Recovery Devon

Inside this issue:

Recovery progress

- A set of 10 core recovery standards have been developed to monitor progress towards recovery focused services
- Devon is piloting recovery outcome measures in 16 sites
- MIND has opened up a new centre (called PHEW) with an emphasis on wellness and community integration in Exeter
- All commissioned mental health services have recovery specific contracts
- Care coordination is currently being reviewed in recovery terms

Extending the Vision

Summer 2008 has been a landmark on the way to making recovery a reality in Devon. Recovery Devon welcomed three inspirational figures in the recovery movement and Devon hosted a national workshop.

Devon's 'Recovery Summer' began in May when **Rachel Perkins,** author with Julie Repper of 'Recovery and Social Inclusion', and five of her colleagues from St Georges' Trust in South West London came for a day visit.

In early June, the **Sainsbury Centre for Mental Health** organized the second of a series of four national workshops in Exeter.

In late June, **Mary O'Hagan**, former Mental Health Commissioner and architect of New Zealand's commitment to recovery spent a week in Devon and has been commissioned to produce a report on her findings by the Local Implementation Team.

In late July, **Mike Slade**, who has been on a world tour of recovery sites all round the English-speaking world, came for a week to share his findings and to look at how Devon has developed its recovery focus. Devon will be featured as a case study in his forthcoming book.

This newsletter will try to capture some of the pearls of wisdom and interesting points of information to help us open our minds to possibilities we may not have considered before. We are only at the beginning of a journey which could see a major transformation of the culture and manifestation of the way people in distress are supported towards recovery.

" An open mind leaves a chance for someone to drop a worthwhile thought in it"

New Publication

A New Vision for Mental Health is a discussion paper involving a consultation process (up until Friday 3rd October) from the **Future Vision Coalition**. Seven leading mental health organizations have cooperated to produce a shared vision.

The vision is:-

1. A movement away from the dominance of the medical concept of mental health, with an integrated model driving policy

2. Greater importance placed on public mental health

3. Services united in supporting the recovery of a good quality of life and the achievement of goals and ambitions

4. Power relationships shifting to give real self determination over the process and direction of recovery.

It can be downloaded from:-

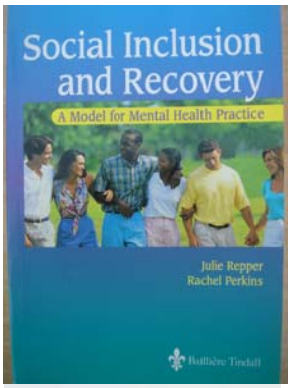
www.newvisionformentalhealth.org.uk

A Visit from St George's

Rachel Perkins, Miles Rinaldi, Carol Fairell, Debbie Cleavely, and John Morrell visited South Devon on 16th May from South West London and St George's Mental Health Trust.

Rachel is someone with both lived experience of mental health services and also a Clinical Psychologist with management responsibility for Quality Assurance and Service User/Carer Experience across South West London.

The group attended a meeting of Recovery Devon, had lunch at the COOL House and spent the afternoon discussing recovery with managers of the Community Care Trust



Rachel Perkins and Julie Repper.

Their book,

'Recovery and Social Inclusion'

is published by

Bailliere Tindall

"If mental health services are to enable people to pursue their aspirations, the key questions must be as follows: do they facilitate the recovery of a meaningful and satisfying life, and do they enable people to do the things they want to do? There can be no set formula. Everyone's journey is different. Traditional yardsticks of success - the alleviation of symptoms and discharge from services— are replaced by questions about whether people are able to do the things that give their lives meaning and purpose.."

What we learnt

45 people turned up to the Grand Hotel, Torquay for the Recovery Devon Meeting, representing a huge range of interests and perspectives.

Rachel and Miles wrote the recovery strategy outlining vision, values and purpose for their Trust, which has initiated many work streams towards implementing recovery.

St George's has set up a 5 day training programme for all staff of statutory and voluntary services about how to facilitate recovery. This includes secure services, learning disabilities, older adults, addictions and eating disorders.

The trust has an established service user employment programme.

They run a 12 week 'peer support' programme and are piloting and evaluating a peer support project on one of the in-patient wards.

A survey of inpatients on recovery focused practice is also being carried out.

A lot of work has been carried out with carers in supporting their own recovery journey.

Rachel talked about the 3 essentials for recovery:- Hope, Taking back Control and Opportunity

John Morell runs a service user organization which has permission from the Chief Executive to spot visit and report on any unit or service in the Trust.

They have produced a pack entitled, "Taking back control– A Guide to planning your own recovery". It is given to all people who come through the service.

It includes sections on: keeping well; managing your ups and downs; moving on a gain after crisis; pursuing ambitions and dreams; basic problem solving; self help and learning from each other and developing an advanced directive.

It includes a separate Personal Recovery Plan and an Advanced Directive which can both be completed as a reference or to pass on to others.

Some quotes from Rachel:-

"Recovery is about everybody - we're all on a continuum"

"We never stay in a state of well - being permanently; its always changing, oscillating "

"Recovery isn't something services do - it's your individual journey and my role is to help and support you"

" Mental Health professionals should be on tap, not on top."

With many thanks to Janet Hooper for taking notes of this meeting

Creating Guidelines for Implementing Recovery Orientated Practice

Jed Boardman—one of the authors of 'Making Recovery a Reality'

The **Sainsbury Centre for Mental Health** is hosting a project to consult widely on identifying the elements of recovery focused practice. This is being conducted through a series of four workshops in Trusts within England that are leading the way on recovery services. The Trusts are from :-

Devon

Hertfordshire

East Sussex

South London and Maudsley

South West London and St George's

The first workshop was on the 11th April in Brighton explored **changing practice at an individual level.**

The workshop in Exeter on 5th June looked at **training and service user led training fro a recovery orientated service.**

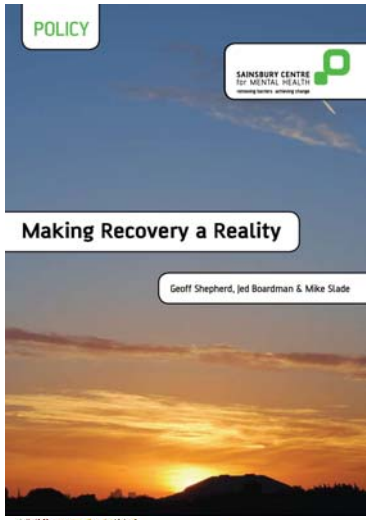
On 13th November in Hertfordshire, the topic will be **creating organisational change.**

On 27th January 2009, the final workshop will be in London and will look at **beginning the process, setting targets and monitoring the effects.**

The policy paper, 'Making Recovery a Reality' was the first product of the national steering group.

A set of guidelines will then be produced and an action plan for implementation

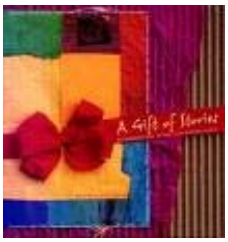
Glenn Roberts, Alison Moores and Laurie Davidson sit on the national steering committee from Devon. Ian Pearson Devon commissioner, has been invited to join the group



Devon Workshop on training and service user led training

Although a full report of the workshop will be produced as part of the year programme, the headline points which emerged were that :–

- Training must not be a one off event but ongoing
- Current practise needs to be revised, in its minutiae.
- Recovery training is applicable to a number of settings, not exclusively to mental health ones
- The importance of HR: that recovery is thought about at the moment of recruitment and also in pre- registration training
- Teams/individual staff need to apply self management principles to themselves, through WRAP



Devon's own Gift of Stories

Is anybody willing to share their own story of recovery ? . It could written ,or recorded on video, or expressed through any creative medium. The idea is to encourage and inspire others who may not believe that recovery is possible. Laurie Davidson would like to hear from you at **laurie.davidson@btopenworld.com**

Devon travels up country

James Wooldridge, Glenn Roberts and Laurie Davidson presented a story of recovery development in Devon and ran two workshops in **Stockport** in May. A Huge turnout in the archetypal northern Town Hall was a challenge; but demonstrated the popular appeal of recovery all over the country

The New Zealand Page

Mary O'Hagan's visit

Mary O'Hagan has been on a unique and interesting journey since spending eight years from the age of 18 in what she calls a 'pills and pillows' service in New Zealand, She was fired with the idea that there had to be a better way of doing things and she has pent the last few decades working tirelessly for change. She has campaigned against compulsion and seclusion in mental health settings.

After working as a service user consultant in the UK, she returned to new Zealand to become one of three Mental Health Commissioners from 2000-2007 charged with leading a radical overhaul of New Zealand's services. She wrote the 'Blueprint for Mental health', which put recovery at the centre of policy. She then wrote the 'Recovery Competencies' for all New Zealand mental health workers.

She set up a national service user network and was then the first chair of the World network of Users and Survivors of Psychiatry.

Mary believes that making recovery a reality means developing a recovery based system at all levels.

RECOVERY-BASED SERVICE SYSTEM
SYSTEMIC FRAMEWORK
INTERSECTORAL RESPONSES
RESPONSES TO POPULATIONS
RESPONSES TO INDIVIDUALS & FAMILIES
ELEMENTS OF SERVICES
PEOPLE INVOLVED IN SERVICES
PURPOSE AND VALUES OF SERVICES
BELIEFS ABOUT MADNESS

Mary's thoughts on visiting Devon

Mary had a full week of visiting service user groups, voluntary sector groups, the Senior Staff Forum of Devon Partnership Trust and other meetings with individuals and staff groups.

In her final meeting, she was the guest speaker at the Recovery Devon meeting on 27th June. Over 30 people attended. She spoke about the passion and leadership for going over to recovery based services. She was impressed that everyone had signed up to a common agenda across health and social care. She thought we were right to focus on relationships as the key to supporting recovery. The move away from the centrality of clinical services towards a more social, inclusive model was the way to go.

Although we have some good examples of partnership working with service users, in New Zealand each service have a full time service user advisor posts at management level. They also have a service user workforce development strategy to actively employ people with lived experience, so they can influence from the inside.

In this country 7% of the mental health funding is invested in the third sector. In New Zealand it is 30%. As the third sector can change and innovate much more rapidly that statuary services, this was seen as a way of accelerating change and taking more resources out into the community.

There was an interesting debate about the comparative role of spirituality in Devon and New Zealand. In the latter, spirituality is one of the Maori cornerstones of health. In this country it is often pathologised or just avoided.

She talked about the central importance of Peer Support and how difficult this is to get right. She felt there was a time for partnerships between mental health workers and service users, but that was also a time for separation and true peer led services.

Mary was insistent about the need to get away totally from Victorian institutions such as Wonford House and set up 10-12 bed units within the community.

Engaging with the whole community and community development were seen as vital to reducing stigma and to making a more healthy community. A very successful TV campaign, 'Like Minds, Like Mine' in New Zealand tackled this directly though a series of adverts involving well known figures 'outing' themselves as having experienced mental health problems.

The most important message Mary delivered was that our beliefs about madness will determine the kind of service we design.

Mary has been commissioned to produce a full report in August.

Ian Pearson, Mary O'Hagan, Laurie Davidson and Glenn Roberts at Recovery Devon

Turning the world upside down

"The objectives of 'recovery-orientated mental health services' are different from the objectives of traditional 'treatment-and-cure health services. In the latter, the emphasis is primarily on symptom relief and relapse prevention; in recovery symptomatic outcomes are important- and may well play a key role in a person's recovery - but it is the quality of life, as judged by the individual her/himself that is central.

It then follows that if symptom change is a secondary goal, the help provided by non- mental health professionals and services other than mental health, becomes much more important. Non-health outcomes are not peripheral - something that you hope will happen if the person is 'cured' - they are the central objectives. Housing, employment, education, participation in 'mainstream' community and leisure activities, thus become the central objectives and treatment interventions - whether psychiatric, psychological or social - are useful only insofar as they assist with these aims. ***This turns the traditional priorities of mental health services 'upside down'. "***

'Making Recovery a Reality'. Sainsbury Centre for Mental Health 2008

Overheard in various meetings

"Recovery is about the small things such as; if someone asks me how I am, I want them to stay around long enough to hear the answer!"

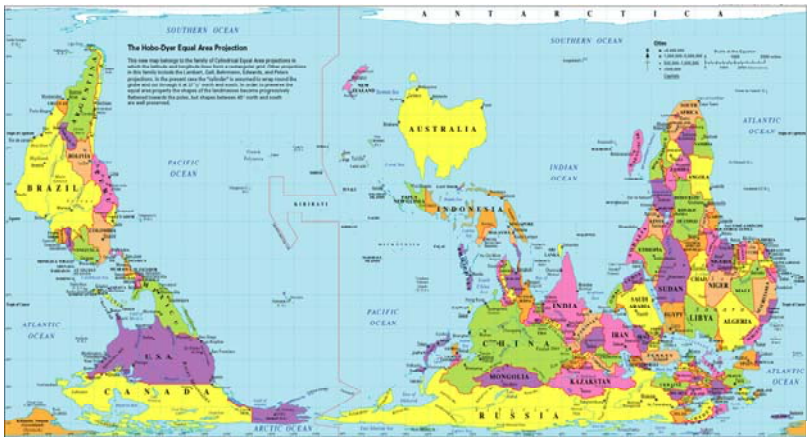
"Recovery involves a process of ***unlearning*** *for staff and letting go of an old knowledge base."*

"People say that treatment is only 10% of recovery"

The World Map with the Serious Point

Mary O'Hagan shared her map of the world from a New Zealand perspective. It reflects the rejection of a Euro-centred viewpoint, which came from people who had the power at that time.

We have the same situation in mental health , where 'experts' and academics have taken power and defined mental illness in their own terms, often creating a mystique around their knowledge to maintain power. Recovery is about turning this upside down and valuing people's stories, meaning and existing self management strategies. It is about de-mystifying mental health and stressing commonality in a shared human condition. It re-defines extraordinary experiences as being within the spectrum of common human experience. There is no 'them and us' - only us.



A couple of Mary's slides

Maintenance

Recovery


Van Gogh


Van Gogh on Prozac


Val Dempsey and Sharon Walling talking to Mike


Penny Connington, Diane Burkill, David Cook, Mike Howdle and Mary O'Hagan having lunch at the COOL House

Another new publication

Connect and Include is a study by Patience Seebohm and Alison Gilchrist. It explores how community development can contribute to an individual's recovery and how it can promote 'community well-being'. It proposes that it is possible to reduce stigma, create new community led resources and develop new connections between individuals, groups and organisations.

Got to:-
www.cdf.org.uk/SITE/UPLOAD/DOCUMENT/Connect_and_Include.pdf

Mike Slade's World Tour of Recovery Sites

"the experience of the individual is valued over the dominance of the agency"

Dr Mike Slade, Reader in Health Services research, Institute of Psychiatry and Consultant Clinical Psychologist in South London has just had the journey of a lifetime around the English speaking world to look at recovery focused services.

Mike ended his tour with a trip to Devon, where he listened to our experiences and shared some of his own.

He looked at national policy making (see opposite page) in Australia, New Zealand, USA, Canada, Scotland, Ireland and other parts of the UK including Devon.

He identified a couple of reasons why some areas of the world had developed further than others. In New Zealand and California it was a combination of a system crisis where there was a lot of unhappiness about services , and consumer activism. The 1998 Mason report in NZ concluded that, 'the system cannot fix itself.' A radical overhaul was needed and recovery provided the moral and practical direction.

Mike identified three common elements in the good practice sites he visited:-

1. **Clarity of Values**. There was principled leadership and adherence to values based thinking and doing.
2. **Peer dominated workforce.** This does not necessarily mean dominance in terms of numbers, but the experience of the individual is valued over the dominance of the agency.
3. **Service users are seen as part of the solution, not the problem.** The belief that listening to stories and involving people as partners in developing every aspect of service design and delivery must happen routinely.

International examples of Recovery Focused Practice

Key We Way

Kapiti Coast, NZ

Non statutory in-patient services run by people in recovery. Language of 'healing'. Staff are 'recovery agents', who see a crisis as an opportunity, not a failure. They invite key supporters to get involved, stay overnight and remain involved.

Below—view from one of the rooms in Key We Way

RIAZ (Spanish for radical)—formally known as META, Phoenix, Arizona

Peer triage workers. Called the 'Living Room'. Peers provide help, though next door to traditional inpatient unit. More than 70% of the workforce are people with lived experience. More than 500 peer workers have been trained through a 5 week course.

Peace Ranch

Toronto

Working farm. Recovery built round animals and responsibilities of the farm.

Boston University –changing the context

Mental health is viewed as an educational issue, so people experiencing mental health problems are enrolled as students and enjoy a valued status in their community.

Common Ground—Maine US

Common Ground is a peer led service and was developed over the past twelve years by Patricia E. Deegan in collaboration with consumers and staff from eight mental health agencies across the United States. It is a practical guide to teaching the workforce how to support client recovery in everyday practice. Pat has developed a software program and peer-run decision support centre to support shared decision making.

Making Recovery Visible. The Scottish Recovery Network has been collecting recovery stories to inspire others www.scottishrecovery.net.

In Philadelphia, they have employed professional story tellers to help people tell their stories as an art form.

srn
Scottish Recovery Network

If you thought recovery was a Devon fad…..
(some of Mike's slides)

Developing quality assurance for trainers with lived experience

Alison Moores, Richard Brabrook, James Wooldridge and David Cook have been developing 'standards and governance arrangements for the delivery of training to the mental health and wellbeing networks by trainers with lived experience' – which will provide a substantial business framework for qualified recovery trainers in Devon .The Recovery Trainers Group (RTG) will provide peer support and group quality assurance. A list of approved trainers – open to any new applicant on Recovery Devon. This is an important piece of news for both potential future members of the RTG and also those who wish to employ recovery trainers.

Mike Slade's choice of Top Recovery Sites

NZ Mental Health Commission	**www.mhc.govt.nz**
Boston University Center for Psychiatric Research	**www.bu.edu/cpr**
Ohio Department of Mental Health	**www.mhrecovery.com**
National Empowerment Center	**www.power2u.org**
Queensland Alliance	**www.qldalliance.org.au/resources/recovery.chtml**
Scottish Recovery Network	**www.scottishrecovery.net**
Recovery Devon	**http://www.recoverydevon.co.uk/**
Yale Program for Recovery and Community Health	**www.yale.ed/prch**

Mike Slade's Impressions of Devon

The full report can be found on www.recoverydevon.co.uk

What were the pro-recovery things he saw?

1. The central place of values—Devon is unusual in England in having a visible, owned and lived set of values and resulting standards.
2. The importance of change is recognised -there is the recognition that recovery involves doing things differently and an orientation towards developing empowered staff and services, which is unusual (especially in the NHS)
3. A sophisticated view exists about organizational change and development. There was good understanding of strategies, emerging internationally for system transformation.
4. Several strategies have been used to support staff to work differently; the use of team coaches to support teams; skills training in coaching skills in the Community Care Trust; making values explicit and shared across the network, which supports partnership working and shared expectations; a commissioned approach which models partnership working., by involving third sector partners in lead positions and actively supporting the development of approaches to measuring performance against recovery standards.
1. The people with whom I met had a strongly pro-recovery orientation, both in knowledge and in their respectful, partnership-based, human focused ways of talking about people receiving support from services.

2. The third sector in Devon is at the forefront internationally of harnessing the power of networks. An understanding of the distinction between involvement and partnership, and that someone can simultaneously be a person in need and a resource to help others , stands out as feature s of how recovery has evolved.
3. There is a resource of leaders who have the potential to inspire the wider system.
4. The development of a cadre of people trained in WRAP, intentional peer support and supporting self management is a key human resource in Devon.

What he did not see which could spell out the future direction of recovery ?

1. More value need so be placed on the need for long term support
2. There could be more emphasis on celebration rituals to counter the traditional degradation rituals often present in mental health
3. Ideas for using more peer support; by involving recovered drug users or the person attending a mutual self-help group; developing a more consistent understanding of the role of peer support workers as visible role models for recovery.; using peer workers in decision making over medication.
4. More is needed to promote well being rather than the removal of illness. There could be an opportunity .to involve psychologists in this area..

Further suggestions:-

1. More could be done on focussing on work (more on this in the full report)

2. Publicise the identity of Devon as a centre of recovery even more widely by; hosting an annual international conference; sending individual invitations to all the Chief Executives of mental health Trusts in England to visit the service.; developing a social enterprise business to offer WRAP training to other areas.; developing a consultancy service to support other mental health services to move towards a recovery focus

3. Collaborate with quantitative researchers. An audacious goal would be to evaluate the development of recovery in Devon, with an aim of influencing clinical guidelines.

4. Develop specific training in :- assessing and amplifying strengths; supporting the search for meaning; care planning around consumer—based goals rather than clinician based goals.

5. Develop a shared focus on hospitality across the network, looking at simple things like welcoming.

6. Further explore the implications of networks

Coming soon

The final touches are being made to a local Devon A5 guide to recovery values, principles, practices and standards. It will be distributed widely and be put on the website as an 'aide memoire'.

Keep it in the back of your diary or on your fridge!