



# Evaluation of the Establishment of a Recovery-Oriented Milieu in a Psychiatric Hospital Tertiary Care IP Unit

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# Recovery Milieu Project

## *Purpose*

- To develop a recovery-oriented milieu on a previously traditional tertiary care mental health inpatient unit  
(in order to offer each client an opportunity to maintain his/her current independent living skills, practice new skills for an increased quality of living, if desired by the individual, and engage in necessary, healthy routines required for safe and successful community living)

# Background and Setting

- There is limited research in the literature concerning implementing a recovery philosophy as it relates to psychiatric inpatient tertiary mental health care.
- A 22-bed tertiary care mental health inpatient unit that provides inter-professional assessment and stabilization services for clients who are diagnosed with a psychotic disorder. The length of stay for a client is approximately 60 to 90 days.

# Interventions

Changes that were introduced to the unit milieu within the 6-month pilot period included:

- Education with clients about medications to improve adherence and a self-medication program
- Training of clients to enable them to plan, shop, and prepare meals in a unit-based kitchen
- Biweekly “Community Meetings” with clients and staff to elicit feedback on ward activities, routines, activities of daily living, and overall unit milieu
- Opportunities to utilize the on-site rehabilitation apartment to support transition to independent living

# Interventions (cont'd)

- Providing the opportunity for clients to manage lockers and locks for belongings
- Implementing a new recovery-oriented care plan format
- Introducing a recovery wellness log, a “Your Recovery Journey Group” and a peer support role
- Social skills training
- Cognitive behavioural therapy
- Several weeks of education to staff on recovery-oriented topics

# Method of Evaluation

- A focused ethnography framework (Knoblach, 2005).
- Ethics approval from UWO Research Ethics Board
- Field journals, focus groups with staff, individual interviews with clients, document analysis and Recovery Knowledge Inventory pre- and post-intervention survey (Davidson et al., 2009)
- Operational changes on the unit ie lockers, access to space

# Data Collection

- Initial data collection included 3 field journals, 1 focus group with staff, 9 client interviews, as well as 14 care plans for review by 2 Certified Psychosocial Rehabilitation Practitioners.
- A total of 14 Recovery Knowledge Inventory surveys were completed at pre-test and 7 surveys were completed post-test at the end of the 6-month period.

# Analysis

- Audio-recorded interviews were transcribed and validated by research assistants. Data analysis consisted of thematic analysis for the qualitative data
- T-tests were performed to compare the average values between the pre- and post-test 20-item survey results
- After preliminary analysis and peer debriefing among the research team, an additional focus group was conducted to elicit further feedback and perform member checking



# Findings – Care Plans

- clients' quotes, strengths and goals were identified
- The variance in language used in the care plans suggested a partial improvement in staff recovery-related knowledge and attitudes

# Findings - Client Perspectives

- Inviting atmosphere - Clients described the unit environment as welcoming, quiet, and relaxing
- Contact Conscious - Clients identified an open working relationship with staff to address their immediate needs and goals.

*“They open up more, they’re more available...we intermingle and cross paths a lot more than if they stayed in the office the whole time, which they don’t”*

# Findings - Shared Client and Staff Perspectives

- Peer Support

*“There was a tornado warning in the evening and all the patients were inside. Sam had made some soup in the afternoon as part of his recovery program with the [occupational therapy]. We were all snuggled inside, Sam offered his soup. All of the patients loved the soup and went back for more and more. There was so much laughter and Sam had so much joy in sharing, no one was concerned about the weather. It demonstrated and affirmed a caring attitude for each other and friendships were formed.”*

# Findings - Staff Perspectives

- Staff shared experiences of when their pessimistic assumptions about individuals' capabilities regarding cooking their own meals, managing personal belongings, or administering self-medication were challenged and overcome.

*“...we wouldn't have even put him as a potential...which is kind of us being a little blind too, like we would have never thought he would have participated in the recovery group...and now he's cooking and he's great!”*

# Findings -

## Recovery Knowledge Inventory Survey

- There was a significant difference in the scores for pre-test (M=53.3, SD=13.0) and post-test (M=77.6, SD=10.3);  $t(13)=15.3$ ,  $p = 0.000$
- The results indicate that staff beliefs and attitudes changed as result of participating in the Recovery Milieu Project
- Results indicated that staff members appreciated the need for the person in recovery to develop a positive identity beyond that of one defined by the diagnosis (mental illness/substance abuse) and the importance of having assistance of peers in the process

# Findings - A Check in 6 months Later

“We have recently had big changes on the unit with the two IP units combining. We have many acute and longer term clients so it has taken a lot of adjusting for both staff and clients. Staff from both units have also been brought together. I was concerned that what we had gained from the pilot would be lost. This has not been the case. Staff from the unit that was involved in the project have been able to influence both clients and staff with many things such as maintaining access for clients to the kitchen area, continuing with lockers, and we will be starting the self-meds program, and recovery group again soon

Staff coming from other areas have been keen to learn about the project and very open-minded to the "easy-going" ways on the unit

Even though the pilot is over-the concepts and ideas of the project as well as the education to staff (the forward way of thinking) is present in every thing we do. Staff are still very much invested in keeping all of the pieces of the pilot going.”

# Conclusion

- The pilot project was fairly successful in shifting the culture of a traditional tertiary inpatient to one that promotes recovery by providing opportunities for individuals to develop and maintain skills, as well as plans for successful community living
- The results of this pilot suggest that multiple individualized strategies focused on rehabilitation and education re recovery influenced not only the client's experience of their inpatient stay, but staff knowledge and beliefs as well

# Conclusion (cont'd)

- Further research opportunities include exploring the sustainability of this work within the unit and the successful transition of clients who are returning to the community, as well as conducting a cluster randomized controlled study of this approach
- Initial check in suggests the results are sustainable over a six month period despite major administrative change on the unit



