

**The Significance of Organisational
Change in the Journey to Recovery
Services:**

**Evidence-based lessons from the
Emilia Project**

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The role of Life long learning

- **LLL is a means of enabling individuals to achieve improved social inclusion of mental health service users with enduring, long-term mental health difficulties.**
- **The main aims of Emilia as an action research project are to improve the way in which service users can experience greater participation and inclusion in the delivery of services, training, employment, and unpaid meaningful activities, as well as to enable the organisation to provide such opportunities.**
- **These aims require considerable change by both service users and the organizations (Gould and Baldwin, 2004, Senge, 1994).**

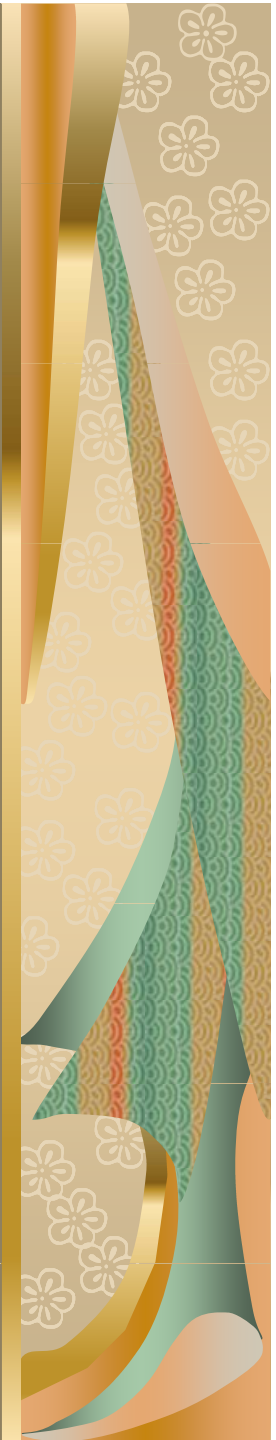



The Learning Organisation


- The LO as a key player in enabling change in services and in power shift
- Approaches to organisational change:
- Business Management focus (Handy, 1989, Senge et al, 1999)
- “Foucauldian gloom” (Driver, 2002)
- The archology of Knowledge:
Foucault on positive power (Foucault, 1972)



- Together, sites and the collaborating centers have had to:
- **1. Define priority areas of either educational or service development in which service users could be more involved**
- **2. Develop occupational opportunities in the demonstration sites in three broad categories:**
 - **trainers\educators; researchers\auditors; and direct service providers**
 - **either in user-led services or in mainstream services**
- **3. Develop a series of accredited training packages which the sites can choose from in order to assist service users in their learning development**
- **4. Support users during the training process and the first phase in employment**
- **5. Systematically evaluate this process as to the degree to which this strategy is effective in achieving social inclusion for the service users concerned**





 To meet this set of priorities a considerable organisational move had to take place from being a clinically oriented service to becoming a recovery and social inclusion based service.

Measures of organisational change

- **Data provided from the baseline focus group(T1) ; the 10 months (T2)and 20 months (T3) focus groups run in each site;**
- **Observation of a key staff meeting.**
- **Documentary evidence**

- **Due to lack of time only the findings from the focus groups will be presented below.**

- **Thematic analysis was applied systematically to the data, as an analytical method which suits qualitative data in particular (Braun and Clarke, 2006)**



The aims of the focus groups

- Reflection on the facilitation of life long learning for Emilia users by the organisation, at different stages of the Emilia project.
- As most of the life long learning (LLO) in the Learning Organization (LO) takes place in groups, it is fitting that the opportunity to reflect on learning processes, outcomes, opportunities and obstacles, will take place in a small group format.
- Membership of the groups



Meanings at T1

- **What does facilitation by LLO mean to you?**
- **Several meanings were offered, literal, user-focused, staff-focused, and even back to traditional medicine :**
- **Life long learning of skills, roles and habits;**
- **Work and constant education;**
- **Enable users to participate in a variety of ways (4) (e.g. run a group, motivate towards LLL)**
- **Change in users activities will signify change in the organisation**
- **Collaboration at different levels will be necessary to achieve this integration (3)**
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- **Providing training opportunities to staff members within their profession.**
- **Paying attention to stages of the illness**



Collective manifestation of LLL

- **How should such a facilitation manifest itself in the LO?**
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- **Providing multi-dimensional learning;**
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- **Training as a key issue for users and staff in LLL;**
- **Create a more prominent place for users within the LO**
(e.g. follow their suggestions for improvements, employ them in the LO)
- **Need for a liaison person between the staff and the users;**
- **Difficulties in communication within the organisation**



LLL manifested

- **How should this facilitation manifest itself in the work of individual members of the LO?**
- **Examples of being proactive**
- **Focus on staff training**
- **Recognition of users' individual variations in ability to learn and work;**
- **Anticipating failure**
- **Enable choice and empowerment in a variety of ways**
- **Put in place therapeutic means (e.g. counselling, a daily programme for users)**

- **Learn as much as possible about the illness**
- **Team work and mutual understanding are of great importance**



LLL Opportunities within

- **Focus on existing opportunities: not that many are listed!**
- **E.g. The ward staff runs seminars for the patients focused on their illness (but users are not involved at present in designing or teaching in these seminars)**
- **The faculty has supportive structures**
- **Not enough opportunities**
- **The organisation needs to recognise and attend to staff training .**



External opportunities

- **Less sure about the support outside**
- **Easier if there is a family you can work with**
- **There are reserved jobs for disabled people**



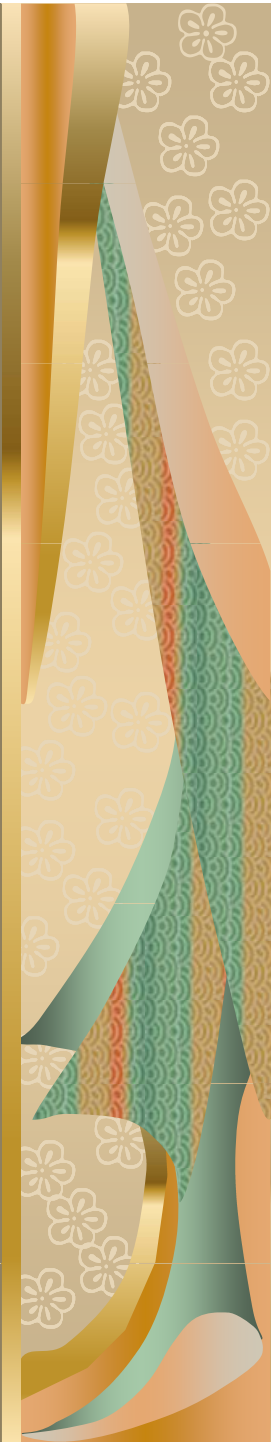
Obstacles within

- **Lack of funding, human resources, free of charge education and activities**
- **Staff burnout due to difficulties arising out of the patients' illness**
- **Resistance to user participation among professionals.**
- **Need to balance the requirements from the qualifying bodies, the aspirations of**
the public vs. the aspirations of individual students-users of mental health services.
- **Gap between patients' and staff's expectations**
- **No time to accompany patients**
- **Poor management of the insufficient funding available**
- **Poor management at the technical level which results in staff time wasted on non-professional matters**



External obstacles

- **Lack of continuity, co-ordination, and difficulties in collaboration among services**
- **Lack of interest by the public and the state, stigma**
- **Difficulties in collaboration between professionals and families**
- **Resistance to user participation among professionals at all levels**
- **Lack of self confidence**
- **Insufficient funding**
- **Unrealistic contracts, resulting in too much work per staff member, who as a result has not the time, energy or motivation to attend his/her own training**



In two years time..

- **Where would you like to see the organisation in two years times in terms of this facilitation?**
- **Formalisation of affiliations and better collaboration; stronger organisations**
- **Higher degree of user involvement in a variety of ways (e.g. education on rights, involvement in evaluation, in the training, employment opportunities**
- **Creation of supporting structures (e.g. social clubs, steering group)**
- **Well functioning services**
- **Organisations which value their staff and which motivates them to work**



The major changes at T2

- **The positive impact of active user participation, be it on the steering group, in co-training, co-researching, or running their own conference.**
- **This effect was experienced as surprising in its powerful impact on the other non-user participants, leading them to re-consider what users can offer within and outside of mental health services, and how their involvement makes others realise their potential .**
- **Having more realistic expectations**
- **Realisation of the need to work with other organisations outside of mental health**
- **The recognition of the importance of the process of changing the organisation, given its centrality in enabling users to change**

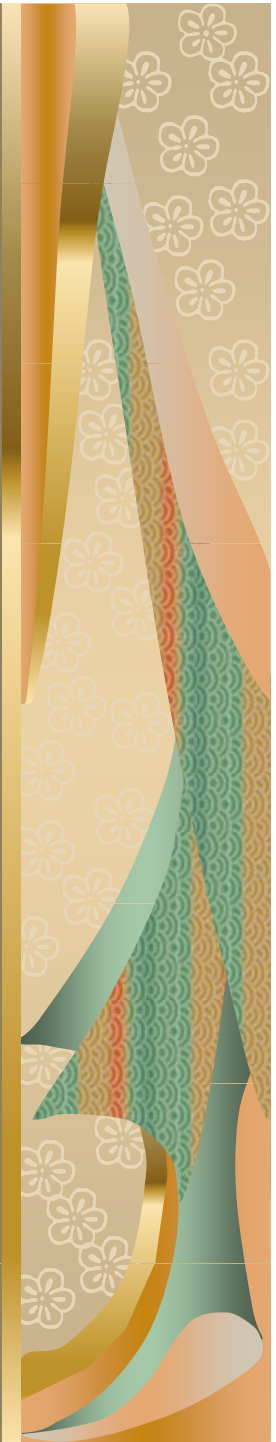


Changes at T3

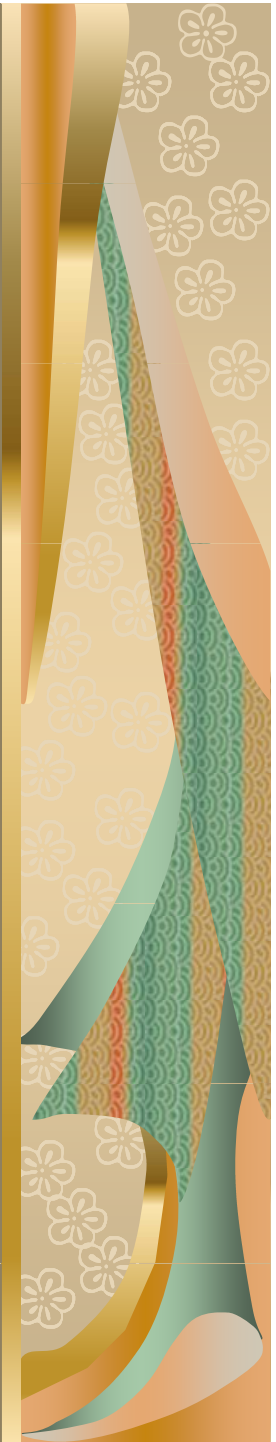
- **Increase in the number of users who participate in the focus groups, and the wide range of participants who are professionals (e.g job counsellors, assistant director, human resources director in addition to mental health professionals).**
- **For a few, but not all sites, there is a change in the meaning of LLL within Emilia's activities by both users and providers. Users begin to see their participation in a programme such as Emilia as a right; both staff and users see the benefits of the training that was offered, and in a number of sites they are attempting to ensure that the training continues for both groups.**
- **Mode of facilitation of LLL: More users have become involved as trainers or service providers in the sites and in related services, albeit in small numbers (Expert by Experience in Barcelona, User trainer on a ward in Bodo, Personal Medicine Coaches in Sealand), as well as increased self confidence by users working in the sites (e.g. MU), providing training to additional groups (e.g. carers and nurses in Warsaw).**



- **New Internal Opportunities** include users asking for new programmes, establishing a social co-operative (Athens), establishing new settings for the continuation of the training, expansion of opportunities pertaining to involvement in teaching (MU) , being offered participation in training and conferences as a reward (MU), more employment opportunities within the sites (Paris) and outside it (Sealand, new emergency room project), submission for funding for 3 new projects prepared by service users (Tusla) , facilitation for staff due to having now direct access to the internet (Warsaw).
- **New External Opportunities** entailed a variety of options from establishing a close link to other organisations (Barcelona, Bonanova school, MU and the Birmingham mental health development centre, carers organisation in Paris), to expanding the range of LLL activities (e.g. place and train scheme in Paris) and plans to do so (create a users umbrella organisation in Tusla, learning from other experts by experience in Barcelona).

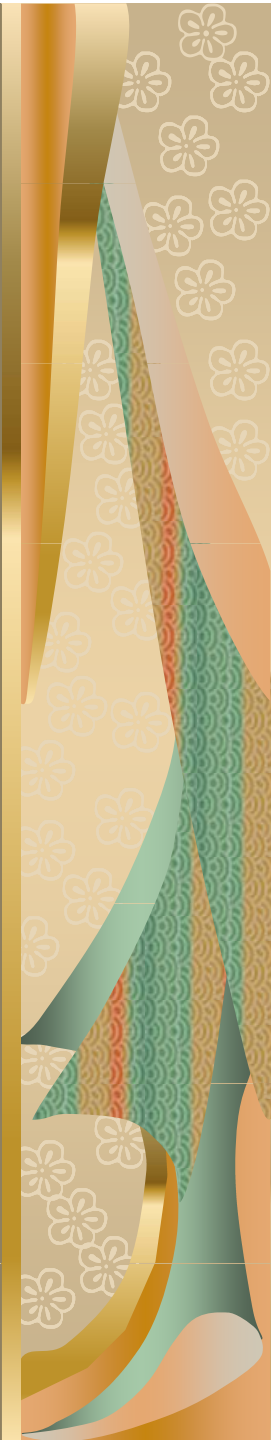


- **New internal obstacles** a range of new and not so new obstacles were mentioned, such as the lack of time while the workload has increased (Barcelona, Warsaw), difficulties users had in the Emilia training modules (Athens) the impact of having a mental illness, users expectations (too pessimistic, too optimistic), difficulty to combine working with travelling (service user in Paris), and project workers feeling excluded by mental health staff (Sealand).
- A number of sites did not have new obstacles (Bodo, Tusla).
- **New external obstacles** include some new national policies (benefits changes MU); a national system which is not geared to enable independent living for resettled patients (Athens); no resources for LLL, difficulties in finding jobs for users to suit their wishes and skills (Paris).



Obstacles and how to meet them


- **Old obstacles re-emerging:** ignorance, lack of readiness by professionals to collaborate with users (Tusla), slow pace of mental health reforms, mental illness itself, not enough resources (Bodo and Warsaw), the fragmentation of the system (Paris), the difficulty to innovate within a system which is old and resistant to change (Sealand), and a system lacking in transparency, time and staff (Warsaw), the difficulty professionals have in seeing users as trainers (Athens, Barcelona) and in not seeing carers as a resource, lack of flexibility of professionals and the organisation (Bodo)
- **Ways to resolve obstacles** entail addressing lack of time either by extra pay and/or moving activities to other organisations (Barcelona); negotiations (Paris), looking for policies which offer new options (Paris, re benefits). However, it is clear that for a number of obstacles no solutions are likely to emerge in the near future.



Aspirations achieved

- opening a new co-operative (Athens),
- completion of a training module, beginning to train users to become trainers, introducing training to the day hospital (Barcelona), preparing and introducing the new figure of expert by experience (Barcelona),
- a user trainer based in a hospital ward (Bodo),
- users continuing to train nurses and social workers to be (MU),
- users worked more days than before (Paris) and Emilia's positive image among users and professionals (Paris),
- move to open a new service of the PMC in the emergency unit (Sealand)
- receiving two small grants and has submitted two proposals for new projects (Tusla),
- a manual on how to foster recovery is due to be published in the site language (Warsaw).



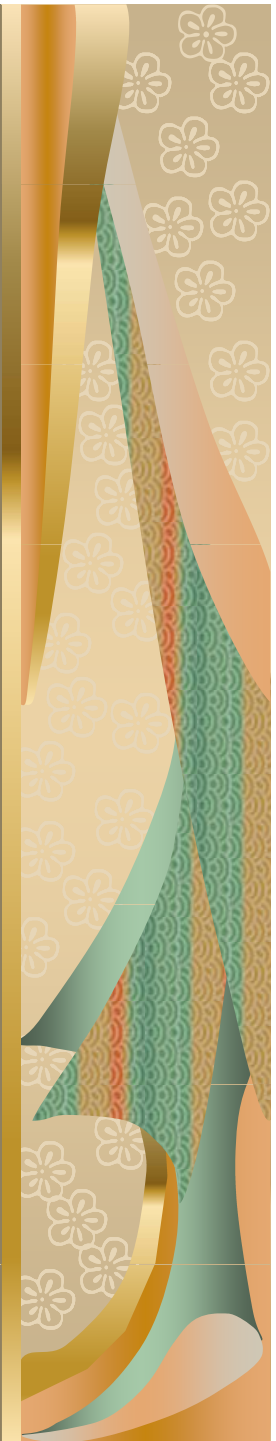
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- **What should the organisation do now?** A large number of suggestions is made focused on continuing to meet Emilia's objectives, such as accepting users as employees in the sites, provide further targeted training to both staff and users, establish structural measures which will enable to meet the objectives (MU), create wider networks which will offer more pressure power, inform the public, inclusive of politicians, and support further the development of LLL for both users and staff (e.g. in the rural areas of Poland, not only in the cities).
 - **Process of facilitation by Emilia:** On the whole this has been perceived to be positive by service users, carers, and the range of providers. It includes the interactive nature of the training and being a model of user involvement. The few critical comments were of specific issues, such as the need to fill in the content of the training modules as they appear centrally, not everything was easy to understand for the users, and not all elements were equally innovative.

■ **Factors supporting participation in LLL**

■ include the enthusiasm of users, interest from professionals, offering users opportunities for further training, conferences, and employment, linking to other organisations. The Emilia programme itself supported structural development.

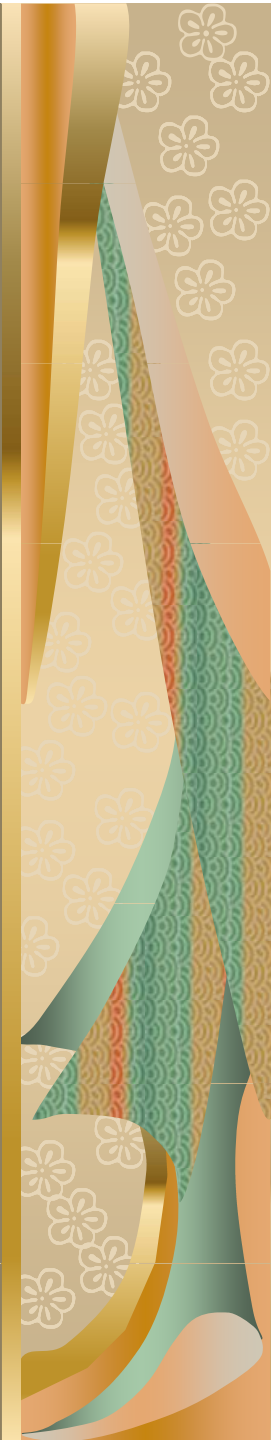
■ **Factors preventing participation** only few responses were provided to this item, such as the lack of alternative programmes the users could join.

■ **Usefulness of Emilia training programme for other deprived groups** : Most sites express a firm belief that the training programme would be useful to other deprived groups, across the range of health disabilities (e.g people with addictions (including smoking), with physical and learning difficulties), and extended to young offenders, war veterans, older people.



The process

- **The process of organisational change highlighted:**
- **lengthy administrative processes**
- **difficulties in finding administrative solutions for the new possibilities: for example, paying service users for their work**
- **tension between those ready to innovate and those who feel threatened by innovation**
- **those who sit on the fence in terms of not being ready to commit themselves to the necessary change**
- **those who find it too difficult to change their view of users as only “at risk” population**
- **funding and human resources continue to be scarce, and if any have become more scarce in some sites**
- **thus sustained and further development along Emilia’s objectives become a new focus, likely to gain even greater momentum towards the end of the project.**



- **In summary, Emilia has begun a fairly radical process of organisational change.**
- **Its end, with new opportunities and new obstacles, is yet to unfold, and in part will change yet again, depending on the actors.**
- **Emilia has demonstrated the value of Foucault's positive power concept and the ups and downs of this process.**

