Recovery Devon - Topics from July Workshop, 2009

Topic 1

Crisis Response, Inpatient Provision and Community Alternatives to Admission

- **A staged and strategic approach should be adopted towards providing non hospital sanctuary and the development of third sector alternatives such as those provided by the Community Care Trust.**

This was by far the most popular proposal. This was reflected in the discussions in which there was a consensus around the need for non hospital based inpatient provision.

*A clear **action point** with a local model, the Community Care Trust, of how this could be achieved*.

Two other proposals link to this;

- **Transition back into the community after an admission should be given much higher priority than at present.**

And

- **An early, preventative response to an emerging crisis through WRAP and advanced plans designed when the person is well. Person to person arrangements so that help can be found earlier with someone who is known and trusted through self referral.**

WRAP or Personal Development plans or Advanced Directives are all processes that emphasise the desire to stay well and keep out of hospital. Few people want to go into hospital. Any process that encourages people to monitor their emotional wellbeing and have a plan of what they need to sustain it will be of value. A range of options are available.

***Action** all people who use services to have access to a WRAP plan or equivalent.*

When hospital (or non hospital sanctuary) admission is necessary the therapeutic environment would be enhanced by;

- **The setting up of paid peer support within in-patient units to work alongside newly admitted people to; introduce newcomers to the other people on the ward, offer hope through their own experiences– 'being alongside someone who knows'; be advocates if necessary; help identify needs and visit the facilities which are most likely suit the person e.g. music, quiet room, smoking area.**

To quote Mary O'Hagan 'people need hospitality, not hospital'.

Action *to provide paid peer support within in-patient facilities. This is best performed by people with lived experience.*

Peer support groups could also be planned for clinicians to enable them to support recovery working. Service providers could employ Recovery Devon as a consultancy facility for this. Links to proposal;

- **Enhanced support for staff to improve morale, allow time for people rather than tasks and for recovery coaching (qualities, active listening and motivation) training.**

Following hospital admission the transition into the community is crucially important and needs a higher priority.

Action *to provide Support Time and Recovery (ST+R) workers to enable a purposeful transition*.

Links to the proposal;

A range of community alternatives to hospital and proactive introductions when a person is well to reduce fear and develop meaningful choices.

Crisis response, inpatient provision and community alternatives to admission

Action *providing non hospital sanctuary, a local model exists, the Community Care Trust, of how this could be achieved*.

Action *all people who use services to have access to a WRAP plan or equivalent.*

Action *to provide paid peer support within in-patient facilities. This is best performed by people with lived experience.*

Action *to provide Support Time and Recovery (ST+R) workers to enable a purposeful transition*.

Topic 2

Risk Assessment, Risk Taking and Safety Planning

- **Everyone needs to accept a shift of responsibility towards shared responsibility around people's safety. All risk cannot be eliminated, but a blame culture within organisations increases risk and reduces positive risk taking.**

This statement links to another one in this topic;

- **People should be encouraged to take responsibility for their own safety and for asking others for what they need to keep themselves safe.**

Working in partnership, the people who use services need to be an active part of all governance systems that are in place.

***Action**. Everyone needs to accept shared responsibility around safety and risk. No individual, or one group, should feel solely responsible, as outlined in New Ways of Working for Everyone (DH Oct 2007).The NWW should be taken up by the Governance system and Clinical Team leaders should support clinicians to work in this way.*

Our second cluster of topics link together;

- **The development of risk assessment, negotiated safety planning paperwork and procedures which are person led and based on self management knowledge.**
- **Advanced statements and WRAP plans need to be honored in all parts of the services.**
- **The quality of relationships is crucial in working with safety and risk.**

Staff within one part of the service need to value work done in other parts of the service. It is the quality of relationships, between members of staff and between service areas, and between service providers and people who use the services that are crucially important in creating a healing process. Valued and trusted relationships are the essence of therapeutic treatment.

***Action** Inpatient staff to be made aware of WRAP/Crisis/Advanced Directives and take them in to account.*
***Action** Create paperwork that enables and values a shared risk management plan wherever in the service the person is.*

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***Action**, the people who use services need to be an active part of all governance systems that are in place.*

Topic 3

Workforce Culture

Priorities

1. The task is to change culture through training in recovery qualities and attitudes, hope enhancing relationships, peer support, peer coaching, the 10 essential capabilities and network standards.
   Organisations must value their staff and support them in working in a recovery focused organisation.

   Relationships are the most important aspect of being alongside people on the recovery journey. This training cannot be achieved through e-learning.

2. To abolish "them and us" culture we need people with lived experience to deliver training (not e-learning) and to sit within teams to change the culture from within. There is no "them and us" only us ALL.
   Volunteering leading to Support Time and Recovery Worker posts and other paid work needs to be a supported route for people wishing to get back into work and use their experiences meaningfully.

How

Organisations

- Create coordinators to liaise with Strategic Health Authority, Primary Care Trust, Devon Partnership Trust and Devon County Council, to develop relevant training appropriate to each organisation.
- Utilise and promote the use of trainers with lived experience and pay appropriately.
- Ring fence time for staff for peer support / supervision, training and reflection.

Recovery Devon

- Promote and recommend trainers with lived experience (pathways) to organizations.
- Advise organisations on training / language.
- Revamp website with access to other networks and local geographical areas.

Individuals

- Recognise, utilise and promote opportunities for each to find ways forward towards their own recovery.
- Set up peer support groups.
- Attend training in recovery orientated approaches.

Topic 4

Promotion of Wellbeing and Strength Based Approaches

Point 1: Organisations development and governance structures should be redesigned to enable staff to work holistically in strengths based way. All staff should adopt a holistic approach, looking at well being, meaning, happiness, strengths, coping resources, and life beyond and before mental health services. This would be supported by education and training. Examples of holistic approach may include establishment of celebration rituals, inviting people to think about how to acknowledge the achievements they may have made, and encouraging staff to participate in this as a person, rather than a professional. Valuing strengths and sharing their journeys and learning including the use of recovery stories.

Outcomes: RD to lobby the commissioners, requesting they respond to the pilot outcome measures report, noting RD would support the use of outcome measures (How well is your life working out for you? + ERFS). Then assuming they support this individuals or individual organisations to embed these in what they provide. RD and individuals to also champion current thoughts and practices to support people in their recovery e.g. Celebration rituals, mechanisms for story telling.

Point 2: Development of recovery education with staff and people who use services to encourage learning, facilitating and supporting strengths based approach, away from a focus on a treatment and cure approach. The language of recovery supports this by recognising the hope generated by positive affirmation and active encouragement, e.g. skilled and supported use of personal recovery plans, promotion of wellbeing and wellness tools, celebration rituals and personal stories.

Outcomes met by an organisation :

- Buy into recovery education opportunities provided by non statutory organisations e.g PHEW – WRAP courses, Bipolar Support – self management.
- Identify and highlight existing good practice and available resources.
- Explicitly promote recovery education both through its work force development and with and for those who use the services.

Outcomes met by RD;

- RD will gather knowledge of resources and disseminate via RD website + newsletter.
- RD can be educative with one another through membership and support links with wider network.
- Consider website redesign to support / promote recovery education.
- Encourage people to look more broadly, ie beyond mental health services, towards well being e.g. pets, gardening, dating, creative activities.

Outcomes met by individuals:

- We can draw on existing resources for personal and role support.
- Accept the creative opportunities for personal responsibilities.

Topic 5

Stigma, Discrimination and Language

Priorities

1. Schools are an important target for the reduction of stigma and prejudice.
   Educators with lived experience (e.g. Recovery Trainers Group) could be found who could promote emotional well being and the bigger picture of social inclusion and who can give helpful messages about wellness.

2. Language sticks, we all have a responsibility to change language and to challenge stigma and discrimination.
   Knowledge of mental health and wellbeing is essential to recovery and thriving.
   People have a right to describe how they are feeling or what is happening in their own way without it being translated into professional jargon.

How

Organisations

- Devon Partnership Trust, Community Care Trust and Devon County Council should accept guidance from people in Recovery Devon.

Recovery Devon

- We should promote the use of language which encourages a normalisation of these difficulties and offers hope.
- We should give advice to organisations and commissioners re language and training.

Individuals

- Be aware of our own language.
- Care plans etc. should be written in people's own words, using people's quotes.

Topic 6

Support from Peers, and Staff Support in Assisting Recovery

Point 1: More clarity is needed to map out what is meant by peer support and where resources should be placed to develop peer support. It is a multilayered concept that is not easy to define. Each service and team shall work collaboratively with people who use services to consider how peer support can compliment the service provided.

Outcomes: The starting point is Ann Ley's Recovery Devon's (RD) Guide to Peer Support (intended as a discussion document).

This will be circulated to members of RD for comment. It will then come back to the group, be edited.

Then the final version endorsed by the group will be sent out to commissioners and organizations including peer networks. (Decision as to who should be on mailing list to be made by RD nearer the time)

Individuals within organisations and peer networks will consider collaboratively with those who use services, how peer support can complement service provided.

The outcomes from this need to be feedback into the organisations and to the commissioners.

Point 2: Commissioners should fund innovative projects of peer or self help groups. All inpatient units should have paid peer support workers as part of the skill mix. Peer support could be used as a sequel to group work and treatment e.g. Eating disorders, drug & alcohol support, following dialectic behaviour therapy.

Outcomes Commissioners welcome and support practical initiatives that arise from the work undertaken by the mapping process identified in the exploration of peer support.

This will include (but will not be exclusive to) paid peer support workers.