Recovery Devon – Three Priorities – May 2010

Recovery Devon initially identified six priorities:

1. **Crisis Response, Inpatient Provision and Community Alternatives to Admission**
2. **Risk Assessment, Risk Taking and Safety Planning**
3. **Workforce Culture**
4. **Promotion of Wellbeing and Strength Based Approaches**
5. **Stigma, Discrimination and Language**
6. **Support from Peers, and Staff Support in Assisting Recovery**

After further meetings, three priorities for action were established:

1. **Crisis Response, Inpatient Provision and Community Alternatives to Admission**
2. **Peer Support**
3. **Personal Recovery Planning**

Ideas relating to these were further developed as follows.

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1. Crisis Response, Inpatient Provision and Community Alternatives to Admission

- Crisis provision as close to home as possible
- Need for alternative/ sanctuary / improve equality of opportunities
- Commission respite space – self referral – see existing provision
- Decommission in-patient units – fund alternatives for in-patient care
- Map what is currently available / what is missing / gaps / access to psychological therapies - Consult with RD
- Choose words carefully – e.g. not 'admitted' but 'enrolled [as if] on a course' – e.g. Not 'discharged' but 'the person moved on / forward'
- Meet all providers, including 3rd sector, Rethink, MIND, Bipolar
- In-patient services- 'No more them and us' – need peer support

Proposal

- Explore a joint project between a community development workers team and modern matrons in wards

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2. Peer Support

Paid Peer Support Workers

- Support peer support initiatives
- Be receptive to paid peer initiatives
- In-patient services- 'No more them and us' – need peer support
- Recruit people who have used services in specific (appropriate) roles
- Supportive environment – clear roles and responsibilities, with peer support for peer workers

- Preference for ‘aftercare’ projects
  (though some people in hospital identify need for a peer who has ‘been through it’ to offer support)
- Clarify when and where paid peer support (as distinct from volunteer peer support) is appropriate
- Salaries / payment assessed and banded – not tokenistic payment
- Danger of ‘paid patient’ culture (deskilling of professionals?)
- Publicise peer support offered by CCT to encourage flexible provision of peer support groups

Volunteer Peer Support
- PCT to be more volunteer friendly
- Build on existing peer support arrangements / groups/ etc
- Build on volunteer peer support
- Improve community engagement, peer support

Training
- Involve people with lived experience and carers in planning and delivery of training
- Create a pool of trainers – RD, CCT, MIND, Rethink, Bipolar Support Group
- Promote use of trainers with lived / life experience
- Involve people with lived experience to help deliver and support WRAP and Personal Recovery Plans

Staff
- Allow staff to feel safe and able to talk about own mental health problems
- Model openness about mental health challenges, e.g. (own) lived experience

ST&R workers
- Resource allocator / commissioner to be explicit in ST&R ongoing development
- Create more ST&R workers
- Flexible commissioning of support by ST&R workers
- Produce good practice ST&R worker policies

Diversity and Safety
- Peer support around diversity to reduce inequalities
- Develop peer support to increase safety

Proposal

- DPT to fund a Pilot study providing peer support workers for at least one in-patient unit for two years - measure positive and negative outcomes.

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3. Personal Recovery Plans

- All to promote WRAP / Personal Recovery Plans
- Encourage and support people to engage with their own recovery

- Ask people how they wish to be involved and take ownership
- Change language on Care Plan Assessment (CPA) forms, from diagnosis to 'what works for you?'
- Equal weighting / shared responsibility for people to own their risk / WRAP plan

Training

- Highlight and develop use of WRAP to medical and clinical staff
- To have appropriate WRAP, need proper training and allocated time
- Involve people with lived experience to help deliver and support WRAP and Personal Recovery Plans
- WRAP to be compulsory / essential training – all paid staff / all sectors
- Shared knowledge of WRAP practices (RD, individual, others)
- WRAP training to be compulsory in job description for healthcare workers

Team WRAP

- Team WRAP – Health Promotion Team – Wellbeing
- Encourage and enable people [including staff?] to create their own WRAP and make it available to others

Celebrations

- Develop mechanism to inform / celebrate the success of WRAP / Personal Recovery Plans

Recovery Planning in IAPT

- Ensure that WRAP is discussed in IAPT (Improving Access to Psychological Therapies)

Proposal

- Develop Personal Recovery Plans, as in SW London and St. George's Recovery Guide