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Return from hospital How can I support myself

EVALUATION REPORT

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1. MAIN FINDINGS

The training program “Return from hospital – how I can support myself” was created to support recovery and prepare people for leaving a psychiatric ward or a social care institution. The creation of the module was co-produced by people with different professional and experiential backgrounds. Generally speaking, the principles of Recovery college have been applied with effort to fit the training to people who are in this situation – still in a ward or a social care facility, but about to be discharged and go home. Role of experts by experience was crucial in the process of creating the content as well as during face to face sessions.

The program was piloted in the Czech Republic, Croatia and Estonia by trainers’ teams in different settings with diverse groups of people.

Based on wide range of sources we can state the following:

- The training seems to be generally very well **acceptable**. It was interesting for most participants (nevertheless not always easy). This was very likely thanks to solid preparation of the program that consists of wide range of interactive games and exercises and is based on recovery values and on the idea of co-production.
- The training is **focused on people leaving psychiatric ward or social care home**. To be successful for other target populations (like people experiencing first episode of psychosis or people with intellectual disabilities) it should be rearranged to fit their needs.
- There is a potential in the training for **creating groups or spaces where people feel safe** and are willing to open to others. Because they are listened and taken seriously by someone.
- The **presence of peer trainer** in the training from its creation to implementation is important factor of success. Under the condition that peer trainer is sharing his/her vulnerability rather than standing above participants.
- A number of topics were identified in participants' experiences, suggesting that the training is effective in **providing hope**, shaping a **confidential environment** for peer sharing, providing relevant and **useful information**, and **broadening horizons** in the area of recovery from mental distress.
- The training program can be used within living facilities in various settings and also with internal staff. The comprehensive material is valuable in itself and can help with implementation. Nevertheless, it is likely that part of the success of the training was that trainers were coming from outside.

2. THE TRAINING PROGRAM

The program comprised of 3 main topics Recovery, Communication and Safety each divided into 4 modules. The whole program consisted of 12 modules. Each session was planned for approx. 90 minutes. The program was designed for people before leaving the institution (health or residential) nevertheless the piloting was adopted to possibilities in respective countries. The program was developed with rich resources and options to choose for trainers to adjust to participants. The specific is that the training was created for people to attend all lessons or just one lesson. It should work for all.

3. EVALUATION METHODS

This evaluation draws on a wide range of sources. The data were collected during whole time of the training and were analysed after the finalising of the program. The draft version of the report was written in English and was made available to trainers and participants of trainings who asked for it. Their comments to the draft helped to complete and finalize the evaluation report.

Questionnaires after each lesson

After each training session, participants were asked to fill in short feedback form, which contained two questions for 1-5 rating and two open questions:

How did you manage to follow the meeting and get involved? (1-5)

To what extent the insights from the meeting can be used in your future life? (1-5)

What you found interesting and what you take away?

Anything else you would like to tell us or send us a message?

These questionnaires had two purposes. Primarily they served to provide immediate feedback to trainers. Secondly they were reviewed to improve the program and for the evaluation of the whole project.

Interviews with participants

Interviews were conducted with participants who were available and accepted the invitation to speak with evaluator. Altogether interviews with 10 participants (CZ 4, CR 3, EST 3) were held online/in person. One participant also sent his remarks by email (due to bad internet connection). All interviews were held semi-structured with only several opening questions and concentrated on the experiences of participants.

Feedback from the staff

Interviews with staff members were conducted within possibilities of involved organizations and were used to supplement the information. Some of these interviews were led by trainers and recorded or notes taken and delivered to the evaluator. Another source were written comments and evaluation by some members of the staff of involved organizations including those in leading positions. Altogether feedback from 7 staff members (CZ 3, CR 3, EST 1) was used in the analysis.

Feedback from trainers

One group interview was held with all trainers after the piloting of the program. Written reflections from CZ trainers were also used as a source for evaluation.

Limitations

The methodology of evaluation matters. From the information we gathered it is not possible to estimate lasting effects in participants. The written feedback from participants in principle is questionable – some people don't like to write or are less used to express themselves in written form. Some interviews were interpreted online what might change meaning unintentionally. Given that the participants were not randomly selected, we cannot rule out the possibility that they were mostly satisfied participants. On the other hand, we did verify all information from multiple sources where possible.

4. THE CZECH REPUBLIC

The training took place in two wards in Psychiatric hospital Kosmonosy (<https://www.pnkosmonosy.cz/>). One ward was closed one for men in acute mental health condition and the other was long term care unit.

The program was carried out in full scale in both sites (2x12 lessons) in period October 2022 – February 2023.

There were 4 lecturers – psychologist, occupational therapist/psychotherapist and two experts by experience. The training was provided by couples that combined professional and experiential knowledge.

Participants were invited to take part in the program by staff. The number of participants differed across wards and sessions. In the acute ward there were 4 – 7 participants, 6 in average. In the long-term ward, there were 7 – 14 participants, 12 in average.

4.1 Benefits for participants

Participants rated their involvement and usefulness of the content very high. Most often values were 4 and 5 (on 1-5 scale) and there was no significant difference in rating between wards. Their answers to open questions were more interesting. Several topics were identified:

(1) Sense of hope and encouragement, (2) sharing experiences with other participants, (3) practical information and knowledge regarded as useful. This information covered many things like contacts to specialists outside hospital as well as strategies to prevent onset of depression.

Many reactions were personal wishes of good luck or calls to continue. Some of the participants' reactions related to the physical appearance and attractiveness of the female lecturers, illustrating the atmosphere of a male enclosed ward.

Overall, the courses were very well received. *"It was just so good for me, and I felt so good after the project. That's what it did for me. Mental wellbeing."* (participant)

Special importance was given to the presence of peer trainers. It seems like hope giving and encouraging factor.

"One of the speakers spoke from her own experience. She herself has some problems and how she solves them. That was helpful, thought-provoking." (participant)

"It was great to see. He's got kids, you can live with that. I think, I could have a family and it wouldn't be so stressful." (participant)

"I don't know how to say this. They can just help us more; they've been through it..." (participant)

Staff on both wards also considered the course as very beneficial to patients. The head of one of the wards repeatedly expressed that it "exceeded his expectations".

One of the reflections from staff stated that the quality of care has increased without increasing the burden on staff. Patients of acute ward being inspired by the program started their own self-help group which then operated for some time.

4.2 Challenges

Mentioning negatives was really rare in questionnaires as well as in interviews. One of participants said that she would have appreciated a firmer leadership of the meeting, as one of the participants was, in her opinion, disturbing.

The staff mentioned that there were only two negative reactions during the whole time, where patients' anxieties were triggered by the challenging topic of the course.

4.3 Reflections from trainers

The trainers regularly reflected on the progress of all lessons of the course. These reflections show how they purposefully, patiently built a space of safety in each session. For example, they brought small snacks, reiterated the agreement on the rules of communication and, importantly, negotiated the possibility to leave the meeting by participants. A peer worker employed by the hospital also attended the meetings in the long-term care unit and her role in the training needed to be explained to the people present. Trainers also experienced how important factor the space for meeting was to help feeling safety in the group.

4.4 Context

The context in which the program took place is important for understanding it. This was echoed in the trainers' reflections and in some of the patients' accounts.

"Here it's all about feeding and medication and waiting. So this was a great diversion, I was glad for it."

Also, staff talked about the lack of stimulating activities on the wards as a situation they were trying to improve.

4.5 Possibility of continuation

Staff and participants mentioned that they would like this type of activity to continue. In a long-term care unit where there is a peer worker who also participated in the training, there is an assumption that she can use the materials provided and work with them during group meetings. In an acute ward the psychologist reported she was going to use elements from the training in her work.

5. CROATIA

The training took place with two groups in St. Ivan Psychiatric Clinic in Zagreb (<https://www.pbsvi.hr>).

The first group consisted of people, who experienced first psychotic episode in the past and were attending Day hospital for early intervention. In average 12 people participated. The second group was formed from people diagnosed with schizophrenia and with multiple admissions who attended Day hospital for psychotic disorders. In average 14 people participated.

In Croatia staff of the Day hospital fully participated in lessons, reviewed all materials and key professionals wrote their evaluation of the program and training materials after the training. There were several meetings of the professional team and trainers before and after the implementation and there was a lot of care taken to make the training well announced and coordinated within the running therapeutic program of participating groups.

The program was carried out in full scale (2x12 lessons, 60 minutes one lesson) in period from October 2022 to January 2023.

There were 4 lecturers – social pedagogue/integrative psychotherapist, social worker and two experts by experience.

5.1 Benefits for participants

The feedback from participants focused mainly on specific techniques and exercises that were part of the training. They liked the exercise with ball of wool. The practical parts of the training were appreciated very much. Participants mentioned that it was especially beneficial to learn how to communicate, what safety means for them. Also, the role of peer trainers was highlighted:

“The main part was that you could interact with people who have similar problems and living in the community now.” (participant)

One participant *“realized that she could volunteer and help other people”*.

„I was very surprised with the skilful presentations moderators gave, as well as peers. I would be very pleased if such an approach were to be integrated in some form of CBT within existing hospital treatment.“ (participant)

Participants rated their involvement and usefulness of the content very high. Most often values were 4 and 5 (on 1-5 scale) and there was no significant difference in rating between groups.

In the feedback given by participants there could be identified following topics (across both groups):

(1) professionalism of the training, (2) learning experiences through various techniques and exercises – ball of wool, cards etc., (3) sharing with others, (4) hope, inspiration

Throughout the feedback participants expressed a lot of appreciation and gratefulness that they could participate in the training. Also, many comments are formulated as “applicable in real life”.

5.2 Challenges

It was mentioned that

“Some participants found it boring.” ... “May be the program could be firstly just a little bit more interactive. That would help with boredom of some participants. The other thing is that we could learn more practical things that we could use in real life situations.” (participant)

On the other hand, there are tens of feedbacks quite contrary, mentioning number of very interesting and interactive exercises.

The head of the Day hospital and one psychiatrist were critical about the suitability of the program for people who experienced first episode of psychosis, who according to them have

“long-term remissions without relapse or recurrence and achieve a high degree of functional and subjective recovery and are mostly managed under the diagnosis Acute and transient psychotic disorder, without ever receiving a diagnosis of Schizophrenia.” (Head of Day hospital)

In the written report by the Head of Day hospital it is mentioned that participants from this group

“were frightened by the diagnosis of Schizophrenia and the limitations that this illness brings, which they confronted through the workshops.”

These professional reflections about unsuitability of the program for early intervention group, were only exceptionally present in the feedbacks given by participants. Nevertheless, it is well possible that this was experienced by some participants from early intervention group. The program was not designed for this target group, which is generally recognized as having special needs. As one participant commented:

“Maybe material should be adapted to the patients. All exercises were for hospitalized persons.”

On the other hand, for the group of participants with more experiences with psychiatric care, part of materials that were found very useful in general, might contain parts not compatible with their experience.

“Spouses, good jobs or good family support were described, as well as financial stability, which stood out from patients’ experiences, making it harder for them to identify.” (Head of Day hospital)

5.3 Context

The Day hospital in Zagreb is in framework of mental health care in Croatia rather elite facility, meaning there is available rich psychotherapy and sociotherapy program.

“The Clinic is known for its beautiful interior and exterior design and modern psychiatric trends with an emphasis on psychotherapy compared to other psychiatric institutions in Croatia.” (Head of Day hospital)

5.4 Possibility of continuation

Staff expressed their willingness to continue in cooperation. Details have to be negotiated yet. At the same time, there is an idea about dissemination of the training to other psychiatric facilities in the country.

6. ESTONIA

In Estonia the training program was carried out by 5 lecturers – psychologist, teacher, special care worker and two experts by experience. The training took place in two different settings with two different groups.

The first training was organised in the Social care home - AS Hoolekandeteenused, Võisiku Home https://www.hoolekandeteenused.ee/en/home/voisiku_home/. Here 10 people participated in January – February 2023 .

The participants were about to end their long term stay in next 6 months in framework of purposeful closure of the facility and transfer of services to the community.

The second training was carried out in Well-being and Recovery college in Tartu, <http://heakool.ee/eng/> as part of the program. Eight participants went through the training in March 2023.

6.1 Benefits for participants

For clients of the Social care home it was obviously valuable part of their preparation to move to the community. They are moving from countryside to town and alongside will have to cooperate with new staff, so that is a lot of changes.

According to director of the Social care home, participants have hopes connected with their transition to town (Tartu) and living more independent lives. Through the training they gained new knowledge and courage to recover socially. She was surprised and said that they opened during the training and got information and encouragement they needed. According to her, participants have more hope and more understanding what recovery means.

The role of peer trainer was mentioned and helped participants to open and speak about themselves. According to the director there is a possibility of continuation of mutual contact in Tartu.

From the feedback of participants from Social care home, we know they enjoyed the training and found it informative. And for some of them it was deep and important experience:

“For me it was the knowledge that normal things are possible for me, despite the diagnosis, despite that I was referred to Social care home years ago, that I have strengths and that everything is not gone and vanished and there are possibilities for me.” (participant)

The feedback provided through questionnaires was overall very positive in both groups. Following topics were found: (1) sharing, (2) atmosphere, (3) hope and (4) mutual support.

This is further corroborated by one participant of the program that took place in Recovery college who said:

“I liked being in a group where others have similar problems and we supported each other.” (participant)

Again, role of peer trainer was highlighted:

“I appreciated the peer trainer [name] story, not that I wanted to learn about bad things, but it was really inspiring, what she has come through and gave me hope and inspiration to go on.” (participant)

“I really respect [name of peer trainer], I think she is very strong.” (participant)

6.2 Challenges

The disadvantage in the Social care home was that part of participants were people with intellectual disabilities/cognitive problems and materials and training was not really tuned to their special needs.

The training that took place in Recovery college in Tartu had different disadvantage. Because of project reasons it was condensed into 4 longer blocks (4,5 hours each) – and it was perceived by some participants as too long and tiring. For this reason, some of them participated only in part of the program.

One of the participants mentioned, that the materials were more explicitly Christian than he would consider balanced (going to church, reading Bible as recommendations). Also being too open might be risky as was stated by one participant who felt that it is important to be more cautious in this regard.

6.3 Context

The training took place in two different settings. In Social care home it seems to fit very well into the process of deinstitutionalisation. In Recovery college the training was provided in a safe atmosphere and participants viewed it as one among other meetings and activities where sharing with others is crucial.

6.4 Possibility of continuation

If the service responsible for community service in Tartu gets resources, they would like to continue in training with clients of the Social care home after their transition.

7. REFLECTIONS FROM TRAINERS

“Generally, it was great experience, and people liked it.” (trainer)

Trainers commented on the whole process of co-producing the educational materials and experience from training. They concluded that they learned a lot from working together - professionals and experts by experience. Even if for some of them it was also stressful in the beginning to take over the role of trainer. In the end they felt more self-confident and strengthened. Especially peer trainers reported that they felt really confident working with professionals especially when they challenged difficult situations in the ward.

Another topic was being an outsider as an advantage. This position where applicable probably helped trainers to establish safety and trust for the group.

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