

Richmond Fellowship Queensland

The Journey to Introduce Evaluation & Outcome Measures into Our Work

Who is RFQ?

- RFQ is part of an international movement first established at Richmond, Surrey, England, in 1959 which pioneered community rehabilitation programs for people with mental illness
- There are Richmond Fellowships in North and South America, Asia, New Zealand, Europe, Africa, and states and territories of Australia

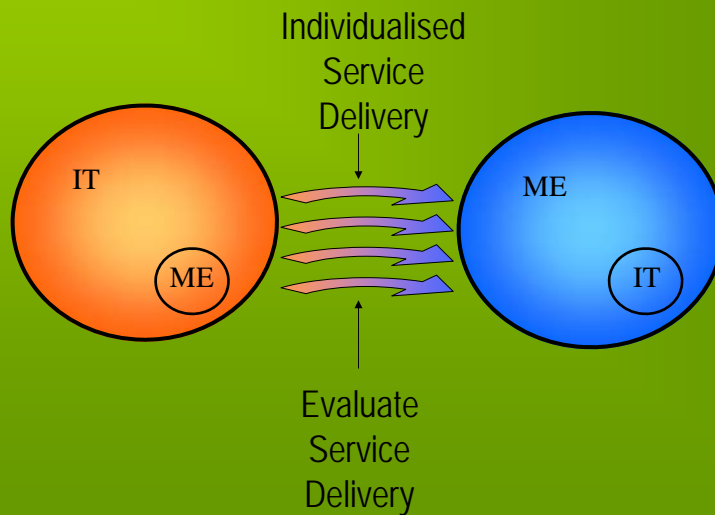
Who is RFQ?

- RFQ is a non-profit company and has been supporting people with a mental illness since 1974
- Variety of programs funded by state Department of Communities, Disability Services, Community Mental Health, and Commonwealth Health and Aging
- RFQ employs 100 staff
- Over 300 clients (approx 500 annually)

RFQ's journey of recovery practice 1995 - 2001

- Language of the consumer inspired recovery orientation introduced into RFQ's mission in 1996
- Consumer leader/ academic from the U.S (Laurie Curtis) conducted several workshops with staff in relation to Recovery philosophy, principles and practices (1996- 2000).
- Staff completed the Recovery Oriented Service Assessment instrument (ROSA) in 2000.
 - Results showed a high level of recovery values
- Engagement of other consumer leaders/ activists
- Participation as a research site in QUT Project 300 longitudinal research
 - (outcome measures: HoNOS, BPRS, GAF, LSP)

Recovery paradigm graphic Laurie Curtis



RFQ's journey of evaluating recovery practice 2002 - 2010

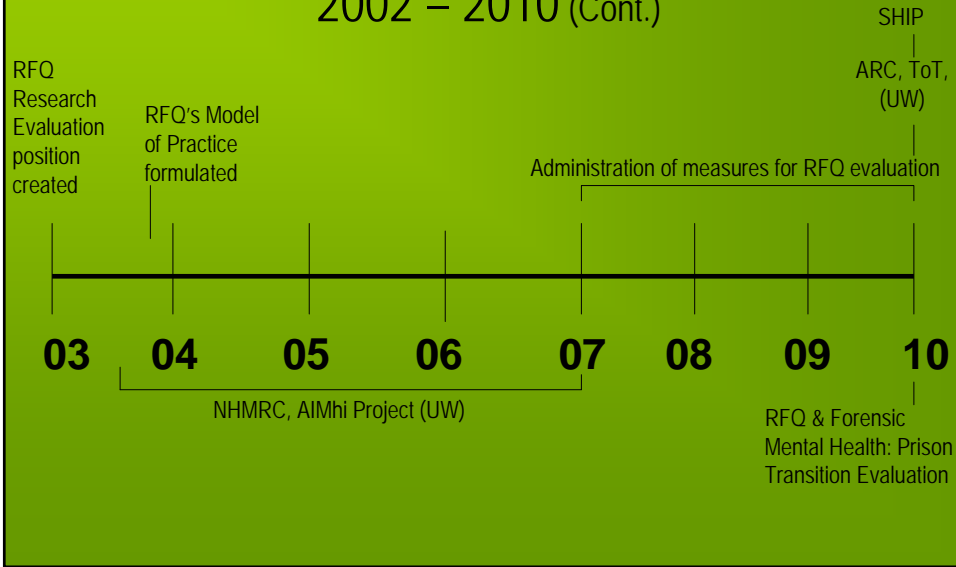
WHY?

- Best practice: evidence based services
- Identifies areas of success and for continuous improvement
- Accountability: competent and ethical provider of mental health services

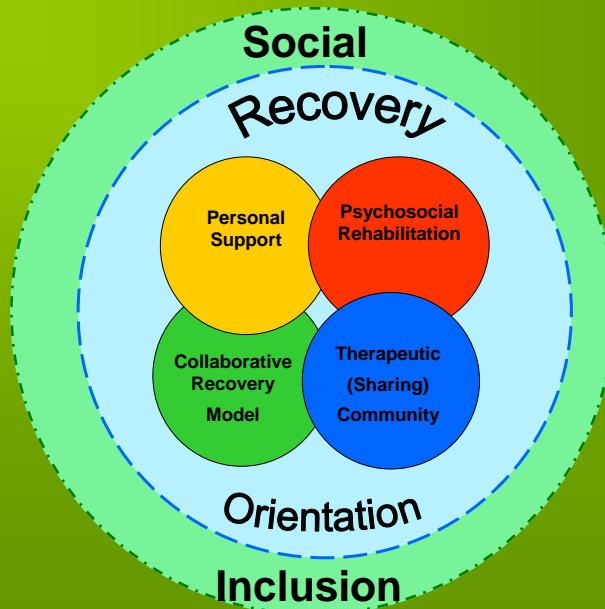
HOW?

- Resources dedicated to evaluation projects
- Dedicated position created
- Participation in research

RFQ's journey of evaluating recovery practice 2002 – 2010 (Cont.)



RFQ's Model of Practice



RFQ's participation in research

- Project 300 (UQ)
- NHMRC: AIMhi Project (UW & UQ)
- ARC: Transfer of Training (UW)
- Forensic Mental Health & RFQ: Prison Transition Evaluation
- Commonwealth & SANE: National Survey of High Impact Psychosis (SHIP)
- Narrative Therapy Project (QUT)

NHMRC: AIMhi Project (UW & UQ) 2002 - 2008

- 10 Government and NGO research partners in 4 states
- The project examined the affect on staff attitudes and client outcomes of training staff in the 2-day Collaborative Recovery Model

- Outcome measures used:

Staff-completed measures

- HoNOS
- LSP-16
- GAF
- Homework Adherence Scale
- WAI

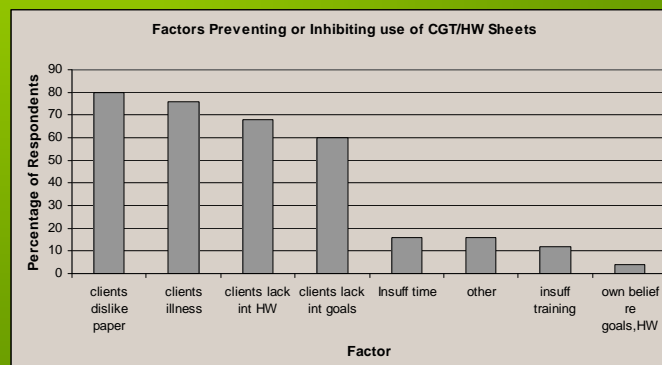
Consumer-completed measures

- RAS
- MHR
- K-10
- Vocational Status
- Physical Activity Questionnaire
- Homework Adherence Scale
- WAI

NHMRC: AIMhi Project (UW & UQ) 2002 – 2008 (cont.)

- Staff also completed a Recovery Knowledge Inventory (RKI) and Staff Attitudes to Recovery Scale (STARS) and The Recovery Attitudes Questionnaire (RAQ-7)
- Across all research sites, 37% of learned CRM was transferred into practice
- Booster sessions were not successful in enhancing CRM protocol

Factors affecting RFQ's Implementation of CRM



ARC: Transfer of Training (UW)

- 3 year project with 5 NGO partners (Vic, NSW, Qld)
- Looking at how ToT can be increased following experience of the AIMhi project
- Improve transfer of work skills into routine practice
- Measures will evaluate factors such as staff attitudes and values in relation to recovery, staff wellbeing, job satisfaction and burnout
- Outcome measures (staff completed)
 - Recovery Attitudes Questionnaire
 - Recovery Values Questionnaire
 - Authentic Happiness Inventory Questionnaire
 - Intrinsic job satisfaction scale
 - Maslach Burnout Inventory

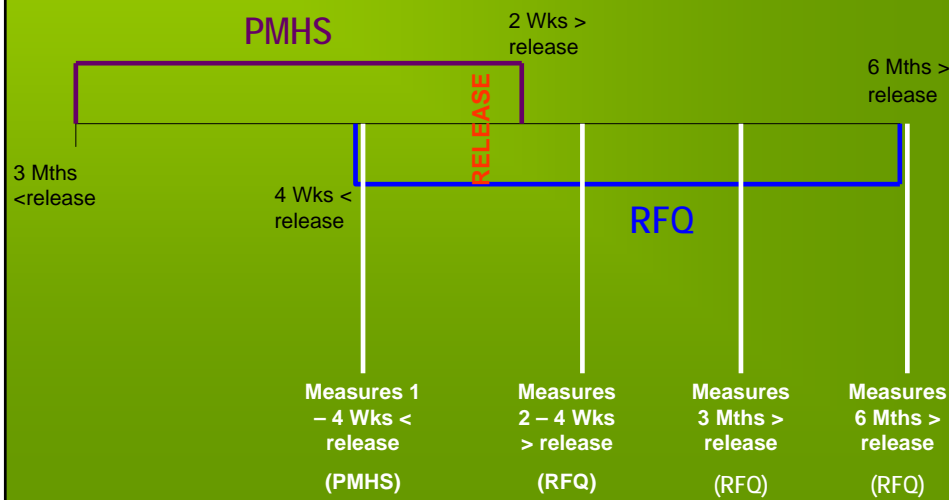
Forensic Mental Health & RFQ: Prison Transition Evaluation

- The purpose is to evaluate the provision of services to people with a mental illness who are leaving prison and moving back into the community
- The data will inform improvements to the ongoing delivery of coordination and support services to clients being released from custody
- The data will also inform public mental health policy and funding

Forensic Mental Health & RFQ: Prison Transition Evaluation (cont.)

- Outcome measures (staff completed)
 - K-10
 - LSP- 20
 - CANFOR
 - HoNOS
 - Psychosocial indicators- employment status, income source, drug and alcohol treatment, social support.

Forensic Mental Health & RFQ: Prison Transition Evaluation (cont.)



Commonwealth & SANE: National Survey of High Impact Psychosis (SHIP)

- Implemented locally by the Queensland Centre of Mental Health Research
- The purpose is to better understand the opportunities for, and barriers to, good outcomes for people with psychosis, including better social and economic integration
- The data will build on the evidence base provided by the first survey (Mental Health and Wellbeing, Study of Low prevalence (Psychotic) Disorders 97- 98) to influence government policy and funding decisions

Commonwealth & SANE: National Survey of High Impact Psychosis (SHIP) (cont.)

- RFQ staff completed screening tools to determine the eligibility of clients living in the West Moreton district in the project
- Randomly chosen eligible clients were approached to participate in the research, involving a full day of physical and psychological screening

PHD: Narrative Therapy (QUT)

- The PHD is exploring the role of psychotherapy in the recovery process for people with schizophrenia spectrum disorders
- Evaluate whether Narrative Therapy results in positive well-being
- Implement metacognitive narrative therapy with people who have schizophrenia spectrum disorders
- Utilise quantitative research methods to evaluate program outcomes (pre-, mid-, and post-intervention)
- Utilise qualitative methods to better understand the change process that occurs during psychotherapy

Narrative Therapy: QUT (cont.)

- **Outcome measures (researcher completed)**
 - Indiana Psychiatric Illness Interview
 - Narrative Coherence Rating Scale
 - Scale to Assess Narrative Development
 - Meta-cognition Assessment Scale – Abbreviated Version
 - Recovery Assessment Scale
 - Brief Psychiatric Rating Scale – Extended
- RFQ is facilitating consumer participation in the research

Current RFQ methods of evaluation

Informal

Consumer feedback surveys
(annually)

Consumer forums (annually)

Consumer participation in:

- Audits
- Program reviews
- Staff training

Personal Recovery Plans
(every 6 months)

Formal

Measures:

LSP-16/ LSP-20 (baseline & every 3 months)

HoNOS (baseline & every 3 months)

CANSAS/ CANFOR (baseline & every 6 months)

K-10 (baseline & every 3 months)

The data is used to:

- Inform the PRP process in relation to client needs
- Provide evidence for ongoing reflective practice
- Provide annual feedback to staff on individual client and program outcomes
- Provide evidence to government of service outcomes and informs sound policy making
- Contribute to the wider mental health intellectual environment (papers, presentations, workshops and conferences)
- Provide evidence for the value of investing in RFQ's service philosophy and Model of Practice
- Assist with the identification of future research

What is RFQ's experience in its research and evaluation journey?

- Rates of compliance for HoNOS and LSP above 90%
- CANSAS linked more directly to staff's day-to-day work through the PRP and is more positively viewed compared to HoNOS & LSP
- Enhanced focus on consumer recovery through more reliable methods of identifying consumer needs
- Aggregated data viewed as helpful e.g. graphs
- Attitudes towards measures has improved over time-line
- Facilitated and promoted a heightened awareness and discussion in staff forums in relation to RFQ's recovery practices

What is RFQ's experience in its research and evaluation journey? (cont.)

- Some staff are uncertain about the benefits of completing measures
- Use of evaluation measures has highlighted gaps in some areas of professional practice
- Consistency issues identified in administering measures (inter-rater reliability)
- Participation in some research has not delivered anticipated feedback including RFQ data outcomes

What is consumer' experience of participating in the process of measures

- We have not formally obtained feedback from consumers of their experience
 - Staff and consumers have informally provided feedback that some consumers:
 - Find it challenging
 - Believe paperwork takes up too much of their support time
 - Find some questions embarrassing/ socially inappropriate
- However:
- Find value in reflecting on how far they have come
 - Find negotiating homework helpful

How can we make the evaluation process more effective?

- Provide more regular feedback to staff
- Ensure consistency in how measures are completed across programs
- Enhance training on use and value of measures
- Promote discussion on the benefits of keeping to time frames
- Continue to review current measures and explore more effective recovery measures
- Increase consumer participation involvement in RFQ's evaluation activities
- Further promote a learning culture and the benefits of using objective measures in RFQ's recovery practice

RFQ's journey of recovery practice 2010- future

- Areas of ongoing review and development:
 - IT, training, feedback, culture of evidence based practice
 - Up- skilling staff
 - Offering opportunity for further study and research
 - Training workshops to benefit staff work
 - Ongoing refinement of information systems to enable quick and meaningful feedback to staff
- ↑ Rates of completion
- ↓ Staff resistance

Where to next? (cont)

- RFQ progressing joint appointment with academic institution and increasing its resources dedicated to research and evaluation

Current challenges in evaluating mental health recovery practice

- Body of knowledge in relation to people's lived experience and recovery practice still developing
- No widely accepted operational definition of recovery currently exists in mental health practice
- Reliable and validated measures of recovery outcomes are still being explored
- Need for further research and evaluation in recovery practice
- Are there 'unmeasurable' outcomes?