



# Recovery Devon

## Slipstream to Mainstream - recovery gains acceptance in high places

Having just got used to being revolutionary and subversive, Recovery Devon now finds itself in a position of some respectability.

With the publication of 'A Common Purpose'; the acceptance of quite radical recovery strategies by two London mental Health Trusts and now the full Monty of Hertfordshire Partnership NHS Foundation Trust declaring itself a recovery focused organization, we are in a brave new world where aspiration is fast becoming reality.

We should all welcome these developments, though they

bring a new set of challenges:-

- Recovery has always been owned and led by service users - will professionals highjack recovery?
- Will recovery as a radical idea become neutered by acceptance?
- Will mental health professionals come to see recovery as 'just another fad imposed by managers' ?
- Will recovery be used as an excuse to withdraw services in the name of self management?

All of these are possibilities and all of us need to remain

vigilant.

However, the fact that recovery values and concepts have been strong enough to convince whole organisations that they represent a working template for culture change is no mean achievement. We would rather they are taken on board than ignored.

Hearts and minds have been won - now we have to find practical ways of implementing change towards recovery focused services. New people with new skills will have to be engaged in the process.

## A personal view of WRAP (Wellness Recovery Action Plan)

*"When I was first approached about the idea of using a WRAP plan I initially thought the idea was a waste of time. After all, I already knew the signs I showed when becoming unwell, what skills I had and when to use them—what was the point in writing them down? However, when I looked through the plan I realized it contained so much more than skills and when to use them. It gave the opportunity to state what I did and didn't want to happen when I became too unwell to rationally know what was happening, the chance to say who I wanted to be involved in my care, and what I found most useful for others to do for me when I was unwell. Basically it gave me the chance to write my*

*own care plan! It was great!*

*Overall I found writing my WRAP plan gave me a real sense of empowerment. Not only did it give me a rational voice when I was deemed too unwell to know what was best for me, it also helped me to keep myself well by being reference book of sorts. I could check if there were any signs of unwellness when I could feel myself, 'going off the rails'. I could see if I was missing part of my daily routine that helped to keep me well and there was also a list of skills and coping mechanisms I could use when not feeling so great. The plan could also be updated as and when needed. There was another plus of having my key worker sign MY action*

*plan—it felt so good. I would recommend a WRAP plan to anyone!*

An abridged contribution from an inpatient on Haytor psychiatric unit, Torbay Hospital. Submitted with permission through Jacek Kownaski (STR worker)



**Meet NORA. She can sort you out.**

**See page 6**

# Devon takes recovery and social inclusion seriously

There have been a number of encouraging developments within Devon Partnership Trust (DPT) and Devon PCT that indicate a commitment to recovery values at an organizational level:-

- The Clinical Cabinet of DPT has endorsed recovery as the guiding philosophy for the Trust
- The Recovery and Independent Living part of the redesign of mental health services has written its guidance in entirely recovery focused language and actions.
- Recovery is now a key part of the induction programme for the Devon Partnership Trust
- A meeting has been arranged in DPT to see how recovery can be

properly incorporated into structures that will ensure consolidation and consistency in delivering a recovery agenda. These include supervision, workload management, appraisal, personal development plans and job descriptions.

There are undertakings to train all staff in recovery awareness and WRAP

- The new Devon PCT Adult Mental Health Strategy (Sept 2007) is a blueprint for recovery and social inclusion services. It also flags up the Human Givens to describe basic needs.
- The North Devon Link Centers (day opportunities) are implementing recovery approaches

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



and [www.wellnessdevon.co.uk](http://www.wellnessdevon.co.uk)



## Recovery Devon's own Service User Led Training Team

### Under the umbrella of Recovery

Devon, people with lived experience of mental health services are available to provide training.

Five have trained through the City and Guilds 'Train the Trainer' 7302 course and have gained considerable experience. Others have extensive experience in training and lecturing

#### Richard Brabrook,

[richard@bcogroup.co.uk](mailto:richard@bcogroup.co.uk)

#### James Wooldridge,

[jayw@jaydoubleu.eclipse.co.uk](mailto:jayw@jaydoubleu.eclipse.co.uk)

#### Georgina Lynch,

[g\\_lync@ntlworld.com](mailto:g_lync@ntlworld.com)

Elaine Hewis, [evhewis65@yahoo.co.uk](mailto:evhewis65@yahoo.co.uk)

#### David Cook

[dchome@fsmail.net](mailto:dchome@fsmail.net)

#### Dawn Willis

[quinonostante@hotmail.com](mailto:quinonostante@hotmail.com)

#### Melanie Attwater

#### Richard Charnick

#### Jenny Hounsell

(To name but a few)

are an excellent resource for training on:-

- Recovery awareness training
- Wellness Recovery Action Plan

(WRAP)

- Intentional Peer Support
- Anti stigmatisation
- Self Harm
- Personality Disorder from inside the label
- Personal experience and recovery stories
- Anti-bullying and the effects of bullying
- Eating disorders
- Hearing voices
- Dual diagnosis

## Devon goes to Hertfordshire

The Recovery conference in Hatfield in Hertfordshire in September had an impressive array of speakers including:- Helen Glover and Dr Kaly from Australia; Larry Davidson, Courtenay Harding and Priscilla Ridgeway from the US, Alain Topor from Sweden and Roberto Mezzina from Italy.

And then there was Devon. Glenn Roberts and Elaine Hewis delivered a workshop on recovery and detained patients. Laurie Davidson and

Richard Brabrook ran a workshop on Support Time and Recovery Workers as recovery coaches.

All four then delivered a keynote talk on 'Recovery Rhetoric and Reality' to the 300 or so delegates.

The talk went well and there is a lot of interest in developments in Devon. One of the keynote professors from the US was heard to comment, "you are much further on in Devon than we are in the US!".



*Priscilla Ridgeway (designer of DREEM) and Prof. Courtenay Harding talking about spirituality and recovery*



## Hertfordshire nails its colours to the mast

Hertfordshire Partnership NHS Foundation Trust together with Hertfordshire University Centre for Mental Health Recovery (contact: [g.munn@herts.ac.uk](mailto:g.munn@herts.ac.uk)) have taken a lead in creating recovery orientated services from the top down.

They have signed up to recovery as a Trust and are developing a road map to changing the culture of the organisation.

Through a Trust Recovery Steering group, the tasks are:-

- Developing organisational vision
- Empowering service users and carers
- Training and development for staff
- Leadership and team development

There are 4 recovery action sets and they are reviewing all their policies and procedures, 'recovery being the lens of through which we see everything'.

They have developed a 'moving forward toolkit', a DVD on recovery, recovery booklets, recovery newsletter and a review of CPA from a recovery perspective.

Under the leadership of Bill MacIntyre, Chief Executive, the Trust has a strong commitment to transforming the culture of the organisation.



### Hertfordshire's Eleven Steps to Recovery

1. **Hope and optimism.** Working with positive attitudes and encouraging hope, optimism and aspiration in service users and carers.
2. **Personal responsibility and self - determination.** Building on people's strengths and encouraging positive risk taking whilst maintaining out duty of care for people when they are vulnerable
3. **'People as people' in their social context.** Responsibility to and supporting the whole person in all their social roles.
4. **Respectful partnership.** Respecting the knowledge that comes from lived experience and bringing it together with professional knowledge in all our work.
5. **Social inclusion.** Supporting people to participate in mainstream social, community, recreational and vocational activities
6. **Rights and citizenship.** Promoting and protecting people's and citizenship rights and roles in health and social care systems
7. **Self-discovery.** Supporting people to make sense of and give meaning to their lives and experiences of mental illness or distress in whatever ways they find helpful
8. **Challenging discrimination and inequalities.** Challenging the stigma and discrimination still associated with mental illness, within health and social care and in wider society
9. **Recovery- for all times and all places.** Ensuring that the principles of recovery are seen as equally relevant to all people using all parts of our mental health services
10. **Recovery is evidence based and effective.** Ensuring that recovery - orientated services are provided in ways that are helpful, knowledgeable, timely, consistent and informed by evidence from lived experience, formal research and other sources
11. **Recovery - rooted in a 'learning culture'.** Supporting staff to gain the knowledge and skills they require to develop recovery oriented practice

### Learning vs. Treatment

*"In learning mode, we simply acknowledge that there are things we can learn to make our lives more comfortable and productive. Whatever uncomfortable places we are moving from, we can skip the presumption of fault or wrongness. In treatment mode, we have to think that there is something wrong with us before we can get better. It may be hard to get help because we feel ashamed of wrongness. It's hard to hear helpful suggestions because we feel defensive about our failings.*

*In learning mode, we can stand side by side with our educators. We have some things to teach others and we know that others have things to teach us. It's mutual. In treatment mode, the hierarchy is obvious because one person is sick (or lacking) and the other person has the knowledge to heal them."*

(Contributed by Nick Hewling)



*"We all know bullying doesn't end in the playground, it can happen to any one of*

*us, at home, at work, in relationships, and it's effects upon us can be catastrophic. "*

Dawn Willis STR worker, MIND in Exeter

Here on this website I would like to Invite you to be the Master of your experiences, and to Invite you to become part of a Peer Supportive Group to help you begin your journey along the road to recovering from the effects of Bullying.

I would also like to take this opportunity to Invite You to contribute to the development of this site. I would welcome your submissions for publication. Art, Poetry, Personal Experiences, Articles, Opinions,...anything!

## New Publications—reviewed by Glenn Roberts

### **Recovery: a guide for mental health practitioners**

Peter Watkins, 2007

Churchill Livingstone

### **Handbook of Psychosocial Rehabilitation**

Robert King, Chris Lloyd, Tom Meehan, 2007

Blackwell

Mysteriously absent from the NSF for adult mental health, and all but forgotten from modernising policy initiatives (Holloway, 2005), psychiatric rehabilitation is now enjoying something of a renaissance.

This brace of books are serendipitously well paired, each complementing and completing what is missing in the other, and there is much here to support practitioners interested in developing recovery-based rehabilitation. Both have very high 'production values'. They are pleasant to hold and read and both take the reader on a well planned tour of the territory. Their major differences are around voice, focus and engagement.

Watkins' monograph underlines the significance of context, both familial and societal and is slanted towards humanism, creativity, and existential considerations. Unusually, in a 'guide for mental health practitioners', he offers much that is prefaced by 'I believe' or 'speaking personally', and it is interesting to be drawn into relationship with an experienced and thoughtful practitioner

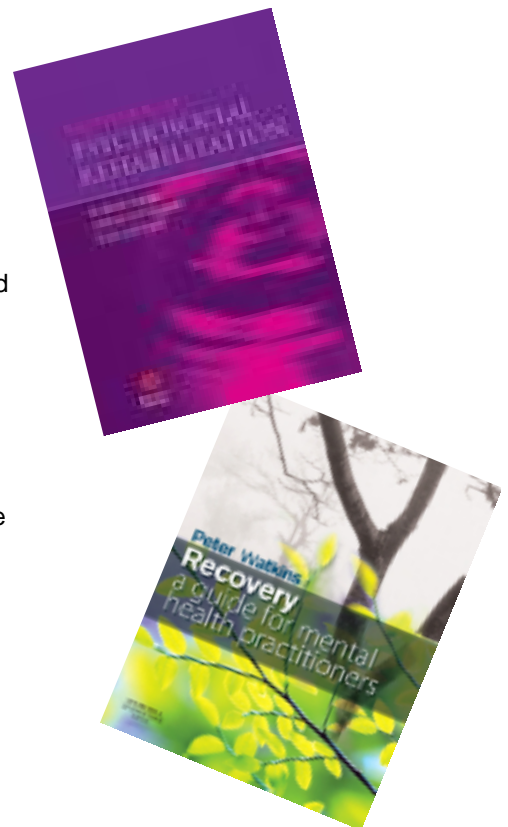
who has sought to work out his principles in practice. He also includes reflections on the personal and professional challenges associated with the suicide of his son. He offers a book with passion and commitment so lacking in more 'balanced texts' and it is all the better for it.

However pivoting his account around stories of personal recovery, as 'the soul' of his book, was marred by his accompanying disclaimer on one of his chosen witnesses, who clearly valued a biological, diagnostic, and medical approach. Watson's preference of Laing over Leff, and gentle but sustained anti-psychiatry posture felt oddly paternalistic.

It is a skewed account, but one that leans towards what may be the emerging centre of future practice (CSIP, RCPsych and SCIE, 2007) and is mostly consistent with the imperative in psychiatric nursing to put 'Values into action' (2006).

Coming next to the Handbook felt a little disappointing. It helpfully clarifies the various terms and frames of reference used in the text, and is thoroughly evidence based but in being so well ordered and systematic it felt disconnected from the reality of working in rehabilitation which depends on engaging hopefully with the chaotic but enervating disturbance that is day to day practice. But then it is a handbook rather than a manifesto, and its virtue is clarity rather than commitment.

Its style worked best when helpfully outlining service evaluation, and



weakest when discussing the wellbeing of the practitioner which offered a competent review of the literature on occupational stress but came over as unempathic and detached in tone. To a degree, Helen Glover's excellent chapter on 'lived experience perspectives' compensated for this, but her account seemed unintegrated in the discourse of the book as a whole.

Overall this is a book that will support research and help you pass exams but may not fire your passion for the work itself.

# Recovery, Service User Involvement, and the dangers of 'incorporation'

## Thoughts of Nick Hewling

There is a phenomenon observed by sociologists over the past century or so known as incorporation. Although it may occur in any social, business or political group, in Britain it was most often studied and commented upon in relation to the growth of trade unionism. However incorporation has become so commonplace, even taken for granted over the last thirty years or so that it has hardly been thought worthy of study.

The idea in its original formulation was that any dominant group facing concerted opposition to its activities, would often seek to effectively incorporate members of the opposing group into its own organisation as a way of nullifying that opposition. It was observed, that along with the formal or legal granting of representation and bargaining rights, the opposing individuals involved often rapidly took on the values of the group to which they were formerly against, and indeed could then be used as a channel for the 'selling' of the dominant group's set of values to the opposition group as a whole. Incorporation was given emphasis by sociologists approaching

the study of modern society from a perspective of the inherent conflicts between groups. Others argued that such a process, though real enough, should be regarded as a normal, indeed a healthy way in which communities might integrate with each other.

It is perhaps worth reflecting how such a process may be at work now in the growth of 'Recovery' approaches, and increasing service user involvement in the National Health Service and voluntary/charitable 'Third Sector' organisations in mental health.

Is it a cause for celebration or alarm when;

1/ individual service users/carers or groups achieve representation on NHS committees; are they there in their own right, or as 'representatives' giving the views of others in their group but expected as part of the 'deal', to take back to their own group and sell, the views of that new group to which they have become a member? Did they lobby hard to gain representation in itself, rather than bargain for specific rights/monies for those

they represent? Do they collectively have a voting majority? Was management really resisting them, or had they actually been 'pushing at an open door'?

2/ when new approaches to improving mental health, originally devised by users, carers and grass roots community workers (such as STR, WRAP, Peer Support, Recovery) are officially indorsed in Department of Health, NHS, or Royal College documents (often citing government funded 'evidence based' university research) is this a sign of permanent and welcome change, or a hostile takeover bid?

3/ what is happening when user-led charities start to employ professional fundraisers, not for their talent in raising donations, but in making grant applications to governmental organisations? Do the 'benefits' of subsequent funding, the auditing procedures and 'strings' attached to them in terms of how the money is used, effectively take control of the organisation out of the hands of the members who set it up in the first place?

## Kalil Gibran. The Madman: His Parables and Poems (1918)

You ask me how I became a madman.

It happened thus: One day, long before many gods were born,

I woke from a deep sleep and found all my masks were stolen,

-the seven masks I have fashioned and worn in seven lives,-

I ran maskless through the crowded streets shouting, "Thieves, thieves, the cursed thieves."

Men and women laughed at me and some ran to their houses in fear of me.

And when I reached the market place, a youth standing on a house-

top cried,

"He is a madman."

I looked up to behold him; the sun kissed my own naked face for the first time.

For the first time the sun kissed my own naked face and my soul was inflamed with love for the sun, and I wanted my masks no more.

And as if in a trance I cried, "Blessed, blessed are the thieves who stole my masks."

Thus I became a madman.

And I have found both freedom of loneliness and the safety from being

understood, for those who understand us enslave something in us.

But let me not be too proud of my safety. Even a Thief in a jail is safe from another thief.

(Contributed by Carola Buhse)





## Meet NORA - Network Of Recovery Approaches

At the Hertfordshire conference, a group of 25 dedicated recovery enthusiasts (they had to be to meet at 5.30 after an exhausting day!) met to form a new national network to share ideas and good practice.

Devon hosted the first meeting and the group represented 16 counties or City Authorities. In true recovery style, the group decided democratically what it wanted from each other and agreed that a 'swap shop' approach was needed where people who wanted help, advice and support to implement recovery approaches could draw upon those who were further down the line. Mutual giving and receiving of support in an open exchange seemed to be the tone of the meeting.

Some of the common themes or interest areas grouped around:- peer support; recovery training; system change; sharing of good practice; models of involvement and partnership; recovery outcome measures and research; recovery coaching and mentorship; sharing personal experiences; professional dilemmas in recovery work; recovery values, culture and philosophy; carers role in recovery;

All those who have made contact will be hearing soon.

Anyone who would like to get involved with NORA (hence the shocked expression above) keep an eye the [www.recoverydevon.co.uk](http://www.recoverydevon.co.uk) site.

The information NORA needs is:-

1. Name
2. Email address
3. Area of the country you come from (or abroad)
4. If you have a special area of interest/work environment
5. What you would like to get from a network of others interested in recovery
6. What you have to offer in terms of good practice examples/practical experience of implementing recovery focussed approaches

It will then be up to individuals to contact people who seem to share interests or who seem to have done some work that is of interest.

Those who register will be informed of any national meetings of NORA and get to influence the agenda.

NORA is open to all.

So pull up your wrinkled stockings, get your broom out and sweep away the cobwebs of the old mental health system.

For more information about NORA, contact

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

cct

## Evaluation studies in the Community Care Trust

The Community Care Trust in South Devon (CCT) is a voluntary mental health service provider that has committed to implementing recovery and self management approaches since the famous Dawlish Conference in 2003 when Mary Ellen Copeland was so inspirational. The CCT held a follow up conference in May 2004 for its staff to set out the intended changes to the organization that would make it truly recovery focused.

Since that time, CCT has undergone a revolution, with recovery being the plumb line to measure progress. It is not surprising that it should attract the interest of researchers from **Thames Valley University as part of the 'Journey of Recovery' project**. The purpose of the project was to pull together a 'toolkit' CD Rom of ideas, examples, assessment tools, personal stories, organizational stories etc. CCT was one of the organisations studied.

The report is very positive about the work of CCT. With only room for one quote, the following sums up one of the most important observations:- "The immediate impression on visiting Devon CCT is that the staff show a

strong commitment to recovery, great enthusiasm and what could be described as a happy attitude. The language staff consistently used when talking about the people that they worked with was instructive, being devoid of pejorative labeling or patronizing tones. This seems to be a strong indicator of how the people who use their services are actually seen by the staff - first and foremost as people."

**The Outcomes Evaluation Interim Report** has been released. Prepared by Rohan Davidson and Owen Winfield, the evaluation, "aims to identify the areas that people who use the service feel make the most important contribution towards their recovery and then how well the service meets needs and expectations in these areas."

The measure used was DREEM (Developing Recovery Enhancing Environments Measure) for the outcome study; structured interviews for more in-depth investigation about what recovery means and the report also collected service user stories of recovery.

The highest ranking aspects in terms of importance were:-

Having hope is important to my recovery; having my basic needs met; having a positive sense of personal identity beyond my diagnosis/mental distress; being active in directing my own recovery; having positive relationships.

The final report will be circulated in January 2008. The full reports can be accessed through

[alison.moore@btconnect.com](mailto:alison.moore@btconnect.com)

More information about CCT on:-

<http://www.recoverydevon.co.uk/>

**Comment after attending the October Recovery Devon open meeting:-**

*I was really impressed. I've been a Dr for 4 years, but I have never heard people who have used our services speak with such confidence and authority, they have such a lot to contribute' Dr Tam-sin Newlove, trainee Psychiatrist:*