

CRM Fidelity Study

Part Three: Consumer Experiences

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Executive Summary

This report presents the perspectives and experiences of consumers within the context of evaluating the implementation of the Collaborative Recovery Model (CRM). Findings in this report highlight that the guiding principles and therapeutic structure of the CRM contain a number of key activities and processes that the majority of consumers perceive as being highly important to their recovery. Furthermore, consumer ratings also point out that the core components of the model are being applied by staff at a high level during engagement interactions.

There are links between how consumers rated the general helpfulness of sessions with Neami staff for assisting their recovery and how the workers apply the guiding principles and component processes of CRM. In particular, processes related to encouragement to set tasks to complete between support visits, help with motivation, and setting meaningful goals showed the strongest link to ratings of helpfulness of sessions. Consumer feedback also indicated that the quality of the working relationship between consumers and their key workers is linked to consumers perceiving the sessions with Neami workers as being useful in assisting their recovery.

The implications for practice include the importance of collaborative working alliances between staff and consumers where; needs are validated; hope is cultivated; choice and decision making are practiced and promoted; personal responsibility is fostered; and confidence is enhanced through taking action towards meaningful goals and celebrating achievements along the way. The findings in this report provide an opportunity for reflection and consolidation of existing practices between consumers and key workers.

Introduction

Consumer perspectives are a crucial source of evidence to evaluate whether mental health service practices are effective and are in line with what a service espouses to do. Consumer feedback obtained during evaluation activities can inform service improvement strategies and actions and is a way of ensuring that the principles of recovery oriented practice are embedded within service delivery.

This report focuses on presenting the views and experiences of consumers within the context of evaluating the implementation of the Collaborative Recovery Model (CRM) within Neami National (NN). It demonstrates how consumers rated the importance of core CRM practices to their recovery and their experiences of how frequently these practices are applied during engagement interactions with their key workers.

The report also explores the relationship between the application of core CRM practices and how consumers rate sessions with their key workers for 'helpfulness in assisting personal recovery'. While the focus of this report is on presenting consumer experiences, as a comparison, we also present key worker ratings of the same practices to explore the similarities and differences between staff and consumer perspectives.

To complement these results, we share the feedback consumers provided during the course of their participation in the CRM Fidelity Study. Together with the Part 4: LifeJet Protocol Reflections report, the results in this report provide a consumer experience evidence-base for consolidation and improvement of CRM service delivery practices.

Background

Recovery

The concept of recovery was developed by consumers as a way of describing the personal journey that takes place for people with mental health difficulties as they take responsibility for their wellness and work toward a renewed sense of identity, meaning and purpose. Embedded in this concept is the belief that there is no predetermined script for recovery, rather, that it is a unique journey for each person and therefore it needs to be a self-directed process. One of the most commonly used definitions of recovery is from Anthony (1993, p.13):

Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.

Anthony's conceptualisation of recovery elaborates that people can recover from mental illness even when the illness is not cured, and that the process of recovery can proceed in the presence of continuing symptoms and disability (Roberts & Wolfson, 2004). Anthony is credited with challenging mental health services to embed a recovery orientation as a practice standard (Carpenter, 2002).

Recovery Oriented Service Delivery

Recovery-oriented mental health practice refers to the application of a set of ideas and competencies that support people to recognise and take responsibility for their own recovery and

wellbeing and to define their goals, wishes and aspirations. Implications for practice include: the importance of collaborative working alliances between staff and consumers, fostering personal responsibility, promoting shared decision making and supporting the development of motivation, self-management and self-empowerment. Recovery-oriented practice also enacts consideration of the wider family, social, and physical environment in which a person navigates their life.

Recovery-oriented mental health service delivery requires a shared vision, dialogue and commitment at all levels of an organisation. Capabilities for recovery-oriented practice and service delivery comprise underlying core principles, values, knowledge, attitudes, behaviours and skills. Individuals, teams and organisations need these capabilities in order to support people with mental health difficulties to live a meaningful and contributing life in their community of choice.

(A National Framework for Recovery-Oriented Mental Health Services: Guide for practitioners and providers, Commonwealth of Australia: Policy and theory, 2013).

The Collaborative Recovery Model

The Collaborative Recovery Model (CRM) was developed over a number of years at the University of Wollongong. The model is consistent with the values of the recovery movement and meets the Australian governments' criteria for a Recovery Oriented Practice.

Practitioners using the model as a framework for services they deliver are guided by two significant principles:

1) Recovery is an Individual Process

2) Recovery is enhanced through Collaboration and Autonomy

Based on the personal accounts of people who have experienced mental illness and recovery the model proposes that there are four key psychological processes associated with recovery: finding and maintaining hope, re-establishing a positive identity, building a meaningful life and taking responsibility and control. The model engages consumers in their recovery through life planning and personal development activities including: strengths and values clarification, setting meaningful goals, and planning actions.

The CRM as a framework to guide Neami National service delivery

The CRM was adopted as a whole of organisation practice framework by Neami National in 2009. As a practice model the CRM has a defined set of attitudes, knowledge and skills for practitioners to follow and utilise in their work practice. To support practitioner implementation fidelity, Neami has worked to embed the vital components of the model within the culture, structure and practices of the organisation.

Evaluating the Collaborative Recovery Model at Neami National

In 2014, Neami National undertook a research project titled 'An Exploration of the Application of the Collaborative Recovery Model (CRM) within Neami National'. The aim of the study was to take stock of whether the model was being implemented as intended and whether delivery of the model is seen by staff and consumers to be useful and beneficial in supporting recovery and wellbeing.

This report presents the views and experiences of consumers who participated in the research project. Together with the Part 4: LifeJet Protocol Reflections report, the results in this report provide a consumer experience evidence-base for consolidation and improvement of CRM service delivery practices.

Method

Random Selection

Site Participation

Initially sites were selected by a randomisation process from a list of potential sites across Neami National. We included services that used the CRM in standard format. We also included a site from WA to allow for data to be obtained from each state. This meant that the number of VIC sites we included was reduced from 5 to 4. In total, 12 sites were included:

- **WA:** Perth,
- **QLD:** Darra,
- **SA:** Pooraka, Port Adelaide,
- **NSW:** Bankstown, Darlinghurst, Pagewood, Wollongong,
- **VIC:** Doncaster, Glen Waverley, Heidelberg, Thomastown

Consumer and Key Worker Participation

From these sites, consumers were selected by a randomisation process and invited to participate in the study. The key workers for consumers who chose to participate were invited to complete a matched survey and interview.

Limiting response bias

We employed researchers with a lived experience of recovery in each state who worked within selected sites to collect data. This was done to limit interruptions to normal service delivery and to minimise potential bias. Research literature indicates that there can be a response bias when regular service delivery staff collect evaluative information from consumers in relation to the services they receive.

Measures

For this part of the study we used parallel survey measures:

- Consumer Evaluation of CRM (CEO-CRM)
- Staff Evaluation of CRM (SEO-CRM).

Consumer Evaluation of CRM (CEO-CRM)

Consumers participated through the completion of a survey (CEO-CRM) and interview. The CEO-CRM is a self-report questionnaire, developed by researchers from the Illawarra Institute for Mental Health, University of Wollongong. Five consumers experienced in previous research or mental health consumer consultancy from the Illawarra/Shoalhaven region provided feedback on readability and acceptability of the survey. For the purpose of this study, we added two additional statements to each part of the survey (Part A and Part B) to include the core practice activities related to values and strengths identification.

In preparation for this study, we consulted 3 consumers from Neami to obtain additional ideas to ensure the questions and design of the CEO-CRM was practical and relevant for the study. Researchers with a lived experience of recovery also reviewed and provided suggestions for the

questionnaires. After consultation with the consumers some small refinements were made to the wording and sequence of the statements.

The survey included 9 statements for participants to rate actions related to the guiding principles and key therapeutic components of the CRM approach i.e. taking responsibility for own recovery, being involved in decision making, having right not take advice, gaining motivation, receiving understanding of range of needs, values and strengths identification, encouragement to set goals that are meaningful and encouragement to set tasks in between support visits. Participants provide ratings in relation to:

- 1) Part A: how important they rate these actions are to their recovery,
- 2) Part B: the frequency in which they consider their key worker applies these actions in practice, and
- 3) How helpful the sessions with their Neami workers have been towards assisting their personal recovery process.

Following completion of the self-report questionnaire (CEO-CRM parts A & B) consumers were interviewed (CEO part C) to further explore their experiences and ideas in relation to how the CRM is implemented in the support they receive from Neami. A particular focus of the interview was to explore consumers' use of the LifeJet protocol documents during support interactions.

Staff Evaluation of CRM (SEO-CRM)

The Staff Evaluation of the CRM (SEO-CRM) is a parallel measure to the CEO-CRM also developed by researchers from the Illawarra Institute for Mental Health, University of Wollongong. The survey included the same statements as the CEO-CRM and asks key worker participants to refer to a consumer they work with and rate:

- 1) Part A: how important they perceive key aspects of the CRM are to this consumer;
- 2) Part B: the frequency by which they apply the same practices during support interactions with this consumer, and
- 3) How helpful they believe the sessions are towards assisting the consumer's personal recovery process.

Following completion of the survey (SEO-CRM Parts A & B), keyworkers were interviewed (SEO Part C).

For this report results from the CEO-CRM survey and interview data will be presented to illustrate consumer experiences. The report will also compare CEO-CRM data with SEO-CRM data to assess similarities and differences between consumers and their key workers.

Who Responded

In total 116 consumers and their key workers participated in study. Appendices at the conclusion of this report outline the key demographics for A) consumer participants and B) staff participants. The demographic information illustrates that the consumers and staff who took part in the study show a reasonable representation of consumers and staff across NN services.

Results: Guiding Principles

In a move away from traditional helping approaches the Collaborative Recovery Model is underpinned by two guiding principles:

1) *Recovery as an Individual Process* – Engagement that promotes understanding each person with their own circumstances, hopes, and potential as being uniquely individual; and wherein respect is held for each person’s unique recovery pathway.

2) *Recovery is enhanced through Collaboration and Autonomy* - The creation of a collaborative partnership between consumer and practitioner where hope is cultivated, skills and assets for quality of life are enhanced, successes are celebrated and personal power, self-agency, and confidence is fostered.

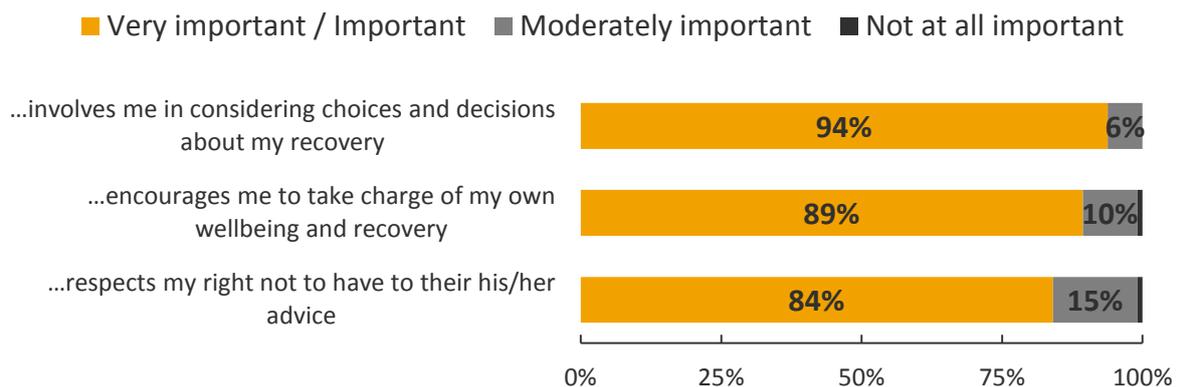
The guiding principles are informed by consumer recovery stories and literature, recovery oriented practice framework policy, and psychological theories related to change, growth and empowerment processes.

In this study we queried three practices that reflect elements of the guiding principles:

- Taking charge of own recovery and wellbeing
- Being involved in choice and decision making
- Exercising the right not to have to take advice

The first graph (Figure 1) show the results for how important consumers rated these concepts as assisting their recovery and the second graph (Figure 2) shows how often consumers rated their key worker as applying them during support interactions.

How important it is for my recovery that my worker...



Scale: Not at all Important, Moderately Important, Important, Very Important

Data Source: Consumer Evaluation of CRM (CEO-CRM)

Figure 1. Consumer ratings of importance for practices that reflect elements of the guiding principles.

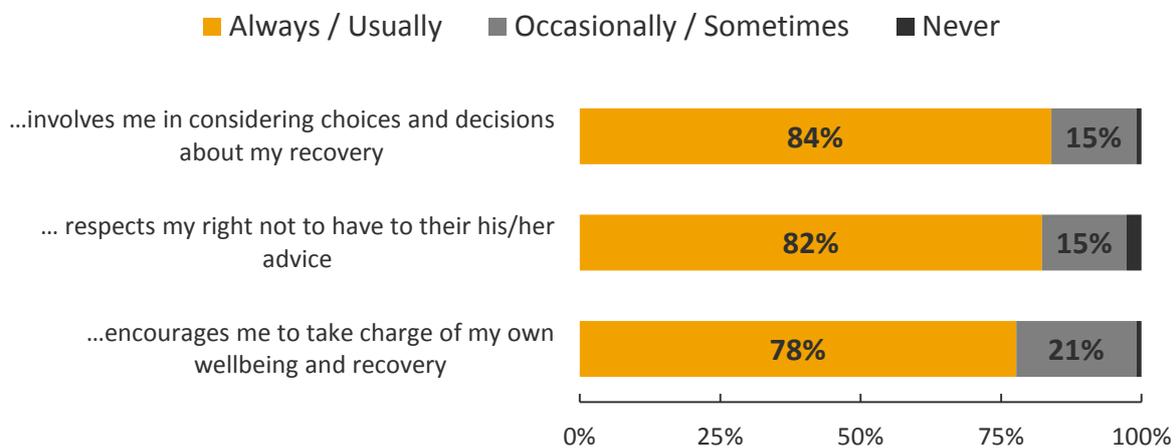
The overwhelming majority of consumers rated the use of actions related to the CRM guiding principles as being important or very important in assisting their recovery. This supports consumer recovery literature which proposes that a significant facilitator of recovery is the ability to take

control of one’s life through the enactment of personal power and individual responsibility. Inherent in the concept of empowerment is a person having the opportunity to voice their ideas, opinions and concerns.

Overall, key worker perspectives of how important consumers view these actions as supporting recovery were similar to consumer ratings, with just over 90% of staff also rating these actions as being important or very important to the consumers who participated in this study.

A comparison of consumers and staff ratings indicated that staff tended to accurately rate how important consumers viewed Item 1: (Encouragement to take charge of own wellbeing and recovery), whereas for Item 2 (Involvement in considering choices and decisions about recovery & Item 3 (Respect not to have to take advice) staff tended to expect these to be slightly more important to consumers than consumers actually rated them. The differences were small but statistically significant (Item 2 mean difference .174 and Item 3 mean difference .398).

How often does my worker...



Scale: Never, Sometimes, Occasionally, Usually, Always

Data Source: Consumer Evaluation of CRM (CEO-CRM)

Figure 2. Consumer ratings of how often practices that reflect elements of the guiding principles are applied during support interactions.

The large majority of consumers said that their key worker applied the CRM guiding principles either ‘usually’ or ‘always’. There was a link between how consumers rated each item for importance and how they rate it as being applied, suggesting that the level in which their key work applies the principles mostly corresponds to how important it is to them. Staff rated their application of the guiding principles very highly (94% as always/usually).

Consumer comments demonstrate how the guiding principles in action may be experienced:

“The most helpful thing is when you realise you have a voice.”

“I appreciate xxx not taking away challenges – it encourages my independence”.

“When you work together, it’s amazing what you can do”.

“Neami doesn’t give you answers; they help you find your own.”

Results: Recovery Component Processes

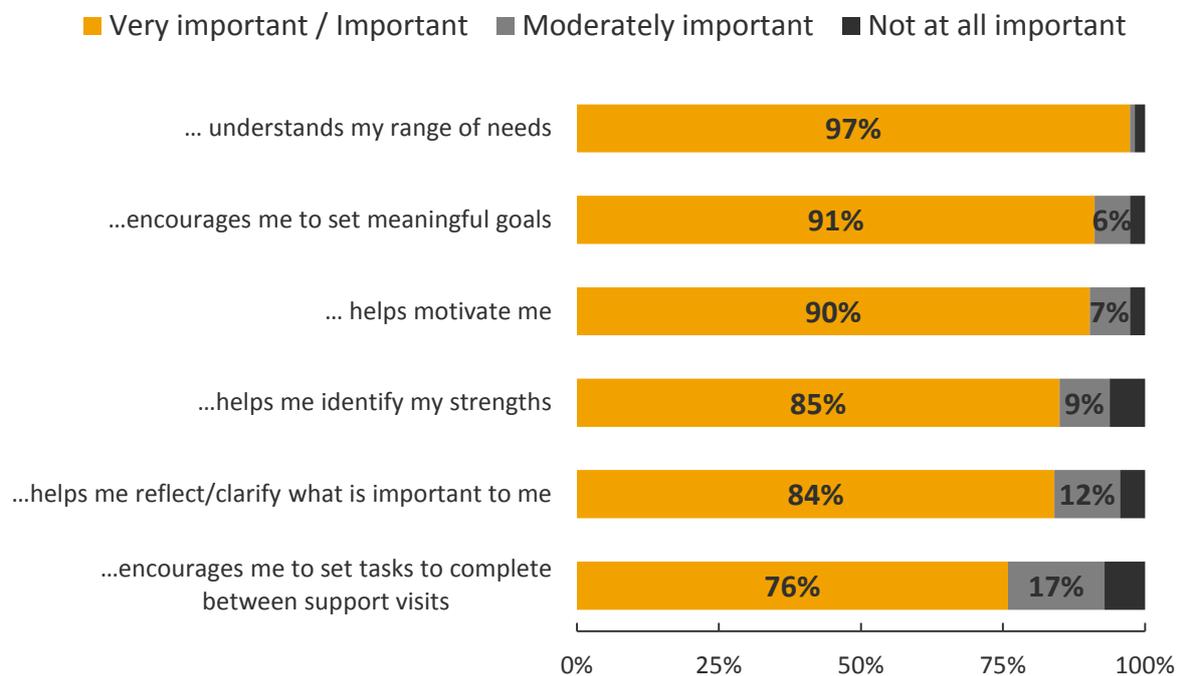
Six items included in the consumer and staff evaluation questionnaires relate to practices that form the four key recovery component processes within the CRM. Most of these activities are undertaken by way of conversation between consumers and workers; however there are a number of documents whereby these conversations are also recorded. Recording practices enhance consumer commitment and achievement, create consistency of service, and demonstrate evidence of services provided.

Following is a breakdown of the component processes and documents used during CRM led support practices:

- 1) The first component, **Change Enhancement**, involves exploring and supporting an individual in building interest and commitment to their recovery journey. A primary source of motivation is tapping into a person's own ideas of what makes for a 'good life'. This is also supported by the prioritisation of needs. At times consumers use a 'Decisional Balance' tool to explore their own readiness or interest to make change. Practitioners use Coaching and Motivational Interviewing practices to enhance change processes. Conversations that assist with identifying and prioritising needs may be facilitated through the use of the CANSAS (Camberwell Assessment of Need) questionnaire.
- 2) The second component focuses on **Identifying the Strengths and Values** of the individual and the ways these can be tapped into to support the person's journey. This includes what has become known within Neami as 'Camera' conversations, and includes activities that promote reflective processes towards being able to understand what is important or really matters to a person. Strengths identification processes are particularly useful when a person is considering what resources they have available to support themselves towards a goal or action. The creation of a Good Life Album is a valuable resource towards establishing a deep connection with ones values and strengths. The use of the Camera LifeJet protocol assists with creating a snapshot of how close one is living in alignment with important values and strengths.
- 3) The third component involves **Setting Meaningful Goals** to support a person to action their strengths and values in their day to day lives. This includes what has become known within Neami as having Compass conversations. The Compass LifeJet protocol incorporates strategies based on goal setting research to enhance motivation, commitment and achievement. A consumer's goals recorded on a Compass may also guide support planning activities.
- 4) The fourth component is developing an **Action & Monitoring plan** including the supports the person will need to achieve their goals. This includes what has become known within Neami as Map conversations. The Map LifeJet protocol incorporates strategies based on between session support and goal setting literature to enhance confidence towards completing actions in line with larger goals or actions on their own.

The following two figures show the results for how important consumers rated the component processes for assisting their recovery and how often their key worker worked applied them during support interactions.

How important it is for my recovery that my worker...



Scale: Not at all Important, Moderately Important, Important, Very Important

Data Source: Consumer Evaluation of CRM (CEO-CRM)

Figure 3. Consumer ratings of the importance of practices core to CRM therapeutic structure.

The overwhelming majority of consumers rated the use of the CRM component processes as being important or very important towards assisting their recovery. These results validate the design of the CRM therapeutic structure to support recovery for consumers.

Comparing consumer ratings of importance to key workers perceptions of what is important for each consumer showed that generally consumers rated each process as being slightly more important than key workers thought (range = 70% to 90%). There was a significant difference in how key workers perceived the importance to consumers in two areas; 1) understanding range of needs and; 2) help with motivation, with staff perceiving these as less important to consumers than consumers rated them. Consumer ratings and feedback can provide encouragement to practitioners that each of the components within the model are useful for assisting consumers in their recovery process.

Consumer comments demonstrate how the therapeutic structure is beneficial.

“Overall, Neami has been the most meaningful part of my recovery in terms of identifying strengths and goals based on those values and strengths, helping me build my self-esteem and self-confidence.”

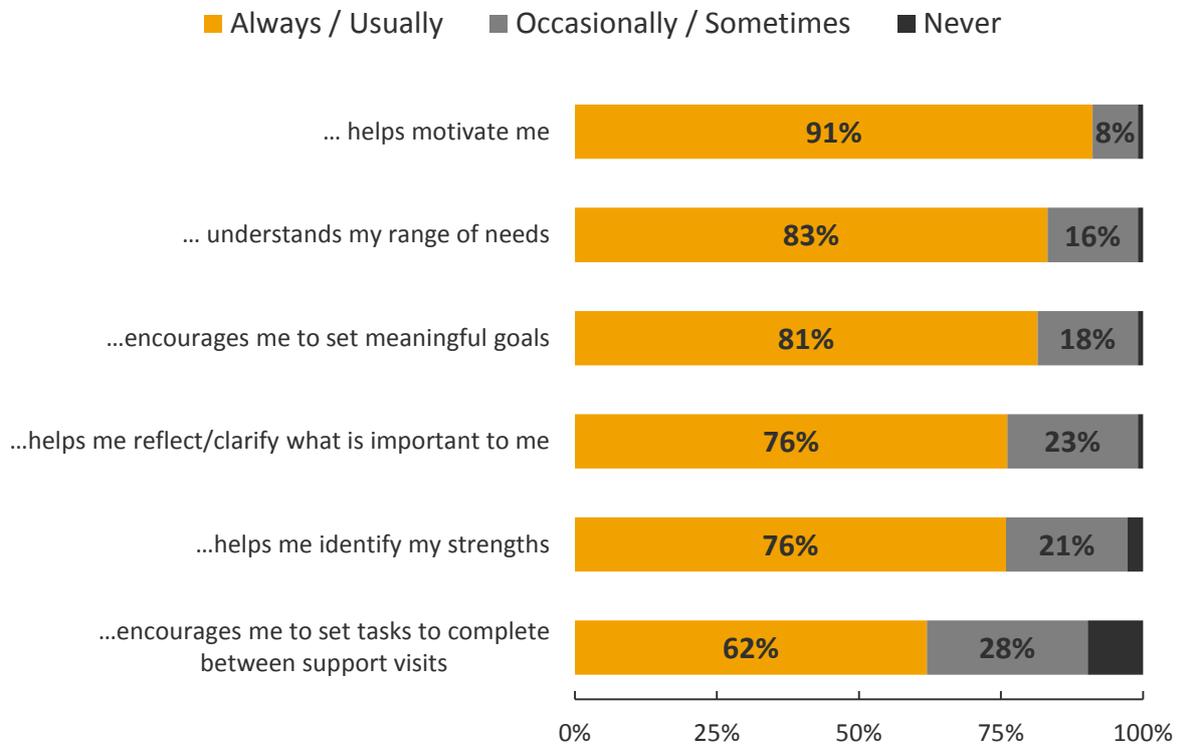
“I was seeing a psychiatrist and a psychologist and I needed that, but the focus was on my illness. I had just started wondering if there was anything else for me (apart from dealing with my illness) and then I started working with Neami.”

"CRM is very helpful to work out where you're at, where you want to go and how to get there. The MAP tells you what to do next. I haven't used things like this before. I think they are very good."

"It's helped me to have a clearer understanding of what I want to achieve and the things I'll need to improve on. It's helped me to learn a bit more about myself."

She identified strengths that I'm not aware of. She helps me with practical things like the computer, helped me buy a lamp, help with study. Always encouraging, supporting what I want to do. I might not feel like I've achieved a goal but she points out to me where I've succeeded. She's not just a good worker. She's a good person. She's never disappointed in the goals I set. To have someone in my corner when you have a mental illness is just so comforting, so enhancing, so uplifting.

How often does my worker...



Scale: Never, Sometimes, Occasionally, Usually, Always

Data Source: Consumer Evaluation of CRM (CEO-CRM)

Figure 4. Consumer ratings of the frequency of how the core CRM practices are applied by their key worker

A large majority of consumers said that their key worker applied the component processes of CRM during support interactions either ‘usually’ or ‘always’. It is encouraging to see that key worker application of these components during support interactions is so strikingly evident to consumers. Interestingly, consumers rated the application of these components slightly higher than their key workers rated themselves as applying them.

As with the guiding principles there was a link between how consumers rated items for importance and how frequently they rated it as being applied; suggesting that key workers are applying these practices in a manner that corresponds to how important a consumer values them. The component

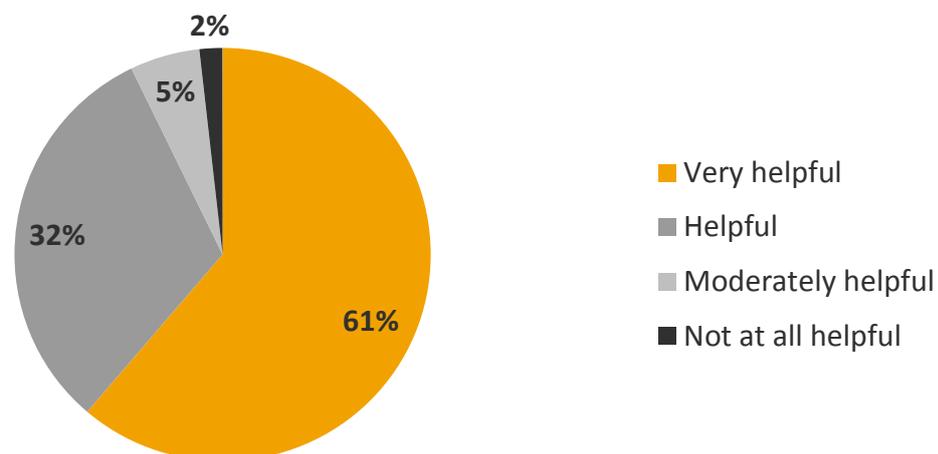
that did not match strongly was 'understanding my range of needs', with the frequency of application not corresponding as highly to the level of importance consumers placed on it for assisting their recovery. Although it is still taking place frequently, this could mean that consumers perceive key workers are not their assessing range of needs as much as they would like.

Help with motivation relates to the 'enhancing change' component of the CRM. Application by key workers is facilitated by the use of Coaching and Motivational Interviewing skills. Underpinning these approaches is the ability to draw out a person's own reasons and confidence for change. Whilst the application may change over time as a person gains momentum and confidence towards their own recovery goals, it is appropriate that the vast majority of consumers (91%) experience this core process as being applied 'usually' or 'always'.

Whilst consumers' ratings of application for the remaining components were very high, it is appropriate that they are not rated as highly as help with motivation. Activities related to setting meaningful goals, identifying values and strengths and setting action planning tasks may be threaded throughout interactions but are not necessarily all applied at every interaction. They may be undertaken interchangeably according to the purpose of each engagement interaction.

Results: General Helpfulness of Sessions

Majority of consumers rated sessions with their workers as being **very helpful** towards assisting their personal recovery



Data source: Consumer Evaluation of CRM (CEO-CRM)

Figure 5. Consumer ratings of general helpfulness of sessions towards assisting recovery process.

A substantial majority of consumers (Figure 5) rated sessions with their workers as being helpful or very helpful towards assisting their personal recovery.

'In the last two years at Neami I've gotten to the stage where I am now. I'm leading a satisfactory life... Now I've healed a lot it all makes sense...'

'Neami is a wonderful service that has helped me develop skills to have better control over my mental health.'

'I'm starting to live a normal life after the support I've gained from Neami. I feel a lot better, showed me that I can get the strength to do this.'

I found the supports interactions more helpful, the more my worker... (the brighter the red the more helpful)

...encourages me to set tasks to complete between support visits to achieve my own goals

...helps motivate me / ...encourages me to set goals that are personally meaningful to me

...understands my range of needs

...helps me to reflect/clarify what is important to me

...helps me to identify my strengths

...shows respect for my right not to have to take advice

...encourages me to take charge of my own wellbeing and recovery

...involves me in considering choices and decisions about my recovery

Data source: Consumer Evaluation of CRM (CEO-CRM)

Table 1. Link between consumer ratings of general helpfulness of sessions towards assisting recovery and the application of key CRM practices.

Statistical analysis demonstrated that there was a correlation between the application of key CRM practices and how helpful the sessions were rated. Table 1 demonstrates that the more highly these practices were rated as being applied the more likely consumers rated the sessions with their worker as being helpful in assisting their recovery. The application of encouragement to set tasks to complete between support visits, help with motivation, and setting meaningful goals showed the strongest link to higher ratings for the usefulness of sessions with key workers to assist personal recovery.

Interestingly, although consumers rate the first item (encouragement to set tasks to complete between support visits to achieve goals) somewhat less important than other items (figure 3, page 12), this is the one that shows the strongest effect in relation to ratings of helpfulness of sessions with Neami towards assisting personal recovery. Given that frequency of Map activities show the strongest link to higher ratings of 'helpfulness of sessions to support recovery' there appears to be disparity in how this component may be perceived and it's potential to support recovery.

Consumer comments also indicated that ratings of helpfulness were often linked to the quality of the relationship between themselves and direct service delivery staff. Comments included those about being listened to, understood, accepted, respected, and gaining motivation and encouragement.

“My Neami worker listens to my needs and goals and we have a great relationship whereby I feel 100% comfortable and I’m able to voice my opinion and let her know where I’m at that point.”

“I look forward to it – worker is someone who I can open up to.”

“My worker has great people skills. She is very in touch with being able to connect with you. She’s very compassionate. She’s gotten to know me and what I want out of Neami.”

“Helpful because basically they encourage me to do my best in everything that I do.”

“Their willingness to accept me for who I am and their encouragement has always benefited me.”

“It’s not just the support and guidance but the overall positive attitude and language used. It helps me to understand where I am at, gives you someone to talk to, it’s not a medical appointment, there is interaction that is productive.”

Many consumers also referred to helpfulness in terms of the practical mentoring activities they undertook during support interactions.

“They’ve helped me with tasks around my home for me to be able to live normally - learning to use the washing machine. They’ve helped me to learn how to use public transport without fear of going outside. They’ve mainly been practical things.”

“I like the help with going out for walks and being fit and healthy.”

For the most part, relationship quality ties back to the second guiding principle of the CRM wherein recovery is enhanced through collaboration and autonomy. Built on ideas pertaining to self-determination theory and principles of empowerment, the principle enacts a collaborative working alliance to activate and strengthen hope, motivation, confidence and achievement.

Summary

The results in this report present the views and experiences of consumers within the context of evaluating the Collaborative Recovery Model (CRM) as a framework to guide service delivery. Consumers rated key CRM practices for their importance for assisting their recovery and also rated how often these practices were applied during sessions with their key worker.

Do consumers see the CRM guiding principles as important to their recovery?

The overwhelming majority of consumers (range = 84% to 94%) rated the use of actions related to the CRM guiding principles as being important or very important in assisting their recovery. This result is in line with consumer recovery literature where a significant facilitator of recovery is proposed to be the ability to take control of one's life through the enactment of personal power and individual responsibility. Central to the concept of empowerment is a person having the opportunity to voice their ideas, opinions and concerns. Overall, key worker perspectives of how important consumers view these actions as supporting recovery were similar to consumer ratings with just over 90% of staff also rating these actions as being important or very important to the consumers who participated in this study.

Are the guiding principles being applied during support interactions?

The large majority (range = 78% to 84%) of consumers rated the CRM guiding principles as being applied as usually or always (scale = never, occasionally, sometimes, usually always). Importantly there was a link between how consumers rated each item for importance and how they rate it as being applied, suggesting that the level in which is being applied by their key worker mostly corresponds to how important it is to them. Staff rated their application of the guiding principles very highly (up to 94% as always/usually).

How important are the therapeutic components of the CRM to recovery?

The overwhelming majority of consumers (range = 76% to 97%) rated the use of the CRM component processes as being important or very important towards assisting their recovery. These results validate the design of the CRM therapeutic structure to support recovery for consumers. Comparing consumer ratings of importance to key workers perceptions of what is important for each consumer showed that generally consumers rated each process as being slightly more important than key workers thought (range = 70% to 90%).

There was a significant difference in how key workers perceived the importance to consumers in two areas 1) understanding range of needs and 2) help with motivation with staff perceiving these as less important to consumers than consumers rated them. Consumer ratings and feedback can provide encouragement to practitioners that each of the components within the model are seen by consumers as useful for assisting recovery.

Are the component processes being applied during support interactions?

Consumers rated the frequency of application of the key therapeutic components of the CRM during support interactions predominantly in the always to usually range (range = 62% to 91%). Consumers rated the application of these components slightly higher than their key workers rated themselves as applying them. It is encouraging to see that key worker application of these components during support interactions is so strikingly evident to consumers.

As with the guiding principles there was a link between how consumers rated items for importance and how frequently they rated it as being applied; suggesting that key workers are applying these practices in a manner that corresponds to how important a consumer values them. The component that did not match strongly was 'understanding my range of needs' with the frequency of application not corresponding as highly to the level of importance consumers placed on it for assisting their recovery. To ensure support matches consumers' needs and preferences, this finding indicates a need to enhance conversations and activities that include exploration and validation of a consumer's needs. Furthermore, there is a need to ensure that there is opportunity to address these with goals and actions to meet these as required.

Are sessions with key workers rated as helpful for assisting recovery?

A substantial majority (93%) of consumers rated sessions with their workers as being helpful or very helpful towards assisting their personal recovery. Statistical analysis demonstrated that the higher core CRM practices were rated as being applied the higher consumers rated the usefulness of sessions with their key worker as assisting their recovery. The application of encouragement to set tasks to complete between support visits, help with motivation, and setting meaningful goals showed the strongest link to higher ratings for the usefulness of sessions with key workers to assist personal recovery.

Consumer feedback also highlighted that ratings of helpfulness were often linked to the quality of the relationship between consumers and their key worker. The majority of comments included ideas about being listened to, understood, accepted, respected, and gaining motivation and encouragement through the conversations and attitudes held by their key worker. Many consumers also referred to helpfulness in terms of the practical mentoring and life skill building activities they undertook with their key worker during support interactions.

Conclusion

The views and experiences of consumers presented in this report highlight that the guiding principles and therapeutic structure of the CRM contain a number of key actions and processes that consumers perceive as being highly important to their recovery. Furthermore, consumer ratings also point out that these core components of the model are being applied at a high level during engagement interactions.

For practitioners using the model as a framework to guide the work they do with consumers these results provide encouragement that the guiding principles and component processes within the model are valued by consumers as assisting their recovery. It is also encouraging to see that the application of these is so visibly seen by consumers as being used throughout engagement interactions.

Whilst ratings of general helpfulness were linked to application of the guiding principles and component processes of the CRM, consumer feedback also demonstrated that relationship quality between consumers and key workers is important to consumers perceiving the sessions with Neami workers as being useful in assisting their recovery. Ratings of helpfulness also demonstrate that Map processes show greater potential to support recovery than how they may be generally perceived.

The implications for practice include the importance of collaborative working alliances between staff and consumers where; needs are validated; hope is cultivated; choice and decision making are

encouraged and enacted; personal responsibility is fostered; confidence is enhanced through action planning and review of achievements; and that success is celebrated along the way.

References

Commonwealth of Australia (2013). A National Framework for Recovery-Oriented Mental Health Services: Guide for practitioners and providers. Department of Health and Aging *Policy and theory*. Pp 15-17.

Andreson, R., Oades, L., & Caputi, P. (2003). The experience of recovery from schizophrenia: towards an empirically validates stage model. *Australian and New Zealand Journal of Psychiatry*. 37, pp.586-594.

Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of mental health service system in the 1990s. *Psychosocial Rehabilitation Journal*, 16 (4) pp.11-23.

Carpenter, J. (2002). Mental health recovery paradigm: implications for social work. *Health & Social Work*, 27 (2), pp.86-94.

NSW CAG & MHCC (2009). Developing a Recovery Oriented Service Provider Resource for Community Mental Health Organisations Literature Review on Recovery.

Roberts, G. & Wolfson, P. (2004). The rediscovery of recovery: open to all. *Advances in Psychiatric Treatment*, 10, pp.37-49.

Appendix A – Consumer Participant Demographics

The data below provides a demographic profile of the consumers who participated in the study.

State	Percent (%)	Frequency
NSW	34.5	40
VIC	33.6	39
SA	17.2	20
QLD	8.6	10
WA	6.0	7
Total	100	116

Age	Percent (%)	Frequency
29 years or under	13.9	16
30–39	23.5	27
40–49	37.4	43
50–59	18.3	21
60 years and over	7.0	8
Total	100	115

Mean age = 42.81. Age range = 20 to 69.

Gender	Percent (%)	Frequency
Male	55.2	52
Female	44.8	64
Total	100	116

Language	Percent (%)	Frequency
English	86.4	89
Non-English	13.6	14
Total	100	103

Indigenous	Percent (%)	Frequency
Aboriginal	6.1	7

Non-Aboriginal	93.9	108
Total	100	116

Medical condition	Percent (%)	Frequency
1 or more condition	28.4	33
No condition recorded (includes unknown)	71.6	83
Total	100	116

Primary diagnosis	Percent (%)	Frequency
Schizophrenia	41.0	43
Depression	20.0	21
Bipolar disorder	14.3	15
Schizo-affective disorder	11.4	12
Others	13.3	14
Total	100	105

**18 participants had more than one primary diagnosis.*

Funding length	Percent (%)	Frequency
Less than 1 year	10.4	12
1–2 years	46.1	53
2–3 years	26.1	30
3–4 years	10.4	12
5 years and over	7.0	8
Total	100	115

Unmet needs	Percent (%)	Frequency
Company	38.1	40
Daytime activities	36.2	38
Psychological distress	34.6	36
Intimate relationships	30.3	30
Physical health	28.6	30
Sexual expression	25.3	22
Money	21	22
Accommodation	17.1	18
Safety to self	14.4	15
Transport	14.4	15
Psychotic symptoms	13.5	14
Self-care	13.3	14
Looking after the home	13.2	14
Basic education	11.4	12
Food	10.4	11
Alcohol	8.7	9
Benefits	8.7	9
Information on condition and treatment	6.7	7
Child care	6.2	6
Telephone	4.8	5
Drugs	3.4	4
Safety to others	2.9	3
Average number of unmet needs per consumer		3.2

Out of 116 participants 112 had a completed CANSAS (Camberwell Assessment of Need). Completion range was from March 2012 to March 2015.

Appendix B – Staff participant Demographics

The data below provides a profile of the 62 staff members who participated in the study and compares it with the broader NN staff profile at time of data collection.

	SEO Average	Neami Average
Male	40%	29%
Female	60%	71%
Average Age	37	39
Years of Service	2.46 years at Neami	2.41 years at Neami

CALD	SEO Average	Neami Average
No	76%	73%
Yes	18%	19%
Unknown	6%	8%

CALD Type: African (1) Chinese (1) Danish (1) French (1) German (1) Hungarian (1) Indian (4) Maori (1) Vietnamese (1)

Aboriginal and/or Torres Strait Islander	SEO Average	Neami Average
Yes	0%	4%
No	94%	88%
Unknown	6%	8%

Aboriginal and/or Torres Strait Islander	SEO Average	Neami Average
Yes	0%	4%
No	94%	88%
Unknown	6%	8%

Previous Occupations	SEO Average	Neami Average
Admin, Finance, IT, Management	8%	7%
Comm & Welfare Services	57%	48%

Education & Training	8%	8%
Health & Medical	8%	9%
Retail/Sales/Hospitality	8%	10%
Other	11%	18%

Qualifications	SEO Average	Neami Average
Secondary	5%	7%
Certificate III, IV, Diploma	32%	33%
Bachelor Degree	39%	35%
Postgraduate Diploma/Certificate	13%	12%
Masters Degree	11%	12%
PhD	0%	1%

Qualification descriptions were spread over 21 fields with the highest proportion (17%) being social work.

More information

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