

Understandings of risk and recovery amongst mental health workers and service users within community mental health teams :

The development of vignettes through focus groups. Jessica Holley

Context and Aims

Recovery-oriented care has become a key principle embedded within mental health policies and practice. Previous evidence suggests that there are tensions between implementing recovery-oriented care and managing risk in mental health services. There is however no evidence that has explored how recovery oriented care is understood in the context of risk management from the perspectives of the service user (SU) and their mental health worker (MHW) within community mental health teams.

This study will take place in two stages. In the preliminary stage of the study a series of focus groups were carried out in order to help develop vignettes for the main part of the study. In this preliminary stage a separate set of aims and research questions were set out:

Research question-

What do MHWs and SUs understand about risk and recovery?

Research Aims

- 1) To explore understandings of risk and recovery amongst MHWs and SUs within community mental health teams in a mental health NHS trust.
- 2) To use MHWs and SUs understandings of risk and recovery from focus group discussions to help develop and pilot vignettes to be used to elicit data in the main part of the study.

Methods

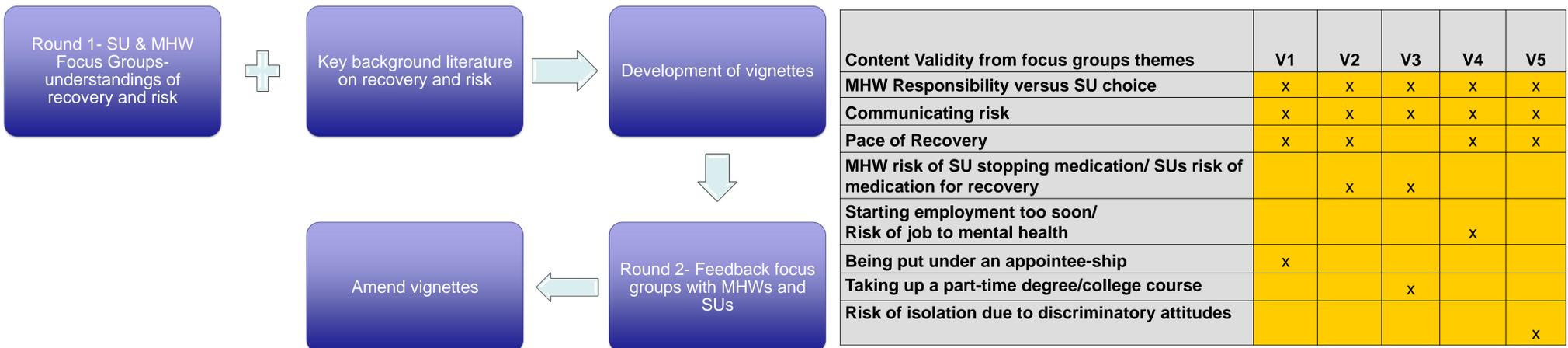
Participants: 13 community MHWs were recruited for 2 focus groups. MHWs had experiences of case managing SUs with a diagnosis of schizophrenia/psychosis.

8 SUs were recruited for the first stage focus. SUs had a diagnosis of schizophrenia, psychosis or bipolar disorder. SUs were a mixture of male and female (4 male, 4 female) of different ages and from different ethnic backgrounds.

Recruitment: MHWs were recruited through their community mental health team managers. SUs were recruited through client involvement workers and SU networks/groups.

Procedure: The preliminary stage consisted of two round of focus groups. The first round of focus groups were used to ask MHWs and SUs- in separate focus groups- about their understandings of recovery and risk

The second round were feedback focus groups which asked MHWs and SUs whether they thought the vignettes were realistic to real life situations and whether they thought any amendments needed to be made.



Preliminary findings:

Two categories were identified through the focus group transcripts: situations involving risk and recovery and causes of recovery and risk conflict.

Themes included in situations involving risk and recovery were: medication management, employment and education, and finance and benefits.

Themes included in causes of recovery and risk were: professional responsibility versus service user choice, communicating risk, and pace of recovery.

Implications and Impact

The findings from the preliminary stage of this study have helped develop vignettes for use in the main stage of the study. These vignettes will be used to generate discussion about how SU and MHWs would 'view, rationalise, and manage' (Mitchell & Glendenning, 2008, p311) situations where there is an element of risk in recovery oriented care.

The findings from these vignettes may identify how risk effects the implementation of recovery oriented care from both the MHW ad SU perspective. This could be used for the purpose of training MHWs on how best to communicate issues of risk with the SU whilst also allowing the SU to have an increased awareness and more involvement in managing the possible risks of their recovery. This could help to make risk a part of recovery oriented care rather than a separate conflicting entity.

Analysis and Discussion

Preliminary Analysis:

A thematic analysis was used to analyse the data from the focus groups.

The data from these focus groups were then combined with relevant literature to develop several vignettes.

