

Enablement Approaches in Mental Health



A rapid review of existing evidence on Enablement

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Overview

Introduction:

The purpose of the Rapid Review was to explore available literature on 'enablement' and identify if this approach has been found to shift settings of care, improve outcomes and create cost savings within the system. The search also aimed to identify if this effect is observed either in new patients coming into the mental health system versus those who have been long term users of the mental health system.

Due to the concept of enablement being a relatively new concept in healthcare the search conducted by the Rapid Review team on the topic was inconclusive. The research identified that 'Enablement' has been written about from a broader health perspective (Huden et al, 2011) but no empirical evidence was identified within mental health.

The following review includes seven case studies and findings of its literature review.

Methodology:

The rapid review used a mixed methodology combining qualitative and quantitative approaches to capture a broad range of examples. The first stage used desktop research via academic resources such as the King's Fund, Birkbeck Library, EBSCOhost, JStor and Google Scholar.

The search initially sought to ascertain the evidence base for 'Enablement' and 'mental health' which did not yield comprehensive results specifically in Mental Health. However, conceptual articles on 'enablement' in health care interventions were identified as well as some academic literature on specific instruments used to measure enablement which have been included in the rapid review.

Search terms were refined to eliminate unnecessary articles, and studies were identified that specified implementation of an enablement programme or aspects of "Live, Love, Do". Other terminology such as 'goal oriented interventions' was also used, and articles addressing the financial implications and/or outcomes were prioritised.

Our search results identified a number of existing enablement schemes which are included in the findings, as well as the contact details for reference. Due to the nature of a rapid review, a systemic method was not used, nor was there an in-depth analysis of the results. Instead, the review aims to provide a summary of some key examples available.

Existing enablement programmes and approaches

Summary of existing enablement programme and approaches

The desktop review identified that most enablement programmes and approaches which are typically run by Local Authorities have a distinct focus on short term work that is undertaken with the elderly and these schemes typically do not include mental health patients as part of their population cohort. Many of the programmes identified use terms such as enablement and reablement interchangeably with a clear focus on admission avoidance and regaining confidence at home. The schemes identified below differ from many existing schemes as they either have a specific focus on Mental Health. These examples are included as a reference.

Organisation	Description and Notes	Link
Hertfordshire Care Choices	Hertfordshire enablement service, run in partnership with Goldsbrough Homecare aims to deliver benefits to older people with physical and/or mental health problems by helping people to live as independently as possible, preferably in their own home. This could be achieved through home care, home adaptations, Telecare or with information and advice about the range of support services available. Enablement beds in community settings are provided for anyone who might not be able to manage living at home.	Scheme Website: Link
Mind Islington	The service is focused on prevention and early intervention to ensure that people are assisted to maintain their independence and improve the quality of their lives. The service gives people the opportunities to develop personal goals relating to their health and quality of life. Offers an 8-week focused intervention which can include a volunteer to help the service user reach their desired goals.	Scheme Website: Link Contact Details: ossi.ron@islingtonmind.org.uk Service Description:  Microsoft Word Document

Case Studies

Case Study 1: Recovery and Economics

Background:

Personal recovery as an approach to psychiatric rehabilitation is attracting growing attention in many health systems. It emphasises the attainment of personal goals, meaning and control in life, rather than symptom alleviation. This paper examined the economic evidence available in relation to a set of interventions that could be seen to be consistent with a recovery-focused approach. These included peer support, self-management, supported employment, welfare & debt advice, joint crisis plans & advance directives, supported housing, physical health promotion, personal budgets, anti-stigma campaigns and recovery colleges. This paper's approach – which was not built on systemic review – was to identify some interventions (services, strategies or actions) which could be seen as consistent with the personal recovery approach and then address whether there is evidence for an economic case for them. This paper focuses primarily on mental health & recovery in England.

The Evidence Found:

Peer support approaches – currently little economic evidence to support it – 2 UK studies cited evidenced decrease in costs but neither study methodologically strong. Similarly, little economic evidence found to support self-management (improving one's ability to manage symptoms and treatment). Employment – much evidence available to support the economic case for supported employment. In particular, the Individual Placement and Support (IPS) system has been demonstrated in a 6-city EU study to be strongly cost-effective. Physical health promotion is an important aspect of recovery, with supportive economic evidence for smoking cessation and weight management programmes. Recovery colleges – these are now established in a few countries but were found to not yet have an evidence base. Anti-stigma campaigns in England & Scotland have demonstrated modest but significant positive impacts on population-level attitudes. They were low cost and also potentially cost-effective through encouraging people to use appropriate services. Joint crisis plans & advance directives – although attracting growing interest, no corresponding economic evidence to support them could be found.

Outcomes against Rapid Review Questions:

1. Little economic evidence to date to support peer-support or self-management approaches. Much financial evidence available to support the use of supported employment, in particular the Individual Placement & Support System. No evidence base yet re financial benefits of Recovery Colleges. Potential cost benefit of anti-stigma programmes which are also noted as being low-cost to implement. No evidence as yet to support joint crisis plans and advance directives. Overall, the available economic evidence is patchy and sometimes methodologically weak, but overall broadly supportive of a recovery-focused approach
2. This work was economics-focused and did not explore other aspects of shifting care to more community-based systems
3. This work did not specifically focus on new patient presentations versus individuals already known to mental health services

Summary:

The authors described their findings as 'a loose collection of fragments of evidence drawn from a heterogeneous set of studies of variable quality.' The available economic evidence is patchy and sometimes methodologically weak, but overall broadly supportive of a recovery-focused approach. Interventions aiming to empower people with mental health issues, helping them to pursue goals which they value as important to themselves, do not appear to increase costs: in many cases they lead to a more cost-effective utilisation of resources. At the same time, developments such as recovery colleges are moving ahead quite rapidly, but without yet much evidence on their effectiveness or economic implications.

Case Study 2: Commissioning what works: The economic and financial case for supported employment

Background:

A briefing document aimed primarily at those responsible for commissioning employment-related and other services for people with severe mental health problems. The paper is part of a series being produced by Sainsbury Centre for Mental Health for an initiative to promote the systematic implementation of Individual Placement and Support (IPS), a form of employment support which helps people with severe and enduring mental health problems into competitive jobs. It is an analysis of the economic and financial case for IPS.

IPS is designed to help people with severe mental health problems who are not currently in work. In line with this focus, the analysis set out in the paper does not deal with the support needs of people whose mental health problems are mild to moderate or with the important but separate issue of helping those who are already in work to retain their jobs.

Summary:

There was abundant evidence found to show that IPS is more effective than any other form of vocational support in helping people get a job. Other evidence reviewed in the paper indicated that it is affordable and good value for money. IPS was seen to cost no more than traditional vocational services such as sheltered work. There was also strong evidence to show IPS as more effective than any other form of vocational support in helping people get jobs.

The Evidence Found:

Up to 90% of mental health service users want to work yet annual surveys of service users carried out by the Healthcare Commission (now the Care Quality Commission) show that the number in employment is only about 20%, a figure which has remained broadly constant for several years.

IPS is seen to help more people find jobs, raises incomes and improves quality of life. Increasing evidence to suggest that it can lead to long-term expenditure savings as those who find work make reduced use of mental health services.

The cost of implementing IPS at the level of provision recommended in government commissioning guidance on vocational services is estimated at around £67 million a year nationally. In comparison, current spending on day and employment services is around £184 million a year.

This implies IPS could readily be established within existing provision by diverting resources from less effective services.

Outcomes against Rapid Review Questions:

1. Increasing evidence to suggest that IPS can lead to long-term expenditure savings as those who find work make reduced use of mental health services.
2. Tangible shift evident in this work towards individuals gaining employment and reduce use of mental health services (not specified whether primary or secondary care level)
3. This work does not specify 'new' versus 'existing' service users

Case Study 3: Five-Year Experience of first episode non-affective psychosis in open dialogue approach: Treatment Principles, follow up outcomes and two case studies

Background:

Since the early 1980s in Finnish Western Lapland, a new innovation was introduced within the needs-adapted approach of patient care: the Open Dialogue (OD) approach. The Open Dialogue family and network approach aims to treat psychotic patients in their homes. The treatment involves the patient's social network and starts within 24 hours of the first contact. The idea behind OD is provision of psychotherapeutic treatment for all patients within their own personal support systems. This is done by generating dialogue within the treatment system and families and involves mobile crisis intervention teams, patients and their social networks in meetings. A key component of the OD approach is that all clinical staff (both hospital and community-based) could be called upon to participate in these teams according to specific needs. In a crisis, regardless of diagnosis, the same procedure is followed in all cases. The team usually comprises 2-3 staff members (a psychiatrist from the crisis team, a psychologist from the local mental health outpatient clinic and a nurse from the hospital ward). The team formed takes charge of the entire treatment, regardless of whether or not the patient is hospitalised at any stage.

The Evidence Found:

The study was not planned as a randomised trial to evaluate a treatment method but rather was a descriptive study of the entire treatment system in a single catchment area.

The study examined 2 patient cohorts – API group (before OD approach in full-phase) & ODAP (patients seen during full-phase of OD provision). The API period can be described as an earlier phase in the development of the ODAP period. This was a historical comparison on 5-year follow-ups. In the ODAP group the mean duration of psychosis declined to 3.3 months. This group also had fewer hospital days and fewer family meetings. However, there were no significant differences emerging in the 5-year treatment outcomes.

Outcomes against Rapid Review Questions:

1. Potential, although untested, cost-efficiency of OD approach (fewer hospital days, more emphasis on community-based treatment)
2. Evidence of focus of care shifting from secondary hospital-based to community with transfer of staff to fill need in community setting
3. This study looked at new patients (first onset non-affective psychosis), not individuals already known to mental health services

Summary:

OD demonstrated (in Western Lapland) to potentially reduce hospital days and number of family meetings in patients with first presentation psychosis. The authors found OD to be an inexpensive approach. Building up the OD system meant moving hospital staff to crisis intervention work in the outpatient setting. There has been no analysis of the cost-effectiveness of OD formally conducted.

Case Study 4: From Ethnography to Randomised Controlled Trial: An Innovative Approach to Developing Complex Social Interventions

Background:

This article discusses an innovative approach to developing a social intervention – the Connecting People Intervention – which is planned to be amenable to evaluation in a randomised controlled trial. It is a prospective paper which describes the studies planned & currently underway rather than initial/final outcomes or data analysis. The intervention aims to help people recovering from an episode of psychosis to connect, or reconnect, with other people. It is envisaged that by ensuring the intervention is grounded in the lived experience of workers and service users it will be more amenable to implementation in routine practice, and produce better outcomes. The intervention is an ethnographic approach combined with current good practice in developing complex interventions in social work & social care. The work is based on the premise that social factors are prominent in the aetiology of psychosis. Those with psychosis face social exclusion, have restricted social networks and limited access to social capital. Social capital is being increasingly recognised as important for health and well-being. The author believes better understanding of social capital could assist in the development of new social interventions which may support an individual's recovery.

Summary:

On-going use of ethnographic study to inform potential new care approaches to those with psychotic illness, based on the importance of social capital in health and well-being. No outcome data yet available. Highlights the growing interest in social capital and relationships being key to mental well-being & recovery.

The Evidence Found:

Early indications from current activities in the Connecting People Study show that social care does not routinely draw upon a social capital paradigm and that social capital enhancement is not the current primary objective of social care or social work. ***The social capital intervention will be articulated in the form of an intervention manual as its end product.*** Of note, the author flags up the potential cost limitations of using ethnographic studies to develop the intervention in different countries or cultural contexts.

Outcomes against Rapid Review Questions:

1. No financial costings data in this work. However, author notes caution when considering the potential cost of ethnographic studies underpinning the Connecting People approach
2. Emphasis on social capital and connections/relationships but no data to support this to date
3. Study focused only on patients with psychotic illness but not other forms of mental health difficulty

Case Study 5: Connecting People: an exploratory study of how health and social care workers help people to develop and maintain relationships

Background:

The study explored good practice in six health & social care agencies between September 2010 and November 2012.

It focused on workers who were skilled at assisting people to develop and maintain relationships and had a particular interest in the experience of people with a diagnosis of psychosis.

The research used observations, interviews and focus groups to explore practice in NHS mental health teams, a housing support agency and third sector agencies.

The findings were summarised in a model – the Connecting People Intervention – which articulated all the components and processes which are likely to be involved in supporting people to develop and maintain new social relationships.

The Evidence Found:

Key points from the research

- The process of developing and maintaining relationships is not linear and cannot be 'engineered' by workers.
- A co-productive approach whereby workers and individuals develop goals and interventions together is more likely to be effective.
- Agencies need to be outward facing and engage with both local communities and communities of interest to enhance their service users' connections and social relationships.

The effectiveness of the Connecting People Intervention is currently being evaluated in a large pilot study in sites across England.

Outcomes against Rapid Review

Questions:

1. No data relating to financial efficiency yet available
2. The concept of increased emphasis on social capital in mental wellbeing and care sits well with a shifting focus to a more community-based system of care, transitioning away from a focus on secondary care
3. The focus of this work is on individuals with psychotic illness and does not currently include other mental health diagnoses

Summary:

This paper relates to the work described by M Webber (above). It is still being undertaken but notably is England-based and a large-scale study set across several sites.

At its heart is the concept of social capital and the role of social relationships in mental health & well-being. The outcomes, when available, may be of value in supporting a more community/network-based approach to mental health care.

Case Study 6: Enablement in Health Care Context: A concept analysis

Background:

The paper is the result of a concept analysis based on a literature search (literature reviewed 1980-June 2008). A thematic analysis procedure was used to analyse the resulting literature.

The concept examined was enablement, which the authors defined as 'a professional intervention aiming to recognise, support and emphasise the patient's capacity to have control over her or his health and life.' The analysis studied enablement in the health care context to identify i) its attributes and ii) its antecedents and consequents. NB: not solely mental health.

The Evidence Found:

The authors state that the origins of the concept of enablement go back to the concept of empowerment (a word first appearing in the literature in the 1950's and used primarily in relation to addressing power imbalances).

Its origins also stem from the social action ideology of the 1960's, to women's rights movements and to the self-help perspectives of the 1970's. The term empowerment did not appear regularly in health literature until the 1990's when it was seen in nursing literature primarily in relation to health promotion.

Empowerment was subcategorised by the authors into individual, organisational and community-based although they focus this analysis on individual empowerment or enablement.

The newest attribute of the term enablement (rather than empowerment), was found to be a 'Broadening of Possibilities.' It was noted by the authors that approximately two-thirds of the listed articles examined came from the nursing field. This highlighted to them that other fields within healthcare, notably medicine often use related models (in medicine, for example, the patient-centred model). They purport this as being a potential explanation for the lack of medical articles on enablement.

Outcomes against Rapid Review Questions:

1. This paper does not address the economic implications of enablement
2. The paper incorporates thinking of patient care being more individually-owned – this is implicit in their work but not explicitly stated or addressed
3. The concept of enablement in terms of new health presentations versus those individuals already known to health services is not addressed here

Summary:

The attributes of the enablement concept in the health care context include the contribution to the therapeutic relationship, the consideration of the person as a whole, the facilitation of learning, the valorisation of the person's strengths, the implication and support to decision making and the broadening of the possibilities.

Case Study 7: Assessing Enablement in Clinical Practice: A systematic review of available instruments

Background:

A systematic literature review was conducted to identify and compare instruments used to assess enablement in the health care context. Citations were included in the study if they reported:

- i) development and/or validation of an instrument
- ii) evaluation of enablement in a health care context
- iii) quantitative results following administration of the instrument.

The Evidence Found:

Of 3135 citations identified, 53 were retrieved for detailed evaluation. Four articles were included. Two instruments were found:

1. The Patient Empowerment Scale (PES)
2. The Empowering Speech Practices Scale (ESPS).

Both instruments assessed enablement in hospital settings, one from the inpatient's perspective (PES) and the other from both the patient's and the nurse's perspectives (ESPS). No instrument is currently available to assess enablement in an ambulatory care context.

Outcomes against Rapid Review Questions:

1. This paper does not address the economic implications of enablement but could indirectly address economic considerations via the use of instruments to measure whether outcomes are improved using enablement strategies
2. This paper does not address potential care shift from secondary to primary settings
3. The paper does not address the use of the outcome measures on 'new' versus 'previously known' patients

Summary:

The strength of this paper lies in its looking for outcome measures for the concept of enablement within health care settings – an area in the early stages of development and as yet requiring a firmer evidential base.

The authors highlight that current instruments to assess enablement are cross-sectional measures, and as such, are appropriate when considering patients within an inpatient setting. However in a ambulatory setting the interaction between the patient and health care provider may evolve over time and the enablement intervention may develop on a longitudinal basis. The authors question the ability of the instruments to assess enablement over time and call for this to be considered when developing or improving instruments to assess enablement in an ambulatory context.

Evidence from the Literature

Overview of Evidence from the Literature

In the absence of research on comprehensive ‘enablement’ strategies, the concept was broken into the ‘live’, ‘love’ and ‘do’ elements to provide evidence on the benefits of aspects of the model.

This included the benefit of safe and secure home (‘live’), friends and relationships (‘love’), and value-based work or a role in life that improves our wellbeing (‘do’). Longer search items (e.g. “goal oriented interventions in mental health”) in conjunction with search terms such as “cost-reduction” did not yield any results and hence needed to be separated out as difference searches.

Although ‘recovery’ and ‘enablement’ are not the same (as noted in the BEH Enablement Strategy) they are sometimes mentioned interchangeably and BEH recognise that ‘enablement’ has evolved from recovery strategies. We have therefore included evidence from papers that discuss recovery. Papers that were of interest are discussed in a separate section of this pack.

Reference	Notes	Link
“Live” – Evidence to support the importance and cost effectiveness of stable housing		
Boardman, J. (2016). <i>More than shelter: supported accommodation and mental health</i> . London: Centre for Mental Health.	Provides an overview of research to support the association between good housing and health and social wellbeing and identifies a series of key themes for consideration in the future development of supported accommodation for adults with severe mental health problems. Also touches on the characteristics of successful supported housing – relationships within communities, choice and flexibility, independent living.	http://16878-presscdn-0-18.pagely.netdna-cdn.com/wp-content/uploads/2016/07/More_than_shelter_pdf-1.pdf
Guite, H., Clark, C. and Ackrill, G. (2006). The impact of the physical and urban environment on mental well-being. <i>Public Health</i> , 120(12), pp.1117-1126.	Study showing association between physical environment of an individual’s home/community and their mental well-being.	https://www.ncbi.nlm.nih.gov/pubmed/17097120

Evidence from the Literature

Reference	Notes	Link
“Live” – Evidence to support the importance and cost effectiveness of stable housing		
<p>Bond, L., Kearns, A., Mason, P., Tannahill, C., Egan, M. and Whitely, E. (2012). Exploring the relationships between housing, neighbourhoods and mental wellbeing for residents of deprived areas. <i>BMC Public Health</i>, 12(1).</p>	<p>Study examining the relationship between the positive mental wellbeing of residents living in deprived areas and their perceptions of their housing and neighbourhoods.</p>	<p>http://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-12-48</p>
<p>Department for Communities and Local Government, (2009). <i>Research into the financial benefits of the Supporting People programme</i>. London: Department for Communities and Local Government.</p>	<p>Review of the Supporting People (SP) programme implemented across the UK in 2003 which provided strategically planned housing services to vulnerable people, with the goal of improving their quality of life by providing a stable environment to enable independent living.</p> <p>Carries out financial modelling exercise to estimate the net financial benefits for the public purse. Estimates a £315 million per annum saving in health costs and £3.41 billion per annum saving overall across health, social care and justice.</p>	<p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/16136/1274439.pdf</p>
“Love” – Evidence to support the importance of social networks and resilient relationships		
<p>Anderson, C., Hogarty, G. and Reiss, D. (1980). Family Treatment of Adult Schizophrenic Patients: A Psycho-educational Approach. <i>Schizophrenia Bulletin</i>, 6(3), pp.490-505.</p>	<p>Long term study on Schizophrenia highlighting family intervention as a way of diminishing relapse rates of patients. The paper provides evidence on how family work decreases patient vulnerability via a series of highly structured, supportive, psycho-educational family interventions.</p> <p>“There is evidence that the social support networks of patients play a role in the onset and recovery from illness”</p>	<p>http://schizophreniabulletin.oxfordjournals.org/content/6/3/490.long</p>

Evidence from the Literature

Reference	Notes	Link
“Love” – Evidence to support the importance of social networks and resilient relationships		
<p>Friedli, L. and Carlin, M. (2009). <i>Resilient relationships in the North West: what can the public sector contribute?</i> London: Investment for Health.</p>	<p>Report commissioned by CSIP NW in partnership with the Department of Health NW in recognition of the impact of social relationships on health, wellbeing and a range of other social outcomes and a need to explore the role of the public sector in influencing resilient relationships and social networks.</p> <p>Provides:</p> <ul style="list-style-type: none"> - an overview of the current state of knowledge on social relationships as a determinant and/or mediator of health and social outcomes - an overview of what works to build social relationships and the interventions that can impact upon them recommendations on the role of public agencies in relation to social networks <p>Draws on literature and primary data from interviews with health professionals in NWL. Includes case studies of successful interventions building resilience.</p>	<p>http://www.centreforwelfareform.org/uploads/attachment/338/resilient-relationships-in-the-north-west.pdf</p>
<p>Walsh, F. (2002). A Family Resilience Framework: Innovative Practice Applications. <i>Family Relations</i>, 51(2), pp.130-137.</p>	<p>Strong focus on importance of the role of the family for the patient. It also emphasises importance of therapists and clients working together. It introduces the concept of family resilience and empowerment of client potential.</p>	<p>https://www.researchgate.net/publication/227704009_A_Family_Resilience_Framework_Innovative_Practice_Applications</p>
<p>Webber M. (2014) <i>From ethnography to randomized controlled trial: an innovative approach to developing complex social interventions</i>. <i>Journal of Evidence-Based Social Work</i> 11(1-2), 173-182.</p>	<p>This article was featured in the BEH Enablement Strategy and hence it was agreed that a deep-dive will be done on the article to ascertain the economical evidence to the methodology applied by Webber. M (2014).</p>	<p>http://www.tandfonline.com/doi/abs/10.1080/15433714.2013.847265?tokenDomain=eprints&tokenAccess=7KisRM3aYeYvUpVN9SZk&forwardService=showFullText&doi=10.1080%2F15433714.2013.847265&doi=10.1080%2F15433714.2013.847265&journalCode=webs20</p>

Evidence from the Literature

Reference	Notes	Link
“Love” – Evidence to support the importance of social networks and resilient relationships		
Seikkula, J., Aaltonen, J., Alakare, B., Haarakangas, K., Keränen, J. and Lehtinen, K. (2006). Five-year experience of first-episode nonaffective psychosis in open-dialogue approach: Treatment principles, follow-up outcomes, and two case studies. <i>Psychotherapy Research</i> , 16(2), pp.214-228.	<p>Open dialogue (OD) family and network approach</p> <p>Highlights importance of family/ social surroundings</p> <p>“Teamwork” between patient/their families and therapists</p> <p>A deep dive was conducted into this study as a featured study in the BEH Enablement Strategy.</p>	<p>http://www.madinamerica.com/wp-content/uploads/2014/12/open-dialogue-finland-outcomes.pdf</p>
National Institute for Health Research, School for Social Care.(circa 2013). Connecting People: An exploratory study of how health and social care workers help people to develop and maintain relationships	<p>A study conducted by the National Institute for Health Research building on the work by Webber and looking specifically into existing practise in health and social care agencies.</p> <p>A deep dive was conducted on this research as it build on the work done by Webber, M as cited in the BEH enablement strategy.</p>	<p>Embedded Document.</p>  <p>Adobe Acrobat Document</p>
“Do” – Evidence to support the importance and cost effectiveness of meaningful activity/employment		
Sainsbury Centre for Mental Health, (2009). <i>Commissioning what works: The economic and financial case for supported employment</i> . London: Sainsbury Centre for Mental Health.	<p>More of a focus on severe mental illness but gives case studies of successful implementation of Individual Placement and Support (IPS) initiatives.</p>	<p>https://www.nursingtimes.net/Journals/1/Files/2009/9/22/briefing41_Commissioning_what_works.pdf</p>

Evidence from the Literature

Reference	Notes	Link
“Do” – Evidence to support the importance and cost effectiveness of meaningful activity/employment		
<p>London Mental Health and Employment Partnership, (2012). <i>Incorporating Mental Health and Employment in your Joint Strategic Needs Assessment and Health and Wellbeing Strategy</i>. London: London Mental Health and Employment Partnership.</p>	<p>Evidence to support employment initiatives for mental health and wellbeing outcomes.</p>	<p>http://www.londonhp.nhs.uk/wp-content/uploads/2012/09/JSNA-report.pdf</p>
<p>Kidd, S., Mckenzie, K. and Virdee, G. (2014). Mental Health Reform at a Systems Level: Widening the Lens on Recovery-Oriented Care. <i>Canadian Journal of Psychiatry</i>, 59(5), pp.243-249.</p>	<p>Emphasises that recovery considers wider outcomes, such as competitive employment, self-management skills, and independence.</p>	<p>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4079144/</p>
Supporting evidence – Social Care Re-ablement		
<p>McLeod, B. and Mair, M. (2009). <i>Evaluation of City of Edinburgh Council Home Care Re-ablement Service</i>. Scottish Government Social Research.</p>	<p>More about social care than mental health, but evaluating same key principles of people living healthy and independent lives for as long as possible.</p> <p>Positive client outcomes, 60% reduced their care hour requirements, although costs greater than control group.</p>	<p>http://www.gov.scot/Publications/2009/11/25100200/2</p>

Evidence from the Literature

Reference	Notes	Link
Supporting evidence – Social Care Re-ablement		
<p>Glendinning, C., Jones, K., Baxter, K., Rabiee, P., Curtis, L., Wilde, A., Arksey, H. and Forder, J. (2011) <i>Home care re-ablement services: investigating the longer-terms impacts, Research Works, 2011-01, Social Policy Research Unit, University of York, York</i></p>	<p>This particular piece of work provides a cost evaluation of re-ablement/self-care approaches versus conventional home care services. The example is not necessarily related to Mental Health specific but provides insight into aspects identified as being cost saving as part of the evaluation process.</p>	<p>http://www.york.ac.uk/inst/spru/research/pdf/Reablement.pdf</p>
Supporting evidence – Recovery / Rehabilitation		
<p>Knapp, M., McDaid, D. and Park, A. (2015). Recovery and Economics. <i>Die Psychiatrie</i>, 3.</p>	<p>Examines the economic evidence to support a set of interventions consistent with a recovery-focused approach – peer support, self-management, supported employment, welfare and debt advice, joint crisis plans and advance directives, supported housing, physical health promotion, personal budgets, anti-stigma campaigns and recovery colleges.</p> <p>Some interventions showed no economic evidence, some others it was methodologically weak, but the interventions for which they could find evidence generally did not appear to increase costs, and many represented cost-effective uses of resources.</p>	<p>https://www.researchgate.net/profile/David_Mcdaid/publication/282150110_Recovery_and_Economics/links/560514b608ae5e8e3f312a50.pdf</p>
Enablement in Mental Health and other Health Care Settings		
<p>Hudon, H., Tribble, D., Bravo, G., and Poitras, M. (2011). Enablement in health care context: a concept analysis. <i>Journal of Evaluation in Clinical Practise</i>, 17,143-149.</p>	<p>The purpose of this article was to study the enablement concept through a concept analysis in the health care context to identify: (1) its attributes and (2) its antecedents and consequents.</p> <p>This paper was identified due to the implications it had on the BEH strategy and hence a deep dive was done on this as an example later on.</p>	<p>Embedded in this document.</p> <div style="text-align: center;">  <p>Adobe Acrobat Document</p> </div>

Evidence from the Literature

Reference	Notes	Link
Enablement in Mental Health and other Health Care Settings		
<p>Hudon, H., Tribble, D., Legare, F., Bravo, G., Fortin, M., and Almirall, J.. (2010). Assessing enablement in clinical practise: a systemic review of available instruments. <i>Journal of Evaluation in Clinical Practise</i>, 16,1301-1308.</p>	<p>Enablement was described as an intervention by which the health care provider recognises, promotes and enhances patients' ability to control their health and life. It was identified that abundant health literature suggests that enablement is associated with good outcomes. In this review, the authors aimed at identifying and comparing instruments that assess enablement in the health care context.</p> <p>As a relevant topic area for the BEH Enablement Strategy a deep dive of this article was undertaken.</p>	<p>Embedded in this document.</p>  <p>Adobe Acrobat Document</p>
<p>Unknown., (2016). Enablement and Self-Determination Theory. <i>Barnet, Enfield, Haringey Mental HealthTrust</i></p>	<p>Paper shared by Dr. Suchi Bhandari that has been used by BEH as part of the conceptualisation of Enablement in Mental Health.</p>	<p>Embedded in this document.</p>  <p>Microsoft Word Document</p>

Conclusion: Evidence Base for Enablement in Mental Health

Conclusion: Evidence base for Enablement in Mental Health

Conclusion:

The purpose of the Rapid Review was to explore available literature on 'Enablement' and identify if this approach has been found to shift settings of care, improve outcomes and create cost savings within the system. Also the search aimed to identify if this effect is observed either in new patients coming into the mental health system versus those who have been long term users of the mental health system.

The search conducted by the Rapid Review team on the topic was inconclusive. This is to be expected given that 'Enablement' is a relatively new concept in healthcare although it is recognised it has roots going back several decades in the sphere of empowerment within social care settings (Hudon et al, 2011).

The Rapid Review identified that 'Enablement' has been written about from a broader health perspective (Hudon et al, 2011) but no empirical evidence was identified within mental health. Research by Hudon et al, 2010 and 2011 (Case Study 5 and 6) did identify that from a broader health perspective, enablement is a concept that is universally applicable, and the '*Assessing Enablement in Clinical Practice: A systematic review of available instruments*' paper on measures of enablement, may support the work of the Programme Evaluation Group within BEH. However from our research as part of the rapid review it is evident that this is an area of expanding empirical interest but with little concurrent evidence.

Our finding coincides with a paper shared by BEH titled "*Enablement and Self-Determination Theory*". This paper also highlights that the enablement concept has lacked a specific guiding theory and despite there being a wealth of literature on the validity of patient enablement, there is a lack of clear definition that distinguishes it from other concepts within mental health such as recovery. There is currently a lack of empirical research on enablement focused practices that are properly evaluated within the context of broader systemic implications. Empirical evidence identified by the review was more related to the specific concepts of the Live, Love and Do and some of these have been shared within the broader pack.

The review has shown that there are existing mental health enablement services in Hertfordshire and Islington but that there has not yet been a rigorous evaluation on the impact of the approach on patient pathways, outcomes and cost. The work being conducted by Middlesex University represents an opportunity to lead in this area and provide much needed research to understand the impact of enablement in a mental health setting, and the potential benefits it offers for patients and commissioners.

Appendix

Appendix: Literature Searches

No	Search Chain	# of Results	# relevant
Birkbeck			
1	(motivation OR stigma OR self-enablement OR enablement OR resilience OR socialisation OR independence OR "life quality" OR self-esteem OR self-confidence) AND "mental health" AND "cost reduction"	625	Refined further
2	(motivation OR self-enablement OR enablement OR resilience OR socialisation OR independence OR "life quality" OR self-esteem OR self-confidence) AND "mental health" AND "cost reduction"	585	Refined further
3	(self-enablement OR enablement OR resilience OR independence OR "life quality") AND "mental health" AND "cost reduction"	523	Refined further
4	(self-enablement OR enablement OR resilience OR independence OR "life quality") AND "mental health" AND "cost reduction" within last five years	282	0
5	(enablement OR resilience OR independence) AND "mental health" AND "cost reduction"	13	0
6	(self-enablement OR enablement) AND "mental health" AND "cost reduction" within the last 5 years	0	0
Google Scholar			
1	(motivation OR stigma OR self-enablement OR enablement OR resilience OR socialisation OR independence OR "life quality" OR self-esteem OR self-confidence) AND "mental health" AND "cost reduction"	4,700	Refined further
2	(motivation OR self-enablement OR enablement OR resilience OR socialisation OR independence OR "life quality" OR self-esteem OR self-confidence) AND "mental health" AND "cost reduction"	4,450	Refined further

Appendix: Literature Searches

No	Search Chain	# of Results	# relevant
Google Scholar			
3	(self-enablement OR enablement OR resilience OR independence OR "life quality") AND "mental health" AND "cost reduction"	2,440	Refined further
4	(self-enablement OR enablement OR resilience OR independence OR "life quality") AND "mental health" AND "cost reduction" within last five years	1,130	Refined further
5	(self-enablement OR enablement) AND "mental health" AND "cost reduction" within the last 5 years	49	0
JSTOR			
1	"Goal oriented interventions in mental health"	0	0
2	((Goal oriented interventions) AND (mental health)) AND (cost-reduction))	23,657	Refined further
3	((Goal oriented interventions) AND ("mental health")) AND (cost-reduction))	2,675	Refined further
4	(((((Goal oriented interventions)) AND (mental health)) AND (resilience))	3,912	Refined further
5	((("Goal oriented interventions") AND ("mental health")) AND (enablement))	0	0
6	(((((Goal oriented interventions)) AND (mental health)) AND (resilience)) AND (enablement))	48	0
7	((enablement) AND (mental health))	297	Refined further

Appendix: Literature Searches

No	Search Chain	# of Results	# relevant
JSTOR			
8	((enablement) AND (reablement in Mental Health))	0	0
9	((Enablement and reablement in Mental Health) AND (cost-reduction))	0	0
10	((Enablement AND Mental Health) AND (cost-reduction))	19	0
11	((resilience) AND ("mental health"))	10	0
12	"Strength based approaches AND mental health"	0	0
13	(("social capital") AND ("mental health"))	9	0
14	Strength based approaches AND mental health	10,998	1*
	Note* sorted by relevance, a random selection of results resulted in the article <i>Froma Walsh: A Family Resilience Framework: Innovative Practice Applications</i> . References from this article were then utilised.		