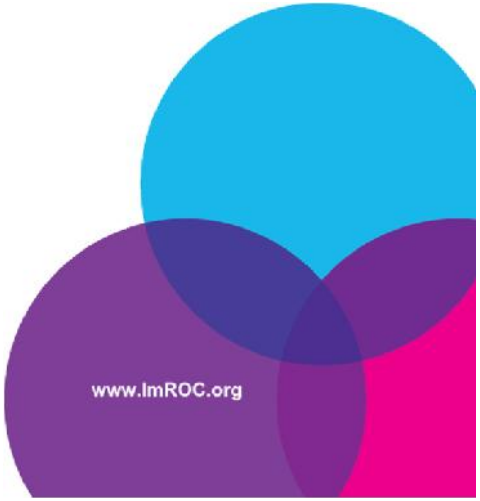
ImROC
Implementing Recovery through Organisational Change

A joint initiative from
Centre for Mental Health
Mental Health Network NHS CONFEDERATION

Recovery Focused Conference Bournemouth U./Dorset NHS
Engagement in Life: Promoting Wellbeing and Mental Health

Are Recovery Outcomes value for money?

Professor Geoff Shepherd
Recovery Programme Director



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Value for money? (cost-effectiveness)

Requires you to know something about the cost of the intervention and something about its effectiveness

If you have information relating to both of these factors then you can make a judgement regarding the relative value of a particular intervention

Most of the cost of interventions in mental health are bound up with the cost of staff; most of the savings are bound up with reduced demand for services (particularly inpatient beds).

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Are recovery-oriented services cost-effective?

- This is the wrong question ('*Is psychological treatment cost effective?*').
- Can't answer until you start to become *specific*. '*What kind of recovery supportive intervention?' With what kinds of people?' 'Using what kinds of measures?'* Then you can begin to get some answers.
- Nowadays, the RCT is considered the 'gold standard' evaluative design. But, there are problems with RCTs re the neglect of 'intervention x person x measure' interactions (i.e. the importance of individual differences).
- Interest in 'realistic evaluation' (Pawson & Tilley,1997) which uses mixed methods to look for regularities in *outcomes* across studies, then tries to understand the *mechanisms* leading to these and the *contextual factors* influencing them ('**C**ontext'-'**M**echanism'-'**O**utcomes').

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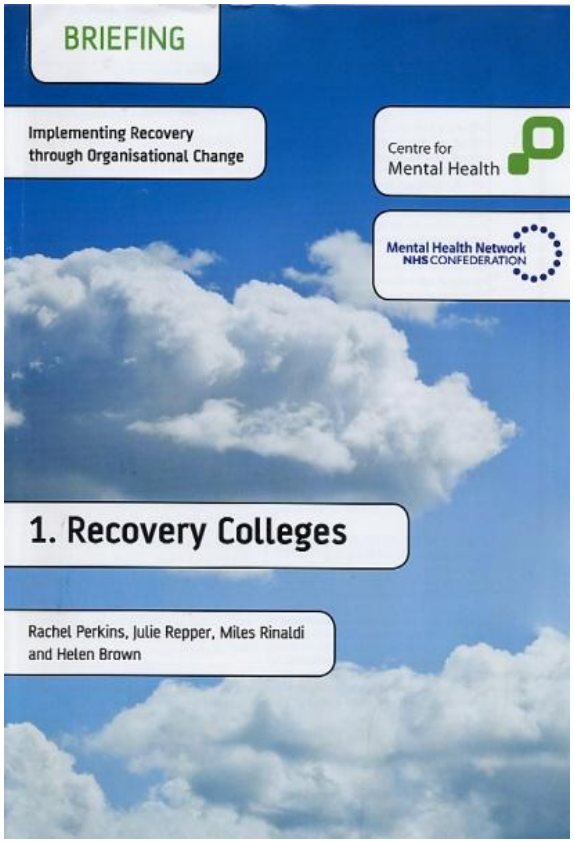
The cost-effectiveness of Recovery Colleges



- A new intervention (unique internationally) so evidence is inevitably limited
- Contains elements (e.g. active self-management/coping skills) which have previously been found to be effective
- Follow-up data from SW London (Miles Rinaldi) suggests:
  - 68% students felt more hopeful for the future
  - 81% had developed their own plan for managing their problems and staying well
  - 70% had become mainstream students, gained employment or become a volunteer.
  - Clinical staff and families also very supportive
- Similar results in Nottingham and CNWL
- Very little evidence about **costs**, some suggestions that, for those fully engaged, attendance reduces use of CMHTs, but not controlled

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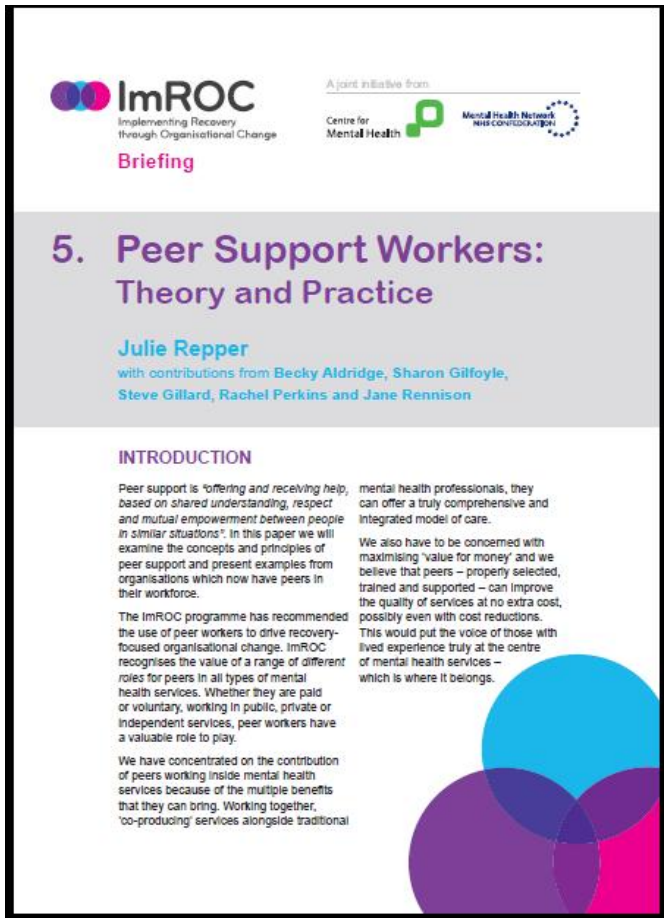
Peer Support workers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Briefing

5. Peer Support Workers:
Theory and Practice

Julie Repper
with contributions from Becky Aldridge, Sharon Gilfoyle, Steve Gillard, Rachel Perkins and Jane Rennison

INTRODUCTION

Peer support is *'offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations'*. In this paper we will examine the concepts and principles of peer support and present examples from organisations which now have peers in their workforce.

The ImROC programme has recommended the use of peer workers to drive recovery-focused organisational change. ImROC recognises the value of a range of *different roles* for peers in all types of mental health services. Whether they are paid or voluntary, working in public, private or independent services, peer workers have a valuable role to play.

We have concentrated on the contribution of peers working inside mental health services because of the multiple benefits that they can bring. Working together, 'co-producing' services alongside traditional mental health professionals, they can offer a truly comprehensive and integrated model of care.

We also have to be concerned with maximising 'value for money' and we believe that peers – properly selected, trained and supported – can improve the quality of services at no extra cost, possibly even with cost reductions. This would put the voice of those with lived experience truly at the centre of mental health services – which is where it belongs.

Reasonable amount of outcome evidence (Repper & Carter, 2011) but generally not of a very high quality (Pitt et al., 2013). Nevertheless, **3** different kinds of benefits generally identified:

1. **Benefits for service users**
   - increased empowerment
   - increased problem-solving skills
   - improved access to work and education
   - more hopeful
   - more friends, feel more accepted
2. **Benefits for peer workers -** *'I work hard to keep myself well now, I've got a reason to look after myself better……. It's made a real big difference'.*
3. **Benefits for organisations -** *'I just stand back and watch him work his magic. Not just with the patients who come in here, but with staff too. He can help them see things in a completely different way.'* (Team Leader).

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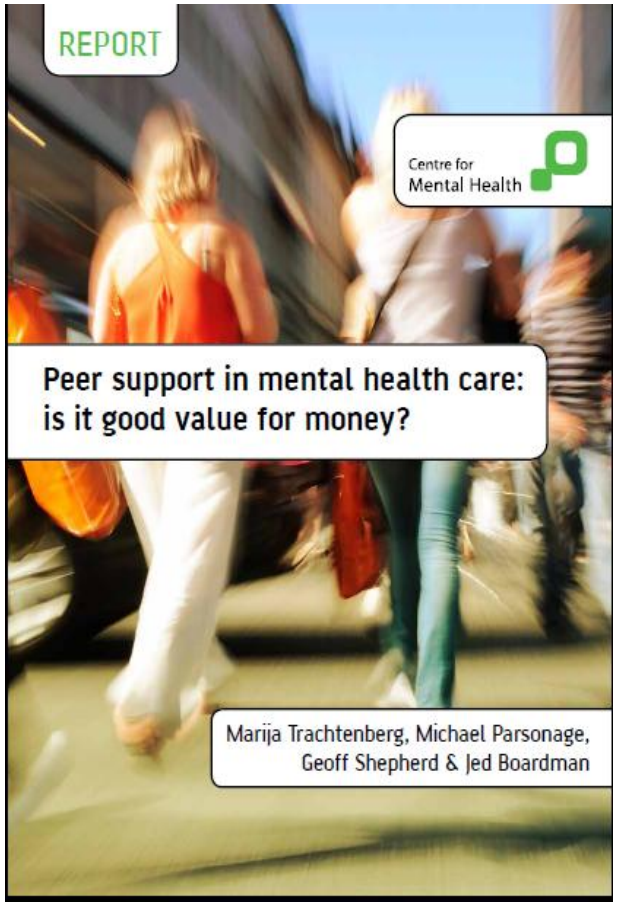
Cost-effectiveness



- Selected 6 controlled trials, 5 US + 1 Australian
- All provided data on impact of *adding* trained peer workers to existing inpatient or community teams
- Benefit/cost ratios calculated for using current NHS prices for workers and bed days
- In 4/6 studies ratios extremely positive (2.5–8.5 :1)
- In one study negative (-1.3) and in the other it was slightly less than 1 (+0.7)
- Nevertheless, overall weighted average (taking into account sample size) **> 4:1**

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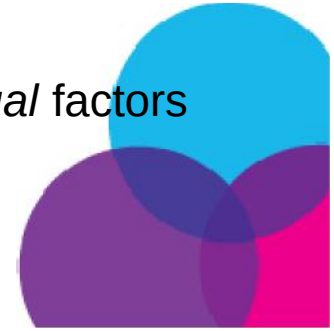
Conclusions

- There is some evidence that recovery-oriented interventions, particularly the addition of peer support workers to the workforce in either training (Recovery Colleges) or in service delivery roles (acute pathway), may not be just *effective*, but also *cost effective*.

- Outcome studies have tended to concentrate on the benefits for those receiving the service, but there is also evidence for benefits to those *providing* the service (peer trainers, peer workers) and benefits to the organisation in terms of improved staff morale, reduced 'burnout', etc.

- Better quality research depends on not just better measures (including costs) but also on developing reliable and replicable interventions – e.g. 'fidelity criteria' for Recovery Colleges; 'standards' for peer support workers, etc.

- If we do down this line, we must also look for the influence of *contextual* factors (cf. Pawson & Tilley)



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Thank you

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