



Making Recovery a Reality

Challenges for Recovery-Orientated Mental Health Services

Jed Boardman

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POLICY

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Making Recovery a Reality

Geoff Shepherd, Jed Boardman & Mike Slade

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Recovery – Why interested?

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- Recovery Orientated Practice
- Evidence
 - Research evidence (outcomes, employment, empowerment)
 - Narratives
- Opportunity
- Current policy
- Current implementation
- Transformation of mental health services – practice, services and culture

The problems of implementation

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- Recovery can't be 'implemented' by professionals
- It is a set of narratives describing the lives of individuals living with mental distress: these refer to *their* lives, *their* stories and only they can *own* them
- Professionals (and mental health services), by their attitudes and actions, can influence these stories - for good or ill
- Transformation of mental health services – practice, services and culture
- What are some of the **key challenges** that mental health services need to address in order to facilitate a more ***recovery-oriented*** approach?

SCMH Project: *'Supporting Recovery'*

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1. Assembled a Steering Group representing 5 NHS Trusts and their local partners who had already made significant progress towards implementing more 'recovery-oriented' practices.
2. Produced an initial Briefing paper '*Making Recovery a Reality*' (SCMH, 2008) summarising the key principles - and the common objections - and raising some of the implementation problems.
3. Ran a series of local workshops, each addressing a different area of **organisational change** deemed necessary in order to move towards more 'recovery-oriented' services.
4. Initial output - Publication *Implementing Recovery. A new framework for organisational change.*





- ❑ What is Recovery?
- ❑ Recovery-orientated practice
- ❑ Recovery Orientated services – 10 Challenges
- ❑ Addressing organisational change

Recovery – a definition

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"... a deeply personal, unique process of changing one's attitudes, values, feelings goals, skills, and/or roles. It is a way of living a satisfying, hopeful and contributing life even with the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness."

(Anthony, 1993)

Recovery - summary

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□ Living a life beyond illness

- 'Recovering your life' – **building a meaningful life 'beyond illness'**, based on self-defined goals, not the 'realistic' expectations' of professionals (e.g. employment).

□ Hope

- The need always to maintain **HOPE**

□ Agency (control)

- An emphasis on **re-discovering a sense of personal 'agency'** and control - over symptoms and personal goals

□ Opportunity

- The importance of **informal supports and natural social networks** – friends, community activities, clubs, churches, etc., in addition to formal help from services

What are the implications for MH services?

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- ❑ Outcome, Empowerment, Collaboration, Productivity
- ❑ Increased awareness of the **impact of practices and procedures on peoples' sense of control.**
- ❑ Importance of encouraging the person to find their own *meaning* in events (not simple 'psycho-education')
- ❑ Explicit attempt to **reduce the traditional power differences** between those using the service and those providing it
- ❑ Recognition of the value of '**experts-by-experience**'.
- ❑ Emphasis on *social goals*, not just *clinical outcomes*
- ❑ Redefinition of professional roles – '*on tap, not on top*'
- ❑ Professionals as the '**carriers of hope**'

Practice, Services and Culture

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- *Practice* – staff and professional training
- *Service Organisation and Delivery*
- *Culture of Services*
- These 3 areas should be addressed in parallel
- Practices and services should be based on best available evidence

Recovery – Role of Professionals

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- ❑ Shift in relationship – *coach, expert by experience*
- ❑ Provision of resources, self management – *on tap, not on top*
- ❑ Hope – realism and pragmatism
- ❑ Central objectives – housing, employment, education, participation in mainstream community and leisure activities

Ten Top Tips for recovery oriented practice

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After each interaction, ask yourself did I...

1. actively listen to help the person make sense of their mental health problems?
2. help the person identify and prioritise their personal goals for recovery – not my professional goals?
3. demonstrate a belief in the person's existing strengths and resources in relation to the pursuit of these goals?
4. identify examples from my own 'lived experience', or that of other service users, which inspires and validates their hopes?
5. pay particular attention to the importance of goals which take the person out of the 'sick role' and enable them actively to contribute to the lives of others?
6. identify non-mental health resources – friends, contacts, organisations – relevant to the achievement of their goals?
7. encourage self-management of mental health problems (by providing information, reinforcing existing coping strategies, etc.)?
8. discuss what the person wants in terms of therapeutic interventions, e.g. psychological treatments, alternative therapies, joint crisis planning, etc., respecting their wishes wherever possible?
9. behave at all times so as to convey an attitude of respect for the person and a desire for an equal partnership in working together, indicating a willingness to 'go the extra mile'?
10. while accepting that the future is uncertain and setbacks will happen, continue to express support for the possibility of achieving these self-defined goals – maintaining hope and positive expectations?

The dimensions of recovery - changing experience, changing values

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- ❑ First and foremost there needs to be a a fundamental **change in the quality of day-to-day interactions**. Every interaction, by every member of staff, should confirm recovery principles and promote recovery values.
- ❑ This means introducing comprehensive, **user-led education and training programmes** for *all staff*, across *all professions* and at *all levels*.
- ❑ This requires a supply of **trained – and supported - service users to act as the ‘champions of change’**.
- ❑ To provide this, we suggest the creation of a **‘Recovery Education Unit’** in each Trust, run by user-educators, linked to the Trust’s development strategy and to local education providers (to ensure standards)

The dimensions of recovery - changing the 'culture'

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- ❑ But, **training will not be enough**
- ❑ Recovery values need to become **embedded into every management process**: recruitment, supervision, management and appraisal, operational policies, etc.
- ❑ Even 'mission statements', 'straplines', language, etc.
- ❑ This means **leadership** 'from the top', combined with the effective use of information

The effects on practice

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- ❑ A greater emphasis on recovery should then lead to increased '*personalisation*': greater shared decision-making (e.g. regarding treatments); use of individual budgets, etc.
- ❑ Changed procedures for **risk assessment and management** - more open, transparent, more involved
- ❑ and a redefinition of '**user involvement**' - based on *partnership*, rather than 'involvement'.

Effects on the workforce

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- We believe that this will lead to a fundamental review of **skill-mix and professional/user 'balance'** within the workforce.
- We suggest that we should consider a **radical transformation**, aiming for perhaps 50% of care delivery by appropriately trained and supported **'peer specialists'**
- This has obvious implications for Human Resource and Occupational Health Departments, but is entirely consistent with the demands of government schemes for employment (eg PSA 16) and the requirements of Disability Discrimination legislation (DDA).
- We will also need to **support staff (and carers) in their recovery journeys**; valuing their 'lived experience' and the contribution that this can make to their professional roles

Effects on the 'system'

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- ❑ Finally, it means **opening up the organisation**, turning it around to be 'outward' instead of 'inward' - facing.
- ❑ Developing its partnerships with non-mental health agencies, particularly housing and employment, so that these become the central focus, not secondary 'add-ons'.
- ❑ Supporting people using the service to build a life '*beyond illness*'.....
- ❑ and to achieve not just '*integration*' in the community, but also '**inclusion**' within it.

Summary

Key organisational challenges

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1. Changing the nature of day-to-day interactions and the quality of experience
2. Delivering comprehensive, user-led education and training programmes
3. Establishing a 'Recovery Education Unit' to drive the programmes forward
4. Ensuring organisational commitment, creating the 'culture'
5. Increasing 'personalisation' and choice
6. Transforming the workforce
7. Changing the way we approach risk assessment and management
8. Redefining user involvement
9. Supporting staff in their recovery journey
10. Increasing opportunities for building a life *'beyond illness'*,

Developing the approach Organisational change

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- Is a means of organisational development
- New project in 6 NHS Mental Health provider organisations
- Methodology for organisation change and Commissioning - 'co-produce' system change, improve process and outcomes
- Phase 1 – Developing the 'vision' and benchmarking Stages of progression: *Engagement, Development, Transformation*
- Phase 2 – Developing the strategy, monitoring and review



For further information contact:

Dr Jed Boardman

Senior Policy Adviser

jed.boardman@scmh.org.uk

Tel. 020 7827 8300