We are exploring how to sustain change in recovery-based practice, for multidisciplinary teams working in a mental health rehabilitative setting. We have generated a list of candidate theories that set out the factors that we think are important for sustained change, from our preliminary literature searches and from the literature that you, the Local Reference Group (REAL-Realistic Evaluation) have suggested we consult. We would like your help with prioritising which theories to explore further, using case studies in the literature and data generated during the GetREAL intervention.
Please would you respond by 14th December 2014.

What would we like you to do?
We have identified seven different mechanisms or 'pathways' which we think might operate when staff members change their behaviour to increase their recovery-based practice. These are: Reinforced Direction (RD); Receptive Staff (RS); Recovery is Everyone's Responsibility (RER); Recovery is Important (RI); Recovery is Realistic (RR); Resourced for Recovery (RFR); Supported Change (SC).
For each mechanism, we would be grateful if you would rate how important (in terms of interest, value, and relevance) you think it is in bringing about long-term change. Also, under each mechanism we have listed the contexts that we think are relevant to that mechanism. Please would you select, from each list, three contexts that you think are the most important and most worthy of further investigation.
Thank you!

- **Reinforced direction (RD)**

Staff will make long term changes and increase their engagement with recovery-based practice if staff members know exactly what is expected of them, and this clear direction is continually reinforced.

- Extremely important
- Very important
- Somewhat important
- Of little importance
- Not important

Please expand on your rating, why do you think so?

Which of the following contexts are most influential [this could be positive or negative influence] to bring about Reinforced Direction and long term change? Please select three from the list.

1. The (new) activities expected of staff should be reflected in **organisational structures, processes and systems** (e.g. working practices, responsibilities, policies, documentation, and performance reviews).

2. If the training programme is both **practical ('hands-on') and specific** (rather than generalised/inspirational), modelling desirable behaviour, staff will know what to do and have the tools to do it.

3. If the **training is repeated** and refreshed periodically (e.g. 'train the trainer'), existing and new staff members will be reminded what is expected of them.

4. The existence (and regular reference to/updating of) a clearly articulated **action plan** developed collaboratively with service users will provide clarity.

5. Regular **supervisions** between staff groups and the training team, and/or staff members, together with a local change lead, encourage reflection on and understanding of the change process.

2. Receptive staff (RS)

If staff feel involved, valued, enthusiastic and engaged in the programme they are receptive to change.

- Extremely important
- Very important
- Somewhat important
- Of little importance
- Not important

Please expand on your rating, why do you think so?

Which of the following contexts are most influential [this could be positive or negative influence] to bring about Receptive Staff and long term change? Please select three from the list.

1. If an **action plan** for change has been developed **collaboratively** between different staff groups and service users, utilising existing strengths and experiences, this helps them feel engaged and valued.
2. When the staff have high levels of **job satisfaction and low burnout,** they are likely to be engaged and motivated by the change programme, fostered by supportive organisations/colleagues and collaboration.
3**. Incorporating recovery into an existing change programme** may help with engagement when an organisation has undergone a lot of recent change, with staff members feeling disillusioned, uninterested, or pessimistic.
4. In an organisation which has a **climate of uncertainty and fear** (e.g. cutbacks, job losses), staff members are likely to feel disillusioned, uninterested, or pessimistic by/about change programmes.
5. In an organisation lacking a culture of mutual support between and within different staff groups, and **only some staff members receive training**, others may feel threatened by their own relative lack of 'expertise' and react defensively or resistively to the change efforts.
6. If the programme is **part of a research project with positive collaboration** between the unit/organisation and an academic body, staff members are likely to feel motivated and enthusiastic
7. If the programme has been **tailored** to the staff group, and its existing systems, processes and cultures, then the staff members are likely to feel that their experiences and opinions are valued.

3. Recovery is everyone's responsibility (RER)

When staff groups of a mental health inpatient rehabilitation unit have taken part in a training programme aimed at increasing their engagement with recovery-based practice, they will make long term changes and increase their engagement with recovery-based practice if they, and the service users, feel that recovery is everyone's responsibility - all staff, all service users.

- Extremely important
- Very important
- Somewhat important
- Of little importance
- Not important

Please expand on your rating, why do you think so?

Which of the following contexts are most influential [this could be positive or negative influence] to bring about Recovery is everyone's responsibility and long term change? Please select three from the list.

1. **Shared training** with different staff groups together, in a supportive culture, engenders understanding of different values and philosophies held and improved attitudes to service users. It enhances inter-staff group relationships and a sense of shared ownership.
2. All staff needs a **shared understanding of what is meant by recovery**, and it's relevance to all staff groups. Additional training time should be provided for staff who are new to the concepts, using familiar terminology and professional ideology.
3. Providing opportunities for **different staff groups to reflect together**, obtain feedback, monitor their progress and identify areas for further change helps staff feel that recovery is a shared responsibility.
4. **Administrative burdens and other competing work priorities** may make some staff groups feel recovery (being harder to quantify) is not a priority for them, especially in a culture of role inflexibility, a lack of common understanding and cooperation, and job insecurity.
5. A **clearly articulated action plan** that is regularly referenced to and updated, developed with service users, and builds on strengths and experiences within an organisational culture of trust and consensus will foster a common vision, effective collaboration and allow staff to challenge existing work practices.
6. A unit culture of **role inflexibility** and/or a lack of common understanding and cooperation between the different staff groups, staff will protect their role boundaries and resist recovery focussed role extension.

4. Recovery is important (RI)

When staff groups of a mental health inpatient rehabilitation unit have taken part in a training programme aimed at increasing their engagement with recovery-based practice, they will make long term changes and increase their engagement with recovery-based practice if they feel that recovery is important to themselves individually and the organisation and similarly for Recovery is Realistic, and Supported Change.

- Extremely important
- Very important

- Somewhat important
- Of little importance
- Not important

Please expand on your rating, why do you think so?

Which of the following contexts are most influential [this could be positive or negative influence] to bring about Recovery is important and long term change? Please select three from the list.

1. If the **management team** actively endorses and prioritises the programme, supports the staff and encourages change (e.g. gets involved, endorses the action plan, quantifies progress, and incorporates external drivers), the staff will feel that recovery is important to the organisation.
2. If the performance of the unit as a whole or of individual staff members is linked to **service user feedback** (either verbal or behavioural), or some other measure of patient-focused care and recovery, the staff will feel that recovery is important to the unit/organisation and to themselves individually.
3. If the training/change programme is consistent with the **job descriptions** of staff members or CPD requirements of any professional bodies that the staff belong to, the staff members are likely to consider the training to be of professional importance.
4. If the move towards greater recovery-based practice is consistent with the **stated mission** of the unit or the wider organisation, staff members are likely to perceive it to be important to the organisation.
5. If the desirability of the move towards increased recovery-based practice has been **identified by the staff members themselves**, (e.g. through the training programme) they will automatically feel that recovery is important.
6. If the **training is refreshed periodically** (and appropriate systems and processes in place: e.g. 'train the trainer'), new and existing staff members will feel that the change programme is important.
7. If there has been a recent **major negative event** affecting the unit (e.g. changed location; significant loss of staff; illness or accident affecting the unit atmosphere), dealing with this will be prioritised over a change programme.
8. If the training is **not followed up by an action plan** for change, staff members are likely to conclude that long-term change to increase their recovery-based practice is not a priority for them.

5. Recovery is realistic (RR)

When staff groups of a mental health inpatient rehabilitation unit have taken part in a training programme aimed at increasing their engagement with recovery-based practice, they will make long term changes and increase their engagement with recovery-based practice if they, and the service users, feel that working collaboratively with service users towards recovery is realistic.

- Extremely important
- Very important
- Somewhat important
- Of little importance
- Not important

Please expand on your rating, why do you think so?

Which of the following contexts are most influential [this could be positive or negative influence] to bring about Recovery is realistic and long term change? Please select five from the list.

1. Involvement of current or former service users in the design and/or delivery of the training programme will persuade staff that both recovery and collaboration is achievable and realistic for service users.

2. Peer support workers operating in tandem with the staff helps to give service users a 'voice', and gives both staff and service users a sense of hope, optimism and encouragement to work together.

3. When staff members understand that **recovery is non-linear** they will understand how to respond flexibly, with realistic expectations, rather than becoming demotivated by fluctuations in an individual service users' mental health status.

4. When staff find service users with **complex needs to be hard to engage with** (e.g. due to medication side-effects, physical or mental co-morbidities, impaired insight) they may have a pessimistic view about recovery, feel they do not have the tools/skills/confidence to engage with them and do 'for' rather than 'with' the service users.

5. An **environment** (physical and social) on the unit that facilitates service users and staff working together as a '**community',** and challenges power imbalances or paternalistic attitudes, service users are encouraged to become active agents in their own recovery and care becomes more individualised and patient-focused.

6. Some staff members may need to undergo a paradigm **shift from a 'custodial' or 'protective' model** of mental health care to recovery-based, less restrictive care. Without this, they will find it hard to treat service users as partners in recovery and service users may feel threatened when faced with the possibility of recovery.

7. If **medication regimes** are selected and regimented according to service users' own goals, interests and aspirations, then staff and service users will feel that recovery is realistic, rather than adopting a 'medicalised' view of service users.

8. Where there is a high prevalence of **stress, low job satisfaction, and burnout** amongst staff groups, those members of staff affected are more likely to perceive a threat more readily and/or make negative attributions towards the service users (i.e. recovery is not realistic).

9. In an organisational culture which encourages autonomy and supports **positive risk-taking** in the pursuit of recovery, staff will feel that they have the autonomy and empowerment to manage risk or act beyond their traditional role descriptions.

10. If '**quick wins**' in change towards increased recovery-based practice are identified, implemented and promoted, the staff groups will feel they have made progress and further change is achievable. Staff who were previously reluctant to engage may be newly motivated to engage with the programme.

6. Resourced for Recovery (RFR)

Staff will increase their engagement with recovery-oriented practice if they feel they have the resources to do **so and/or barriers (individual, group or organisational) have been removed.**

- Extremely important
- Very important
- Somewhat important
- Of little importance
- Not important

Please expand on your rating, why do you think so?

Which of the following contexts are most influential [this could be positive or negative influence] to bring about Resourced for Recovery and long term change? Please select three from the list.

1. Strong, supportive **community and family links** need to be in place. Where there are poor links to the community, e.g. in rural/isolated units, engagement with recovery will be perceived to be difficult.
2. Sufficient **flexibility in their shift/working pattern** to enable participation in activities outside their 'normal' working day. A lack of flexibility impedes continuity of service user engagement/activities between one member of staff/one week and the next.
3. Where adequate time and resources are devoted to **shift handovers**, incoming staff feel fully appraised about the individual service users' health states and their recent/ongoing activities, facilitating appropriate patient-centred care.
4. Adequate **staffing capacity, time and physical space and resources**, may require reducing administrative burdens and other competing work priorities, greater role flexibility between staff, and initiatives to free up time to devote on patient-focused care.
5. Appropriate **medication regimes**. If the service users' own goals, aspirations and interests inform the selection and regimentation of medications, the medication regimes are more likely to be consistent with facilitating, rather than impeding, recovery.
6. The change towards recovery needs to be consistent with/can be **built into existing organisational structures**, **processes and systems** (e.g. working practices, responsibilities, policies, documentation, and performance reviews). This will help staff members feel that the change will not require a great amount of further effort.
7. To resolve individual, group, and organisational **barriers to change**, staff and service users need to be involved in developing the programme, within a positive, collaborative culture.

7. Supported change (SC)

When staff groups of a mental health inpatient rehabilitation unit have taken part in a training programme aimed at increasing their engagement with recovery-based practice, they will make long term changes and increase their engagement with recovery-based practice if they feel encouraged/motivated/supported by management and colleagues to change. They are unlikely to make long term changes if they feel threatened by the change, or are already overly burdened, or if there are organisational barriers to change.

- Extremely important
- Very important
- Somewhat important
- Of little importance
- Not important

Please expand on your rating, why do you think so?

Which of the following contexts are most influential [this could be positive or negative influence] to bring about Supported change and long term change? Please select three from the list.

1. If the programme successes are shared with the staff group, recognised publicly (e.g. conferences, publications), **rewarded or otherwise incentivised,** the staff members will feel motivated by management and colleagues to persevere, even those formerly reticent.
2. Regular **supervisions** or **collaborative meetings** between staff groups and the training team, and/or staff members, together with a local change lead, and within a supportive organisational culture, will assist staff to feel supported by their peers and managers in the change programme.
3. Appointing individuals from within the staff team to '**champion' or act as a 'change agent'** for the programme, who has optimism, good interpersonal skills, management support and the respect of colleagues, are influential. Ensuring the 'champion' is associated with a role,, rather than a single individual, ensures long term continuity.
4. If the **management team** actively endorses and prioritises the programme, supports the staff and encourages change (e.g. gets involved, endorses the action plan, quantifies progress, and incorporates external drivers), the staff will feel supported, even if increased engagement with recovery entails moving outside their traditional occupational roles.
5. If the management team **modify organisational structures, processes and systems** (e.g. working practices, responsibilities, policies, documentation, and performance reviews) to facilitate the move towards recover-based practice, staff members will feel supported by management in changing their practices.
6. If the programme is developed/facilitated by **someone external to the uni**t who does not involve any of the same professionals within the unit, they are likely to feel professionally threatened and unsupported and may disrupt the programme.