

Northumberland, Tyne and Wear

NHS Trust



Interview - Topic Guide (Professional Version) Mental Health Recovery and Care Coordination Research Project

Preamble:

- Thanks for agreeing to be involved
- Northumbria University research study into the **dual pathway of care coordination and recovery**.
- This research is voluntary; you can stop at any time without any negative consequence. You don't even need to give a reason.
- If you need a break just say so.
- Would you mind putting your phone on silent
- With your permission we will digitally record the interview
- Your interview will be attached to an ID number not your name.
- Everything you tell us will be confidential, however if you tell us something that suggests that you or someone else are at serious risk, we will have to tell someone. In this case we will inform you and pass the information on to someone who can help.
- All written/recorded information will be destroyed three years after the project ends
- All information will be kept locked and secure.
- Do you have any questions?
- Please complete the consent form.

Context:

- To explore care coordination and recovery we plan to use a narrative pathway approach and will present contradictions inspired by the data from the service user and carer interviews.
- Can I begin with some background on you in terms of your professional profile and experience?
- When you were first approached why did you feel that it was important to take part in this research?
- Topics designed by service users and carers within the research team, based on initial findings from Delphi and semi structured interviews.
- What are their views on service user and carer lead research?

Exploration of the relationship between stages of recovery and care coordination

Early stages – setting up:

- From the professional perspective do you think recovery is the goal of care co-ordination? If it isn't the goal then why not and what is?
- What are the effects and importance of giving and receiving a diagnosis? **We can't allow diagnosis to be seen as unimportant. It defines so much for service users. It informs what service and treatment you receive, clustering, stigma. As a profession must stand behind diagnosis.**
- How flexible can or should CC be in supporting recovery? If not why?
- To what extent do professionals perceive service users as experts in their own care? How does this work in reality?
- Is recovery focussed care coordination the right way forward or is there a different way that needs to be explored?

Middle stages – consolidation:

- Do you think that professionals recognise the paternalistic nature of services and that paternalism isn't working? (They may not agree.) What are potential benefits of moving into a culture of recovery empowering service users, what are risks? How do we transition to this in a risk averse system?
- **Recovery is not viewed as a medical process and can occur independently of treatment. Given this how can care and treatment fit with goal of recovery?**
- Do you believe that recovery focussed care is possible? What do professionals need in order to enable recovery focussed care to be possible given that the majority of training is medical model focussed?

As time goes on – embedding recovery in daily life:

- Personalisation affects the recovery and/or cc process. 'Balance' between process led care and individualised care. If people had personal budgets – what impact do you think this would have on the shape of service provision? **Do service users have ability to make these choices unsupported? Can a system which is designed to suit service delivery support individual decision making without destabilising delivery?**
- What is your understanding of recovery and how does that fit with your colleagues? **Training vs practice**
- Do care coordinators/lead professionals think that recovery happens independently from care coordination, how does care coordination block or enable recovery? **Who is in charge and setting agenda? Are service users given sufficient hope and belief to aspire for recovery, where they do not what is the approach?**
- Is recovery possible for everybody and who determines it?
- How do professionals need to adapt themselves rather than just see the barriers in the system' in order to ensure that care coordination is more recovery focussed.
- Is care coordination/ about supporting crisis or enable recovery?
- How can we work together more effectively to see beyond the boundaries of the care coordination role to engage with wider organisations e.g. housing, employment, benefit system? **The context of our lives and their normality?**

Roles of others – carers:

- What do staff see as their role in supporting the carer (and families, significant relationships) as a part of the service users care coordination? What are the challenges and contradictions within this?
- Are there any times when carers involvement is inappropriate?
- What are the dynamics at play in terms of role i.e. staff member as rescuer (**oppressor?**) and all powerful, carer as nurturer (**enabler?**) and service user as **victim (self inflicted?)** Unravelling the issues. **Just putting counter perspectives not personal opinion....**
- If carers aren't aware of care coordination, then are care coordinators supporting their role?

Some examples:

- Describe a time when care coordination works really well.
 - What was happening, what was it about the service user/carer and the system that made this an effect process?
 - What impact did this experience have on the service user?
 - **How did it impact on recovery?**
 - What key aspects of this experience do you think should be incorporated into the care coordination process in the future?
- Describe a time when care coordination worked poorly.
 - What was happening, what was it about the service user/carer and the system that made this a poor experience?
 - What impact did this experience have on the service user?
 - **What was impact on recovery?**
 - What key aspects of this experience do you think should be incorporated into the care coordination process in the future?
- What do services needs for the future of recovery led services?
- What are your wishes for the design future of care coordination?
- **Should we be assuming this is the future aim or wish?**

Final stages – limits, exit or something else?

- To what extent do they (staff) actually have feedback further down the road that allows them to know whether their services lead to recovery? **Why do services not support people throughout recovery to enable this? A seamless service should not pass off a service user continually through the recovery process**
- Allowing people to take risks in a risk adverse culture – because we see people as a risk or the diagnosis as a risk – what are the issues and the complexities that are faced by staff and how are these addressed?
- What needs to happen to increase peoples self-awareness in order to change people's view of themselves and their own role and also the roles of others? How are the myths and perspectives challenged?
- Does care coordination create situations that are safe but not sustainable in the long term?
- Difference between discharge and recovery

- **On-going support throughout recovery as service user is exposed to new stressful and risky situations of normal life how do services support this?**
- **Patient/service user responsibility and recovery?**

Anything else you wish to say?

Thank you for your time

Conference in Spring of 2014