

Special Edition - Implementing Recovery Orientated Approaches and services

Summer 2008 promises to be a really exciting and important time for recovery in Devon. Over the last six months there has been a lot of activity to try and translate the vision and values of recovery into reality. This means creating a shared understanding about:-

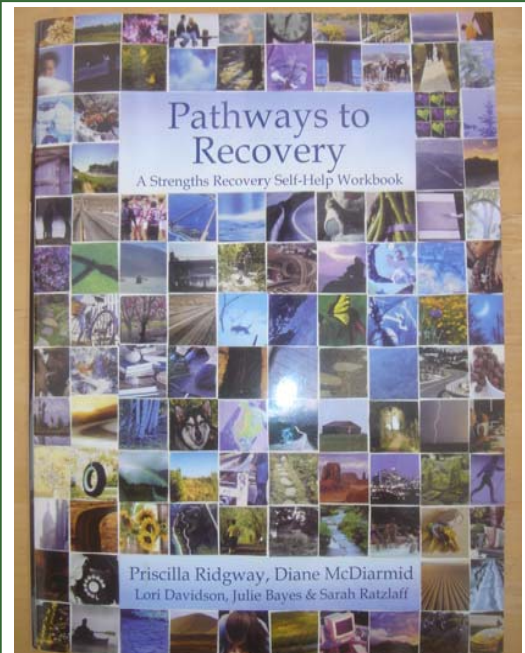
- **What the recovery values and principles are**
- **What these principles mean for practice and service provision**
- **How these can be implemented consistently across Devon**
- **How we can develop, monitor and encourage recovery attitudes and practice**
- **How we can evaluate whether individual people using the services are getting what they want to help them on their recovery path**

A lot of good work has taken place and this newsletter is focused on communicating the progress being made so far. It is also a case study which could be helpful elsewhere in the UK

"There are as many ways to live and grow as there are people". Evelyn Mandel

Implementing Recovery - orientated approaches

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Pathways to Recovery—A Strengths Recovery Self-Help Workbook

Priscilla Ridgway et al have produced the fourth edition of an excellent resource for anybody interested in self help. It is presented in a friendly and accessible way and has a collection of inspiring quotes.

"I love this workbook! Pathways to Recovery uses the metaphor of a journey to take the reader through a series of exercises. With these exercises, the reader will identify and use personal strengths for engaging in the recovery process. Getting into gear, motivation as fuel for the journey, recharging batteries along the way, strategies for tune-ups and rest stops all contribute to the metaphor of the journey and the idea that recovery is about changing lives, not just our biochemistry." Patricia E Deacon

It cost around £13, but expect to pay the same for postage and packing from US
Order from pathways@ku.edu

Quotes in this newsletter are from this publication

The story so far.....

Ever since Mary Ellen Copeland and Rufus May came to South Devon for the first 'Recovery and Self Management' Conference in October 2003, recovery has been the magnet to draw together people of good will, whether they be people with lived experiences of mental health issues or services, staff or supporters.

Recovery Devon started in January 2004 and the group has continued to meet ever since. In May 2004 the Community Care Trust held their conference which committed to developing CCT as a recovery orientated provider. Much of the early work in translating values into practice has been piloted through CCT.

WRAP (Wellness Recovery Action Plan)

courses have been cascaded since 2004 to hundreds of people in many different forms and settings. This approach translates lofty ideals into a practical, common sense way of self managing which is accessible to, and valid for, all of us.

In April 2006, a second conference was organized in North Devon by Recovery Devon looking at Recovery, Self Management and Peer Support. There were inspirational speakers such as Shery Mead and David Gonzales from US and Frank Bristol from New Zealand. This conference gave everyone the confidence that recovery had substance and meaning and was not just a passing fad.

In April 2007 the week long residential Intentional Peer Support run by Shery Mead and Chris Hansen took place in Bovey Tracey for 30 people with lived experience .

Recovery and Self Management Conference
PARTNERSHIP FOR MENTAL HEALTH RECOVERY

Keynote Speakers

Mary Ellen Copeland
Author of *Recovery* and *Recovery and Self Management*. She is a leading expert in the field of recovery and self management. In 2003 she was awarded the 'Recovery and Self Management' award for her work in this area.

Rufus May
Author of *Recovery and Self Management*. He is a leading expert in the field of recovery and self management. In 2003 he was awarded the 'Recovery and Self Management' award for his work in this area.

David Gonzales
Author of *Recovery and Self Management*. He is a leading expert in the field of recovery and self management. In 2003 he was awarded the 'Recovery and Self Management' award for his work in this area.

Frank Bristol
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2006 Devon Recovery and Self Management Conference

Supporting Each Other to Stay Well and Enjoy Life

Intentional Peer Support

Shery Mead

It's a WRAP - by Devon

Topic	Speaker
Recovery and Self Management	Mary Ellen Copeland
Recovery and Self Management	Rufus May
Recovery and Self Management	David Gonzales
Recovery and Self Management	Frank Bristol
Recovery and Self Management	Shery Mead
Recovery and Self Management	Chris Hansen
Recovery and Self Management	David Gonzales
Recovery and Self Management	Frank Bristol
Recovery and Self Management	Shery Mead
Recovery and Self Management	Chris Hansen

Intentional Peer Support

Shery Mead

Supporting Each Other to Stay Well and Enjoy Life

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Supporting Each Other to Stay Well and Enjoy Life

Intentional Peer Support

Shery Mead

It's a WRAP - by Devon

The other story....

At the same time as these milestones were being reached, a lot of 'behind the scenes' work was taking place. A unique constellation was forming where all key managers and some senior clinicians of all the main service providers in Devon began to see that recovery ideas represented not only good practice, but a real vision for change. There had never been a set of values ideas that could be agreed universally and at the same time had the potential to unite a diverse range of providers under a common purpose.

Since 2004 over 200 Support Time and Recovery Workers from statutory, voluntary and independent providers have been taken through a three day course based on recovery, social inclusion and self management concepts. These are the first group of staff to implement a recovery approach to their work. Another breakthrough came with the Local Implemen-

tation (LIT) Vision of future mental health services where recovery, self management and social inclusion were stated as primary elements. This led to all contracts for commissioned services being couched in recovery language and aspirations.

The formation of the Recovery and Independent Living Professionals Expert Group gave the opportunity to work up recovery ideas into a blueprint for action. Many of the ideas in this newsletter came out the work from that group.

Devon then became involved in a national alliance under the Sainsbury Centre umbrella of five areas that had demonstrated a commitment to recovery. This has led to friendships and alliances which have taken the idea of implementing recovery orientated approaches several steps further.

We believe that Devon is the first mental health community in the UK to embrace recovery across all commissioned services.

The Devon Commitment

Devon now has an agreed and joined up strategy based on a shared vision. This vision is shared with people who have lived experience of using services, commissioners, statutory and independent service providers.

It has also been signed up to by representatives of: clinical, operational management, organisational development, information management and governance systems

There is a lot of solid support and good will to translate recovery ideas into practice. Making this happen means looking at:- values and attitudes, recruitment, induction, supervision and appraisal systems, training, the Care Programme Approach, the role of care coordinators, the use of WRAP plans in a complex system.

We need to look at recovery and its relationship to other services such as inpatient care, crisis resolution, eating disorders, diversity, addictions, learning disabilities, older adults, children's services, primary care, psychological therapies - in fact all corners of the services.

As well as services, the relationship with the community at large - networks, education, employment, leisure, clubs, internet resources - all need to be revisited from a recovery perspective.

The National commitment

Under the umbrella of the **Sainsbury Centre for Mental Health**, five Trusts in England have got together to promote the development of recovery orientated practice. A series of four workshops will explore what this means for a range of stakeholders and guidance will be produced early in 2009.

An initial paper has been produced:-

'Making Recovery a Reality',

(available to buy (£5) or download free from

<http://www.scmh.org.uk>

This is a policy paper which begins to scope what recovery-orientated practice might look like and what are some of the obstacles. It is only 16 pages long and easy to read.

Signing up to Recovery.

"We will create a comprehensive and cohesive mental health system built on the foundation stone of promoting the mental health and wellbeing for our local population."

"Recovery is the guiding principle for all network services and activities"

Services will promote social inclusion by keeping people involved in and in touch with, their normal lives and by supporting them in, or removing obstacles to, pursuing their aspirations."

Devon strategy documents.

"Recovery ideas have been largely formulated by, and for, service users to describe their own life experiences. Professionals should therefore be sensitive about accusations that they are trying to 'take them over'. Nevertheless, we believe that for recovery to have the impact it deserves, professionals need to understand what it means and, together with service users and others, actively support its implementation across services."

Jed Boardman, Geoff Shepherd and Mike Slade - *Making Recovery a Reality*

"The objectives of 'recovery-orientated mental health services' are different from the objectives of traditional 'treatment-and-cure' health services. In the latter, the emphasis is primarily on symptom relief and relapse prevention; in recovery, symptomatic outcomes are important - and may well play a key role in a person's recovery - but it is the quality of life, as judged by the individual her/himself, that is central"

It then follows, that if symptom change is a secondary goal, the help provided by non-mental health professionals and services other than mental health, becomes much more important. Non-health outcomes are not peripheral - something that you hope will happen if the person is 'cured' - they are the central objectives. Housing, employment, participation in 'mainstream' community and leisure activities, thus become the central objectives and treatment interventions -



whether psychiatric, psychological or social - are useful only insofar as they assist with these aims.

This turns the traditional priorities of mental health services upside down."

Implementing recovery orientated approaches 3. Principles into practice

Recovery principle	What it might mean in practice
<p>As part of the human condition, we are all engaged in the same daily struggles to maintain our wellness. There are no 'them' and 'us' – just us.</p>	<p>Commonality between us all is emphasised rather than differentiation. Some of us may need more robust wellness strategies than others, but the process is similar for us all. Our daily routines, our relationships and our levels of resilience become very important in maintaining our wellness.</p>
<p>Recovery is about building a meaningful and satisfying life, as defined by the person themselves, whether or not there are ongoing or recurring symptoms and problems</p>	<p>A move away from a focus on the removal of symptoms as the prime purpose of mental health interventions. For example, learning to live with voices may be the focus rather than eradication. A focus on the positive aspects of each person's life through a strengths based approach. The role of the workforce becomes more that of 'recovery guide' to help the individual reach their goals in a way of their choosing. Social inclusion becomes increasingly important.</p>
<p>Recovery represents a movement away from pathology, illness and symptoms to health strengths and wellness</p>	<p>The past emphasis on illness has led to a neglect of what it is that keeps people <i>well</i> and gives their life value and meaning. Staying well and building support structures become important. Contingency plans, joint crisis plans, negotiated safety plans and advanced directives which honour people's preferences are developed.</p>
<p>Hope is central to recovery and can be enhanced by seeing how we can have more active control over our lives and by seeing how others have found a way through</p>	<p>Having people with lived experience of mental health problems as workers and trainers makes training more real and can lead to culture change. Some stories are heroic examples of people who have refused to accept dire predictions of outcome. Training people in self management and setting their own agendas when working with professionals becomes important in achieving a partnership way of working.</p>
<p>Self management is encouraged and facilitated. The processes of self management are very similar though what works may be very different for all of us. There is no 'one size fits all'.</p>	<p>Individuals define their own goals and agenda. The role of the workforce is to help them achieve it in ways and settings which are meaningful and acceptable. A move away from providing 'group solutions' which are defined by professionals without reference to actual service user need. Empowering approaches such as the Wellness Recovery Action Plan (WRAP) are offered. The concept of 'thriving' takes people beyond merely self managing.</p>

Recovery principle	What it might mean in practice
<p>The helping relationship between clinicians and patients moves away from being expert - patient to being closer to peer support; as coaches or partners on a journey of discovery. Clinicians are 'on tap, not on top'.</p>	<p>Therapies and treatments are seen through recovery glasses to see whether they give or take away power from people. Working in partnership as equals replaces 'service user involvement' as an ideal. The qualities and attitudes of the workforce become at least, if not more, important than skills and knowledge.</p>
<p>People do not usually recover in isolation. Recovery is closely associated with social inclusion and being able to take on meaningful and satisfying social roles in society and within local communities rather than in segregated services</p>	<p>Recovery for many people is about social inclusion and restoring meaningful roles and personal responsibilities within a community. Interdependence is encouraged as much as independence. Recovery coaching is a process of <i>getting alongside</i> the service user in a relationship which is characterised by respect, the giving of time, persistence and continuity. The intention is to support the individual to use the same resources as the general population rather than create a parallel universe of segregated activities.</p>
<p>Recovery is about discovering (or re-discovering) a positive sense of personal identity, separate from illness or disability.</p>	<p>Helping people to retell their stories in the language of empowerment rather than in language imposed by others. Integration and commonality become the ways in which people can step out of their role as a 'psychiatric patient' back into normal interactions. Discrimination and stigmatisation are tackled directly and assertively.</p>
<p>The language used and the stories and meanings that are constructed around personal experience, conveyed in letters, reports and conversations, have great significance as mediators of recovery processes. These shared meanings either support a sense of hope and possibility or carry an additional weight of morbidity, inviting pessimism and chronicity.</p>	<p>Challenges to the way we all talk, write and communicate about people become an important focus of recovery orientated services. The messages of hope or despair which the workforce imparts to people are often pivotal to their recovery. Diagnoses can be helpful or very unhelpful. Therapies can empower or disempower. All aspects of services need to be looked at including supervision, induction, workload management, appraisal, 'ward rounds' and partnership working.</p>
<p>The development of recovery-based services emphasizes the personal qualities of staff as much as their formal qualifications, and seeks to cultivate their capacity for hope, creativity, care and compassion, imagination, acceptance, realism and resilience.</p>	<p>Training for the workforce in a recovery focussed service would encourage ways of relating which service users say helps their recovery e.g. active listening, rapid response to need, safety plans which are negotiated, respect for individual choice, cultural awareness etc. People are encouraged to take positive risks and to not see bad times as 'failure', rather to see them as learning experiences.</p>
<p>Family and other supporters are often crucial to recovery and should be included as partners in recovery. Peer support is of prime importance for many people in their recovery.</p>	<p>Peer support is encouraged in both voluntary settings and as paid workers with service user experience working with current service users. Families and other supporters are seen as full partners in both the development and the delivery of services. Supporters are often key in maintaining wellness for those they support, but also are encouraged to spend time on their own wellness.</p>

A system for continuing recovery - orientated improvement

“You must be the change you wish to see in the world.” Mahatma Gandhi

“Where you are is where you start from”.

Moving towards recovery - orientated approaches will take a long time. Some people, teams and services will move quickly. Others will find it difficult.

One way of achieving consistency is to identify agreed standards for all commissioned services towards which we

strive. The Recovery and Independent Living group has developed a set of standards which :-

- Recognizes the diversity of settings
- Can be self - monitored (through a traffic light system)
- Will be validated by a range of stakeholders

MENTAL HEALTH AND WELLBEING NETWORKS - 10 CORE STANDARDS

1 .The Recovery Approach

All staff have a knowledge of the recovery approach and the significance of social inclusion and are competent in using recovery skills and qualities appropriate to their work role.

2. Recovery Outcome Evaluation

All services have a regular cycle of measuring recovery outcomes embedded into routine practice which is used to inform progressive practice and service improvement.

3. Coherent and Effective Service Configuration

Services are constructed on recovery principles and delivered by teams that are managed and led so as to be coherent and effective contributors to the overall network.

4. Network Partnership Relationships

Network partnership relations are characterised by good communication, clarity, consistency and respect.

5. Staff and Service Performance

All practitioners, teams and services are subject to regular performance review to ensure that staff are safe, appropriately qualified and equipped, and that they are supervised and supported in the requirement to deliver recovery based practice.

6. The experience of networks

There is excellent ‘customer care’ such that services are experienced as supportive of individual recovery as well as receptive to personal preferences and diverse need.

7. Satisfaction

There is a high level of satisfaction from those who use the services to support their recovery, their families and other supporters, and providers of related services. The general public have confidence in the services provided to their communities.

8. Social Inclusion

All services demonstrate socially inclusive practice which is supportive of people living ordinary lives in ordinary settings and considers in particular people’s needs for accommodation, occupation, education, personal relationships, money and participation in community life.

9. Building mental wellbeing

All service users are supported to develop skills and strategies to achieve and maintain wellbeing and develop resilience to stressful life experiences. Service providers and practitioners are similarly encouraged and supported to develop their health and wellbeing.

10.Challenging stigma and discrimination

All services are able to engage with and effectively respond to issues of prejudice, stigma and discrimination.

Making sure people get help with the things they want

“Any services, or treatments, or interventions, or supports must be judged in these terms - how much do they allow us to lead the lives we wish to lead?”

Repper and Perkins 2003

So far we have had lots of performance measures and targets which look at staff performance or measure staff-defined outcomes.

Recovery orientated outcomes look at the outcomes that people want for themselves and whether or not the services they receive meet those needs. These will be based on two outcome measures:-

1. **DREEM** (Developing Recovery Enhancing Environment Measure) developed by Priscilla Ridgeway, at Yale, the focus is on what are meaningful measures for the individual. Several local evaluation pilots have been based on DREEM and it is felt

that the 'recovery markers' are a helpful tool. This measure is focused on personal recovery.

2. **ERFS**. (Elements of a Recovery Facilitating System) There are 16 domains looking at:- how person centred, how consumer driven and how community based the delivery of services are. This focuses on the environment.

14 Pilot sites have agreed to run with the standards and outcome measures to learn more about their viability. The pilots will then inform the commissioners about the measures they will require all providers to put in place in 2009.

Examples of Recovery markers (DREEM)

- I am involved in activities which I value
- Where I live feels safe
- I am using my strengths and talents
- I am in good physical health
- I feel in control of the important things in my life
- I have at least one close friendship or relationship
- I feel hopeful about my future
- I think I am being treated fairly and as an equal
- I have reasons to get out of bed in the morning
- There are people whom I trust to whom I can turn for help
- I feel I play a part in the community or neighbourhood in which I live

Examples of Supportive Service Indicators (DREEM)

- I am treated as a person who can learn, grow and change.
- My treatment plan is based on my own goals.
- I am helped to succeed in normal life roles such as worker, tenant and student.
- I am helped to get connected or stay connected to others including family and friends.
- I am helped with my basic needs such as income, housing and transportation.
- Staff care about my race, religion and culture.
- I am helped to see and use my own strengths.
- I am helped to create healthy daily routines.
- I am told about my rights and how to uphold them.

“Increasingly, services aim to go beyond traditional clinical care and help patients back into mainstream society, re-defining recovery to incorporate quality of life - a job, a decent place to live, friends and a social life.”

(Louis Appleby - quoted in Making Recovery a Reality)

ERFS domains

Person Centered

- Whole Person / Holistic Approach
- Wellness Lifestyle
- Encourages Growth
- Renews Hope
- Supports Strengths
- Culturally-informed and Respects Diversity

Consumer Driven

- Person in Recovery Directs the Recovery Process
- Positive Partnerships with Providers
- Self-Managed Care
- Consumers Direct and Shape System of Care

Community based

- Community-Centered
- Satisfies Basic Needs
- Supports People's Involvement in Preferred Activities and Typical Social Roles.
- Citizenship, Human Rights, and Accommodations
- Relationships and Sense of Belonging
- Connections to Others in Recovery

The Community Care Trust (South Devon) and MIND have developed the researched 'Human Givens' into self assessment tools looking at what we all need as human beings for our mental health and wellbeing. This fundamental truth that there is no 'them and us - only us', underpins recovery and begins to reclaim people who have been historically separated from 'normal society' either by attitudes or by physical separation.

There is no us and them. - there is no other Our shared needs for mental health and well-being	
Our shared needs	What it might mean for me
Security -safe territory and an environment which allows us to develop to our full potential	My living situation is safe and feels like home to me
Attention - to give and receive	I am able to give appreciation and attention to others and receive it myself
A sense of autonomy and control	I have a sense of independence and am in control of important decisions about my life
Being emotionally connected with others	I have trusted people to whom I can turn for help. I have a sense of belonging
Friendship and intimacy	I have at least one close mutual (give and take) relationship
Privacy - time and space to reflect	I have privacy, time and space to think about myself and my life
A sense of status with social groupings	I have roles and responsibilities which are valued by others
A sense of competency and achievement	I'm using my personal strengths, skills and talents
A sense of meaning and purpose	I have challenges in my life that stretch me and help me grow. I have a sense of purpose and hope for the future

Human Givens adapted by the Community Care Trust (South Devon)

"It takes courage to release the familiar and seemingly secure., to embrace the new. But there is no real security in what is no longer meaningful. There is more security in the adventurous and exciting, for in movement there is life and in change there is power." - Alan Cohen

Training all staff in Devon commissioned services to be supportive of individual recovery journeys is a challenge.

The independent sector has been very committed to training and Devon Partnership Trust has recently undertaken to train all staff in recovery. This a huge task and at the moment this is far from being a reality.

The following are examples of where recovery training has taken place and gives an idea of the range of approaches.

Recovery Awareness Training

A day long course covering the essentials of recovery awareness has been run several times and recently has been part of the preparation course for all clinical managers in Devon Partnership Trust, who will head up the new network teams. Deemed 'essential training, it is likely to be rolled out to many staff.

Intentional Peer Support Training

Involving 30 people with lived experience from Devon, Cornwall and Dorset, this 5 day residential course is the first step in investing in effective peer support; either as voluntary or paid peer supporters

WRAP Training

Delivered in hundreds of courses and in many settings since 2004

Recovery Qualities Training

The Community Care Trust and MIND have invested with the help of CSIP in a three day programme 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. The course concentrates on the personal qualities of staff. Dozens of staff have been through the course.

Support, Time and Recovery Training

250 people have now been through the 3 day course that introduces recovery, WRAP and self management. Each course has had people with lived experience telling their stories. Many STR workers have lived experience which they bring to their work.

Recovery as a degree level course

This will be a recovery course at degree level validated by the University of Plymouth. The course is designed to run over twelve weeks beginning in Sept/Oct 2008 and is a mixture of academic study and a requirement of students to demonstrate an understanding of how recovery principles can be delivered in practice. The module development and delivery team will be multi-agency and will include people with lived experience.

SAINSBURY CENTRE
for MENTAL HEALTH

removing barriers achieving change



'Ten Top Tips' for recovery oriented practice

After each interaction, the mental health professional should ask her / himself, did I...



Making Recovery a Reality

By Geoff Shepherd,
Jed Boardman and
Mike Slade

Published March 2008

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after Shepherd, G. (2007) Specification for a comprehensive 'Rehabilitation and Recovery' service in Herefordshire. Hereford PCT Mental Health Services. (www.herefordshire.nhs.uk) © Sainsbury Centre for Mental Health, 2008

- actively listen to help the person to make sense of their mental health problems?
- help the person identify and prioritise their personal goals for recovery – not professional goals?
- demonstrate a belief in the person's existing strengths and resources in relation to the pursuit of these goals?
- identify examples from my own 'lived experience', or that of other service users, which inspires and validates their hopes?
- pay particular attention to the importance of goals which take the person out of the 'sick role' and enable them actively to contribute to the lives of others?
- identify non-mental health resources – friends, contacts, organisations – relevant to the achievement of their goals?
- encourage self-management of mental health problems (by providing information, reinforcing existing coping strategies, etc.)?
- discuss what the person wants in terms of therapeutic interventions, e.g. psychological treatments, alternative therapies, joint crisis planning, etc., respecting their wishes wherever possible?
- behave at all times so as to convey an attitude of respect for the person and a desire for an equal partnership in working together, indicating a willingness to 'go the extra mile'?
- while accepting that the future is uncertain and setbacks will happen, continue to express support for the possibility of achieving these self-defined goals – maintaining hope and positive expectations?

Timetable for the summer

May 16th

Visit from Rachel Perkins and colleagues from St George's

Recovery Devon meeting

June 5th

Sainsbury workshop on training and recovery

June 23rd

Week of visit from Mary O'Hagan

July 21st

Week of visit from Mike Slade

Recovery Devon meeting

"I'm now setting goals and living the kind of life that I really want to live and not just surviving, not just coping, not just managing, but thriving, actually living a valued life and being valued and I think that's the emphasis of the recovery approach."

James Wooldridge, quoted in the Irish Times following a conference in Dublin in April

"Live life to the fullest. You have to colour outside the lines once in a while if you want to make your life a masterpiece. Laugh some every day, keep growing, keep dreaming, keep following your heart. The important thing is not to stop questioning." Albert Einstein



Looking forward

Recovery ideas have had considerable impact on recent development. Some of the challenges we now face are:-

- How do we make recovery values part of routine practice?
- How will we know that these ideas are actually effecting people's lives?
- How can we work with staff who are not convinced that this way of working has value?
- How can we bring in the ideas of 'negotiated safety plans' and 'joint crisis plans' in a culture that has become averse to taking risk?
- How can services that are least likely to welcome recovery ideas be helped to see the value for service users and staff?
- What can we do to reduce the obstacles to recovery such as financial traps and meaningless targets which miss the point?
- How can true partnerships develop with people with lived experience that are more than just involvement?
- Add your own questions here.....