

The role of sub-acute residential mental health services in recovery

Kerry Anne Thomas

A dissertation submitted as partial fulfilment of the requirements

for the degree of

Doctor of Philosophy in Health

University of Canberra

2016

Summary of Thesis

This thesis including published works contributes to the knowledge of how a residential mental health service can assist clients with sub-acute symptoms in their recovery journey. It makes an original contribution to this field by advancing the knowledge and understanding of the role a sub-acute mental health service can have as a facilitator of recovery, and the recovery environment that supports a person in their recovery journey. This thesis also provides a multi-faceted account of the similarities and differences in clinical outcomes and recovery support needs of clients who have entered the service directly from the community (step-up admissions) and those who have transferred from an inpatient unit (step-down admissions).

The goal of this research was to fill a knowledge gap on the effectiveness of a sub-acute residential service on clinical outcomes and build conceptual understanding of essential elements of the recovery environment and facilitators of recovery that had assisted clients. This research adds to the conceptual knowledge of the needs of people with sub-acute symptoms recovering from serious mental illness and highlights the differing needs of clients, depending on the setting from which they have accessed a residential mental health service. The research achieves this by investigating the clinical outcomes for both step-up and step-down clients, and by examining the recovery environment and organisational climate of the service from the perspectives of both client groups and the staff.

This research used a mixed-methods design that was comprised of six components, including a systematic review of the literature, a detailed service description, a longitudinal quantitative analysis of clinical outcomes, a cross-sectional survey study of the recovery environment, and a qualitative analysis of clients' perceptions of the facilitators of recovery, including a detailed study of one client who had multiple service admissions.

The first component was a systematic review of literature reporting on the clinical outcomes, cost-effectiveness and user-satisfaction of acute and sub-acute residential mental health services. The main finding of this systematic review was that there was considerable evidence supporting the effectiveness of acute residential mental health services, but very little research examining the outcomes of sub-acute residential services.

The second component was designed in response to the limited research on sub-acute residential services identified in the first component. The aim was to provide a detailed description of a sub-acute residential service's philosophy, programs and comparative cost-effectiveness, to add to the current knowledge and understanding of sub-acute residential services. The service examined is part of a growing trend toward including step-up/step-down sub-acute services as part of the mental health continuum of care. In addition to providing a description of the service, this study found that the sub-acute service is a cost-effective alternative to inpatient admission for clients with sub-acute mental health problems.

The third component was a longitudinal quantitative study of the clinical outcomes for step-up and step-down clients of the residential service. The aim of the study was to examine the effectiveness of the service in providing positive mental health outcomes for clients, evident in improvements in symptoms and psychosocial functioning. Self-report and clinician-report assessments of symptoms and psychosocial functioning at admission and exit were available for 17 step-up and 24 step-down participants. Twelve of these participants completed the follow-up assessment of self-report symptoms, functioning, and quality of life, three months after exiting the service. This study found that both client groups experienced positive clinical outcomes at exit, compared to when they were admitted to the service. At three months post exit, clients had maintained their clinical gains and reported positive quality of life, albeit significantly lower than the quality of life experienced by the general population.

The fourth component was a cross-sectional survey of the perceptions of step-up and step-down clients and staff of the recovery environment at the residential service. The aim was to examine client and staff perspectives of the service's delivery of key recovery elements and the organisational climate of the recovery environment. Nine step-up and 18 step-down clients, and 10 staff completed the Recovery Enhancing Environment Measure. Both client groups and the staff rated each of the recovery elements as important and that the service was performing well in these areas. Client groups and staff differed in the performance gaps they identified in the service, with step-down clients and staff identifying more elements in which the service was under-performing, compared to step-up clients. All respondent groups rated the organisational climate of the service positively.

The fifth component was a qualitative exploration of the perceptions of step-up and step-down clients of how the service had facilitated their recovery. The aim was to identify the specific features of the sub-acute residential service that clients reported had helped them in their personal journey of recovery; in particular, the recovery processes of finding hope, redefining self-identity, developing a meaningful life, and taking responsibility for recovery. Four key themes emerged from this enquiry: community context, personal support, the formal programs offered, and assistance in personal recovery processes. This study found that the two client groups had differing views on the ways in which the service had assisted them in their recovery and in their preparation to return to living in the community.

The sixth component examined the recovery journey of one woman over an 18-month period and three admissions to the residential mental health service. The aim was to explore the individual recovery process of a client of the service and how the service had assisted her in her recovery journey. The study found that this woman experienced change over time in her focus on the recovery processes and identified a range of features of the residential

service that were instrumental in her recovery progress. Repeat admissions to the residential service had assisted this woman to progress in her recovery.

This thesis contributes significantly to our understanding of the role of a sub-acute residential mental health service in assisting people in their recovery from serious mental illness. It is the only research that has examined the clinical outcomes, recovery environment and facilitators of recovery of a sub-acute residential service for both step-up and step-down clients. The thesis presents seven key elements contributing to the effectiveness of the sub-acute service that were identified in the research: social relationships and connection; peer support and client participation; self-management; caring staff; inclusion of physical health care; incorporation of personal needs in service delivery; and integration of systems of care.

The implications of these findings for the delivery of sub-acute residential services are discussed in relation to the current climate of reform of mental health service provision in Australia. Extensive system reform has been proposed by the Commonwealth Government, in response to the 2014 Report of the National Review of Mental Health Programmes and Services (National Mental Health Commission, 2014). The intention of this system reform is to offer tailored services providing a holistic approach to meet the diverse needs of mental health service users. The role of sub-acute residential services within this framework is discussed and future research directions are suggested.

Submitted Manuscripts and Publications for PhD Thesis Including Published Works

Study 1 Thomas, K. A., & Rickwood, D. (2013). Clinical and cost-effectiveness of acute and subacute residential mental health services: A systematic review. *Psychiatric Services, 64*(11), 1140-1149.

Published

Study 2 Thomas, K. A., Rickwood, D. J., & Bussenchutt, G. (2015). Adult Step-up Step-down: A sub-acute short-term residential mental health service. *International Journal of Psychosocial Rehabilitation, 19*(1), 13-21.

Published

Study 3 Thomas, K. A., Rickwood, D. J., & Brown, P. M. (2015). Symptoms, functioning and quality of life after treatment in a residential sub-acute mental health service in Australia. *Health and Social Care in the Community.*

Published OnlineFirst

Study 4 Thomas, K. A., & Rickwood, D. (2016). Recovery environment of a sub-acute mental health service. *Mental Health Review Journal.*

Published OnlineFirst

Study 5 Thomas, K. A., & Rickwood, D. (2016). Facilitators of recovery for step-up and step-down clients of a sub-acute residential mental health service. *Journal of Mental Health.*

Published OnlineFirst

Study 6 Thomas, K. A., & Rickwood, D. (2015). One woman's journey of recovery from mental illness - Hopes, back-up plans, rebuilding self and service support. *Qualitative Social Work.*

Published OnlineFirst

Conference Presentation during PhD Candidature

International Conference

Thomas, K. (2015, August). Clinical effectiveness and recovery environment of a step-up step-down, sub-acute residential service. Paper presented at the 16th International Mental Health Conference, Gold Coast, Australia.

Table of Contents

Title Page.....	i
Summary of Thesis.....	ii
Declaration.....	vi
Submitted Manuscripts and Publications for PhD Thesis Including Published Works.....	vii
Conference Presentation during PhD Candidature.....	viii
Table of Contents.....	ix
List of Tables.....	xiii
List of Figures.....	xiii
List of Abbreviations.....	xiv
Acknowledgements.....	xv
Chapter 1: Introduction.....	1
1.1 Background.....	1
1.2 Contribution of Thesis	2
1.3 Aims.....	2
1.4 Structure of Thesis	3
Chapter 2: Literature Review	6
2.1 History of Recovery Movement	6
2.1.1 Empirical support.....	7
2.1.2 Testimonies of recovery.....	10
2.2 What is Recovery?.....	11
2.3 The Emerging Policy of Recovery	16
2.4 Key Processes of Recovery	21
2.4.1 Developing hope.....	24
2.4.2 Redefining self-identity.	26
2.4.3 Finding meaning in life.....	27
2.4.4 Taking responsibility for recovery.	30
2.5 Integrating Recovery Philosophy into Mental Health Services.....	31
2.5.1 Staff with a recovery focus.....	33
2.5.2 Strong therapeutic relationship.....	36

2.5.3	Skills training.....	39
2.5.4	Peer support.....	40
2.5.5	Shared agency.....	41
2.5.6	Health and well-being focus.....	42
2.6	Continuum of Care in Mental Health Care Services	44
2.6.1	Care in the community.....	45
2.6.2	Residential mental health services.....	46
2.6.3	Inpatient mental health units.....	48
2.6.4	Plans for a more integrated mental health system.....	48
2.7	Pathways into Residential Mental Health Services	50
2.7.1	Step-up admissions.....	50
2.7.2	Step-down admissions.....	51
2.8	Needs of Mental Health Service Users.....	51
2.8.1	The physical environment.....	51
2.8.2	Opportunities to connect with others.....	53
2.8.3	Treatment.....	54
2.8.4	Staff and systems.....	54
2.8.5	Comprehensive approach.....	55
2.9	Needs of Mental Health Service Users Returning to the Community.....	55
2.10	Step-up and Step-down Recovery Services.....	57
2.11	Limitations of Prior Research.....	59
2.12	Rationale for Current Study.....	60
2.13	Research Aims.....	61
Chapter 3:	Extended Methodology.....	63
3.1	Research Design	63
3.1.1	Rationale for mixed-methods design.....	65
3.2	Ethical Considerations.....	66
3.3	Component 1: Systematic Review Methodology	68
3.4	Component 2: Description and Cost-effectiveness of Step-up Step-down Residential Mental Health Service	70
3.5	Component 3: Quantitative Component Methodology – Clinical Data	70
3.6	Component 4: Questionnaire Component Methodology – Recovery Environment..	71
3.7	Component 5: Qualitative Component Methodology – Client Interviews.....	71
3.8	Component 6: Qualitative Component Methodology – In-depth Individual Study ..	72

Chapter 4:	Component 1.....	73
4.1	Chapter Introduction.....	73
4.2	Declaration for Thesis Chapter.....	73
	Clinical and cost-effectiveness of acute and subacute residential mental health services: A systematic review.....	75
Chapter 5:	Component 2.....	85
5.1	Chapter Introduction.....	85
5.2	Declaration for Thesis Chapter.....	85
	Adult Step-up Step-down: A sub-acute short-term residential mental health service.....	87
Chapter 6:	Component 3.....	99
6.1	Chapter Introduction.....	99
6.2	Declaration for Thesis Chapter.....	99
	Symptoms, functioning and quality of life after treatment in a residential sub-acute mental health service.....	101
Chapter 7:	Component 4.....	113
7.1	Chapter Introduction.....	113
7.2	Declaration for Thesis Chapter.....	113
	Recovery Environment of a Sub-acute Mental Health Service.....	115
Chapter 8:	Component 5.....	127
8.1	Chapter Introduction.....	127
8.2	Declaration for Thesis Chapter.....	127
	Facilitators of recovery for step-up and step-down clients of a sub-acute residential mental health service.....	129
Chapter 9:	Component 6.....	136
9.1	Chapter Introduction.....	136
9.2	Declaration for Thesis Chapter.....	136
	One woman's journey of recovery from mental illness – hopes, back-up plans, rebuilding self and service support.....	138
Chapter 10:	Discussion.....	155
10.1	Chapter Introduction.....	155
10.2	Summary of Findings	155

10.2.1	Component 1: Clinical and cost-effectiveness of acute and subacute residential mental health services: A systematic review.	156
10.2.2	Component 2: Adult Step-up Step-down: A sub-acute short-term residential mental health service.	156
10.2.3	Component 3: Symptoms, functioning and quality of life after treatment in a residential sub-acute mental health service.	157
10.2.4	Component 4: Client and staff perspectives on the recovery environment of a residential sub-acute mental health service.	158
10.2.5	Component 5: Facilitators of recovery for step-up and step-down clients of a sub-acute residential mental health service.	158
10.2.6	Component 6: One woman’s journey of recovery from mental illness – hopes, back-up plans, rebuilding self and service support.	159
10.3	Key elements of sub-acute residential services	160
10.3.1	Social relationships and connection	160
10.3.2	Peer support and service user participation	168
10.3.3	Self-management	173
10.3.4	Relationship with staff and staff attitudes	180
10.3.5	Inclusion of physical health care	185
10.3.6	Support with personal factors	188
10.3.7	The role of sub-acute residential services within an integrated continuum of care	194
10.4	Strengths and limitations of this research	204
10.5	Future research directions.....	207
10.6	Overall Contribution of the Thesis and Conclusions.....	209
	References.....	211
	Appendix A.....	249
	Appendix B.....	258
	Appendix C.....	268
	Appendix D.....	273
	Appendix E.....	275

List of Tables

Table 2.1: Recovery processes identified through review of recovery literature.....	23
Table 3.1: Systematic review inclusion and exclusion criteria.....	68
Table 3.2: Data collection measures and administration times.....	71
Table 10.1: Performance gaps in elements of service delivery.....	159
Table 10.2: Key elements of sub-acute residential services, and associated clinical implications and future research directions	202

List of Figures

Figure 3.1: PRISMA diagram for systematic review	69
--	----

List of Abbreviations

ACT	Australian Capital Territory
ANOVA	Analysis of variance
AQoL-8D	Assessment of Quality of Life – 8 Dimension Scale
BASIS-32	Behavioural and Symptom Identification Scale
HoNOS	Health of the Nations Outcome Scale
LSP-16	Life Skill Profile – 16
NDIS	National Disability Insurance Scheme
NGO	Non-government organisation
PHN	Public Health Network
REEM	Recovery Enhancing Environment Measure
SUSD	Step-up Step-down

Acknowledgements

There are a number of people that I would like to thank for their assistance and support throughout my PhD candidature. Firstly, I would like to thank my primary supervisor, Professor Debra Rickwood, whose guidance and expertise has been invaluable over this time. I am very grateful for her ongoing support and encouragement.

I would also like to acknowledge and thank Assistant Professor Tricia Brown for her support, guidance and timely feedback. Thank you for the clarity you gave me at various times throughout this project.

Thank you to my family, who were very supportive and patient. I know it wasn't always easy putting up with a wife and mother whose mind was so often on my project rather than the many other important things going on in our family.

Thank you also to my fellow PhD candidates, I learned so much from you all and really enjoyed being on this journey with you.

I also acknowledge the contribution of the service users and service providers and thank them for their time and their willingness to share their experiences of the sub-acute residential service.