

Multiple Perspectives on Recovery-Oriented Mental Health Care for People with Severe Mental Illnesses in the Netherlands

Ellie van Setten^{1,2}, Michelle van Dam^{1,2}, Jaap van Weeghel^{3,4}, Stynke Castelein^{5,6}, Marieke Pijnenborg^{6,7}, & Lisette van der Meer^{1,8}

(1) Lentis Psychiatric Institute, Department of Rehabilitation; (2) University Medical Center Groningen, Rob Giel Research Center; (3) Parnassia Noord-Holland, Castricum; (4) Tilburg University, School of Social and Behavioral Sciences; (5) Lentis Psychiatric Institute, Research Department; (6) University of Groningen, Department of Clinical Psychology and Experimental Psychopathology; (7) GGZ Drenthe, Department of Psychotic Disorders; (8) University of Groningen, Department of Clinical and Developmental Neuropsychology, the Netherlands

What is Important in Recovery-Oriented Care ?

According to: Clients, Family & Mental Health Professionals vs. the Recovery Oriented Practices Index (ROPI)

Introduction

The **Active Recovery Triad (ART)** model was developed in the Netherlands to facilitate the implementation of recovery oriented care for people with **severe mental illnesses (SMI) who need long-term residential psychiatric care** [1]. According to the ART model, people with SMI (clients), family members, and mental health professionals should **work actively together** to promote recovery.

In this study we investigate **what elements are important in recovery-oriented care from the perspective of the triad** of clients, family and mental health professionals, and we compare this with the dimensions of an established instrument that measures recovery-oriented care: the ROPI [2].

The Active Recovery Triad



Fig. 1 – Wow, you have a great eye for detail ;-). You deserve a coffee

References

- [1] van Mierlo, T., van der Meer, L., Voskes Y., Berkvens, B., Stavenuiter B., & van Weeghel J. (2016). De kunst van ART. Werkboek Active Recovery Triad. Utrecht: De Tijdstroom.
[2] Mancini, A.D., & Finnerty, M.T. (2005). Recovery Oriented Practices Index (unpublished). New York: New York State Office of Mental Health.

Method

6 focusgroups with clients & 6 focusgroups with family and mental health professionals
Computer-assisted qualitative analysis withg Atlas.ti 8.4 using a grounded approach

Preliminary Results

ROPI Dimensions:	Clients	Family	Professionals
1) Meeting Basic Needs <i>E.g., Medical Care, Meals, Housing, Time, & Personal Attention</i>	Safety & Structure Warm contact with Professionals Quality of housing Personnel changes Unavailability of Professionals	Safety of client Importance of a clean and organized living environment	Not enough quality time with client due to personnel shortage, high work load, crisis situations etc.
2) Comprehensive Services <i>E.g., Supported Learning, Work, Recreation, & Specific Therapies</i>	Large offer of services Long-waiting time	Professionals are not always consistent in delivery of services	Use standardized treatments methods Difficulty to implement methods well due to external circumstances
3) Network Supports & Community Integration <i>E.g., Supporting and Expanding Social Contact, & Involving Relatives</i>	Contact with other residents of psychiatric institute Negative experiences in society	Client determines family involvement Poor communication with family	Family involvement Client determines family involvement
4) Service User Involvement & Participation <i>E.g., Involvement of Clients in Treatment Plans and Goals</i>	Unclear goals	Client does not know what is best	Perspective of client is important Client does not always cooperate
5) Strengths-Based Approach <i>E.g., Strength-Based Assessments & Defining Goals Based on Strengths</i>	-	-	Positive mindset of focusing on possibilities instead of problems
6) Customization & Choice <i>E.g., Variation in Treatment Options Based on Individual Needs and Wishes</i>	Specific help received from professionals for personal difficulties	Not enough personnel for customization	Flexibility to adapt to the needs of each specific client at each specific moment
7) Self-Determination <i>E.g., Clients are Supported in the Management of their Illness and Finances</i>	Too much help for things that client can do independently	Too much help for things that client can do independently	Negative impact of living in a psychiatric institute
8) Recovery Focus <i>E.g., Involvement of Peer-Support Workers & Attention for Personal Recovery</i>	Attention for the client as a human being, not just as a "patient"	Professionals should not be easily content but try and experiment more and not give up	Importance of small steps and goals in recovery-oriented care

Questions / Suggestions? Please mail: erh.vansetten@lentis.nl