Winter 2008

Recovery Devon

Recovery Devon Needs You

Recovery Devon is looking for people who can perform supportive tasks to enable it to keep going and hopefully thrive.

From March 2009, we hope to put in place a supportive group of people to ensure that Recovery Devon continues to meet and retains its strong sense of direction.

We need:-

- Individuals to sit on a small steering group to ser agendas, ensure actions are carried through and to keep the vision alive
- An organisation to host administration tasks e.g. maintaining a mailing list and sending email invites, copying agendas and information (Rethink has kindly offered to explore this possibility)
- People to work with Richard Brabrook to develop and update the Recovery Devon Website
- Someone to write up and present newsletters regularly (3-4 times a year) recording the progress of recovery in Devon
- Someone to act as a figurehead for Recovery Devon for people outside of Devon wishing to contact the group

If you think you can help, or would like to know more please contact:-

laurie.davidson@btopenworld.com

Or ring Laurie Davidson on

01364 661 121

Recovery Devon is:-

- *An independent community of people of good will who support recovery; both as a personal vision and as an underpinning value base to promote radical change in mental health attitudes and provision*
- *A group of peers who meet on the basis of mutuality, equality and democracy; working in partnership to deliver and influence cultural change*

5 Years of Recovery Devon

Recovery Devon was formed in January 2004, following the Devon Recovery and Self Management Conference in October 2003. A group of like minded people met to encourage the development of recovery and WRAP.

Calling itself Partnerships for Mental Health Recovery for the first three years, it continued to meet regularly and can count amongst its achievements:-

- The Recovery Devon website
- The WRAP celebration meeting in 2005
- The 2006 International Recovery and Peer Support conference in Barnstaple
- A week long residential Intentional Peer Support course in 2007 for 30 people with lived experience
- The hosting of visits from Rachel Perkins, Mary O'Hagan and Dr Mike Slade in 2008
- The forming of the trainers with lived experience group and involvement from that group in numerous learning events
- Regular newsletters charting the progress of recovery in Devon
- Being a forum for innovative and open debate based around mutual respect and democratic discussion

Recovery Devon

Diary Dates for 2009

- **Jan 23rd** 10.30-12.30 Kingsley Room, Livermead House Hotel, Torquay
- **March 6th** 10.00-3.30 Estuary Room, Dart Farm Topsham
- **May 1st** 10.30-12.30 Twyford Room, Tiverton Hotel, Tiverton
- **June 26th** 10.30-12.30 St Leonards Church Hall, Topsham Rd, Exeter
- **Sept 18th** 10.30-12.30 Youth Service, The Maltings, Teign Rd, Newton Abbot
- **Nov 6th** 10.30-12.30 Tiverton Hotel, Tiverton

"O would that God the gift might give us,

to see ourselves as others see us " Robert Burns

Mary O'Hagan's Reflections on Devon

Mary O'Hagan was instrumental in New Zealand in transforming their mental health services from 2000. As a mental health commissioner and someone with lived experience of mental health issues, she was in a position to promote recovery through a published blueprint for recovery and the development of recovery competencies for all of New Zealand.

Mary visited Devon in June 2008 for a week and produced a 12 page report in November for Devon commissioners. This report viewed Devon from a recovery perspective and made 29 suggestions for improvement. The following is a summary of the report. The report is based on a limited number of interviews and visits.

Service user views of the services:- There was criticism of the crisis teams and acute wards, 'they do crisis, not recovery' and the threshold for getting help in a crisis was too high. Community alternatives to hospital are not used enough. More peer support options were wanted.

Deinstitutionalising services. The acute inpatient service is 'unpopular, over-crowded and un-therapeutic'. There are few home or community options for people in crisis. The Russell Clinic fared better, but the institutional environment limits some of the recovery based initiatives towards social inclusion. All rehabilitation services need to be community based. Acute inpatient wards need to be downsized with more home treatment and community alternatives to hospital. More recognition needs to be given to the hidden risks that involvement with services can pose and more positive risk taking is required. Younger people should not be in institutionalizing settings.

A balance between clinical services and support for recovery and wellbeing. Devon needs to correct the balance between clinical and support services through the phased development of new core services that are available to everyone who needs them. There should be expansion and development of peer support, advocacy and recovery education; more practical day to day support to keep housing, employment and education.

Voluntary sector agencies. Only seven percent of mental health services in Devon are provided by voluntary sector agencies, though there is a government target for fifteen percent. More high quality voluntary services are needed and Devon needs to increase its funding and infrastructure support to provide sustainable voluntary sector services.

Workforce culture. Staff need to be recruited for their recovery values and humanity as well as their skills. They need supportive working conditions (including when staff develop mental health issues themselves), joined up training, supervision and performance appraisal. They need training and supervision in the recovery philosophy, collaboration with clients, human rights, hospitality, community development and working across agencies and communities. People with lived experience need to be actively encouraged to apply for jobs in generic mental health roles and jobs created at senior management level. New workforces need to be scoped, developed, recruited and trained.

Recovery Devon needs to foster more visible service user leadership. It needs to consider some of the more profound implications of the recovery philosophy and reframe views on all aspects of mental health. Recovery Devon could initiate and support a stock-take of outmoded language and introduce new language into documents and the verbal communication of senior staff. The commissioner, statutory services, third sector agencies and people with lived experience need to work together to ensure the sustainability of Recovery Devon's role as an independent driver of change in Devon.

Outcome measures and research. Recovery outcome measures should be implemented throughout the service and consideration should be given to measuring rates of compulsory admission, employment and independent housing. Consideration should be given to building up the local qualitative recovery research capacity (in partnership with a university), especially among people with lived experience and families.

Rural / Urban inequalities need to be tackled through improved access and the use of video-conferencing.

Commissioning. Service developments need to ensure the continuation of deinstitutionalization, a broader range of services, resources and opportunities for recovery and wellbeing, an expanding third sector, self directed pathways and budgets, incentives for collaboration.

Interagency and inter-sector collaboration. Devon Partnership Trust needs to dedicate significant resources and staff time to evaluating the degree and quality of its collaboration with other agencies.

Stigma and discrimination. A recovery based system needs to complemented with an active high profile local and national anti-discrimination programme.

"Mental health services in Devon have put recovery firmly on the agenda and are leading other NHS Trusts in England. But the achievements to date are just part of a long process of attitudinal, behavioural, cultural and structural transformation "

Mary O'Hagan

Mike Slade's thoughts for improvement in Devon

Dr Mike Slade is a consultant clinical psychologist from South London and Maudsley Hospital. He has recently toured the English speaking world looking at recovery services and he visited Devon in July 2008. The following are excerpts from his report.

Focus more on work

There was some ambivalence about focussing on work. This may come from a concern about oppressing people in a different way by imposing a model of normality and / or expecting them to be economically productive.

Publicise the identity of Devon as a centre of recovery more widely

Approaches might include:

- hosting an annual national conference
- sending individual invitations to all Chief Executives of Mental Health Trusts in England to visit the service
- developing a social enterprise business to offer WRAP training to other Trusts
- developing a consultancy service to support other mental health services to move towards a recovery focus

Collaborate with quantitative researchers

One key omission from the recovery world is quantitative evidence of a form likely to end up in clinical guidelines. An audacious goal would be to evaluate the development of recovery in Devon, with an aim of influencing clinical guidelines

Develop specific training for mental health workers in three specific key recovery skills:

Assessing and amplifying strengths – there is a developing literature on how to identify and maximise strengths, and training followed by supervised practice to develop this skill may help to redress the deficit bias in how mental health professionals assess service users

Supporting the search for meaning – there is a clear understanding in Devon that some traditional concepts like 'insight' are not helpful for recovery, but it may be possible to more actively support the individual in their search for meaning. This is likely to involve initiatives around spirituality (both in the religious and secular senses) and mutual self-help groups.

Care planning around consumer-based goals rather than clinician-based goals – creative approaches are needed to balance the political reality of expectations on mental health services of doing some things which work against recovery with the need in a recovery-focussed service to orientate action around the individual's goals.

Develop a shared focus on hospitality across the network, with attention given to simple things like welcomes, what the first meeting with someone new to a service involves discussion of (and who it is with), and how to amplify hope for a good future at each encounter with the service.

Go further down the line of exploring the implications of networks. "The expertise I encountered was more developed in the voluntary sector than in the NHS. Could this experience with networks and partnership relationships be imported into the statutory mental health system? Devon is better placed than perhaps anywhere else to lead this process."

The Positive Features identified by Mike

"The central place of values – Devon is unusual in England in having a visible, owned and lived set of values and resulting standards

The importance of change is recognised – there is a recognition that recovery involves doing things differently and an orientation towards developing empowered staff and services, which is unusual (especially in the NHS)

A sophisticated view exists about organisational change and development. There was good understanding of strategies emerging internationally for system transformation, *e.g.* making values explicit, the importance of visible leadership

Several strategies have been used to support staff to work differently:

The use of team coaches to support the work of teams across Devon Partnership Trust

Skills training in using coaching skills in Devon Community Care Trust

Making values explicit and shared across the network, which supports partnership working and shared expectations

A commissioning 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

The people with whom I met had a strongly pro-recovery orientation, both in knowledge and in their respectful, partnership-based, human-focussed ways of talking about people receiving support from services.

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 features of how recovery has evolved.

There is a resource of leaders who have the potential to inspire the wider system

The development of a cadre of people trained in WRAP, intentional peer support and supporting self-management is a key human resource in Devon"

RECOVERY IN PROGRESS

FUTURE RECOVERY-BASED SERVICES - A prediction

Some key elements of future services taken from Mary O'Hagan 2009

A New Language.

The old language in mental health settings valued the objective over the subjective and external authority over internal autonomy. The new language values both subjectivity and objectivity and emphasises internal autonomy over external authority.

Easy Access.

Individuals and families know where to find independent information on the availability and quality of services. Services provide the easiest access they possibly can. This is a priority.

People are not denied access to help on the basis that their distress or lack of well-being are not severe enough. People working in services with service navigation skills, either provide for people who come to the service or stay in contact with them until they find help for them elsewhere.

Voluntary Use of Services.

Compulsory treatment is used rarely and briefly. There is no seclusion or compulsory ECT.

People working in mental health services strive to prevent compulsory interventions. Any use of compulsory powers is done humanely and treated as a critical incident.

Natural Locations.

Virtually all responses are delivered in an ordinary community location, such as a primary care setting, at community centres, shopping malls, schools, workplaces, a person's home or online.

Residential rehabilitation takes place in shared community housing. Residential crisis or acute services are small and homelike. There are very few hospital based services.

Trauma Informed Responses.

There is widespread recognition of the role of trauma in the lives of people with loss of wellbeing and mental distress. This has led to the creation of trauma-informed service systems that are safe and nurturing for service users and prevent the re-traumatisation that comes from violence and coercion. These services place high value on service user leadership, recovery, and strengths based approaches. Trauma informed services are regarded as necessary for all services users whether they have a trauma history or not.

Equalising Relationships.

Mental health workers strive to show people respect and treat them as full human beings who have strengths and abilities as well as problems. They promote their autonomy. They are practiced at asking people what they need, listening with empathy and compassion, and giving hope and encouragement.

Responding to Diversity.

The responses, and the workforces to deliver them, reflect our cultural diversity, ensuring that people of all cultures are well served.

Black and minority ethnic health inequalities are decreasing. They are developing their own services and workforce. The responses they provide may include traditional healing methods, cultural practices and activities as well as a focus on families.

People with English as a second language have quick access to trained interpreters.

People with physical, sensory and intellectual disabilities have good access to services and information. All buildings are accessible and information is immediately available in a variety of formats.

People in rural communities have more equitable access to services through the use of communication technologies.

Bottom Up Leadership.

Individuals, families, and communities most affected by services, have the capacity and structural power to govern and lead in the development of services. In particular people with mental distress are leaders and influencers within services.

The workforce sees a large part of its role as community development. They have the values and expertise to develop equalising relationships with stakeholders.

The full version and the other reports are available on

www.recoverydevon.co.uk

You are invited to a workshop

Looking at

Where Recovery in Devon Should be Heading

A discussion about the suggestions put forward by

Mary O'Hagan and Dr Mike Slade

Following their visits to Devon

March 6th 2009

10.00 - 3.30 (Lunch Provided)

Dart Farm, Estuary Room,

Nr Topsham, Exeter EX3 0QH

I would like to attend the '**Where Recovery in Devon should be Heading'** workshop

Name

Contact email or address

Please return to:- Laurie Davidson, Wonford House Hospital, Dryden Rd, Exeter EX2 5AF

(Just turn up on the day unless you hear otherwise (i.e. we are oversubscribed)