

Barriers to implementing person-centered recovery planning in the public mental health system

Person-centered care is one of the six aims of healthcare quality established by the Institute of Medicine (2001). Person-centered recovery planning (PCRP) is a relatively new initiative in mental health care that refers to a process by which practitioners partner with people receiving mental health services to identify their personal life goals and then develop an action plan to move toward those goals. Person-centered care planning originated from the disability rights movement and has been successfully applied in the intellectual and developmental disabilities service systems for several decades and is just beginning to be studied in mental health systems.

Barrier	Leadership	Practitioner	Peer Specialist
Lack of clarity in applying PCRP to different service populations		•	
State and policy barriers	•		•
Time and resource barriers	•	•	
Non-collaborative planning		•	
Software and plan structure barriers	•	•	
Leadership barriers		•	•
Change is hard	•		•
Dissemination barriers	•	•	•
Skepticism/lack of engagement of people in services		•	
Lack of staff buy-in		•	•
Staff lack knowledge, training, and confidence	•	•	•
Problems with coaching, training, and TA		•	

Tab. 1. Barriers to PCRP by Stakeholder Group

Four public mental health organizations in Texas recently participated in an initiative funded by the Texas Department of State Health Services to implement PCRP. To evaluate the success of this initiative, nine focus groups were conducted with staff at three of these organizations (which included one state hospital and two community centers). At each of these three organizations separate focus groups were held with three distinct stakeholder groups: leadership staff, practitioners, and peer specialists (i.e., people with lived experience of mental health issues who are employed to share their stories and assist others on the path to recovery).

A key aspect of these focus groups were barriers that organizations have faced in implementing PCRP. Findings suggest twelve barriers to PCRP implementation. Barriers identified differed somewhat by stakeholder group (see Table 1 for a list of barriers by stakeholder group). For example, a lack of clarity on how to apply PCRP to different service populations was only mentioned in focus groups with practitioners.

To develop targeted interventions to address these barriers an implementation science framework – the Consolidated Framework for Implementation Research (CFIR) – was applied to these findings. CFIR identifies five major domains that are important to consider in implementing a program or initiative: characteristics of the intervention, the outer setting (i.e., the larger economic, political, and social context that organizations reside within), the inner setting (i.e., cultural, political, and structural characteristics of the organization that the intervention is being implemented within), characteristics of individuals involved in the intervention, and characteristics of the intervention (Damschroder et al., 2009).

CFIR Domain	Barriers to PCRP Implementation
Intervention Characteristics	<ul style="list-style-type: none"> • Lack of clarity in applying PCRP to different service populations
Outer Setting	<ul style="list-style-type: none"> • State and policy barriers
Inner Setting	<ul style="list-style-type: none"> • Time and resource barriers • Non-collaborative planning • Software and plan structure barriers • Leadership barriers • Change is hard • Dissemination barriers
Characteristics of Individuals	<ul style="list-style-type: none"> • Skepticism/lack of engagement of people in services • Lack of staff buy-in • Staff lack knowledge, training, and confidence
Intervention Characteristics	<ul style="list-style-type: none"> • Problems with coaching, training, and technical assistance

Tab. 2. Barriers to PCRP by CFIR Domain

Applying CFIR to the twelve barriers identified by focus group participants, we found that half of the twelve barriers fell within the inner setting domain – that is, barriers within the organization (see Table 2 for a list of barriers by CFIR domain). This suggests that PCRP implementation efforts should focus primarily on aspects of the inner setting that are unique to the organizational context and culture and should provide flexible approaches to implementation. Further, one-quarter of the barriers fell within the domain of characteristics of individuals involved in the intervention, which suggests implementation efforts should also assess the impact that both staff and people in services have on implementation success.

As health care systems move toward achieving healthcare quality aims established by the Institute of Medicine (2001) and more evidence for person-centered care in mental health care is established, it is important to understand and address individual, organizational, and systemic barriers to person-centered planning implementation. Only when barriers are understood and addressed can PCRP improve outcomes and reduce healthcare costs.

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