



PULSAR Newsletter

JUNE 2017

Welcome to the PULSAR Newsletter

This newsletter is for everyone involved in PULSAR including mental health service staff, GPs and other interested people. It has been our way of keeping you in touch with how the project is going. Please visit our current website for previous editions of the newsletter and information on the results of the project: www.pulsarrecovery.org.au

Message from the Principal Investigator, Prof Graham Meadows

So what of the future beyond PULSAR? A very innovative part of PULSAR has been the work in Primary Care. We have been reviewing the feedback from the training and clearly for many GPs and practice staff who took part, it was a rich, rewarding activity with impact



Professor Graham Meadows

for their practice. The formal analyses of all this will take some time yet but we are aiming to take the training agenda forward in the meantime. There is a lot of paperwork and bureaucracy around keeping an active GP training package such as this going and we're working on getting the training course reaccredited with the various professional bodies involved. After this we'll be running more training cycles and improving them through taking in the further findings of the research.

Reviewing also the Secondary Care training evaluations it is clear how much the training package here developed through the project, with increasingly positive ratings from attendees over time. So we also will be running more Secondary Care training as we work to extend the number of people who can deliver the training package.

We are hoping to build on the recovery-focused work of PULSAR with further research. As an early step in this, we have made another grant submission. This would support a team working towards improving how often people who may become subject to compulsory care under the Mental Health Act either identify a particular person to be involved in their care at that point 'Nominated Persons' or prepare an 'Advance

Statement'. While provision for both these things was introduced with the Victorian Mental Health Act 2014, to date, uptake has been extremely low at only two percent. The project, an application to a new State Government Translational Research fund, has active support from Monash Health, Mind Australia and the Victorian Mental Illness Awareness Council (VMIAC) and endorsement from the Mental Health Tribunal.

This will be the last newsletter for a while until we have some more findings to report in the way of numbers – probably from later this year. So until then, thank you again for the efforts each of you put into the project to add to the body of knowledge on recovery-oriented practice in primary and secondary care. The project would not have been possible without your support and help. Thank you.

What is recovery-oriented practice and the PULSAR project?

Recovery-oriented practice involves supporting people to build and maintain a meaningful life and personal identity regardless of their ongoing symptoms of a mental illness. The Principles Unite Local Services Assisting Recovery (PULSAR) project encompasses the delivery and evaluation of a training intervention in recovery-oriented practice for General Practitioners (Primary Care) and Specialist Mental Health Service workers (Secondary Care) in Melbourne, Victoria.

Meet the PULSAR project team

Professor Elisabeth Wilson-Evered



Each newsletter we want to introduce members of our project team.

This issue we feature Professor Elisabeth Wilson-Evered, who is one of the Chief Investigators on the PULSAR project. Elisabeth is Professor of Business at Victoria University and adjunct at Monash University. She has held Head of School, Director of Research and Research Training and Director of the Graduate School of Business positions. Previously a practising psychologist in mental health, child and adolescent forensic services and the military, Elisabeth graduated with a PhD from Monash University and a Master of Organisational Psychology from the University of Queensland. Elisabeth's specialist research area is leadership of innovation and change including team-working. Elisabeth applies this knowledge to a range of contexts ranging from access to services for Aboriginal and Torres Strait Islander peoples through to improving integrity in sport, to transforming multinational businesses through integrated leadership recruitment and development. She particularly investigates technology adoption in health contexts and accessible law. In the PULSAR project, Elisabeth is leading the process evaluation aspect to uncover those aspects of the socio-technical context of the research setting including teamwork, leadership and readiness for change which influence the uptake of the PULSAR intervention and subsequently client outcomes.

PULSAR UPDATES AND SUB-STUDIES

PULSAR study on the cross-cultural relevance of a mental health recovery questionnaire (the QPR)



In the October 2016 newsletter, we introduced a PULSAR sub-study investigating the relevance of the Questionnaire about the Process of Recovery (QPR) within culturally and linguistically diverse (CALD) communities in Australia, which was being undertaken as part

of a University of Melbourne Master of Public Health program. The study is now complete and a copy of the Executive Summary will shortly be available on the PULSAR website: www.pulsarrecovery.org.au

PULSAR Process Evaluation

The process evaluation nested within the PULSAR study design is collecting qualitative, quantitative, and documentary data about the processes occurring during the intervention. These processes include quantitative data such as numbers attending training and qualitative data such as expert perceptions of engagement in the new practices and impact of changes occurring at the diverse study sites, such as leadership turnover and influence, resource limitations and competing initiatives. As with all randomised control trials, PULSAR is measuring outcomes for clients as a result of an intervention. In this case it is a training intervention with staff which aims to build and disseminate skills and knowledge related to recovery-oriented practice. The purpose of the process evaluation is to explain those factors that impinge on the study design and how processes and decisions during the course of the study could explain or elaborate on findings. Notwithstanding the value of randomised control trials for measuring the effectiveness of interventions, increasingly researchers are conducting process evaluations within trials of complex interventions. The benefits of

measuring processes simultaneously to the intervention are to assess fidelity, the quality of implementation, determine causal mechanisms and describe contextual influences that cause variation in outcomes. We expect the process evaluation to provide useful information that will help discover possible reasons for differences in uptake of the intervention across the study clusters.



PULSAR Primary Care Project Status

30 GPs

16 CLINICS

24 GPs TRAINED IN RECOVERY-ORIENTED PRACTICE

232 SURVEYS RECEIVED FROM PATIENTS

9 QUALITATIVE INTERVIEWS CONDUCTED WITH GPs AND PRACTICE STAFF

10 QUALITATIVE INTERVIEWS CONDUCTED WITH GENERAL PRACTICE PATIENTS

PULSAR UPDATES AND SUB-STUDIES

What is PULSAReveryday?

PULSAReveryday is a consumer-led sub-project of the PULSAR Project Implementation Group. The aim of PULSAReveryday is to develop a range of tools based on the PULSAR principles to assist consumers and their families/carers to better understand recovery-oriented practice. Please see our website for the latest information about PULSAReveryday: www.pulsarrecovery.org.au



PULSAReveryday News

Following the trial of PULSAReveryday at Narre Warren AEPARC and Bentleigh CCU during March and April 2017, the consumers who participated attended focus groups to offer feedback on both the workbook and the format of the groups. The feedback was positive and consumers reported that the information was interesting and helpful to them. A particular strength of the groups was the opportunity to share experiences in a comfortable environment which was facilitated by a person with lived experience. Consumers felt the groups could be improved if they were conducted for a shorter period of time over a greater number of weeks. The consumers unanimously agreed that they would recommend the workbook and in particular the group format to other consumers. We have selected comments from two consumers summarising their experiences.

“ In the workbook for example you could see comments from people in similar situations. They...show[ed] that they'd benefited from this kind of thinking and this kind of discussion. I found that beneficial. ”

“ We took the four week course to be a part of this arrangement so we could benefit from it. ... This book could be a help [in] the future too. Thank you. ”

PULSAR Secondary Care Project Status

18 SITES

958 SURVEYS RECEIVED FROM CONSUMERS

274 INTERVIEWS CONDUCTED WITH CONSUMERS

22 FOLLOW UP INTERVIEWS

21 QUALITATIVE INTERVIEWS CONDUCTED WITH SECONDARY CARE CONSUMERS

11 QUALITATIVE INTERVIEWS CONDUCTED WITH COMMUNITY MENTAL HEALTH STAFF

Qualitative Update – Community Treatment Order (CTO) Sub-study

The PULSAR qualitative team is currently awaiting ethics approval from Monash Health to recruit and interview consumers who are currently on a Community Treatment Order (CTO) (also known as a compulsory treatment order) or have been on one in the past. The study is seeking to understand how being on a CTO makes a difference to the ways consumers are supported in their recovery. In particular, we will investigate how well suited PULSAR recovery-oriented practices are in the context of CTOs. The aim is to interview 5-6 consumers within the Monash Health catchment to learn about their experiences. As part of the project we are also interviewing staff about their experiences when undertaking recovery-oriented practice with people on CTOs.



PULSAR DISSEMINATION UPDATE

PULSAR Conference Update

Refocus on Recovery is an international conference about recovery for people with mental health problems, and will present world-leading research about how people can live well with illness. The conference is the only regular scientific conference on recovery in the world. In previous conferences, around 500 people came from 25 countries. In recognition of the value of PULSAR to this body of research, the organisers have made additional time available to the PULSAR team to explore the project with the audience in depth.

In addition to the 3 conferences mentioned in the April 2017 newsletter, PULSAR is also presenting at these additional conferences:

1. International Federation of Psychiatric Epidemiology on 17-20 October 2017 in Melbourne <http://www.ifpe2017.org.au/> – 1 poster.
2. Victorian Collaborative Mental Health Nursing Conference on 3 & 4 August 2017 in Melbourne <http://cpn.unimelb.edu.au/conferences/vcpnc> – 1 paper.

The PULSAR team are presenting at 5 conferences in the coming months. At three of the conferences there will be either a symposium or a series of papers covering the work of PULSAR. These are described below:

The PULSAR Symposiums

PULSAR is a complex four year intervention trial involving 20 investigators in 10 organisations across both Primary and Secondary Care services. The symposiums will describe the stepped-wedge cluster randomised control trial designs used in the project and provide an overview of the separate recovery-oriented training interventions developed for general practitioners and for staff in community-based mental health services. They will provide an overview of the process of implementing this large-scale multisite intervention, and discuss some of the challenges encountered during the implementation and data collection phases. Some of these challenges were specific to the area being studied, and others are commonly encountered in research projects, including engagement, recruitment and retention of participants.



The PULSAR Papers

In addition there are 3 papers being presented that are related to the embedded projects that occurred:

Primary Care Case Study:

This study explores the implementation of recovery-oriented practice (ROP) in Primary Care using a case study methodology. That is, in-depth interviews were conducted with staff and consumers that focussed on recovery and the challenges and benefits of implementing ROP in Primary Care.

What is the cross-cultural relevance of a mental health recovery questionnaire?

This paper will discuss a project that explored the relevance of the Questionnaire about the Process of Recovery (QPR), a self-report instrument that measures personal recovery outcomes for consumers, currently being used as the primary outcome measure in PULSAR. While there was a general agreement that a tool to facilitate the discussion and assessment of recovery would be useful, the QPR requires modification to make it more relevant to Culturally and Linguistically Diverse (CALD) consumers.

PULSAReveryday:

This presentation will discuss the development, implementation and evaluation

HOT OFF THE PRESS!

Check out our recent publication: "The PULSAR Specialist Care protocol: a stepped-wedge cluster randomized control trial of a training intervention for community mental health teams in recovery-oriented practice": <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-017-1321-3>

of the materials for PULSAReveryday. The unique composition of the work team will also be discussed, highlighting what it means to be a consumer working on this research project and the value of consumer-led participation in the research field. The presentation at the Victorian Collaborative Mental Health Nursing Conference will be undertaken jointly with Helen Waites from Monash Health and will specifically discuss the implementation and evaluation of the four week PULSAReveryday workbook groups.

Contact PULSAR

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