Tanya Maree Hollier
Registered Psychologist, B.A (Psych), Grad. Dip Psychology

The Impact of Therapeutic Engagement on Hope, Self-Determination, and Recovery
Outcomes in a Recovery-Oriented Mental Health Inpatient Unit in Australia

Doctorate in Clinical and Health Psychology
School of Psychology
University of Newcastle

31st March 2015
Acknowledgements: I would like to acknowledge the patience and support of my three supervisors: Emeritus Professor Dr. Patricia Michie, Conjoint Associate Professor Dr. Barry Frost and Conjoint Associate Professor Dr. Terry Lewin. I would also like to thank my work colleagues and family for their patience and understanding through the time it has taken to undertake the study and complete the thesis. I would also like to acknowledge all of the people with a lived experience of serious mental illness who gave their consent to be part of the study.
Abstract

Scope: It is now widely accepted that recovery from serious mental illness (SMI) is possible. Although the pathways to recovery may be extremely complex, research has begun to identify a number of factors and processes that may be important. Factors such as therapeutic engagement, hope, illness awareness, stress management and self-determination are thought to play key roles but how they specifically contribute to the achievement of sustainable recovery outcomes remains unclear. Purpose: The general aim of this prospective cohort study was to investigate whether the recovery-focused Intermediate Stay Mental Health Unit (ISMHU) inpatient unit could promote sustained recovery for a group of individuals who were long standing clients of Hunter New England Local Health District (HNELHD). More specifically, the aim was to examine the role particular factors play in the recovery process (e.g., process versus predictor variables). The measurement of therapeutic engagement, hope, illness awareness, stress and self-determination generally sit outside the scope of routine outcome measurement (ROM). The study provided an opportunity to investigate, in more detail, how each of these factors impacted on the recovery process for people with SMI involved in the study. Methodology: Twenty-seven people with SMI completed three self-report measures, one collaborative recovery measure (Mental Health Recovery Star, MHRS), and five clinician reported measures 2-3 days post-admission. The measures were repeated at discharge and at 3 and 6 months post-discharge. At the two post-discharge time points, 23 and 20 people completed the measures, respectively. A generalised linear mixed model involving a series of generalised estimating equations were used to analyse the measures. Results: The regression analyses revealed significant improvements in therapeutic engagement, symptomatology, functionality, self-determination and collaboratively determined recovery at discharge, 3 month and 6 month follow-up. A subcomponent of the MHRS, social connection, also demonstrated continued improvement across follow-up
periods, with a large magnitude of change recorded (effect size = 1.05). Therapeutic engagement and the initial change for the MHRS total score also showed effect sizes, that by conventional standards, would be considered as large (effect size = 1.35 & 1.03, respectively). Associations between therapeutic engagement and mental health outcomes, and mental health outcomes and functioning were also found. Conclusions: The results suggest that higher levels of wellness, self-determination and social connectedness are achievable in a recovery-focused inpatient setting. The study also showed that these improvements were largely sustained at the 6 month follow-up. Although the study had a number limitations, the results underscore the need for further research into the factors that overcome stigma and improve and sustain individual levels of hope for recovery. Implications: The study showed that in some cases, the outcomes can be maintained for periods of up to 6 months after discharge from a non-acute inpatient mental health facility. If improved outcomes are to be achieved for people with a lived experience of mental illness, future research may benefit from focusing on the factors that promote sustainable and resilient recovery. Understanding the mechanisms that underpin and sustain change, including therapeutic engagement, self-determination, hope, and other personal domains of recovery, may yield important insights into how assistance may be provided to people with SMI to live well, engage in activities of their choice and contribute to aspects of community life that are valued by all.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>1-2</td>
</tr>
<tr>
<td>TABLE OF CONTENTS</td>
<td>3-6</td>
</tr>
<tr>
<td>CHAPTER 1 – CRITICAL LITERATURE REVIEW</td>
<td>7</td>
</tr>
<tr>
<td>Serious Mental Illness</td>
<td>8</td>
</tr>
<tr>
<td>Recovery: More than an outcome</td>
<td>9-13</td>
</tr>
<tr>
<td>Factors impacting upon Recovery</td>
<td>13-17</td>
</tr>
<tr>
<td>Increasing therapeutic engagement</td>
<td>18-20</td>
</tr>
<tr>
<td>Increasing hope</td>
<td>20-24</td>
</tr>
<tr>
<td>Illness awareness</td>
<td>24-28</td>
</tr>
<tr>
<td>Managing stress</td>
<td>28-30</td>
</tr>
<tr>
<td>Increasing self-determination</td>
<td>30-33</td>
</tr>
<tr>
<td>Recovery Processes in Practice</td>
<td>33-35</td>
</tr>
<tr>
<td>Recovery-oriented practice in an inpatient setting</td>
<td>35-38</td>
</tr>
<tr>
<td>CHAPTER 2 – SUBMITTED JOURNAL ARTICLE: PROSPECTIVE COHORT STUDY</td>
<td></td>
</tr>
<tr>
<td>Abstract</td>
<td>39</td>
</tr>
<tr>
<td>Introduction</td>
<td>40-41</td>
</tr>
</tbody>
</table>
Recovery: A Process ......................................................... 41-45

The Current Study ......................................................... 45-65

Methods ..............................................................................

- Study design ................................................................. 46
- Participants ................................................................. 46-47
- Measures ................................................................. 47-48
- Procedures ................................................................. 48
- Statistical analysis ................................................. 48-50

Results .............................................................................

- Sample characteristics on admission ......................... 50-51
- Table 1 ........................................................................ 51
- Index admission ......................................................... 52
- Patterns of change from admission ......................... 52-54
- Table 2 ........................................................................ 53
- Table 3 ........................................................................ 54
- Figure 1 ........................................................................ 56
- Associations between selected change scores ......... 55
- Table 4 ........................................................................ 56
Discussion ...........................................................................................................57-61

Limitations .........................................................................................................61

Conclusions .........................................................................................................62-63

References .........................................................................................................64-68

CHAPTER 3—EXTENDED DISCUSSION ................................................................

Discussion of Findings .......................................................................................69-76

Limitations and Implications ..............................................................................77-78

Recommendations ...............................................................................................78

Conclusion ..........................................................................................................78-80

REFERENCES .......................................................................................................81-94

APPENDICES

A. Ethics Approval ..............................................................................................95-96

B. Participants Information Sheet ........................................................................97-101

C. Consent Form ..................................................................................................102

D. Measures used in study ..................................................................................103-106

E. Social Readjustment Rating Scale .................................................................107

F. Herth Hope Index ............................................................................................108
G. Self-Determination Questionnaire .................................................. 109-113

H. Mental Health Recovery Star ....................................................... 114-117

I. Health of the Nation Outcome Scale ............................................. 118

J. Life Skills Profile-16 ....................................................................... 119

K. Therapeutic Engagement Measure ............................................... 120-121

L. Positive and Negative Syndrome Scale ......................................... 123-153

M. Insight and Treatment Attitudes Questionnaire ............................. 154-156

N. Details of Journal for Peer Review of Study ................................. 157

O. Characteristics of completers versus non-completers ................... 158