

## IMPLEMENTING CRM AT NEAMI

Neami is committed to offering high quality, evidence based services and the CRM is now in the process of being implemented across the whole organisation.

The first stage of this process is occurring in collaboration with the Illawarra Institute of Mental Health with the support of an ARC grant. This project will explore the most effective coaching method to support CRM implementation and will be conducted in our Queensland, South Australian, Newcastle and Maitland sites.

Training has been completed at these sites and workers are now using the CRM protocols with consumers. The implementation process will be reviewed in early 2010 to help inform the roll-out to the rest of the organisation.

In 2010 CRM will be introduced in Western Australia, New South Wales and Victoria and we expect this process to be complete by mid-year.

## WHAT THIS MEANS FOR PARTNER AGENCIES

- The ISP process at Neami will now use the CRM protocols
- We will continue working in partnership with clinical agencies and will discuss at a local level how our "joint" work will be documented so that recovery oriented goals are included in the ISP
- May lead to different types of goals being established due to the focus on strengths based planning and recovery
- Outcome measures - Neami will continue to use the CAN but over time expects to move to using a recovery based outcome measure

## MORE INFORMATION

The website below provides a diagram of the model. If you click on the diagram it will take you to further information about each of the principles and components of the model.

[http://www.uow.edu.au/health/iimh/collab\\_recovermodel/](http://www.uow.edu.au/health/iimh/collab_recovermodel/)

## YOUR THOUGHTS & COMMENTS

Neami would be very happy to hear your views about the Collaborative Recovery Model or to answer any queries you may have. Your first point of contact may be your Neami State or Regional Manager but you are also most welcome to contact the Service Development Team at Neami Head Office or the CEO Arthur Papakotsias on 03 9481 3277.

# COLLABORATIVE RECOVERY MODEL

An information booklet  
for partner agencies

December 2009



University of Wollongong



## INTRODUCTION

The aim of this booklet is to provide an overview to Partner agencies about the Collaborative Recovery Model (CRM) and how Neami will be implementing this approach in its work with consumers and carers during 2010.

Over many years Neami has been in the process of refining its practice framework and approach. We believe that the Collaborative Recovery Model has a solid evidence base to suggest it will support better outcomes for consumers.

The introduction of the model at Neami is more of an evolution of our strengths based approach rather than a significant shift in practice. It will result in a consistent and clearly articulated model of practice within our services and provide a

## WHAT IS RECOVERY?

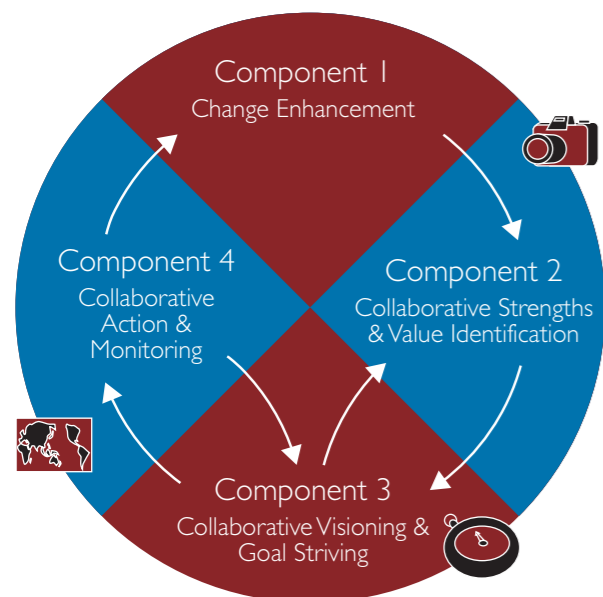
The concept of recovery was developed by consumers as a way of describing the personal journey that takes place for people with mental health problems as they work toward a renewed sense of identity, meaning and purpose. Embedded in this concept is the belief that this is a unique journey for each person and therefore it needs to be a self-directed process.

*"Recovery is not cure, stabilisation or maintenance – it is a self-directed process of reclaiming meaning and purpose in life. The goal is to become the unique, awesome, never repeated human being that we are called to be (Patricia Deegan 2001)"*

## WHAT IS THE COLLABORATIVE RECOVERY MODEL?

The Collaborative Recovery Model (CRM) is a practice model developed over a number of years at the University of Wollongong that incorporates evidence of practices that have previously assisted people living with enduring mental illness. Influences include Positive Psychology, Psychosocial Rehabilitation Principles, Motivational Interviewing and Theories of Change.

CRM is consistent with the values of the recovery movement and is now being implemented in organisations in most states of Australia and internationally.



The model has two guiding principles:

### Recovery is an Individual Process

Recovery is described as a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life even with 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 (Anthony, 1993).

### Collaboration and Autonomy Support

The model places a great deal of emphasis on the working alliance formed between the consumer and worker with an emphasis on facilitating the individual to develop autonomy and responsibility.

Research consistently shows there is a correlation between the strength of the working relationship between a person who is recovering and people who are assisting this process and mental health outcomes (e.g. Martin, et al., 2000).

### The Four Key Components of CRM

The first component, **Change Enhancement**, involves exploring and supporting the individual in building interest and commitment to their own recovery journey. The model recognises that each individual is different and that change is a very individual process. The second component focuses on identifying the **Strengths and Values** of the individual and the ways these can be tapped into in order to support the individual's journey. The third component involves **Setting Goals** to support the individual to further express their strengths and values in their day to day lives. The fourth component takes this to the level of developing a concrete **Action Plan & Monitoring Strategy** including the way in which the consumer will use their resources and formal and informal support networks to achieve their goals.

Guiding Principle 1  
Recovery as an individual process

Guiding Principle 2  
Collaboration and Autonomy Support

## IMPLEMENTING THE COLLABORATIVE RECOVERY MODEL

The Collaborative Recovery Model uses the LifeJET protocols to assist people to identify their individual journey of recovery. These Tools will replace the existing Individual Service Plan and will be employed depending on where the person is at in their journey.



**The Camera:** To bring into focus important values and strengths – identifying what is important to the individual



**The Compass:** To identify one's ultimate destination in terms of a life vision and track one's progress along valued directions – goal setting



**The Map:** To plan the next step, taking the terrain (barriers) and team (social support) into account – action planning

## BENEFITS OF CRM

The Collaborative Recovery Model has been designed to have the following benefits:

- Generic skills that can be used flexibly
- Approaches that are relevant across case management and psychosocial rehabilitation contexts
- Emphasis on issues of autonomy, hope, responsibility and individual experience which are central to the concept of recovery
- Skills based components that have an evidence base
- An emphasis on measurement, consistent with the need for mental health services to generate evidence.

## SUMMARY OF THE EVIDENCE BASE

The Collaborative Recovery Model has been in the process of development by the Illawarra Institute of Mental Health for a number of years. In 2002 a 5 year trial of the model, the Australian Integrated Mental Health Initiative- High Support Stream Project (known as AIM-HI) commenced at 12 sites, both clinical and non-clinical and in three states of Australia. The project was accompanied by a number of research projects. The summary of the evidence from these projects suggest the following:

- Collaborative Recovery Model (CRM) training improves staff attitudes to recovery
- CRM training improves the quality of care plan/goal setting documentation
- Training transfer is low unless supported organisationally
- Consumers/patients can identify (blindly) differences between services trained in CRM and those not
- Stages of psychological recovery can be measured (just like symptoms)
- Goals set by consumers vary across the stage of psychological recovery in mental illness
- Between session tasks completed by consumers is related to mental health outcomes
- Positive approaches (e.g. goals, strengths, gratitude) are popular with consumers

The link below takes you to a website which will point you to articles about CRM and its implementation. If you would like a hard copy of the literature review or any of the articles please call the Service Development team at Neami Head Office on 03 9481 3277.

<http://www.uow.edu.au/content/groups/public/@web/@health/documents/doc/uow068059.pdf>

## HOW IS IT DIFFERENT FROM WHAT NEAMI DOES NOW?

In some ways the approach is not greatly different from what Neami does now. Where it is different is in the use of the LifeJET protocols which are more likely to result in identifying the consumer's values and strengths as the starting point for goal setting. Neami will continue to use the Camberwell Assessment of Need as an adjunct to the goal setting process and to monitor unmet needs.

What this means for Neami is that we will incorporate the strengths and values based principles of Collaborative Recovery into all aspects of our approach including staff supervision through the introduction of coaching methodology.

The Illawarra Institute for Mental Health offers the Family Connections Program for Families and Friends. Neami will be encouraging families to participate in this program so that they can build their understanding of the recovery process and how they can support their family member in a way which is consistent with the approach.

Further information is available on the Illawarra Institute for Mental Health website <http://www.uow.edu.au/health/iimh/ResearchThemes/UOW053226.html>

## WORKING WITH THE WHOLE SYSTEM

The Collaborative Recovery Model engages with all four parts of the consumer's support system – consumer, carer/friends/family, staff member/s and organisation. All parts of the system need to be recovery focused in order to effectively support the individual on their journey. Mental illness affects everyone in that system and therefore it is essential for all parts of the system to engage with the recovery process on their own behalf as well as in support of the individual.