

Recovery Devon



NEWSLETTER OF RECOVERY DEVON (PARTNERSHIPS FOR MENTAL HEALTH)

Spring 2007

Spring brings recovery (and a new name)



26 people met in Exeter on 14th March to review and steer developments in recovery. Jointly chaired by Richard Brabrook and James Wooldridge, the meeting addressed a full agenda and this newsletter summarises the debate and the shared information.

The group, formally known as the Devon Partnerships for Mental Health Recovery, voted to give themselves a more snappy title which fits with the website and replaces one which was a bit less of a mouthful.

Recovery Devon
(Partnerships for Mental Health)

is the new title for a group of people who are committed to promote recovery, social inclusion and self management.

The group has open membership and has always been a rich mix of people with lived experience of mental health issues, either directly or as supporters; personal or professional.

The group has organized two major conferences involving national and international speakers. Keynote speakers have included: Mary Ellen Copeland, Shery Mead, David Gonzales, Rufus May, Frank Bristol, Iain Caldwell, Jim White, Piers Allott, Karen Colligan as well as local representatives of good recovery practice in Devon.

The group has been behind delivering a five day resi-

dential Intentional Peer Support course run by Shery Mead from New Hampshire and Chris Hansen from New Zealand.

The course is in April and will be for 40 people with lived experience from Devon, Cornwall and Somerset. It is hoped that the learned skills and insights can be cascaded to a much wider audience in the same way that the Wellness Recovery Action Plan (WRAP) has been shared. Peer support should be given a boost by the course and a further step taken towards service user led options.

The next meeting will be on

Tuesday 8th May

2.00-4.30

Tiverton—St George's

Parish Hall

Recovery Devon Group members on 14th March

Melanie Attwater
Rohan Davidson
Alison Moores
Lynn Shakespeare
John Good
Elaine Brown
Val Dempsey
Ann Ley
Nick Hewling
Tom Miller
Jenny Hounsell
Penny Connerton
David Cooke
Sam Ismael
Chris Brown
Tony Kuhl
Stewart Morgan
Ron Sewhcomar
Pennie Evans
Jacek Kownacki
Sue McMullan
Dave Portch
Jessica Hotchkiss
Richard Brabrook
James Wooldridge
Laurie Davidson

Recovery Awareness Training goes Devon Wide

The highly acclaimed Recovery Awareness course developed and delivered by James Wooldridge, Glenn Roberts and John Good is being rolled out more widely.

It has been classified as 'essential training' in Devon Partnership Trust and is key to delivering consistent and clear information about

recovery values/ideas and their implications. Several of the Recovery Devon group have agreed to increase the pool of facilitators to spread the burden of delivery.

Recovery will also be the framework for the Effective Teamwork and Leadership course to be delivered to several teams in the next year.





“Sitting quietly, doing nothing, Spring comes and the grass grows by itself”
Zen proverb

Recovery strategy - a chance for everyone to join in

All teams, organisations and service user groups are to be invited to voluntarily set their own aims towards making their corner of the Devon mental health community more recovery focussed.

Recovery concepts have already shifted the culture in many parts of Devon. Most key development documents

and contracts are being written in recovery language and tangible changes in the experiences of people seeking help are being reported.

Other parts have remained relatively unchanged by these ideas and the purpose of the strategy is to help people to focus on some of the ways in which they can

contribute towards maximising the conditions for recovery in their own corner.

These aims and objectives will be collected, collated and progress monitored through the Recovery Devon group and shared on the website.

People will be invited to contribute in April

Challenge to teams, organisations and groups

Think of two or three achievable objectives which address some of the following aspects of recovery

RECOVERY

- Facilitates the recovery of a meaningful and satisfying life as defined by the person themselves.
- Looks at the needs and strengths of the individual first, empowers people to manage their own health by giving appropriate levels of support, encourages independence or interdependence with less reliance on services and offers flexible, respectful and creative support.
- Sees people beyond their problems and appreciates their abilities, possibilities, interests and dreams.
- Helps people to recover the social roles and relationships that give their life value and meaning.
- Is about rebuilding a meaningful and satisfying life, whether or not there are ongoing or recurring symptoms and problems and whether or not the skills necessary to do everything independently have been acquired.
- Focuses on the everyday process of staying well rather than on an illness model
- Supports people towards meeting their own needs rather than directly meeting those needs
- Makes full use of community and family resources to support social inclusion.
- Informs people about a range of possibilities and resources which may help their self management
- Is a journey – a movement from the place a person is in to places that are better to be in, evolving, learning and making use of new skills and understandings along the way. In other words, it is a process we all share as human beings.

Community Networks will:- Support individuals to achieve their rights and fulfil their responsibilities as citizens by supporting involvement with and integration into their community – however this is defined.

Support people to build emotional and physical resilience and resourcefulness which will prevent unhelpful dependence on specialist services.

Encourage self management, mutual support and self directed use of specialist services – including at times of life and mental health crises.

Provide an accepting, non-judgmental sanctuary where mutual and professional support is informally available.

Support integration and reduce stigma through the facilitated use of mainstream resources and the inclusion of the wider community in wellbeing activities.

Outcomes. The role of community networks is to support people in developing the resources to meet their needs and to minimise the distress experienced when needs are unmet. It is also to minimise the extent to which services have to meet needs directly through the development of personal resources, confidence and hope.

This service will be evaluated by the degree to which it can demonstrate that it supports each service user to achieve the following outcomes:

- Having a sense of identity beyond that of mental illness.
- Recovering a sense of meaning in life and an involvement in meaningful activities which may include paid or voluntary work, education, training and development.
- Developing and maintaining a sense of hope.
- Developing self management skills for the management of symptoms and avoidance of relapse.
- A general improvement of health and wellbeing and the ability to meet basic needs.
- The exercising of self determination/self direction in the planning and use of treatments and the ability to assert and uphold one's rights. To maintain this self determination during periods of crisis.
- Engaging in mutual self help/peer support as well as having supporters or carers with real concern about the individual's future and wellbeing.
- Being able to build on personal strengths, develop new skills and have a sense of control over life. This will include taking on new challenges and being able to act outside one's comfort zone.
- Having a range of social and intimate relationships to meet the need for social support, intimacy, sexuality and the giving and receiving of attention.

(Taken from STR and Day Services papers. Collated by Laurie Davidson and Alison Moores)

Devon taking a lead nationally

Devon was the only area asked to deliver a keynote presentation to 300 delegates at the two day 'Great Recovery Showcase' in Kettering on 30th and 31st January 2007.

James Wooldridge, Glenn Roberts and Laurie Davidson were overwhelmed by the huge interest in their presentation about developments in Devon.

It is clear that other parts of the country are struggling to effect the change of culture which Devon has made some progress towards. There was a great hunger for more

information and ideas about how to make things happen.

On the other hand, contacts were made with other areas which are starting to take recovery seriously. The University of Hertfordshire has a Recovery Centre based at the university.

One of the key aspects of the presentation which others seemed to like was the spreading of responsibility for championing recovery as widely as possible and the partnership approach. Some other areas have gone for the 'charismatic leader' model, which ends up with egos being fed, but everybody else feeling left be-



hind. The democratic format of the Recovery Devon group means that all recovery practice is recognized and supported and it is at the grass roots level that real change occurs. People of good will, if they get together, can be a powerful force for

The following 2 slides are a selection from the full presentation which can be downloaded from the www.recoverydevon.co.uk site

Snowball Effect

- WRAP training in all settings
- Community Care Trust (South Devon), MIND and Rethink have signed up
- COOL Recovery House
- Common language and purpose
- Sign up by Devon LIT and Devon Partnership Trust
- Glenn Roberts advising Royal College of Psychiatrists
- Chief Nursing Officer's Report
- Shery Mead and Intentional Peer Support
- Workforce Development in Devon - qualities and competencies
- Contract service specifications
- Support Time and Recovery Workers

RecoveryDevon: Active ingredients

- Partnerships not 'involvement'
- Catalytic conferences
- A wide network of valued connections
- Culture of people working together as equals
- Respect for diversity of viewpoint
- Recovery as a philosophy not a model
- Non-evangelical
- Open handedness – generosity
- Shared and joint leadership
- It works because it works
- And ...because ...it's a bloody good idea

Making recovery friends

As a result of the interest shown in consolidating and building on contacts elsewhere in the UK, Recovery Devon endorsed and developed the idea of Devon setting up the first meeting of the

National Network of Recovery Services

which would bring together the movers and shakers from

all over the country to share good practice, discuss successes and challenges and possibly commission new pieces of work to support recovery developments. The first meeting will probably take place in the summer in Stoke on Trent.

Devon will also host two workshops

to showcase some of the

recovery focused services in Devon such as:- The Community Care Trust, the COOL House, the Bridge Collective, Make a Difference Café, the Website, MASH, Arts on Prescription, Education Link, etc. It will also be a chance to hear from other areas about their successes and issues.

The workshops will also be an opportunity to share

the evaluation of STR and recovery services being currently conducted by the Recovery Devon group into STR and WRAP, the Community Care Trust and the University of Thames Valley.

Early June and October are target dates

James Wooldridge will be encouraging other trainers with lived experience to join **SUSTEN** - the National Service User Trainer Network. Local people with an aptitude for becoming trainers/facilitators will be offered

Service User Involvement or Partnership?

Service user involvement has been around for a long time; sometimes it has been well considered and supported. At other times it has been tokenistic or as an afterthought to a decision which has already been made. The term 'involvement' can suggest a degree of paternalism where one group deigns to involve another. Where it is done well, it breaks down barriers, captures valuable perspectives and may evolve into healthy partnerships. Where it is not done so well, it may be seen as 'something we have to do' rather than appreciated for its true value. The Recovery Devon Group has been a partnership rather than an involvement exercise. Some of the characteristics of the two approaches are compared below and begin to describe a possible evolutionary development:-

User Involvement

- Often follows professional agenda
- Usually in statutory service territory
- Decisions sometimes made in advance of involving service users and carers and the latter then just rubber stamp
- May involve same people in multiple groups
- Often organised through service user groups or coordinators
- May be used for consultation through formal groups, local action groups, Patient and Public Involvement
- May be part of recruitment, induction, training, stakeholder events, monitoring and research
- Power imbalances may remain or be reduced according to how enlightened the host professionals are

Partnership

- Joint, negotiated, agenda by service users, carers and staff
- Culture of people working together as equals
- Acceptance that 'we are all in the same boat' when it comes to managing our lives and our stresses
- A respect for diversity of views
- Shared chairing of groups
- Service users chairing own CPA meetings
- Reduction in power imbalances
- Open to all
- Peer support and self management highly valued
- Service user led approaches encouraged
- Service user trainers developed as leaders
- People with lived experience employed by the services

A common purpose: recovery in mental health services



On June 18th at the opening of the Annual Meeting of the Royal College of Psychiatrists, a meeting which has already taken 'recovery' as its overarching theme, a major statement will be launched endorsing recovery as the guiding purpose of mental health services for the future. This joint paper, with the above title, is being issued as an agreed view from the Royal College, the Care Services Improvement Partnership (CSIP) and the Social Care Institute for excellence (SCIE). They invite all mental health care constituencies to use this review and overview to reflect and set a course for developing practice and practitioners that will hold hope of recovery becoming a progressively common experience for those who use our services. Much of what we are doing or planning to do is consistent with this guidance but it will be good to see a national endorsement of these values and directions. RecoveryDevon gains a very favourable mention within this national document, as an example of positive practice – it is now up to all of us to continue working together to make a reality of our ideas, hopes and aspirations. *Glenn Roberts*

www.recoverydevon.co.uk -

has been revised to make finding information much easier. There are also lots of new sections including Food and Mood, Social Inclusion, Recovery Stories to name a few. A new section is also in planning to support people delivering programmes within Devon and should be operational soon. A new site has been created which fits in well with recoverydevon called www.wellnessdevon.co.uk

which has been created as a sign-posting site aimed at the mild to moderate mental health area covering all ages and areas of Devon. The site was commissioned by the Devon PCT in partnership with Devon Partnership Trust, Devon County Council, MIND in Exeter and East Devon, Devon Counselling and Psychological Services and launches on 16 April 2007.

A WRAP update has been created which looks at a review of the WRAP, motivating people to try it, how to promote and use the WRAP in our settings. This update is delivered in 2.5 hour interactive workshop through the STR CPD Programme. Other groups, teams etc. can access this workshop on request.

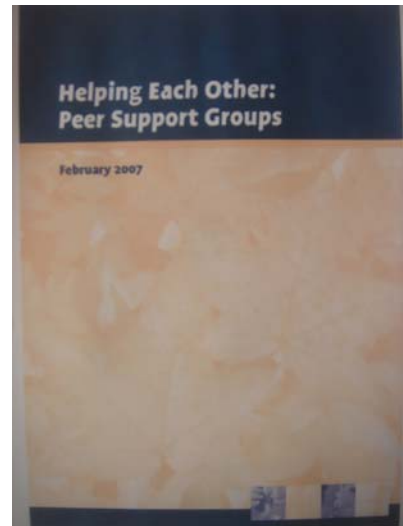
Richard Brabrook

Bi Polar Peer Support in New Zealand

Frank Bristol, good friend to Recovery Devon was involved in developing a peer support manual which looks at the practicalities and issues involved in setting up a peer support group. His work with Balance- the New Zealand equivalent of the BiPolar Fellowship - over many years has distilled the experience of running peer support groups into this manual.

Among the common sense gems is this extract looking at the main role of the facilitator:-

- **To foster a supportive, trustworthy and friendly atmosphere.**
The group guidelines and goals will help you to accomplish this. It is the facilitator's job to say something if the guidelines are being breached. However, all members have an obligation to the group's welfare, and the facilitator may need to remind others of their personal responsibilities.
- **To guide the group in the principles of peer support.**
Peer support isn't about falling into helper/helpee roles: it is about forming relationships where all parties are equal. Not everyone will understand this at first, and it is part of the facilitator's role to show the others what peer support means.
- **To encourage participation and self-esteem.**
Some members will share immediately with the group, while others will take a little longer. As facilitator, you should provide gentle encouragement to those who find it more difficult. Let the members know that their sharing is important to the group and that they are valued as individuals.
- **To create an environment where all members of the group have equal opportunity to participate.**
Nobody should be discriminated against on the grounds of race, religion, sex, sexual orientation, disability, etc. Get to know your members and discover what their needs are, in order that the group can operate in a way



that provides access for everybody.

- **To provide focus.** The facilitator may need to (tactfully) redirect conversation back to the current topic.
- **To listen 'actively'**, that is, to be sensitive to what is and what is not said. If you believe that the group has missed an important point, go back to it.
- **To handle problems as they arise.**
- **To share.** The facilitator is also a group member and should share feelings and experiences when appropriate.

The full guidelines can be downloaded from www.balance.org.nz/index.php

Or from the Recovery Devon website

Stop Paddling/Start Sailing – A journey and some ideas By Roger Smith ISBN 1-4137-2020-X £8.00

"Writing "Stop Paddling/Start Sailing" was initially about making more sense of my life, but the possibility of reducing the stigma attached to mental illness became the more important goal. For this reason the book was re-drafted several times and now appeals to a much wider audience than just those currently involved with mental health issues. It has already been read by many people who would not normally touch a book about mental health and who now feel they have fair understanding of what MD means. Early on it becomes clear this book is probably like no other as I begin to tell my life story three times in three chapters.

Later there is a gentle introduction to the idea of using memetics (a bit like genetics but relating to thoughts) as a tool that can be used alongside other self management techniques. Memetics can be a scary subject but I've found that just about all readers have been happy with the concept on the first reading. I say first reading because everyone seems to be reading the book at least twice!

One significant advantage of knowing something of memetics is that it can dispel thoughts & feelings such as the stressful, "it all depends on me" and the other extreme "I can't do anything about it".

The book continues with a few words on self management, not least to say reading about it is no substitute for going on a well run course.

Stop Paddling/Start Sailing is compact to allow people who shy away from bigger books to benefit, perhaps reading it several times and passing it around friends. For more information there is a website www.stoppaddling.co.uk."

