

The Unexpected Benefit of a Research Survey Team: Factors Related to Motivation for Employment

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Introduction/Background

The MHCD Research Survey Team (RST)

Peer to peer data collection methods for survey research have been found to increase the validity of the findings by:

- (1) decreasing the power differential when a survey including a sensitive topic (e.g., mental health) is administered to a marginalized group of participants (e.g., mental health consumers)
- (2) increase the comfort level of the participants by having consumers administer the survey to other consumers

The MHCD Research Survey Team (RST) consisted of 9 participants (8 RST members and a supervisor) that met weekly to conduct an annual data collection of how MHCD environment promotes recovery

- In 2006- REE (Ridgway, 2003)
- In 2008- PRO survey (MHCD, 2008)

RST members were taught about research methods and data collection.

The RST team was provided extensive training and team building skills prior and during data collection.

In addition, the Evaluation and Research department at MHCD learned from RST about barriers and change in data collection and survey design

Mental Health Recovery

New phenomenon in the last decade suggesting that all consumers can recover, and live fulfilling lives within their community.

MHCD definition:

- **Working Definition:** Recovery is a self-directed process of healing and transformation (Ridgway, 2000).
- **Operational Definition:** Recovery is a non-linear process of growth by which people move from lower to high levels of fulfillment in the areas of sense of safety, hope, active growth orientation, symptom management, and satisfaction with social networks (MHCD, 2004).

Hypothesis: Involvement in the RST may enhance a member's motivation for employment and other characteristics of recovery.

Methodology

Mixed Methods: combining both qualitative and quantitative techniques to increase the validity of the findings

Data Collection and Analysis

Qualitative interviews with 8 members and the RST manager

- Semi-structured interviews
- Interviews were 1/2 – 1 hour in length and transcribed verbatim
- Coded for (1) initial, (2) relationship and (3) theoretical level codes (Charmaz, 2007)
- Data Analysis was conducted using Nvivo (V8.0) to model changes in recovery and recovery supports, specifically employment, through modeling procedures and text queries.

Quantitative recovery supports survey (measure provided with MHCD services)

- Recovery Markers Inventory (RMI): recovery supports (every 2 months) employment, education, symptom interference, active growth, participation, and substance use,
- RMI Rasch reliability: person = 0.83, item = 1.00

Data Analysis was conducted using descriptive statistics, comparing employment status prior to RST involvement and after RST involvement, in SPSS (V14.0)

Participants

8 RST members, who were also currently receiving MHCD services, and 1 RST facilitator

5 female and 4 males (1 male was the RST manager)

Team Members varied in their age, educational experience, diagnosis (primarily depression and schizophrenia), and work experience.

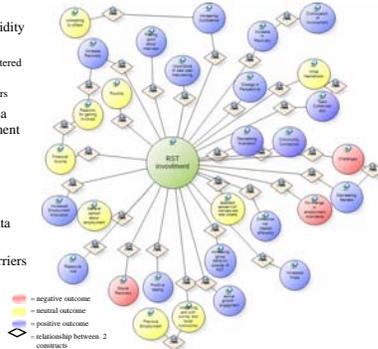
RST members report the following general barriers to employment including: being rejected, symptom management, hospitalization, age and work, and explaining mental health.

Procedures to Increase Validity/Trustworthiness of the findings (Ridenour & Newman, 2008):

- Interviews conducted by a non-MHCD employee
- Member check- a member of the RST
- Expert check- the Recovery Committee
- Negative case analysis
- Audit trail
- Using reliable instruments

Findings

RST Involvement Relationships



The majority of participants discussed positive outcomes related to RST involvement, as displayed by the blue circles in the diagram, with the most frequently references themes related to RST involvement as:

- Increase confidence
- Increase in hope
- Increase in social support (within and outside the RST)
- Change in perspective from a consumer to a member of the RST
- A change in identity from consumer to RST member was shown in multiple constructs, including: change in perspective, separation between RST and other consumers, and comparing to other.
- A connection to the community was also related to RST involvement, in accordance with recovery theory where community connection and a change in identity are construct of recovery (Onken, Craig, Ridgway, Ralph, & Cook, 2007).
 - Separation between RST and other consumers was coded as neutral because it was not seen as positive by many participants as described in this quote, "it was just a real bizarre thing and also I was also learning their system which is the same system that I was in"
- Interestingly, initial hesitation was related to team cohesiveness, with this hesitation being reduced through team building and finding support in the RST team.
- Similarly, challenges with RST involvement was related to a decrease in barriers toward employment.
- A few participants shown overall negative outcomes, including lower recovery (related to an increase and symptoms and struggles with RST involvement), challenges with RST involvement (related to overcoming barriers with employment) and no change in employment (many participants related RST involvement to positive outcomes related to employment, with very few participants reporting a change in employment status).

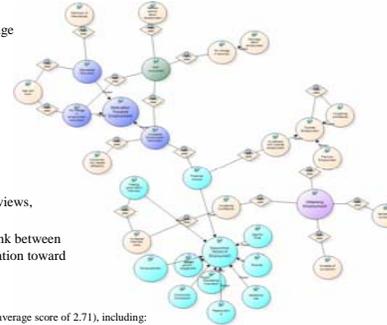
Employment Relationships

Increased motivation for employment was discussed by 5 participants on 11 occasions, which is more than twice as many participants compared to no change and decreased motivation for employment (2 participants).

"Because everybody we've set up together has worked together and I think it's really good, especially if they're going to another job where they need to be a team player. I know it's helped me greatly."

"I would say, this is an opportunity for you to jump start yourself. This is an opportunity for you to jump start into anything that you want to do, anything you want to be. If you're having problems finding a job, if you're having problems with low self esteem, this will help you move forward into anything"

- RST involvement was related to an increase in employment motivation and no change in motivation, but not directly related to a reduction in motivation.
- Supportive factors of employment were more frequently discussed in the interviews, than motivation for employment.
- Financial income and an increase in confidence were found to be the closest link toward (1) obtaining employment, (2) supportive factor of employment and (3) motivation toward employment, along with (4) RST involvement as previously discussed
- Quantitative analysis of RMI (N=7):
 - Participants showed an average increase in their marker for employment:
 - Prior to RST involvements- participants had the 4 lowest levels of employment on the RMI (average score of 2.71), including:
 - (1) no interest in employment (N=2),
 - (2) interest, but not action (N=2),
 - (3) job exploring (N=1)
 - (4) low active job search (N=2)
 - After RST involvement – participants showed a higher level of employment (average score of 4.85), including:
 - (3) job exploring (N=2)
 - (4) low active job search (N=1)
 - (5) high active job search (N=3)
 - (9) part-time employment (N=1)



Recovery Relationship

Increased recovery and hope were the most commonly discussed constructs (6 participants), compared to no change and slowing the recovery process (2 participants).

"It was something to me that lifted me up out of a complete darkness."

Notice that MHCD employees are related to both an increase in hope an increase in recovery.

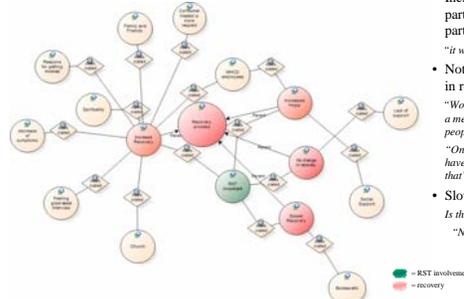
"Working with Todd was like the light, I could see the light, and not only that, he was like, and still is a mentor. One of the most, he is the most special, beyond special if not one of the most special people that I have ever met."

"One of the things that Todd told me that has made a lot of sense is about balance about trying to have that balance between listening and knowing when you feel like, okay, I'm feeling something that's uncomfortable. Okay, what is that all about? And I need to get in tune with that."

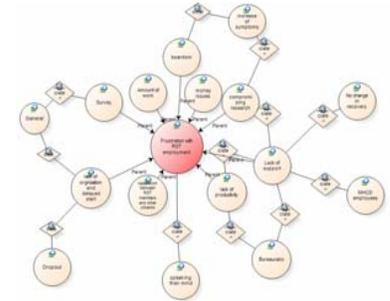
Slower recovery process was directly related to the bureaucracy of MHCD

Is there any aspect that has affected your recovery processes negatively or positively?

"No, well negatively yeah. As far as negatively with MHCD is the bureaucracy."



Frustration with RST and Areas of Improvement



1.) Increase the support from sites to conduct the survey and respect members.

- Lack of support is related to MHCD employees and no change in recovery
- In addition, the lack of support is related to bureaucratic issues of MHCD and to the lack of productivity in the survey
- Administrative Assistants were found to be the best point of contact at the sites

2.) Increase the organization of the process

- Notice that a lack of organization and delayed start were related to drop out and general options about employment
- Develop a manual and time line for the organization and RST

3.) Inform participants about the variability in hours of work in the interview (was not a total of 20 hours per week, and was not set hours per week)

- Help members to work with social security

Conclusions/Future Directions

RST involvement was associated with an increase in recovery, motivation for recovery, and supportive factors of employment for the majority of participants

Overall, the RST can be considered a recovery oriented program that is targeted at increase employment motivation, however, findings also displayed increases in other characteristics of recovery such as hope, self-confidence, communication connection, etc.

Future evaluations may care to

- 1.) Use selective sampling procedures and longitudinal data collection, as opposed to convenience sample to learn more about how positive and negative experience are related to employment and recovery.
- 2.) Use a longitudinal design to measure changes in attitudes and behaviors before, during, and after RST involvement.
- 3.) Conduct the analysis with full integration of mixed methods.

Create a manual (by RST members) and corresponding material (by MHCD employees) for other mental health centers due to the multiple benefits of the program:

- Increase in recovery and recovery oriented outcomes (such as hope, self-confidence, social support, participation in treatment, etc.)
- Increase in supportive factors of employment and motivation for employment
- Increase in the validity of data collection through peer to peer methods
- Increasing consumer involvement in mental health evaluation and research

For more information about research on mental health recovery at MHCD, please check our conference presentations on our website at <http://www.outcomesmhcd.com> or for more information about the **Reaching Recovery Initiative** check <http://www.reachingrecovery.org> at MHCD please contact Roy Starks at 303-504-1721 or at Reachingrecovery@mhcd.org.

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