

Facilitating journey to recovery

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Ir J Psych Med 2008; 25(3): 77-79

Abstract

The Irish 'Vision for Change', 2006 mental health policy document proposes a framework for promoting mental health and a recovery approach to inform every level of service provision. Comprehensive assessment by the rehabilitation and recovery multidisciplinary team with active involvement of the service user is crucial in the identification of needs, goals and recovery factors. This paper outlines importance of a comprehensive assessment tool, which helps to guide the service user towards identification and achievement of their goals while encompassing the recovery ethos.

Key words: Recovery; Recovery model; CASIG.

Introduction

The mental health policy 'A Vision for Change,' 2006 is a model of mental health service provision for Ireland, it describes a framework for providing accessible, community based and specialist services for people with mental illness. Key recommendations include; closure of all mental hospitals, provision of an effective community-based service and recovery orientation should inform every aspect of service delivery. The key values associated with recovery oriented services are person orientation and involvement, self-determination, choice and growth potential. The development of recovery based services emphasises supporting the service users in acquiring their identified needs. Comprehensive initial assessment is crucial in order to identify needs and the rehabilitation goals for the service user.

Ongoing assessment is also vitally important to determine whether rehabilitation efforts and inputs are achieving their intended aims thus helping services to tailor their care packages. Success of rehabilitation efforts is directly linked to identifying and understanding an individual's needs. Assessment in rehabilitation serves the following functions including; identification of needs, assessment of strengths and weaknesses within the individual and the environment, developing a care plan and monitoring progress and altering the care plan as needed.² Care planning is the major vehicle of intervention of any rehabilitation and recovery service and a

comprehensive assessment tool is required to facilitate this process. Community mental health teams, especially rehabilitation and recovery, and in particular newly formed teams, have the task to decide about the instruments they would like to use to conduct clinical and need assessments.

Concept of recovery

Recovery is a concept that has been introduced by people who have reclaimed their lives following mental health experiences and this movement has gained momentum over the recent years. The Recovery approach emerged from the people who used services in the 1980s in US and in the 1990s in the UK.³⁻⁹ The main themes identified within this approach were about the importance of a satisfactory sense of personal identity, coping with symptoms and getting better. Policies have been developed to make recovery the guiding vision of modern mental health services, including those in United States (President's New Freedom Commission on Mental Health, 2003)¹⁰ in New Zealand (Mental Health Commission, 2005)¹¹ in Australia (Australian Government, 2003).¹² In the UK recovery based practice is supported by Department of Health policies including the Expert Patient (Department of Health 2001)¹³; Our Health, Our Care, Our Say (Department of Health, 2006a)¹⁴; and the Commissioning framework for health and wellbeing (Department of Health, 2007)¹⁵.

There is not yet a universally accepted definition of recovery and the concept has evolved from 'complete clinical recovery' with total absence of symptoms, 'social recovery' the ability to live a more or less independent life in the presence of symptoms to the current concept of 'personal recovery' which is about self determination and how to live well in the context of long-term mental health conditions.¹⁶ The key themes in recovery include; building hope, empowerment to regain active control over one's life, acceptance, personal responsibility, self management, discovering a positive sense of personal identity, finding meaning and valuing personal experiences. Recovery is not something that professionals can do to the person but rather with the person. 'Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful, and contributing life even with the limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness'.¹⁷

A recovery oriented care of system is based on a partnership model of care and empowers both service user and carer. It focuses on people, monitors outcome, emphasises strengths and especially through supporting self-management, promotes autonomy leading to reduced reliance on

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SUBMITTED: MAY 16, 2008. ACCEPTED: AUGUST 20, 2008.

formal services. The recovery model establishes the centrality of the personal experience of the individual and the importance of mobilising the person's own resources as part of treatment, it emphasises the development of an individualised self management plan rather than compliance with a standard treatment regime.¹⁸

Assessment in rehabilitation and recovery service

A comprehensive initial and ongoing rehabilitative assessment and management approach for the service user entails active involvement in the recovery process, provides support and direction, self determination and empowerment, mobilises needed resources and organises interventions. Programmes are required that promote skill development, growth, coping and resilience which will assist individuals to function successfully in the environments of their choice by increasing their ability and capacity to manage their condition and its impact on their lives. The goal of all psychiatric rehabilitation programmes is to restore each person's ability for independent living and effective life management. Comprehensive rehabilitation assessment needs to be undertaken in a way that the person⁹:

- Experiences being a partner in the process
- Maximises their ownership of the process
- Is empowered and supported in achieving self determination
- Can involve the family and treatment perspective where relevant
- Has access to and understands the assessment.

Assessment can be an engaging and therapeutic process and should embrace the concept of recovery including service user's hopes, aspirations, motivation for self management while simultaneously incorporating personal goals. Assessment must be collaborative and more recently policy and practice have recognised the importance of a collaborative approach that includes service users and carers as partners in the planning and provision of treatment and the adoption of a recovery perspective.²⁰

A structured and comprehensive assessment tool completed in collaboration with the service user and carer, helps the multidisciplinary team to build a structure around which to discuss the service user's ongoing needs, achievement of goals, recovery themes and overall progress. Standardised and structured Individual service user needs assessment instruments include the Camberwell Assessment of Need (CAN)²¹ and Functional Assessment of Care Environment (FACE).²² Internationally the adult CAN is the most widely used needs assessment tool and has been translated into sixteen languages. These assessment instruments have a number of benefits. They:²³

- Provide a standard checklist
- Are reliable and measure outcomes over time
- Assist in the planning of a recovery programme
- Standardise the use of a scale across professional groups
- Allow comparisons to be made in an individual over time
- Facilitate communication between services.

Services supporting recovery based practice can be assisted in measuring recovery outcomes and auditing their orientation. Developing Recovery Enhancing Environments Measure (DREEM)²⁴ is a self report instrument that has been designed to enable services to measure their commitment to,

and effectiveness in, providing recovery based care. Pillars of Recovery Service Audit Tool (PoRSAT)²⁵ facilitates auditing of service orientation and is useful in providing education about recovery principles, comparing performance of different aspects of the service, identifying areas for change and in assessing over time the impact of recovery orientation within the service.

Client assessment of strengths, interests and goals (CASIG)

CASIG is being used by the rehabilitation and recovery team, Donegal mental health services and is deemed suitable as it fulfils the criteria outlined by Beutler & Menditto:^{26,27}

- Comprehensive, assessing the multiple outcomes relevant to service users and clinicians including clinical (symptoms, side-effects) rehabilitative (social, living, vocational functioning), humanitarian (quality of life, life goals) and public welfare (prevention of harm)
- Easily administered with minimal training, where it is used with experienced mental health professionals
- Capable of assessing changes over time
- Focused on strengths and skills, not only on symptoms and disabilities
- Inclusive of the multiple perspectives of service users, family members and clinicians
- Psychometrically sound and generalisable.

CASIG has been specifically designed for psychiatric rehabilitation²⁸ and tools validation and psychometric characteristics have been outlined by Wallace²⁹ and Lecomte.³⁰

CASIG has two versions: Self report and Informant. CASIG-SR version is administered as a structured interview that assesses six domains including:

1. Goals for improved community functioning
2. Current functional and cognitive skills
3. Medication practices (compliance and side-effects)
4. Quality of life and treatment
5. Symptoms
6. Unacceptable community behaviour.

CASIG-I is the Informant completed counterpart to CASIG-SR. Items are the same as in CASIG-SR, phrased for the third person and minus the Quality of life and Treatment items.

CASIG is being used by the rehabilitation and recovery team members, Donegal mental health services. The following themes emerged from the feedback given by the team members, who had facilitated service users in completing the assessment tool: service user focused, collaborative, reflects strengths, solution focused, concentrates on specific goals, multiperspective, ease of use, partnership with practitioner and informs the formulation of the care plan. CASIG covers many areas relevant to community functioning. The limitations identified were that it is a time consuming tool to administer and the dichotomous format of most of the scales.

Conclusion

'A Vision for Change' underpins recovery as the guiding principle in the design, delivery and evaluation of mental health services in Ireland. Recovery oriented system of care builds on the personal strengths and resilience and is based on enabling service users taking control and reaching their

full potential. Comprehensive initial and ongoing assessment is the cornerstone for identifying service user's needs and goals pertaining to all aspects of psychiatric rehabilitation and recovery. It can help to inform, construct and design a collaborative care plan and to evaluate the success of rehabilitation efforts. To promote the recovery approach and recovery oriented practice within the Irish mental health services it is vital that the service users should be active participants and fully integrated at all levels of planning and delivery of care, treatment and services.

Acknowledgement

We are grateful to the team members of Rehabilitation and Recovery, Donegal Mental Health Services for their useful feedback.

Declaration of Interest: None.

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