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Involvement of consumers in the delivery of statutory mental health services: the impact on consumer and professional employees.

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Part of a broader Cochrane review of: Involving service users as service providers for adult statutory mental health services

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Key terms:

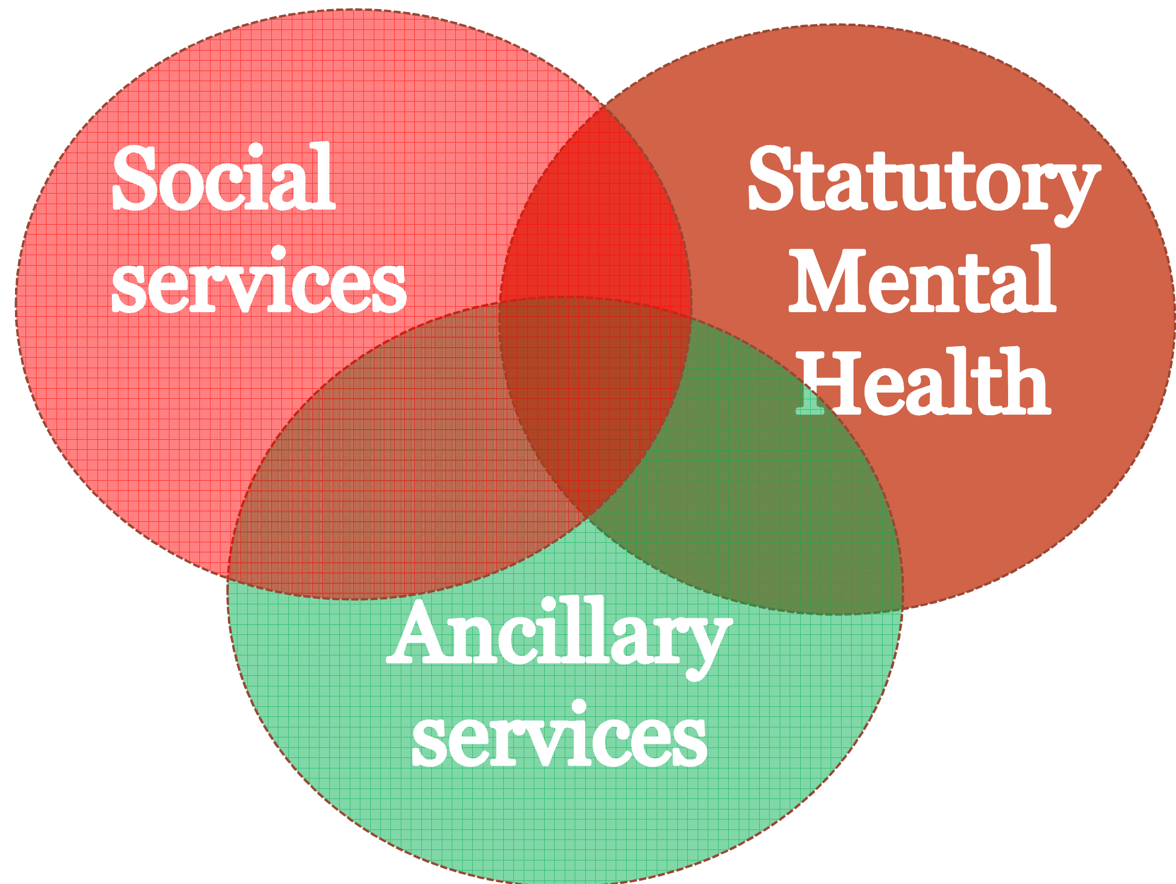
- **Clients-** adult recipients of services for mental health within a statutory mental health service setting
- **Consumers-** former or current clients of a mental health service
- **Professionals-** the traditional providers of statutory mental health services
- **Statutory mental health service-** Public service in mental health which may involve statutory duties (i.e. specific care duties prescribed by law such as psychosocial or rehabilitation services for mental health)
- **Intervention-** consumers as providers of statutory mental health services

1. Empower
2. Facilitate recovery
3. Provide knowledge and optimism
4. Ensure equality
5. Improve quality

Key term: Statutory mental health service

psychosocial or rehabilitation based services

Includes: therapy, case management, assertive community treatment or outreach, inpatient hospitalisation & community alternatives for crisis care



Key term: integration

Evidence of integration included:

- mental health professionals & consumers working as a team
- formal cross-consultation
- recruitment, training, supervision or payment of consumer
- employment by statutory organisations

Examples of consumer provider roles:

- client support specialists
- structured clinical client interviews
- case management or outreach
- integrated consumer-run drop-in centres
- social support programs following discharge from hospital
- client advocates attached to case management services
- client counsellors alongside case management
- client specialists on case management teams
- unpaid volunteers, where the role meets any of the other requirements for integration into services.

Systematic review questions:

What are the effects of involving consumers as providers of statutory mental health services on:

Primary question

- the health outcomes of clients involved?

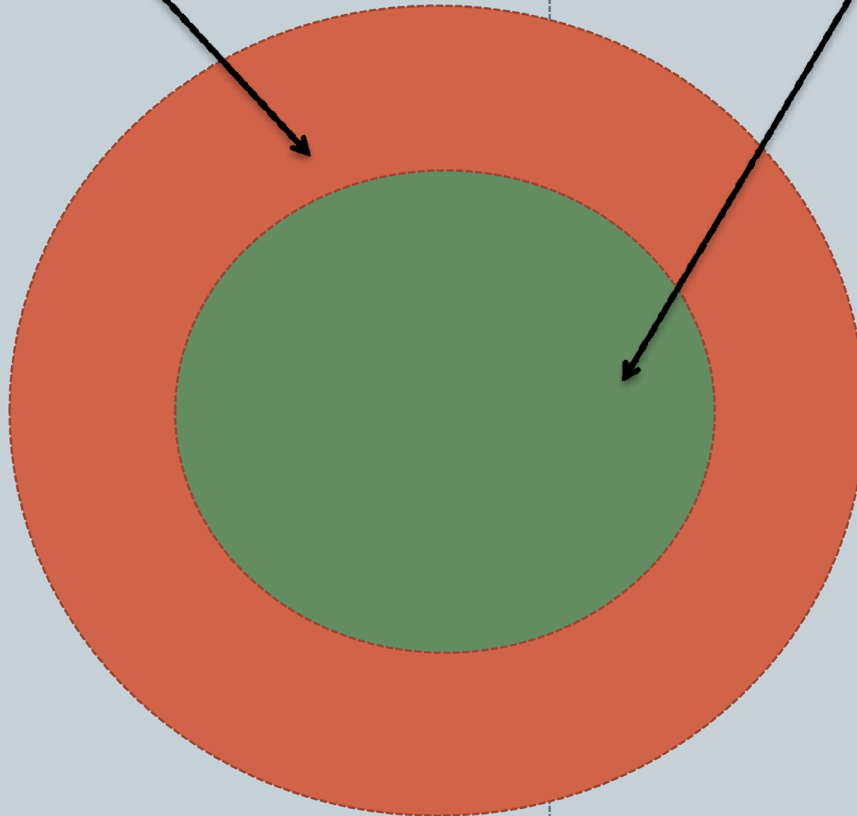
Secondary question

- the experiences of consumer & professional providers involved in the trials?

Focus of the systematic review:

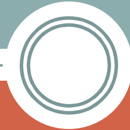
1. Quantitative analysis of randomised controlled trials:

- Trials assessing the health outcomes of clients involved
- Data from 9 trials included



2. Nested qualitative synthesis of included trials:

- Trials assessing the experiences of consumers as providers; on both the consumer & the professional providers involved
- Data from 5 out of 9 the trials included



1. Primary (quantitative) analysis of trials - Client outcomes:

No clinically important or statistically significant differences in health outcomes for clients between mental health teams involving consumer employees or professional staff in similar roles.

Outcomes assessed included quality of life, mental health symptoms, satisfaction, service use and attrition

Poster reference: Pitt V, Lowe D, Hill S, Hetrick S, Prictor M, Ryan R, Berends L. *Employing consumers in the delivery of statutory mental health services (Poster)* Consumers Reforming Health Conference 18-21 July 2011, Melbourne

EMPLOYING CONSUMERS IN THE DELIVERY OF STATUTORY MENTAL HEALTH SERVICES

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Aims

To determine whether employing consumers as providers of mental health services in statutory settings improves outcomes for clients.

Methods

We conducted a comprehensive, rigorous Cochrane systematic review of trials assessing the effects of employing mental health consumers as providers of mental health services, compared to professional (traditional) staff in similar roles, or to mental health services without consumer-providers.

We included randomised controlled trials assessing a consumer role embedded in, or as an adjunct to, traditional statutory mental health, psychosocial or rehabilitation-based services. The psychosocial and rehabilitation service had to be integrated into a statutory mental health setting.

To be included in the review, trials had to demonstrate that mental health consumers had provided or been involved in any one, or more, of the following service types: therapy such as cognitive behavioural therapy (CBT) or mutual support group therapy (MSG), case management, assertive community treatment, assertive outreach, psychosocial rehabilitation services, inpatient hospitalisation services and community alternatives for crisis care. We did not focus on other aspects of comprehensive mental health delivery or supports such as ancillary, human and social welfare services, unless they were also integrated within a statutory mental health setting.

To be included in the review, the research had to be conducted as a randomised controlled trial. The trial had to meet the following criteria:

The INTERVENTION in the randomised controlled trial had to involve mental health consumers as providers of mental health services (termed 'consumer as provider').

Trials could make one of these comparisons:

1. Services provided by mental health consumers alone or as part of a team within statutory mental health settings (ie the intervention group) compared with services provided by health care professionals only (ie the control group);
2. Mental health services (provided by health professionals) plus an additional mental health service provided by the consumer (ie adjunct) compared to mental health service provided by health professionals.

The RECIPIENTS or PARTICIPANTS of the interventions in the trials were:

- Clients of statutory mental health services
- 18 years or older
- Receiving a service specifically for mental health

SETTINGS

Services could be provided to people anywhere in the world – not just Australia. We did not limit by country of trial conduct.

Two people searched for, appraised and extracted information from RCTs that met these inclusion criteria, see Figure 1.

RESULTS

Nine trials involving 2845 participants met the inclusion criteria. Most of the studies were conducted in the United States, and the mental health consumers were mainly employed as case managers or consumer advocates in mental health teams, see Table 1.

Comparison 1

Mental health consumers as provider (alone or within team) compared to health professional(s) only

Five trials were included in this comparison. The outcomes of client quality of life, mental health symptoms and client satisfaction were measured in both the intervention and the control groups.

There were no differences in:

- client quality of life (Rivera 2007, measuring clients' life satisfaction, daily activities and social relations)
- client mental health symptoms (Bright 1999 and Rivera 2007, measuring general mental health symptoms and depression)
- Client satisfaction with treatment (Solomon 1995 and Rivera 2007)
- Client satisfaction with the client-provider relationship (Solomon 1995 and Sells 2006).

Comparison 2

Consumer role as adjunct. Mental health services (provided by health professionals) plus an additional mental health service provided by the consumer (ie adjunct) compared to mental health service provided by health professionals.

Four trials were included in this comparison. The outcomes of client quality of life and client satisfaction were measured in both the intervention and the control groups.

Between clients receiving care from consumer-providers and those receiving usual care, there were no differences in:

- Client satisfaction with the service (O'Donnell 1999 and Craig 2004)
- Client satisfaction with staff (Craig 2004)
- Client satisfaction with needs being met (Craig 2004)
- Clients' quality of life (Craig 2004).

No trials in this comparison provided usable data on clients' mental health outcomes.

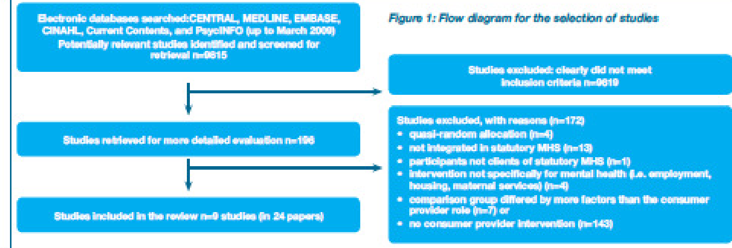

Figure 1: Flow diagram for the selection of studies

Table 1: Characteristics of the trials and the intervention of consumers as providers

Study	Country	Role of consumer provider	Description of the people who were eligible to be consumer providers within the trial
Comparison 1: Mental health consumers as provider (alone or within team) compared to health professional(s) only			
Bright 1999	US	Facilitator/ Therapist	Consumers had to have a history of severe mental illness. Previous experience leading community-based self-help groups (comparable with traditional providers); most held a Bachelor degree. (The traditional (professional) providers typically held a Masters degree).
Clarke 2000	US	Case manager	Consumers had to have a history of severe mental illness. Study specified that consumers had all been diagnosed with DSM-III-R axis I.
Rivera 2007	US	Case manager	Consumers had to have a history of severe mental illness, including history of multiple hospitalisations for mood or psychotic disorders, eligible for disability benefits, relied on medication for stability, sober 3 to 8 years and stable within the community.
Sells 2006	US	Case manager	Consumers had to have a history of severe mental illness. Some had co-occurring drug use disorder history.
Solomon 1995	US	Case manager	Consumers had to have a history of severe mental illness. No further description.
Comparison 2: Consumer role as adjunct compared to compared to mental health service without the additional consumer service			
Craig 2004	UK	Advocacy	Consumers had to have a history of severe mental illness. Consumers were unemployed for number of years prior to this employment, but had previously held jobs.
Kaufmann 1995	US	Provider at consumer-operated Service	Consumers had to have a history of severe mental illness. No further description.
O'Donnell 1999	Australia	Advocacy	Consumers had to have a history of severe mental illness.
Rogers 2007	US	Provider at consumer-operated Service	Consumers had to have a history of severe mental illness. No further description

Conclusions

- Preliminary analysis of the studies demonstrates no clinically important differences in client outcomes when consumers are employed as case managers in, or as consumer advocates as an adjunct to, the delivery of mental health services.
- Involving consumer providers in mental health teams as case-managers results in client outcomes that are comparable to those achieved by professional staff employed in similar roles. Consumer providers may be well-suited to outreach-oriented service delivery, support roles, and aftercare. There are few rigorous evaluations of involving consumers as providers of mental health services.
- Reports of evaluations should better describe the consumer provider role, such as specific tasks, responsibilities, expected deliverables and relevant training for the role, to enable other people to reproduce or implement the research findings.

We expect that this review will be peer reviewed and published on *The Cochrane Library* (a database freely available in Australia at www.thecochranelibrary.com) by end 2011.

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O'Donnell 1999
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1. Primary (quantitative) conclusions:

- Consumer providers may be well-suited to outreach oriented service delivery, support roles and aftercare

- Future trials should report sufficient description of the consumer role to enable replication or implementation of the research
  - e.g. specific tasks, responsibilities, expected deliverables and relevant training for the role

2. Secondary (qualitative) synthesis:

Methods:

- Two review authors independently extracted & thematically synthesised qualitative data from the studies indentified for inclusion in the broader review

Included trials

- Of the 9 trials included in the review, 5 trials provided qualitative data addressing the impacts, experiences & attitudes of consumer & professional providers

Trial stated purpose of conducting qualitative research:

- 'To understand how each team went about their practice, (this is, the practice culture) …' Paulson 1999
- 'To provide a first-hand account of the experience of being a consumer-employee healthcare assistant' & 'to examine the effect on other team members …' Craig 2004
- 'To explain or reflect on why policy makers considered the program a failure (not specified but inferred) …' Sells 2006
- 'To describe the development of a consumer advocacy program …' O'Donnell 1998
- Multiple purposes … Solomon (multiple publications)

Scope and conduct of the role:

Perceived differences in:

- establishment and maintenance of client provider boundaries … Paulson 1999 ; Craig 2004
- disclosure of personal interests and experiences … Paulson 1999 ; Craig 2004
- perceptions of rapport between clients and providers
- development the role … O'Donnell 1998; Sells 2006
- service provision and approach or authority of providers towards clients … Paulson 1999
- consumer providers focused on "being there" while professional providers focused on "accomplishing tasks" … Paulson 1999

Impact of the role:

- challenges in establishing "legitimate independent" consumer provider role … Sells 2006
- the stress of role increased consumer provider absenteeism due to the onset of personal illness; needing time off to prevent illness; or relapse … Paulson 1999 ; Craig 2004 ; Sells 2006
- increased professional & consumer provider workload & burden as results of consumer provider absenteeism … Paulson 1999 ; Craig 2004 ; Sells 2006
- lack of formal training & role clarity added to stress & role confusion … Craig 2004 ; Sells 2006 … & affected the way professional providers approached consumer providers … Craig 2004 ; Sells 2006; Solomon 1995

Supervision skills and training for the role:

- consumer provider training was perceived as insufficient for the role … O'Donnell 1998; Craig 2004
- professional providers felt there was added workload burden to support, train and monitor consumer providers … O'Donnell 1998; Craig 2004
- professional provider supervision of, or over-sensitive approach to, consumer providers added to the pressure for consumers in having to prove themselves … Craig 2004
- consumer providers expressed a need for external support … O'Donnell 1998; Craig 2004

Implementing the trial:

- professional providers felt that administrative duties hampered their delivery of services … Sells 2006
- consumer providers were disempowered by some of the trial specific methods such as recruiting clients, developing rapport & then having clients randomised to professional arm or excluded from the trial due to not meeting inclusion criteria … Sells 2006
- disempowerment due to developing & explaining their role to clients during the trial … O'Donnell 1998; Sells 2006

Summary of common themes:

1. Lack of clearly defined consumer role
2. Impacts of absenteeism or relapse
3. Added expectations on professional providers
4. Impact on traditional staff of having different ‘providers' in the team
5. Lack of outcome measures relevant to impact of consumer employees

Indentifying possible solutions:

- A clearer description of the consumer provider tasks, responsibilities & expected deliverables of the role
- Employing more consumers & providing a support network for consumer-employees
- Preconceptions & impacts on traditional staff may be addressed by better outlining consumer role, training & support
- Consumer impacts such skill levels, employment outcomes, social functioning, quality of life & need to return to treatment requires further consideration

Conclusions overall:

- ‘Consumers as providers’ of mental health services is a very complex intervention, raising many challenges for those involved
- There may be negative impacts on the consumers & professional providers. These may be overcome with supports & other planning measures
- There are key differences in service delivery between consumer & professional providers in mental health teams
- Current outcome tools may not adequately capture the differences in service delivery approaches

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