Recovery and patient participation- What does it mean in a psychiatry context?

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Agenda for meeting:

- A recovery oriented approach in mental health hospital, - presentation and discussion

- (If time for it), my Ph.D. study short presentation.
Goals

- WHY … Recovery is on the political agenda

WHAT … Is Recovery

Example of methods, values and attitudes, and who can promote the recovery process
VISIONS FOR THE FUTURE OF PSYCHIATRY

A psychiatry that is patient-centric
A psychiatry based on recovery, network integration and rehabilitation
A psychiatry with a wide range of treatments
A psychiatry with easy access to diagnosis and treatment
A psychiatry with a focus on prevention, outpatients and outreach efforts
A psychiatry with coherent sequence and collaboration across sectors
A psychiatry where coercion is minimized
A psychiatry with competent and committed employees
A psychiatry in a stimulating physical environment
A psychiatry focused on research, development and innovation

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Acceded the regional council in 2010.
Recovery is a deeply personal and unique process of changing one’s attitude, values, feelings, goals, skills and roles.

It is a way of living a satisfying, hopeful and contributing life even with the limitations caused by illness.

Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.

The recovery process: The CHIME framework

Users prefer the following three keywords in the recovery process:

1. To have a hope and possibility to follow own goals and ambitions.
2. To have the opportunity to build a life beyond the disease.
3. Empowerment - can cope challenges.

Is recovery old wine on new bottles?

- The answer is no!
- Many of the health professionals knows what recovery means, and many countries have implemented recovery oriented activities in this decade.
- But both mine and other studies show the paternalistic approach still dominates how we meet patients and relatives.
- My study shows that most of the nurses think they are working recovery oriented and involves patients in shared decision making, but do the nurses practices this approach?
Recovery from Schizophrenia/Depression without Medication in Iceland

https://www.youtube.com/watch?v=EOGcr0gjEEQ
Questions for discussion

- Is it possible to recover from schizophrenia?
- What is needed to promote a recovery-oriented approach in psychiatry?
- Do you think it is possible to implement a patient participation and recovery oriented culture in a mental health ward?
- What kind of skills do the healthcare professionals need?
- Do all patients wish to be involve and expect a recovery oriented culture?
Reference

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- Farkas M. Anthony WA. 2007. Bridging science to service: using rehabilitation research and training center program to ensure that research-based knowledge makes a difference. J. Rehabil Res Dev;44:879-892.

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My ph.d. study

Research questions

- Patient participation as discursive practice - a critical discourse analysis of Danish mental healthcare
- Nurses’ understanding of patient participation and how patients participates in a psychiatric hospital
Methods

- The strategic of analysis is a critical discourse approach to official documents and patient records.
- A grounded theory to explore how nurses understand and involves the patients in a mental health context (in and outpatient).

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Sample

- Official documents and patient records were analyzed with a discourse analysis approach.
- Ten nurses in a psychiatry context were interviewed in order to investigate understandings and how they involved patients in the treatment.
- Observations were made of conferences where nurses and other health professionals discuss the patients' treatment and make plans for the patients.
Analytical findings

- Patient participation is articulated as a biomedical, paternalistic and evidence-based discourse.
- On the other hand, there is a widespread perception among nurses that participation and recovery will promote the patient's experience of ownership of his treatment.
- The ideology of an individualizing and recovery-oriented treatment is challenged by limited resources as one of the reasons for reducing treatment to a narrow biomedical and paternalistic approach.
- Another explanation is that patient participation is not put in a theoretical framework and it makes it difficult to perform it in clinical practice.
- Standardization, package process, effectiveness measurements are examples of structures that link one to a neo-liberalist thinking, which indirectly defines the terms and conditions of care, which appear to be contradictory to individual involvement and recovery.