing the gap: priorities for essential change in mental health*. London: Crown.

Mental Health Commission Canada. 2012. *Changing Directions, Changing Lives: the mental health strategy for Canada*. Calgary: Canada: MHCC.

Mental Health Consumer Outcomes Taskforce

New Freedom Commission on Mental Health. 2003. *Achieving the promise: transforming mental health care in America*. Rockville, MC: Department of Health and Human Services.

New Zealand Ministry of Health. 2012. *Rising to the challenge: the mental health and addiction services plan 2012-2017*. Wellington NZ: Ministry of Health.

World Health Organisation. 2013. *Mental Health Action Plan 2013-2020*. Geneva: WHO.



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