Multiple Perspectives on Recovery-Oriented Mental Health Care for People with Severe Mental Illnesses in the Netherlands: A Mixed-Methods Study

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1 Abstract

Whereas people with severe mental illnesses (SMIs) traditionally received care in large psychiatric institutions, recently there has been a paradigm shift towards recovery-oriented mental health care, which aims to increase the integration and participation of people with SMIs in society (Medeiros, McDaid, Knapp & the MHEEN Group, 2010). Although this has led to a significant decrease in hospital-based care, there is still a small group of people who need inpatient care for a longer period of time. These people have treatment-resistant positive symptoms, persistent negative symptoms, and impeding cognitive, social and functional impairments (Farkas, Rogers, & Thurer, 1987). They require high levels of support and ongoing treatment in a clinical setting, which mostly consists of pharmacotherapy, psychological therapy such as psycho-education and cognitive behavioral therapy, occupational and work-related daytime activities.

Specifically for this population, the Active Recovery Triad (ART) model has been developed in the Netherlands (van Mierlo et al., 2016).

According to the ART model, people with SMIs, family members, and mental health care professionals should work actively together to promote recovery. In the present study, we aim to investigate to what extent people with SMI’s, family members and mental health care professionals perceive the care that they either receive or give as recovery-oriented. In order to investigate this, focus group meetings were organized at six mental health institutions in the Netherlands.

At each institution two meetings were organized, one for people with SMIs, and one for relatives and staff. In this manner, people with SMIs could be more open about their experiences, since possible concerns or complaints would not be heard by the staff. In these focus groups, people discussed the status quo regarding the quality of care that was provided within the institutions, and possible barriers or facilitators of recovery that they perceived.
The results of these focus group meetings will be compared to the results of the translated Dutch version of the Recovery Oriented Practices Index (ROPI; Mancini, & Finnerty, 2005). The ROPI can be used to investigate to what extent mental health care teams provide recovery-oriented care. It was administered during an interview with the manager of a mental health care team.

The ROPI consists of 26 items, measuring the following 8 domains of recovery-oriented care: (1) meeting basic needs, (2) comprehensive services, (3) network supports and community integration, (4) service user involvement and participation, (5) strengths-based approach, (6) customization and choice, (7) self-determination, and (8) recovery focus.

We will investigate to what extent there are similarities and differences in these domains between the ROPI and the outcomes of the focus groups.

The results of this comparison will be discussed at the conference.

References


