

# Supporting Each Other to Stay Well and Enjoy Life

## 2006 Devon Recovery and Self Management Conference



180 people attended the second recovery and self management conference at the Barnstaple Hotel in North Devon on 6th/7th April 2006.

A balance of people who have experience of mental health services, supporters, voluntary and statutory mental health workers attended. It was a meeting of people who shared a common interest in what is the latest in recovery and self management developments across the world.

Speakers were from New Zealand, New Hampshire

and New York, Old Hartlepool and Old Glasgow. National representatives of recovery in the UK also spoke about wider developments. There was a range of workshops which were interactive, informative, inspiring, sometimes melodic and creative.

The conference was sponsored by MIND, Devon Partnership NHS Trust, Rethink. CSIP and North Devon Primary Care Trust.

It was envisaged and organized by the Devon Partnerships in Mental Health Recovery, which is drawn from the whole mental health community.

The last conference in Dawlish in 2003 led to an increased awareness of

the Wellness Recovery Action Plan (WRAP) and was the catalyst for many innovative projects.

This conference had a focus on peer support and heard how this is being envisaged in different continents.

The conference was introduced by Matt Harvey and Mandy Williamson. Matt is a nationally revered poet and a stand up comedian. He skillfully set the tone for the conference at good humoured and safe.

Richard Brabrook from East Devon unveiled the new recovery website which he has designed to be the focus for all those interested in recovery locally, nationally and internationally. More inside about: -

[www.recoverydevon.co.uk](http://www.recoverydevon.co.uk)

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*If Love*

*If love*

*Can build a bridge,*

*Can affection*

*Put up a shelf?*

*Matt Harvey*

## Intentional Peer Support

### Shery Mead

entitled her talk, 'Peer Support, Beyond the Illness Connection' and challenged all of us to redefine and reframe the way we tell our stories away from definitions given by others towards reclaiming our stories in terms which move us towards what we want.

In traditional support, the sequence is often:- I come to you for help; you give me a diagnosis; you determine treatments based on 'my symptoms'; I start defining my experiences as symptoms; you ask me how I am managing my symptoms; I call you when I feel my symptoms are "out of control"; you wonder if I should be hospitalised; I figure you're the expert.

Intentional peer support follows a different sequence:- I come to you for help; we listen to each other; we learn a lot about each other; one of us has a hard time; we struggle with our fear; we negotiate power, conflict and safety; we talk about what works for us both; we're both the experts.

## Shery Mead

The key tasks of Peer Support are to:- help each other understand how we've come to know what we know; redefine help as a reciprocal process and help each other move towards what we want rather than away from what we don't.

Shery talked about ways of helping us reconsider how we have come to know what we know about ourselves and to see if we can re-tell our stories in ways which enable us to define our own future in our own terms rather than in the language of others.

By using the language of evolution rather than maintenance or coping, we can presume intentional on-going change rather than thinking in terms of problems or symptoms. This makes life exciting rather than a struggle and relationships focus on creating rather than commiserating. We begin to create dreams we never knew existed. Telling a different story changes our lives.



### Shery Mead.

Author with Mary Ellen Copeland of "Wellness Recovery Action Plan and Peer Support" and "Intentional Peer Support: An Alternative Approach"

## David Gonzalez

### Recovery in New York City—From Mental Illness to Mental Wellness



David had two stories to tell.

Firstly, he shared with us his own remarkable history of recovery which started in the streets of New York where peer pressure had meant that he used drugs, committed crime and was eventually incarcerated in a mental hospi-

tal where he was literally shackled before deciding to find another way of living his life.

He is now the Program Director of Goodwill Industries Peer Advocacy Leadership Programme and has two children who are his main wellness tools.

The second story is also remarkable—how the city of New York has based all its mental health services on recovery and through a white paper, 'Infusing Recovery-Based Principles into the Mental Health System' based on 'bottom-up ideas', has enshrined the 10 fundamental components of recovery in state law. These are: self-direction; individualised and person-

centred; empowerment; holistic, non-linear; strengths based; peer support; respect; responsibility; hope.

As a result of the ownership of recovery:- consumers began to take control over their own recovery and write their own WRAP plans and advanced directives; users of mental health service began to enter the workforce as peer specialists, peer advocates and peer counsellors; peer run programmes began to spring up; person-centred and recovery have replaced the language of 'treatment - resistant' and 'non-compliant'; policy makers have 'owned the change' and have enabled change from the top down.

## [www.recoverydevon.co.uk](http://www.recoverydevon.co.uk)

### I Worried

I worried that my thoughts would show

And everyone would look and see

And not just look and see, but know

The depths of my depravity

I worried that my shares would drop

And ill-winds fill my patched-up sail

I worried that if I should stop

My worrying the crops would fail

I worried that the passing years

Would prove too short—or far to long

And yet, in spite of all these fears

Things nonetheless went badly wrong

*Matt Harvey*



### Well Done Hayley!

The new website logo was designed by Hayley Piper from North Devon. Haley is involved with the Arts on Prescription project at North Devon College.

Richard Brabrook launched the new website at the conference which contains information on:-

- The recovery conference including the presentations and biographies of the speakers
- Diagnosis
- Self-help

- Talking therapies
- Stories and creativity
- Peer support
- Learning and development
- Research
- Support Time and Recovery Workers
- Links to service user, carer and relative support groups, digital contact directory'

website contacts and other recovery links

Any contributions should be sent to

[ricard@brabrook.fsworld.co.uk](mailto:ricard@brabrook.fsworld.co.uk)

Or

[laurie.davidson@btopenworld.com](mailto:laurie.davidson@btopenworld.com)

Anybody who can help with the website by taking responsibility for an area of the site or being part of an editorial group should make contact.



Richard (left) with some of the contributors at the conference

## Frank Bristol - Culture and Family in New Zealand

Frank shared his own story of a periods of hospitalization from 17yrs for 9 years, then 26 years of recovery since that time. He is a successful market gardener with a happy family life. He has self managed for that time with the help of his wife, family, peers in Wanganui and last, but not least, his GP.

Frank told the conference how important it was for him to find out as much as he could about bi-polar in order to self manage more effectively and to stop negative thoughts at a very early stage through meditation and other techniques.

After many year's involvement with the New Zealand bi-polar organization, Balance, Frank is convinced that peer support and the use of WRAP are key elements in maintaining wellness. "Recovery can at times seem like a set of platitudes and the WRAP programme helps to understand how to operationalise the recovery concept(s)".

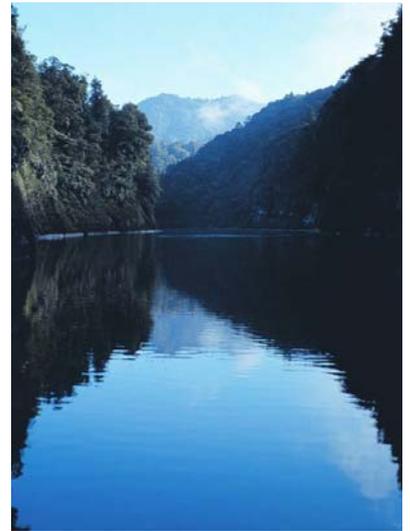
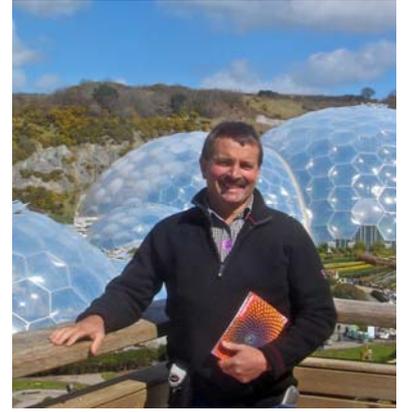
Since 1998, all mental health services in New Zealand have been required by government policy to use a recovery approach. Some service users didn't like the word, 'recovery' and the fact of it being imported from the US, with their emphasis on recovery as an individual process and its roots in professional structures (psychiatric rehabilitation). The US literature tended to be mono-cultural, whereas in New Zealand cultural diversity was acknowledged and the connection to one's own culture was seen as central to recovery.

In New Zealand they attempted to redefine recovery for the context and passed ownership of it to service users. The Blueprint states that families, communities and people with mental health problems themselves need to be as actively involved in recovery as mental health services. Recovery competencies have been developed for the whole country

There was a much bigger emphasis on discrimination as a barrier to inclusion. The 'Like Minds- Like Mine' anti-discrimination campaign has evidence of considerable success in shifting attitudes.

The Maori philosophy towards healthy has influenced the way mental health is perceived. The four cornerstones of health, called Te Whare Tapa Wha, are Psychological health, Spiritual health, Physical health and Family health. The Maori view mental health in the context of the extended family, which may extend beyond family to all those who provide support.

Frank feels that New Zealand still has much further to go in embedding recovery in services and in promoting the social environments and service systems that support recovery.



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## Dennis Healy wishes the conference all the best.



Conference speakers Shery Mead and Frank Bristol had lunch at Broomhill Sculpture Park with Glenn Roberts and Laurie Davidson before the conference and were pleasantly accosted by the former labour Chancellor of the Exchequer Dennis Healy.

He was very interested in the conference and added to his list of famous quotes by calling Laurie a 'crafty bastard' (clearly he is as sharp as ever)

His wife Edna was with him who has written many acclaimed books of women who live in the shadow of their famous husbands (that's Edna—just showing over Glenn's shoulder!).

## Iain Caldwell    The Human Givens and Hartlepool MIND

Iain told us the story of how Hartlepool MIND changed the way they worked from a traditional approach to a 'Mental Health Support Network' approach. This involved: a more holistic assessment, Human Givens Therapy, skills development and a navigation service, making full use of the community resources. The throughput of the organization was increased from a small group of 30 people using the service to 800 people, mostly for focussed needs based work.

The Human Givens identifies through research the 'givens' of human need—safety and security, giving and receiving attention, having a sense of autonomy and control, being emotionally connected to others, being part of a wider community, the need for privacy to reflect and consolidate experience, self esteem via competence and achievement and the need to be

stretched and challenged.

The focus of the human givens approach moves away from the language of ill health and supports people in identifying and meeting the needs which are not being met. This may involve social or personal recovery, meaningful occupation, volunteering, education/training, reduction of pain or clinical recovery. It will be focused on what works for the individual in meeting their needs in ways that are meaningful for them.

This approach (and the Life Coaching model) move away from therapy where the therapist is the expert towards supporting the person as their own expert towards building up skill and accessing resources.



## Jim White—Glasgow Steps

## Stepped care for Common Mental Health Problems



The emphasis in Glasgow Steps is on easy and quick access to help for common mental health problems. There is a wide range of stepped options for people including: stress control classes; an advice clinic and advice line; a website; Steps out of Stress booklets; a First Steps support group; a healthy reading/book prescription programme; StressMaster classes and exercise options.

This approach has led to a more efficient and effective service being delivered, with many more choices.

A lot of work has been carried out with the local population through: service user and referrer resource directories, STEPS stalls at public events such as health fairs; monthly public talks and workshops; booklets and posters; 'prayer timetables' for other cultures; 'Good Mood week';

Schools stigma / early intervention project and a mental health DVD.

There was so much content to the presentation that it is recommended that the reader accesses the full presentation on the conference website [www.recoverydevon.co.uk](http://www.recoverydevon.co.uk) Perhaps a combination of the best of Glasgow Steps and the best of WRAP/Human Givens/ Life Coaching would be a powerful approach for primary care?

## 6 Levels of empowerment— Michael Kendrick (Contributed by Frank Bristol)

### Empowerment

**Level One:** This is a level where the person does not make any substantive decisions about their service.

**Level Two:** This is a level where the person does not make any substantive decisions about their service, but where the person is routinely informed about the decisions others will be making on their behalf.

**Level Three:** This is the level at which the person is routinely asked to give advice, (i.e. is consulted), by the *actual decision-makers*, about his/her personal service decisions.

**Level Four:** This is the level at which the person begins to routinely personally make a

*significant minority* of the substantive decisions that constitute their personal service. A *significant minority*, in statistical terms, might range from 25%-45% of key decisions.

**Level Five:** This is the level at which the person routinely begins to personally make a *significant majority* of the substantive decisions that constitute their personal service. A *significant majority*, in statistical terms, might range from 55%-90% of key decisions.

**Level Six:** This is the level at which the person is so routinely making the vast majority of key decisions that they simply do not any longer believe

that they have a meaningful empowerment issue.



Frank in playful mood at Broomhill

## Life Coaching for Recovery

## Saija Leaning and Karen Thomas



**Life coaching** is not therapy, but a way of helping people to change their lives by focusing on aspects of their life which they want to change. It looks at strengths and potential and is guided by the needs and aspirations of the person wanting to change. It unlocks a person's potential to maximize their own performance by helping them to

learn what is right for them rather than telling them what to do.

Life coaching looks at building people's own awareness, their responsibility for their own goals, their strategy for achieving it and their own belief that their decisions and actions can produce the results they desire.

The 'wheel of life' is a framework to help identify which area of life a person would more like to change.

The **GROW** model is used, involving **G**oals (setting clear goals), **R**eality (exploring the current situation), **O**ptions ( alternative strategies or courses of action and the **W**ay Forward( what is to be done , when, by whom and the will to do it.)

It fits well with both WRAP and Human Givens and is consistent with recovery and self management values.

Feedback from the workshop was:- coaching experience was: thought provoking, challenging, focuses the individual on specifics; clarity what you have; realistic steps; looks for positive; achievable and sense of achievement; you really want to do it; better options; what is most important; identifies the starting point; honesty; stops getting stuck preparation and confidence; looks for things you have been putting off; makes it more real

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## Unrecognized Grieving

## Trish Horgan/ Stepping Stones

### THE STEPPING STONES APPROACH TO UNRECOGNISED LOSS REACTIONS

A new approach is gaining in popularity that helps people learn how to turn the emotional energy that comes with disappointments and life losses into creative energy.

It works by helping people to understand the useful purposes of the emotional Stepping Stones by which people adjust to life difficulties. The emotions that lead to adjustment then can feel less confusing, and less overwhelming, and as a result people often feel more capable of managing their lives and relationships.

Over the last three years the method has been piloted in Devon, Torbay and Plymouth, in healthcare settings, self-help groups, carer support settings and in schools. Nearly four hundred people have attended courses to learn how

to use the method in their conversations with others, and about sixty people with distress problems have attended small 'Learning and Support Groups' where they learn at a pace that matches their personal situations.

The evaluations have shown that many people are more fulfilled physically, psychologically and socially through having better conversations in their everyday settings.

The unique feature of this approach is that it helps people to recognise and manage the grief they are experiencing for *hidden* losses that remain unrecognised and un-named within more obvious life situations. It is not 'a therapy', as such. It just de-medicalises distress conditions and helps people to re-discover their humanity, and that of others.

Stepping Stones is a registered charity

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## The COOL House , Torquay

The building, known as Cool House, provides a range of holistic and self help services. Its focus is a café that supplies, home cooked, affordable, nourishing meals. Last year, more than 40 people pledged themselves in writing to work voluntarily for Cool Recovery on a variety of jobs so that it could succeed. Some run the Café, others refurbish and decorate the building, while others give free professional advice. Volunteering opportunities are always available

The COOL House rooms on the upper two floors which are available at an hourly-rate to agencies supplying mental health and carer support. They

include providers of training and employment skills, young people's support agencies, carer support workers, and carers groups for people with friends or relatives affected by drug or alcohol problems. Emphasis is placed on providing information on a variety of subjects that will help carers and their dependants to cope with the problems of everyday life.

Cool Recovery offers support for carers and those recovering from mental health problems by providing information, practical and emotional support, and a space where people can meet informally, volunteer, make friends, and help each other.

## Martin Smith and Tim Ramsey



## Recovery in Inpatient Services

Both at Russell Clinic (residential rehabilitation) and Langdon Hospital (forensic service) attempts have been made to put recovery principles into practice.

Recovery orientated services must foster hope, encourage acceptance, help people to have control and find meaning and develop a sense of self other than as a user of mental health services. They must also encourage learning and social inclusion, help people to form meaningful relationships and encourage empowerment and responsibility. The experience of many users of inpatient services has been that the service has failed to achieve these things, or achieved the opposite

Discussion of the obstacles to recovery in in-patient services identified a number of common themes, including: staff attitudes and resources, the impact of medication and the emphasis on a medical model, being disempowered, being removed from a normal environment, and the unpleasant environment in hospital. Attempts have been made to overcome these obstacles in a variety of ways at both Russell Clinic and Langdon Hospital. Examples are: giving nursing staff dedicated

## Elina Baker, John Good and Rachel Webb



admin time and introducing a key nurse system to enhance engagement, as well as the use of paperwork that supports the Tidal Model of nursing care. This has also been supported by training courses in recovery principles and WRAP, co-facilitated by Experts by Experience. Both services have tried to work collaboratively with users, and research involving service users has informed changes in practice, such as the ward round procedure at Langdon Hospital and the service development plan at Russell Clinic.

## Researching Recovery



Glenn and Rachel were surprised and delighted that 40 + people joined them for a workshop on 'Researching Recovery' which was introduced by Piers Allott.

Glenn admitted that his starting point was in regarding research as 'boring' and Rachel as 'intimidating', but both had come to enjoy and value working collaboratively with Charlotte Hubbard and Jenny Hounsell to evaluate the development of recovery based practice on Russell Clinic using DREEM – The Developing Recovery Enhancing Environments Measure. Delegates were asked for their views on research and what questions they were either curious about or wanted answers for, research methods were reviewed and the DREEM study was described as an example of recovery oriented research done in a recovery based way.

It was particularly important that the study brought service users and providers together from the outset and was then designed, implemented, interpreted and written up together. It was equally important that it made a difference, forming the basis of the service's action plan. Perhaps because of this the Russell Clinic DREEM survey has been identified by the Chief Nursing Officer (England) as an example of positive practice. The workshop concluded by asking delegates to reflect again on their own areas of interest and concern with the challenge of how could they could set about looking for answers – research. Rachel and Glenn are willing be contacted for advice in designing or pursuing your own research. The full DREEM report is on the [recoverydevon](http://recoverydevon.com) website

## Glenn Roberts, Rachel Webb and Piers Allott

## Changing into a Recovery Orientated Organisation

Following attendance by some of the staff at the Dawlish conference in 2003, it was decided by a small group of enthusiasts to introduce the Recovery approach across the whole organisation. In March 2004 the organisation decided to pilot the approach across three residential units. A confer-

ence for all staff was held in May 2004. Lead staff were trained and all staff were asked to complete their own WRAP plans. All staff continue to revisit their own WRAP plans. WRAP meetings are facilitated with clients and their families. This raised many challenges to day to day practice and respect for individual choice, control and responsibility was essential.

## Community Care Trust (South Devon)

Staff were trained through the Support Time and Recovery Worker scheme and a Senior Lead STR worker will support staff. All policies and procedures were reviewed to reflect recovery and collaborative working. Active support was given for clients to retain or regain control of their lives and goals. Clients are in control of their recovery notes. Recovery focussed

Supervision and appraisal formats were introduced. Post discharge respite, outreach and telephone support packages were provided in line with WRAP plans. Clients are fully involved in recruitment and induction. The Trust is now exploring formats/systems for client feedback on staff performance. The changes are about working through and letting go of power, with increased respect for the client's experiences and strengths. There is also an increase in staff morale.



## THE GOOD.....

Conference great . Learnt a lot. Loved the singing. Great day, friendly, comfortable. Well presented and organised—very valuable to people's lives. The Arts On Prescription is great. The entertainment last night was very amusing and fun. Enjoyed the singing and Human Givens talk very much. Very interesting to have international speakers. Shery—brilliant speaker with excellent rapport and terrific ideas. Thank you. Frank Bristol—inspirational!! David G—What a man!! Iain Caldwell—inspirational. Matt was excellent! And we liked the 'cabaret' on Thursday night. Singing workshop super. Jim White's talk was very interesting (but please don't assume everyone knows the jargon—I was

asked to explain the difference between primary and secondary care, for example). David Gonzalez was amazing. Richard B deserves special thanks! Mindfulness was GREAT. Really good 1st day, very tiring. A lot of workshops I would have liked to join as well. . The singing workshop was very uplifting and perfect for the end of the day—thank you Meg. Liked Iain Caldwell's talk—very down to earth and helpful—also debunked some things—e.g. Care Programme Approach, Cognitive Behavioural Therapy—aren't the be all and end all. Frank Bristol—Excellent contribution and inspirational. Singing uplifting. Great fun in drama, informative and thought provoking in grief workshop, enjoyable entertainment in evening , enjoyable conference with good venue. Jolly helpful, thanks. Venue very good. David Baker—what a hunk. What a guy! Well done Laurie. Iain from Hartlepool—excellent presentation to conference. Comfortable—enough space, good temperature & clearly audible. The MC poet is very good. Rock & Roll. Drama fun. Shery so interesting, clear and accessible. Great Guy David Gonzalez—CHOICES! - I'm all for it—never mind illness, focus on wellness. Singing and art workshops were great! Thank you. Shery Mead was encouraging re moving onwards—what you want rather an angry from the opposite. The best workshops were (at least partly anyway) interactive, e.g. Life Coaching (I loved this) and DREEM evaluation. David Gonzalez—what a great contributor and very compassionate. Good structure, excellent information, great venue, bril entertainment. Terrific. Shery Mead—brilliant! Poetry entertaining, clever and amusing. Hectic but great day. Laurie—heartfelt thanks for all your hard work—inspiring! Fab. Really loved David Gonzalez talk—and what a lovely person he came across as. Well organised—thank you, good food, relaxed atmosphere, lovely people, lots to think about, ideas for working more recovery orientated. Great atmosphere—lots of 'buzz'. Thanks to Will Bonner for the brilliant mike control. Lovely venue. Great to meet people from all over. Revolving workshops. Liked my choices, but missed so much. Really interesting and motivated speakers its given me plenty to think about. David Gonzalez total inspiration—such courage in the face of adversity. Very interesting—venue great, speakers great. Didn't enjoy dashboard part. Singing wonderful.

## THE NOT SO GOOD.....



Hard to hear at back of room at times—portable microphone much more effective than the other ones. Staff not enough information of local facilities. Not 10mins walk to town but 20! Veggie—cannelloni at dinner was OK. Thursday & Friday was very poor choice—some fresh fruit would have been good too. More context to Dashboard. Great to have handouts to follow especially if the screen cannot be seen properly. Vegetarian food not good—vegetarians don't normally eat fish. What was dashboard about? Venue not bad—staff not as attentive as could be—bar not manned in afternoon. Where's the quiet room? Dashboard WTF? Difficult to hear in main room because of noise from other workshop. List of delegates please. Yes we second that. No complementary therapies (as we had at Dawlish conference) Might have been good too? The dashboard of my car is faulty—what do I do then? Venue good—food—dreadful. Hard for some to read from screen—some print too small - or on dark backgrounds impossible e.g. dashboard becomes irritating if you can't follow it. Tiring, but thought provoking on the whole (what was dashboard about!!) - well worthwhile. Difficult to see main speakers in hall presentations. Why is there a drug pen here on the table and why did I use it? To make a point! Food and mood so crucial but sadly felt neglected here. Staff not understanding about disabilities. Would like to be able to attend all the workshops. Very hard to hear in the main hall as other groups taking part in side rooms. Good speakers Friday am, but still hard to sit still for so long. Maybe a short break before the panel or panel after lunch?

## AND THE BEAUTIFUL...



I am a service user and feel most important as a person to be here. I feel I have a voice to be heard and an opinion to express—I feel I am somebody. Best and funniest conference I have been to. Well done. Totally overwhelming and moving. Total admiration for the speakers. Inspiring and hopeful. I found it helpful to hear speakers who have made their lives successful—on their own terms. And their moves beyond recovery to living now. My best day in a long time—Awesome!!! Interesting, stimulating and inspiring. Really beneficial from coming here. Shery and Iain are GOD SENT—excellent, concise clear experts. It has been a lovely experience to come. Fantastic networking, great company. I just wanted to write:- my GP said ; I let you do it your way, and your way it worked! So far brilliant superb conference—you only get an opportunity like this every few years.

**Final thoughts.** A review day may be helpful. Please help Tavistock. Paid employment for people willing to share their stories. Please tell Tavistock mental health team. Let's look at good practice in N&S Devon and what's been achieved. How do we help the less motivated. More poetry please. Great variety of speaker/ workshops. Would be nice to have more time for workshops and opportunity to attend more of them—so many interesting ones clash! Really good conference—wish it was more often but less packed in. Wish I could attend other workshops too instead of choose between them . Apparently Shery's are a series that you need to attend all of, and in order. From attendee—would like another conference—brill!!

## And that's only part of the story.....



### Joan of Arc Room Workshop

Lack of space makes it impossible to reflect the quality of the contributions made to this conference.

There were excellent workshops (as well as those run by the key speakers) which all deserve their own write up :

- Reducing Stigma - Open Up — James Wooldridge and Jo Loughran

- The Joan of Arc Room—Service User led creative initiatives

- Spirituality—Lucy Pearce

There were popular creative and interactive events for the more courageous:-

- Voice workshop—Meg Compton
- Art and Drama—Wolf and Water

**North Devon was showcased** for the excellent work going on in this area:-

- Life Coaching—Saija Leaning and Karen Thomas

- Employment and the Mindful Employer—Bryony Sweeney and Lynn Aggett

- Arts on Prescription—David Baker and Joyce Reed

- Unrecognized Grieving—Trish Horgan

- Mindfulness—Sally Ornellas

Irene Baxter and the team at Forest Hill have developed an adapted WRAP for learning disabilities

Piers Allott and Karen Colligan gave an update on other developments in recovery in the UK

*The Recovery & Peer Support Conference was inspiring, educational, stimulating, timely and thought-provoking. The multi-national group of diverse presenters offered an inspiring message of hope that challenged the conventional wisdom on recovery -while at the same time sharing concrete information about self-directed wellness management techniques that could be directly applied to mental health services. It was indeed a thought-provoking conference whose time had come and I was glad I had an opportunity to be a part of it."*

David Gonzalez

## The Community in Action

There was an impressive range of stalls and displays in every available space in the conference suite. There were stalls from :-

Arts on Prescription, WAND, Joan of Arc Room, Recovery Website, Torbay BiPolar Group, WRAP Peer Support, Support, Time & Recovery Workers,



Devon Partnership Trust, Speak Up Somerset, North Devon Directions, MASH, PLUS, Graduate Mental Health Workers, Books on Prescription, Speak Easy, Rethink, Sefton Recovery Group, COOL House, Lifeworks, Recovery Logo, 'Draw your own WRAP', and Book-stalls.

*"While many mental health advocates are talking about systems change and recovery, Recovery Devon is living it. The Devon Recovery conference provided people (from many different perspectives) an opportunity to build on an already strong knowledge and practice base. The conference was beautifully planned and organized, and as a new comer, I could feel the incredible energy. Clearly people in Devon have taken hold of WRAP and recovery, and I was honoured to be part of an emerging conversation about peer support. I'm looking forward to participating in the new website and to staying in touch with people as we energize a movement towards true social change."*

Shery Mead

## Final thoughts

The conference was intended to further encourage and inspire all those who have done so much to put recovery ideas into practice. Since the first conference in 2003, there has been a rapid growth of exciting developments which have all shared a common recovery value base. This conference has made us more aware of the strengths and possibilities of

Peer Support as a way of re-framing experience into terms which give back autonomy and control. The language of hope and breakthrough replaces the language of pessimism and breakdown.

The conference has also given a much clearer role for professionals; away from being clinical experts who may inadvertently disempower, towards being companions, coaches, signposts in a complex system and holders of hope.

Perhaps even more importantly, the conference showed that all people of good will can work together whether they are people who use the service, their supporters, the community at larger or mental health workers. When we share a common vision, great things can be achieved.

The international friendships we have made with Shery, Frank, David, Mary Ellen are very special and we will all continue to share our ideas through websites and emails

Many thanks to all those who contributed towards what is another milestone in the development of recovery and self management in Devon.

*"If the processes of decay are outweighed by the processes of repair, you have life"*

Frank Bristol (seed producer)