ASSESSING THE RECOVERY ORIENTATION OF SERVICES AT AN ASIAN TERTIARY PSYCHIATRIC HOSPITAL : SERVICE USER PERSPECTIVES

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Background

Recovery has been defined as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential" (SAMSHA, 2012). Implementation of recovery principles can improve the quality of care of those suffering from mental illness, lead to improved social functioning, and reduce symptoms severity (Lorien et al, 2020; Tinland et al, 2020). Mental health services in various countries have taken on the role in creating an environment that supports people's recovery journeys (Subandi et al, 2023). Several recovery measures have been developed to evaluate the recovery-orientation of mental health services, including the Recovery-Oriented Services Assessment (ROSA) (Leamy et al, 2023; Lodge et al, 2018). Service users can play a part in evaluation to orient the mental health system toward recovery (LaBoube et al, 2012).

The Institute of Mental Health (IMH) aspires to introduce a recovery-oriented approach into its mental health services and empower persons with mental illness to achieve their recovery goals. A workgroup was set up to achieve this objective.

Empirical studies have focused on promoting the personal recovery journey of individuals through recovery-oriented services (Chester et al., 2016) but there are few studies investigating recovery-oriented practices for illness-specific conditions such as schizophrenia (Thongsalab et al, 2023).

Objectives

This paper presents preliminary findings from a study that examined the perception of service users in a psychiatric hospital regarding the degree to which the hospital's services are recovery-oriented; and to determine which domains of recovery-oriented practice that may need further development in the hospital. This paper also explored whether there were differences in the perspectives of those with psychosis and those without psychosis.

Methods

A cross-sectional descriptive study using a survey was conducted with service users from the Institute of Mental Health in Singapore utilizing a questionnaire consisting of demographic and clinical items; and a 15-itemed, 5-point Likert questionnaire, Recovery Oriented Services Assessment (ROSA) Service User version. Summing and calculating the mean of all items creates an overall ROSA score. A higher ROSA score indicates a perception of greater frequency of recovery-oriented services at the organization. Psychiatric diagnosis were extracted from subjects' medical records for this study.

The inclusion criteria were: receiving IMH services; have capacity to give consent; aged 21 years and above, speak, read, and communicate in English; while the exclusion criteria were: having a diagnosis of neuro-degenerative disorders, learning disability, intellectual disability, or people with brain trauma; and people who cannot communicate in English. Data analysis was conducted using SPSS version 23. This study was approved by NHG Domain Specific Review Board (DSRB Reference: 2023/00458).

Results

There were 124 participants who met the inclusion criteria and were included in the study. There were 62 males (50%), three identified as non-binary and the rest were females. Mean age of participants was 39 years old (SD = 12.3) and age range from 21 to 72 years old. Figure 1 illustrates the highest educational level of the participants. Majority was diagnosed with schizophrenia spectrum and other psychotic disorders (n = 70, 56%), followed by depressive disorders (n = 24, 19%), and from the outpatient setting (n = 70, 56%). Figure 2 shows the frequency of diagnosis of the participants.
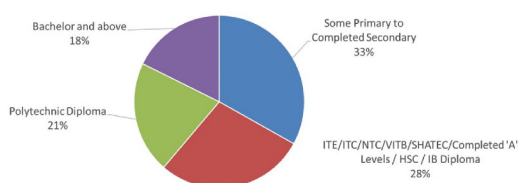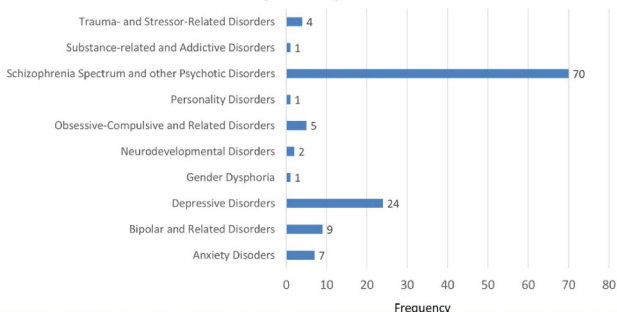
Figure 1: Highest Educational Level

- Bachelor and above 18%
- Some Primary to Completed Secondary 33%
- Polytechnic Diploma 21%
- ITE/ITC/NTC/VITB/SHATEC/Completed 'A' Levels / HSC / IB Diploma 28%

Figure 2: Diagnosis

Diagnosis	Frequency
Trauma- and Stressor-Related Disorders	4
Substance-related and Addictive Disorders	1
Schizophrenia Spectrum and other Psychotic Disorders	70
Personality Disorders	1
Obsessive-Compulsive and Related Disorders	5
Neurodevelopmental Disorders	2
Gender Dysphoria	1
Depressive Disorders	24
Bipolar and Related Disorders	9
Anxiety Disoders	7

Results (continued)

The mean ROSA score from 124 responses was 3.17 out of 5 (SD = 0.87).

GENDER
A Mann-Whitney U test was performed to evaluate whether mean ROSA scores differed by gender (n = 121, male and female only).

The results indicated that females had significantly higher mean ROSA scores than males, z = -2.08, p = .038.

AGE
A Pearson correlation coefficient was computed to determine the relationship between age and mean ROSA score.

The results indicate a significant negative correlation between age and mean ROSA score, [r(124) = -.195, p = .030].

To sum up, as age increases, the mean ROSA scores decreases.

SETTING
A Mann-Whitney U test was performed to evaluate whether mean ROSA scores differed by being in an outpatient or an inpatient setting.

The results indicated that there was no significant difference in mean ROSA scores between settings.

HAVING A PSYCHOSIS DIAGNOSIS
A Mann-Whitney U test was performed to evaluate whether mean ROSA scores differed by having or not having a psychosis diagnosis.

The results indicated that there was no significant difference in mean ROSA scores between those who have a diagnosis of psychosis and those who do not.

BY ROSA ITEM

A Mann-Whitney U test was performed to evaluate whether mean ROSA scores for each ROSA item differed by having or not having a psychosis diagnosis.

From the results, those without a psychosis diagnosis reported significantly higher ROSA scores than those with a psychosis diagnosis for the following items (p<.05):

Item 9: "This organisation respects my decision about my life",
[r(124) = -3.28, p = .001]

Item 11: "This organisation offers me choice of services to support my goals",
[r(124) = -2.60, p = .009]

Item 13: "This organisation believes I can grow and recover",
[r(124) = -2.10, p = .036]

Item 14: "This organisation is open with me about all matters regarding my services",
[r(124) = -2.62, p = .009]

Discussion

The differences of ROSA mean scores among gender and age may indicate that the hospital staff may have to review how they are engaging their service users with varied backgrounds in supporting their recovery, especially those who are male and those who are older. Unlike the findings from Tsai and Salyers (2008) where they found inpatient settings were scored by staff to be lower in recovery-orientation compared to the community setting, this study among service users found no significant differences between settings.

Although there were no significant differences in overall mean ROSA scores according to having or not having a diagnosis of psychosis, there were significant differences between the groups for certain items in the ROSA. This could be due to the long-term mental health needs of this particular condition. The hospital may have to review its practices in these areas and explore how to better support the recovery of persons living with psychosis.

As these are preliminary results, the findings may not be generalizable to the population. Due to the exclusion criteria of non-English speaking service users, the study's findings may not represent their perspectives.

Conclusion

The ROSA identified areas where the hospital can focus on in its goal to be more recovery-oriented. Further research is recommended to explore in depth on the factors contributing to the lower ROSA scores for males and the older population.

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