

# Recovery Devon News



## Summer 2007



"Front cover photograph: kindly supplied by Glenn Roberts. The front cover image of prayer lamps is from the Sri Meenakshi Temple, Madurai, Tamil Nadu, India. It illustrates aarti, 'the auspicious lighting of lamps'. It has been chosen because it carries a wealth of connections and associations with people of all cultures who have created and sustained light, often in dark places, as a harbinger of hope and a symbol of reaching beyond our suffering and limitations."

## A Common Purpose

Recovery in Future Mental Health Services

A joint position paper has just been published by the Care Services Improvement Partnership, the Royal College of Psychiatrists and the Social Care Institute for Excellence.

Chaired by Anthony Sheehan, the group preparing the paper outlined its purpose as: "The hope and ambition of this paper is that the central significance of recovery can be progressively embraced as a guiding purpose that we can hold in common and through that, that recovery will become the common experience of those who use the services we provide."

"The paper sets the concept of recovery in the context of developing national and international practice and debate."

"Common themes in recovery include the pursuit of health and wellness; a shift of emphasis from pathology and mor-

bidity to health and strengths; hope and belief in positive change; meaning and spiritual purpose of distress, service supports reconceived as mentoring not supervisory, identity explored as a cultural issue; social inclusion (housing, work, education, leisure); empowerment through information, role change, self care, awareness of positive language-use in framing the experience of illness; personal wisdom encouraged in professional practice; and the creative risk-taking replacing overcautious risk assessment."

There is a useful distinction made between different meanings of recovery and how they are complementary, not in opposition. "Recovery is seen as having at least three different meanings: as a spontaneous and natural process; as a response to effective treatments and as a way of

growing with or despite continuing disability." The paper focuses on the latter meaning but acknowledges the importance of the other meanings. It also raises an interesting question about the first meaning—how is it that some people recover naturally? What are they doing right, or what circumstances help spontaneous recovery?

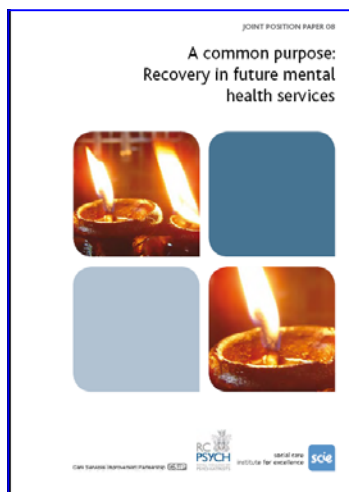
The paper invites, "its acceptance and use as a stimulus to thinking through the implications of adopting a core commitment and orientation towards recovery in many diverse settings."

Devon has an honourable mention as an example of recovery in practice.

Glen Roberts was involved in writing the paper.

The report is available in print and will soon be online at

[www.scie.org.uk](http://www.scie.org.uk)



## Trusts get their act together

Two London mental health trusts have written strategies for recovery and social inclusion.

South West London and St George's have a strategy which has been approved by their Board with an action plan involving all levels of the organisation.

Written by Rachel Perkins and Miles Rinaldi, the strategy starts with an excellent background of the theory and implications of recovery and social inclusion which stands on its

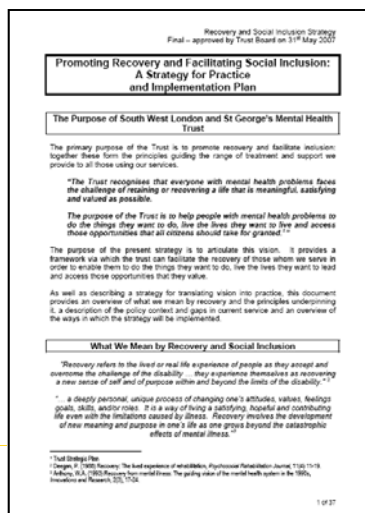
own merit.

At South London and Maudsley Foundation Trust, their strategy is a 'recovery charter' with clear undertakings and commitments for all parts of the Trust. Each borough will have a social inclusion and recovery lead with the responsibility to ensure implementation

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for copies of these strategies



## The Recovery Qualities Experience – and what an experience!



**Every now and then** something special happens which creates a major shift in the way we view the world and our relationship with others.

The three day intensive course on 27-29th June on recovery coaching through the development of recovery enhancing qualities was one such occasion.

Organized by a design team from the Community Care Trust and MIND, with the support of CSIP, the course was a unique experience in raising self awareness about how we are as human beings and how we can help or hinder recovery.

The three day programme will be followed through with a further two days block and nine sessions once a month. Between each session there will be development exercises, practice sessions or projects.

Mo Cohen led the days expertly, with only a broad programme. He skillfully helped the group of 20 staff from the Community Care Trust (with Mandy Williamson from MIND) through a series of exercises that helped us to :-

- Explore what is a value and what is a way of being
- Explore what it means to coach and be coach able
- Look at our comfort zones
- Put commitment to recovery into action
- Look at how the words we use and the style of interaction we display has an effect on others
- Develop the qualities needed in a modern recovery focused workforce
- Envisage a future service where personal qualities and relationships are recognised as the basis for recovery

The days were very active, creative and ground breaking, with all of us finding out more about

ourselves and the effect we have on others

We have been so bound up in skills, competencies, targets and performance management that human qualities and their importance have been obscured.

The 'paradigm shift' from traditional to recovery approaches has huge implications in practice. The need for staff who are honest, trustworthy, respectful and responsible becomes more than just an aspiration. Making connection with people requires us to explore ourselves as human beings and not just paid workers. We need to be more aware of how opinions, clichés, gossip and breaches of confidentiality can effect those we want to help.

Coaching skills were explored and developed and include skills in the following areas of:- 'being', self awareness, narrative, transformation, communication, leadership, observation thinking, emotional intelligence/self mastery, language, learning, creativity, sensing, empowerment, change management, time management, team management, strategic and the 'invisible skills' e.g. grace, charisma.

The programme will be rolled out to CCT and MIND staff and could provide a model for statutory services as they move towards a recovery focus.

The programme is a very important milestone in changing the culture in mental health away from 'being on top' towards 'being on tap'.

**Confucius he say..**

***Our greatest glory  
is not in never  
falling, but in  
getting up every  
time we do***

## Characteristics of highly functioning networks

Professor Janice Gross Stein delivered a keynote talk for the Royal College of Psychiatrists in Edinburgh.

Although taken from her experience in the field of international terrorism, her observations about the nature of highly functioning networks are equally relevant to the new mental health networks and, indeed, Recovery Devon.

Highly functioning networks:-

- Enable rather than direct
- Have values based leaders

- Work with openness not secrecy
- Show information openly
- Have the capacity to work across boundaries rather than in 'silos'
- Trust and facilitate people
- Their leaders work across networks
- Function well with ambiguity
- Avoid micro management
- Are not risk averse
- Spread responsibility across the network

Professor Gross Stein talked about whether we would want our children to be responsible or accountable. If we want them to be responsible, we guide, support and encourage towards independence. If we want them to be accountable, we monitor and control them.

She gave Al Qaeda as a classic example of a highly functioning network, much to the discomfort of some delegates



**Professor Janice Gross Stein,**

Professor of Conflict Management and Negotiation. Canadian Centre for Foreign Policy Development



Paul Reed

Simon Broadstreet from the Scottish Recovery Network



## Scottish Recovery Network

explained how the network is promoting and supporting recovery in Scotland. Set up in 2004, the network has expanded rapidly and is now engaged in an extensive narrative research project .

Paul Reed, author and mental health activist, talked about his own recovery journey.

The network is a loose affiliation of organisations and individuals,

from varied backgrounds, who all share an interest in efforts to promote recovery.

The Network raises awareness of what recovery might mean for people, builds up understanding of what helps people recover and stay well and builds capacity for recovery by highlighting and supporting examples of good practice.

The Scottish Recovery Network can be accessed through:-

[www.scottishrecovery.net](http://www.scottishrecovery.net)



## Shrink WRAP - Psychiatrists and self management

Glenn Roberts and Laurie Davidson led a workshop at the annual meeting of the Royal College of Psychiatrists in Edinburgh in June.

The WRAP (Wellness Recovery Action Plan) approach was received enthusiastically by a wrapped audience of psychiatrists.

Concerns and questions were around the evidence base and possible limitations on its use with people in crisis. There was a lively debate and a lot of positive feedback and discussion which carried on for an hour

after the workshop.

A psychiatrist from Glasgow, was very keen to set up training for his team and in his role as editor of 'Advances in Psychiatric Treatment' to commission articles on recovery.

Geoff Shepherd from the Sainsbury Centre attended and would like to explore the establishment of key recovery indicators by which services could be audited. A small national group will be tasked to take this further.

The workshop was helped

by a service user WRAP trainer who was able to give personal testimony of the way WRAP had helped him.

The presentation looked at the development of recovery ideas, the difference between self care based around materials and self management which uses an individual's existing resources and self knowledge.

WRAP was then delivered in workshop format with many interesting thoughts and questions raised about how to apply the approach.



**Message to Recovery Devon from  
Chandra Fowler**

**The National Survivor User Network**

Isn't it great to work together? Together, we can achieve so much... unless of course the people you're working with have all the power and all the resources and aren't really that interested in what you've got to say.

Real changes to the way services are provided often happen when 'service users' and 'professionals' collaborate. There are many good examples of these partnerships, like Recovery Devon. Unfortunately, the experience is not always good and many service users end up disillusioned by their encounters with 'involvement'. Their voices aren't heard.

Service users and survivors could have a stronger voice. One way to achieve this is by bringing service user and survivor led organisations together in one national network, supporting each other. Jointly we can form a stronger base from where we can engage with commissioners, service providers, policy makers, the media and others. The National Survivor User Network (NSUN) was born out of this vision.

NSUN is a new service user and survivor led membership organisation. Service users and survivors, and their allies, can join. It aims to support service user and survivor led groups and organisations by providing information, helping strengthen groups, encouraging research, supporting access to training and helping groups to link up together with other similar groups.



If service users and survivors are going to have more influence they need to work together, in partnership, with others. By supporting each other service user and survivor led groups will be in a stronger position to do this. NSUN aims to make this possible.

Chandra Fowler, Coordinator NSUN

If you want to find out more, or join, contact us at [info@nsun.org.uk](mailto:info@nsun.org.uk), [www.nsun.org.uk](http://www.nsun.org.uk) or on 08456020779.



**Wellness Recovery Action Plan (WRAP) Training:  
Views from the Somali Community**



In May June and July 2007 a group from the Somali community in Northampton undertook a course of WRAP

training. A trainee social worker, Cary Simpson-Davis, recorded qualitative feedback from three women and one man who attended the course.

The feedback highlighted how WRAP can be applied from a Somali perspective.

*"When I am feeling down we usually get our elders to pray for us. Most of our community believe in spiritual healing not medication and I think the WRAP training is something that will really work for our community. Our people usually counsel each other instead of going to the doctor, we call the doctor only if spirituality doesn't work. We like the idea of first of all helping people in our community rather than putting them in institutions"*

Participants described how the training had led to the discovery of the meaning of community and the importance of community. For the participants the community is the key support network and understanding community was crucial aspect of the training.

*"Making us aware of our community and the needs, and giving you the power of who you are—a sense of identity"*

*"I have found it useful in my own life; I'm finding it very helpful, although it is difficult to stick to at times"*

*"I can start with myself, my children and my family. The WRAP training is going to work for our community and will reduce the numbers of people who don't understand about mental illness"*

*"In order to put these things in position we'd like to teach our community about it—I can teach our people and it will be easier for them if I teach in our language."*

*"It is better that mental health services are built within communities and that staff are from within communities. At the moment the services are outside the communities and people can't reach them. Mental health difficulties are recognised by family and friends. The community will help the person"*



*The world is in your hands*

## Intentional Peer Support 2 month follow up reunion

A reunion meeting took place in Exeter on 25th June with 14 out of the group of 33 who attended the week long course in April with Shery Mead and Chris Hansen. Representatives came from Devon, Cornwall and Somerset.

The course is being evaluated locally together with Southport, who underwent the same training course.

Several of the group had already run sessions to disseminate the course to others. In Devon there was more mutual support, but Cornwall and Somerset are finding it harder to get local groups together of people who attended the course.

The reunion meeting was highly valued as a way of moving peer support forward. Another meeting will take place with Shery and Chris in October.

An obstacle to spreading Intentional Peer Support was considered to be the language and teaching style of the course. The ideas are sound, but they need to be 'translated' and 'owned' locally in order for the ideas to be easily communicated. In the same way that WRAP had to be understood and re-packaged locally, IPS will need to undergo the same transformation.

To do some of this work, Laurie Davidson, Dawn Willis, Catherine Vizard, David Cook, Liz Hansen, James Wooldridge and Ray Hancock will share ideas and redesign the presentation of some aspects of the course.

### BENEFITS OF PEER SUPPORT

- Counteracts 'trapped-ness' and avoids boxes (e.g. diagnostic labels).
- Peer support is personal rather than medical.
- You can take it as far as you wish.
- Different ways of telling the story (as opposed to automatically telling it in medical terms)
- Moving towards what you want instead of moving away from something you don't want.
- Envisaging wellness rather than illness.
- Moving away from being a rescuer or victim.
- Not being responsible for the other person is very liberating.
- Not being a victim and relying on the past as an excuse.
- Not being afraid of what other people say and learning more about being open and honest.
- Changes how we relate to each other.
- Being yourself.
- Creates a space to be with yourself and with another person NOW – in the present.
- Based on giving as much as receiving.
- Helps us to move forward in society. Peer support is a way of getting away from being stigmatised and judged by other people (especially in a small community).
- IPS gives coping and communication tools.

### Preliminary report of the evaluation of the Intentional Peer Support (IPS) course run by

Shery Mead & Chris Hansen 23<sup>rd</sup> – 27<sup>th</sup> April, 2007.

Prepared by Ann Ley, researcher, Devon PartnershipTrust.

#### Course attendance

30 people attended the workshop as **participants**. There were 16 people from Devon, 9 from Somerset and 5 from Cornwall.

29 people gave signed informed consent to taking part in the evaluation. One person left the course early.

The majority (**86%**) of those attending the course were **women**. Age was not systematically collected but it was broadly a middle aged group.

#### Simple numerical outcomes

At the start of the course, **19/29** people (67%) said that they were **currently involved in peer support of some sort**.

At the end of the course, **18/26** people who gave information (78%) reported **being in a peer relationship with someone**. This represents 62% of the original group of 29. Those who provided information were on 'average' in a peer relationship with between two and three people. Min. = 0, Max. = 22.

#### Reunion attendance = 15/29 (52%)

The reunion took place on 28<sup>th</sup> June, approximately 9 weeks after the end of the course.

#### Have you had a go at doing IPS with anyone?

**10** people said **yes** and **5** said **no**.

This represents 35% of the original course and 67% of those attending the reunion. On average, the 10 people were in an IPS relationship with 4 others. Minimum 1, maximum 12.

#### Have you re-read the manual?

**9** people said **yes** and **6** said **no**.

This is 31% of the original course and 60% of those attending the reunion.

#### How many people have you passed information on to?

Between them, **11** people had passed information on to a total of **62 other people**.

**Have you trained any other people?** (This question needs to be discussed, as we need to decide what we mean by trained)

**2** people said **yes**. Between them, these **2** people had trained a total of **15 other people**.

#### How interested you are now in continuing IPS (as taught by Shery & Chris)?

#### How interested you are now in continuing peer support in general?

On average, the group's response to both the above questions was '**very interested**'.

A further 6 month evaluation meeting will take place when Shery Mead and Chris Hansen return to this country at the end of October (19th October favourite date at present)

One very concrete outcome of the course has been the setting up of a bipolar support group in Kingsbridge by **Georgina Lynch**, who wanted to make sure that others do not feel the isolation she experienced. Respect and congratulations to Georgina

The group meets at Harbour House, Kingsbridge and Georgina can be contacted through: [g\\_lynch@ntlworld.com](mailto:g_lynch@ntlworld.com)



## Recovery Devon

### news and update from the meeting of 10th July 2007

**25 people** attended the meeting, representing a huge constituency in Devon of service users, 'service survivors', 'service avoiders' carers, service and carer support

groups, staff from the voluntary, independent and statutory sectors from the full range of primary to forensic services, STR workers to consultant.

**Co creating Health.** Torbay is one of 8 sites in England to have won a contract to develop self management approaches. 6 sites will look at long term physical conditions. Torbay and another Trust in London will develop self management of depression. The aim is to take the best of WRAP and combine with the best of the Expert Patient Programme mental health course. Christine Jackson from the Torbay Care Trust attended to explain the project.

**Intentional Peer Support.** This is featured on page 5. There was an interesting discussion about the gap between support in theory for Peer Support and the level of investment which would be needed to sustain and develop this initiative. Funding is increasingly becoming an issue as Devon produces more skilled trainers with service user experience who expect to receive a level of payment which matches their skill and experience.

**Mental Health Week concert. October 13th.** Penny Connorton [futurepen@btinternet.com](mailto:futurepen@btinternet.com) is hoping to organise a concert at the River Dart Country Park at Ashburton for Mental Health week. She would appreciate any help with organising or ideas for funding the event. Devon County Council and Gemini Radio were suggested as possibilities for some funding. Please contact penny if you can help.

**The Recovery Qualities Experience.** This reported on page 2 and represents a quantum leap in developing workers with not only the right skills and competencies but also the ability to constantly self examine and be aware of their part in the recovery (or their part in obstructing the recovery) of others.

**Recovery Awareness Training update.** An important meeting took place on 14th June which set in place a structure for rolling out the recovery awareness training developed by James Wooldridge, John Good and Glenn Roberts.

Pennie Evans (South), Chris Brown (North and Mid) and John Good (Exeter and East) are coordinating groups of service users and staff who can deliver the course locally. Course materials and presentations will be shared to achieve a consistent approach.

**Recovery funding.** As more activity is generated by the Recovery Devon group, it has become clear that a pot of money will be needed to sustain the initiatives. Funding agencies both locally and regionally have been generous in facilitating the development of the 'bottom up' approach of developing recovery focussed events. Both Peer Support and Recovery Awareness training are bringing to a head the need to establish appropriate funding to support their development.

**Website update.** [www.recoverydevon.co.uk](http://www.recoverydevon.co.uk) has become top of the Google search for some search words. This is due to the ongoing work which Richard Brabrook puts into the site. Richard would like more contributions and would also like to set up a recovery awareness discussion page, a news page and a comments section for free ranging discussion (he will liaise with Tobit Emmins about this)

**Training for Recovery conference.** Four members of Recovery Devon will be attending the conference in September and this will hopefully strengthen the service user training initiative.

**WRAP Group in the South Hams.** Elaine Brown and Val Dempsey, STR workers in Ivybridge are reporting a lot of enthusiasm and progress in the WRAP group. Doctors are referring directly and it has become a very effective preventative approach to avoid the use of secondary services for some people.

**Spirituality and religion.** Jenny Hounsell initiated a lively discussion about why secondary services seem to be shy of taking spirituality seriously and how not talking about it may be a barrier to recovery. It was suggested that confusion between spirituality (which we all have a measure of) and religion (many of us don't have, or have strong feelings about) may be one cause for misunderstanding or stand off. Other ideas were the 'rational' versus 'irrational' framework of some therapies, images of evangelical or 'Totnes hippies' associated with the term. Because it means so many different things to different people it is sometimes hard to talk about.

At a basic level, many of the group felt that spirituality is part and parcel of their work, is tied in with WRAP in relation to meaning, values and purpose, but that maybe this comes with an established relationship rather than an opening gambit due to our socialisation that 'politics and religion are subjects to be avoided'. Lets keep the conversation going!

**Next Recovery Devon Meeting**

**2nd October 2007**

**Venue to be decided**