

# INTRODUCING A NEW PROFESSIONAL DEVELOPMENT MODULE: COGNITIVE FUNCTIONING FOR RECOVERY: SUPPORTING PEOPLE WITH MENTAL HEALTH CONDITIONS EXPERIENCING COGNITIVE DIFFICULTIES

Corinne Henderson, Mental Health Coordinating Council (MHCC) and Chris Keyes, CKC Consulting

Contact: [corinne@mhcc.org.au](mailto:corinne@mhcc.org.au)

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## ABSTRACT

*The paper describes an innovative professional development training module 'Cognitive Functioning for Recovery'. Tracing its evolution, the paper articulates the rationale for the project based on the fact that cognitive impairment can pose a significant barrier to independent living; and that this may affect multiple aspects of an individuals' life. Targeted at frontline mental health and disability workers, this training assists workers to identify cognitive difficulties and develop a deeper understanding of a person's recovery needs. The module is informed by consultation with consumers, carers and the workforce investigating the knowledge, skills and training required to better support people living with mental health conditions who also experience cognitive difficulties. Underpinned by the neurology, mental health and occupational therapy fields, and drawing on the latest research, this newly launched product offers a new learning opportunity for mental health and disability practitioners working in the community.*

## BACKGROUND

*"Your present circumstances don't determine where you can go; they merely determine where you start"* Nido Qubien

In 2015 a project arose surrounding a gap in the skills and knowledge required to support people living with mental health conditions experiencing cognitive difficulties. Identified by Marathon Health, PIR, Western NSW Primary Health Network, the mental Health Coordinating Council (MHCC) responded by collaborating with Sydney University, Faculty Health Sciences, OT Masters students, to investigate how mental health workers could more effectively support and improve outcomes for these clients. The report and recommendations [Cognitive Functioning for Recovery: supporting people with mental health conditions and cognitive impairment](#) describes the process which set out to identify key studies and findings to answer this question.

Cognition refers to the mental capabilities or thinking skills that allow a person to perceive, acquire, understand and respond to information from their environment. The literature identified cognitive impairment as a key feature of some mental health conditions, and a primary symptom of schizophrenia and affective disorders. Research also shows that cognitive difficulties often persist on remission of the psychotic symptoms present in schizophrenia and bipolar disorder; and upon remission of low moods in depression.

Cognitive impairments also affect functional performance in both acute and remission periods of mental illness. In bipolar disorder, decreased performance in executive functioning are often found, and problems with memory frequently correlate with episodes of illness. Impairments in verbal learning and memory are also found to affect people with bipolar disorder, even when well. Evidence likewise suggests that depression is associated with difficulties related to memory and learning. Problems across the domains of attention, memory, planning, organisation, reasoning and problem solving, can all affect daily functioning, in all aspects of life including work, self-care, social and leisure pursuits.

A key task for our project was to understand what mental health workers experienced when working with clients. Interviews with member organisations revealed five key themes, including that: cognitive issues are often difficult to identify; may affect many areas of clients' daily functioning; and present

a barrier to independent living. We also identified that workers develop intuitive strategies to assist clients; but that a significant gap exists in workforce training related to cognition and mental health. These themes correlated with the literature suggesting that cognition should be an important consideration for workers. The rationale for the project centres on the fact that cognitive impairment can pose a barrier to independent living and that this may affect multiple aspects of an individuals' life including social relationships, the ability to engage in work or study, and community participation. Workers may overlook the significant functional impacts of impaired cognition, by failing to understand the impact of both the illness itself and the treatment prescribed.

It is estimated that at least 90% of people living with schizophrenia experience cognitive difficulties that impact on their ability to do the things they want to in their everyday lives. The causes of a range of difficulties may include the characteristics of mental illness itself, as well as the iatrogenic effects of mental health treatment. Frequently, medication used to address symptoms can cause cognitive difficulties, and adverse reactions may contribute to the difficulties. Other treatments such as electroconvulsive therapy (ECT) can affect cognition, especially short term memory. Additionally, experiences of extreme stress and trauma together with other co-existing difficulties may and often also contribute to and exacerbate difficulties.

Likewise, the effects of long term use of alcohol or other substances can cause difficulties and the younger the person was when they started using substances and the overall length of time the person has used substances are both related to increased risk of significant cognitive difficulties. Nutrition can play a significant part on cognition too. Research has been extensive in the last decade, with results indicating that deficiency in essential nutrients and nutrition-related disorders, such as high cholesterol, high blood pressure, and diabetes could be some of the nutrition-related risk factors for cognitive difficulties. People with mental health conditions and especially people who are also ageing may have poor diets for a number of reasons, including poverty, homelessness, social isolation and cognitive function.

Because cognition is so complex and so central to our ability to complete daily tasks, the consequences of cognitive difficulties can be extensive and diverse, and in some situations these difficulties can be really obvious, and at other times, they can be almost invisible and hard to identify unless you look really carefully. Although there are formal tools that are used by specialist clinicians to identify these difficulties, there are also a number of indicators that can be observed in a person's daily actions that might indicate potential cognitive difficulties.

Sadly, individuals who experience cognitive difficulties are often subject to stigma and may be seen by others as "stupid," "incompetent" "lazy" or unable to complete activities independently. This may mean that they are discriminated against, and denied opportunities available to others, and restricted from fully participating in things they want to do. These experiences generally affect confidence and sense of self-worth and frequently lead to isolation and social exclusion. Too often this leads to a person losing their autonomy, with others making decisions on their behalf.

## **DEVELOPMENT OF A TRAINING MODULE**

Whilst we found that considerable resources exist nationally and internally, particularly in the intellectual disability space, we found no standards, guidelines or key studies regarding how mental health workers might improve outcomes for clients experiencing cognitive difficulties. Interviews and consultations with consumers and workers provided preliminary, foundational suggestions around training needs.

With this information and the support, knowledge and experience of Marathon Health staff, a very knowledgeable Advisory Working Group was established. MHCC also engaged consultants Justin Scalan (Sydney University) and Chris Keyes (Chris Keyes Consultancy). We have developed a two-day training module which sets out to deliver on a number of learning outcomes including: understanding the complex relationship between mental illness and cognitive function, and the relationship between different 'lifestyle' factors and cognitive functioning.

The training also aims to help workers recognise when a person is experiencing cognitive challenges and how they impact everyday functioning; when a cognitive assessment may be required and how they may use results and recommendations to tailor support plans. Similarly, the training provides approaches to work collaboratively with a person to identify their recovery goals and select tailored strategies that reflect their cognitive needs, and apply principles that support learning strategies for improved function.

The *Cognitive Functioning for Recovery* training describes the different approaches a worker can take to support a person experiencing cognitive functioning difficulties and looks at what a worker may notice or experience, when supporting a person that could indicate the person is experiencing difficulties with cognition. It also provides an understanding of the different areas of the brain that may be impacted, and how brain changes occurring across different mental health conditions will determine how a person functions. This assists workers to link a person's difficulties to chemical and other changes in the brain, rather than interpreting actions and behaviours in other ways.

The training looks at the PRPP (Perceive, Recall, Perform, Plan) system of task analysis (Chapparo & Ranka 1997) which is used to identify cognitive impairments and the different difficulties a person may experience. It is used to describe the impact on performance of daily tasks and informs the supports needed. In the training we understand two main approaches to address cognitive challenges. These are: cognition-enhancing approaches which aim to improve cognitive capacity with the hope this will translate to improved daily function i.e. interactive computer training programs involving memory, attention and visual processing tasks; and compensatory approaches which aim to reduce the impact of cognitive difficulties on a person's ability to carry out daily activities, e.g. simplifying a task, using environmental supports. Compensatory or adaptive approaches review a person's environment and current function and develop a tailored plan to maximise function and meet personal recovery goals. The two approaches are not exclusive from each other, and sometimes a combination of both are used.

In MHCC's original study we heard how cognitive challenges can interrupt a person being able to set and reach for goals. Identifying needs and goals and making a plan to address these, is core to mental health support work, so it is a key feature of the training. In this context we also consider supported decision-making; touching on different approaches to decision-making and the values and principles of supported decision making (SDM) which align with a recovery oriented and trauma-informed approach. MHCC are also developing a related and complementary training module that focuses specifically on SDM and its importance to empowering people with mental health conditions experiencing cognitive difficulties and its relationship to the concept and principles of 'Recovery'.

## **CONCLUSION**

The training is highly interactive with a variety of activities designed to embed the participants' learning into practice. It sets out to enhance knowledge and skills and provide focussed strategies aimed at improving a person's daily functioning in alignment with their recovery goals.

Finally the training developed asks participants to reflect on the potential opportunities and challenges for clients, individual workers, teams and services at a systems level, as well as reflecting on enhancement of practice and for creating organisational change.

By increasing our understanding of cognitive functioning, and developing change strategies workers can build client capacity and the quality of recovery can be greatly improved. MHCC propose that this training will go a long way in assisting to build a comprehensive response to developing positive cognitive adaptation strategies for community living and recovery.

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