Recovery Devon Workshop, 8th October 2009
How to Implement Previous Proposals

Topic 1

Crisis Response, Inpatient Provision and Community Alternatives to Admission

Individuals:

Relationships are key, not buildings - insulating, not isolating - meaningfulness and uniqueness

Cultural change has begun but needs to continue

Power / powerlessness – important, needs unpicking

Improve community engagement, **peer support**

To have appropriate **WRAP**, need proper training and allocated time

Shared knowledge of WRAP practices (RD, individual, others)

How do we ensure that WRAP is discussed in **IAPT** (Improving Access to Psychological Therapies)?

RD:

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

Champion, lobby, strengthen RD approaches

Unpack the notion of crisis / advocacy

Produce good practice ST&R worker policies

Could offer consultancy to commissioners

Others:

Crisis provision as **close to home** as possible

In-patient services- '**No more them and us'** – needs peer support

Highlight and develop use of WRAP to medical and clinical staff

More structure, **better communication**

Uniform approaches embracing all organizations – transport, room availability, management support

Give higher priority to **transition back into the community**

Commissioners

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

Move to greater equity of provision / sharing of resources

Reality of resources – **increased demand, shrinking resources**

Meet all providers, including 3rd sector, Rethink, MIND, Bipolar

Map what is currently available / what is missing / gaps / **access to psychological therapies**
- Consult with RD

Resource allocator / commissioner to be explicit in **ST&R ongoing development**

Topic 2

Risk Assessment, Risk Taking and Safety Planning

Individuals

Change language –
What keeps you safe?
How can we support you?
When do you feel unsafe?

Can't eliminate all risk – part of life – need to be able to feel **SAFE** with some risk

Strive to build **trusting relationships** – support flexibility

Model appropriate language / challenge own prejudice

Reflect on own policies and practice

All to promote **WRAP** / **Personal Recovery Plans**

Equal weighting / shared responsibility for people to own their risk / WRAP plan

Encourage and support people to engage with their own recovery

Personalising agenda – learning to use **Direct Payments** safely

RD

How do we develop **TRUST** for both people using services and providers?

Move away from 'blame culture' towards '**celebratory culture'**.

Reinforce message to support making changes

Campaign for WRAP to be compulsory / essential training – all paid staff / all sectors

Championing role to promote Recovery Plans

Promote information and **human rights**

Lead consultation events with relevant organizations
– DPT, commissioners, people with lived experience

Discuss and promote: knowledge / safety governance / **New Ways of Working** / standardization of paperwork (where appropriate)

Others

All organisations to review risk and **safety planning policies**

Support from top of organization for safety planning / joint risk assessment and planning

Standards of risks / **continuity / consistency** across shifts / teams / wards / buildings / organizations

Need **clear cohesive structure**, with planned approach to risk assessment

- communicate this top down and bottom up

Clearer pathways / **opportunities for discussion and change**

Clear team structures – accountability, responsibility

Middle management – take on **positive risk taking**
– encourage evaluation of safety in a positive way

Realistic professional support structure / training
– i.e. Capable Teams Approach / supported team

Who can I, as a practitioner, call? Not holding the risk on your own

Evolving assessments - Regular reviews / updates (not static)

Develop peer support to increase safety

Individual carrying a **personal passport**

Collective individual response - not e-learning – this can be impersonal (depends on topic)

Encourage and enable people to create their own WRAP and make it available to others

Providers to improve systems to reflect equal weightings (of WRAP / Care Plans?)

Recruitment – ask more about attitudes and experience of Recovery

DPT to implement recovery co-ordination

Commissioners

Create more **ST&R workers**

Flexible commissioning of support by ST&R workers

Relevant opportunities for training – has funding implications

Requirement for Recovery approaches to be included in all **contracts**

WRAP training to be compulsory in job description for healthcare workers

Topic 3

Workforce Culture

Individuals

Take care with **language** – be **role models**

Act as advocates – support Time to Change

Ask people how (they wish) to be involved and take ownership

Support people to feel **valued** and to value themselves

Engage with people's values – embedding training / reflection into practice

Foster positive qualities

Model openness about mental health challenges, e.g. (own) **lived experience**

RD

Support Time to Change – offer Recovery training

Can Recovery Devon help set standards for what is appropriate? (e.g. **Daisy Pages**)

Encourage use of trainers with lived/life experiences

Others

Recovery ethos throughout organizations

What is the appropriate work culture?

Encourage **innovation** – new ideas - **value opinions and lived experience of staff**

Promote **discussion** among staff teams – question re putting Recovery into practice

What are we doing? How are we doing it?

Promote **organizational Wellness**

– involving all members of the organization

– looking at their lived experience

– engaging them in developing a sense of Wellness within the organization

Apply Recovery values to **management** of staff

Nominate (recruit?) person to liaise with other organizations re training

Support **Recovery education and training**
e.g. John Good: Recovery Degree Module, Plymouth University

Involve people with lived experience and carers in planning and delivery of training

Include Recovery orientation and **Recovery stories** in workforce development

Continue roll-out of existing training,
e.g. In My Shoes

More opportunities for all staff to access refresher training appropriately resourced

Robust **induction** process for new staff

Engage workforce to be responsive to needs of individuals when assessing and delivering support

Commissioners

Recruit people who have used services in specific (appropriate) roles

Support Recovery education and training

Good quality inclusive, holistic training in key principles of Recovery

Promote use of **trainers with lived / life experience**

PCT to be more **volunteer friendly**

Topic 4
Promotion of Wellbeing and Strength Based Approaches

Individuals

Provide **hope**

Individual – we can't separate ourselves – **mind and body** – being a person – ethos – New Horizons

Identify strengths of individuals – reflect on **group dynamics** / relationships

See as a 'growth journey' – lifelong learning – love - belonging, holistic fluidity

Value collective **journeys** / Recovery stories

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

Wellness – evolving – changing something – what do we look like?

Openness – hope – change point of communication (**transitions** – moving between services, etc)

Reflect on qualities and hope - be prepared to have **difficult conversations**

Move from negative to positive

Model own learning in Recovery – it's an on-going process

Ask and respond to what is interesting and important to you

RD

RD could offer Recovery training

Educational role within membership – support information to and with wider network

Improve quality assurance using its network features

Others

Sign up to Recovery principles and prove it through language, training and outcomes

- All organizations (Devon County Council)

Enable Recovery / strength based opportunities for staff

Mirror Well-being in staff teams to enable achievement and promotion elsewhere

Share best practice through open conference

Strength based approaches are already filtering through in DPT

e.g. staff achievement awards – **celebration** of achievement open to all

(include people with lived experience who are managing their health better)

Feedback process to **measure success**

Training application process now in place in DPT (individual can choose to apply for course)

Create a pool of trainers – RD, CCT, MIND, Rethink, Bipolar Support Group

Professional Development Review (PDR) – Appraisal / Supervision

Bimonthly review of appraisal, so that staff:

- know what is expected
- feel safe and supported, and can highlight training needs

Confidential **help-line and counselling support for staff**

Team WRAP – Health Promotion Team – Wellbeing

Well-being in the Workplace – 11th December – Health, Work and Well-being

Use 'Be Involved Devon'

DPT: Develop Foundation Trust membership

Commissioners

Facilitate cultural change for organizations

Involve people with lived experience to help deliver and support WRAP and Personal Recovery Plans

Commissioning implications – other training, e.g. could use:

Mental Health First Aid

Understanding Health Improvement

Health Promotion

(DPT Chairman's initiative, £1900 on Mental Health First Aid could have funded an RD person)

Topic 5
Stigma, Discrimination and Language

Individuals

Take responsibility for own language – a **person**, not a 'service user

Recognise fear, misperception / perception / **labels** (e.g. schizophrenia)

Model appropriate language

Challenge discrimination and language – spread word through Time to Change

Choose words carefully – e.g. not 'admitted' but 'enrolled on a course'

– e.g. Not 'discharged' but **'the person left / moved forward'**

Empowerment, **self stigmatization** within organizations

Become a **critical friend** to colleagues

Unpick mental health and sickness (illness)

RD

Dismantle jargon – discuss and define language

Use RD network to **spread good examples**

Send invitation re Recovery to get involved / join in – to broaden base of RD

Consultancy around challenging stigma and discrimination

(Potential to) advise other services, e.g. youth services, education

Others

Promotion of **resilience** and Wellness – language in the workplace

DPT to promote **people's own words** in their Care Plans and stories

Change language on Care Plan Assessment (**CPA**) forms, from diagnosis to '**what works for you?'**

Time to Change – engage with national programmes

Time to Change needs to last beyond Jan 2010 – link with **Mental Health First Aid**

Commit to Time to Change, **Tea and Talk**

Education for mental health – public, workplace, school, society – language and conversations

Find out what is happening in Devon education system re emotional literacy and Well-being

Drama groups in **schools** – schools liaising with CMHTs

Adopt project for schools – discuss with Laura Newton and Helen Hutchings – Reaching into Schools

Value interactive drama project '**On the Edge'** – reduce stigma in schools

Support 'On the Edge' drama project

(Highlight information on RD, DPT, RCPsych, etc **websites**)

Develop a challenge (Recovery) **innovation fund**

Occupational health

Societal stigma

Bridge Collective

A&E

Topic 6
Support from Peers, and Staff Support in Assisting Recovery

Individuals

Be aware of **power dynamic**

Staff issues about '**coming out'** to patients on ward / choice (could make person in distress anxious)

Skill needed in using one's own experience appropriately / sensitively

RD

Publicise peer support offered by **CCT** to encourage flexible provision of peer support groups

Locally based RD groups to be established to promote peer support groups, etc.

Encourage people to think more about peer support

Clarify when and where **paid** peer support (as distinct from **volunteer** peer support) is appropriate

Others

Self help groups already operating and successful

(e.g. Bipolar Support Groups, Torbay COOL Recovery, etc, etc)

Build on existing peer support arrangements / groups/ etc

Culture in organisations

- allow **staff** to feel safe and able to talk about **own mental health problems**

Supportive environment – clear roles and responsibilities, with **peer support for peer workers**

Training / boundaries, etc

Salaries / **payment** assessed and banded – not tokenistic payment

Danger of '**paid patient' culture** (deskilling of professionals? Explore further)

Commissioners

Support peer support initiatives

Be receptive to paid peer initiatives

Peer support around diversity to **reduce inequalities**

Build on volunteer peer support

Preference for '**aftercare' projects**
(though some people in **hospital** identify need for a peer who has 'been through it' to offer support)

Proposals

1. **Explore a joint project** between community development workers team and modern matrons in wards
2. 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**