Supporting recovery: a partnership between experts

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Topics

1. How do personal and clinical recovery differ?

2. How can mental health services support recovery?

3. ImROC and REFOCUS

4. Resources

5. Challenges

Clinical Recovery

Full symptom remission, full or part time work / education, independent living without supervision by informal carers, having friends with whom activities can be shared – sustained for a period of 2 years

Personal recovery

A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful and contributing life even with limitations caused by the illness.

Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.

Anthony WA (1993) Recovery from mental illness: the guiding vision of the mental health service system in the 1990s, *Psychosocial Rehabilitation Journal*, **16**, 11-23.

Components of personal recovery

Sources

12 bibliographic databases, web, experts, ToC, hand searching

Data

5,208 identified, 376 full papers retrieved, 97 included

Analysis

Systematic review, modified narrative synthesis

Leamy M, Bird V, Le Boutillier C, Williams J, Slade M (2011)
A conceptual framework for personal recovery in mental health: systematic review and narrative synthesis,
British Journal of Psychiatry, **199**, 445-452.

Recovery processes: The CHIME framework

Connectedness

Hope and optimism

Identity

Personal Recovery

Meaning and purpose

Empowerment

Leamy M, Bird V, Le Boutillier C, Williams J, Slade M (2011) *A conceptual framework for personal recovery in mental health: systematic review and narrative synthesis*, British Journal of Psychiatry, **199**, 445-452.

Reviewing the evidence

Connectedness

Tew J et al (2012) *Social factors and recovery from mental health difficulties: a review of the evidence*, British Journal of Social Work, **42**, 443-460.

Hope and optimism

Schrank B et al (2012) *Determinants, self-management strategies and interventions for hope in people with mental disorders: systematic search and narrative review*, Social Science and Medicine, **74**, 554-564.

Identity

Brohan E et al (2012) *Systematic review of beliefs, behaviours and influencing factors associated with disclosure of a mental health problem in the workplace*, BMC Psychiatry, **12**, 11.

International best practice

Sources

International policy, practice guidance, Google, reference lists

Data

30 documents from six countries

Analysis

Inductive thematic analysis, interpretive analysis

Le Boutillier C, Leamy M, Bird V, Davidson L, Williams J, Slade M (2011) *What does recovery mean in practice? A qualitative analysis of international recovery-oriented practice guidance*. Psychiatric Services, **62**, 1470-1476.

rethink

100 ways to support recovery
A guide for mental health professionals
Rethink recovery series: volume 1
by Mike Slade

rethink

Getting back into the world
Reflections on lived experiences of recovery
Rethink recovery series: volume 2
by Sarah Ajayi, Julie Billsborough, Terry Bowyer, Pippa Brown, Alice Hicks,
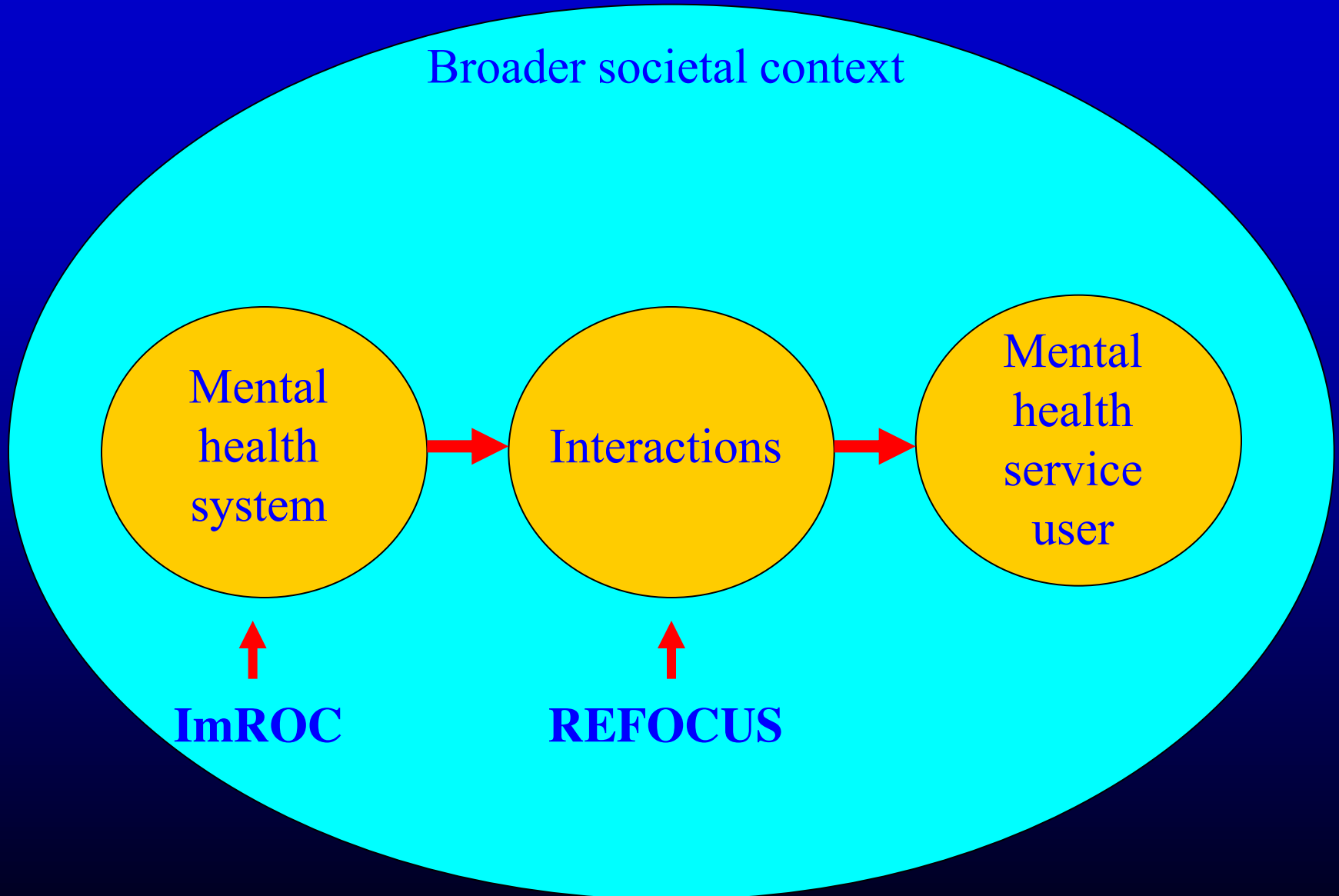John Larsen, Peter Malley, Ruth Sayers, Roger Smith

rethink

Recovery insights
Learning from lived experience
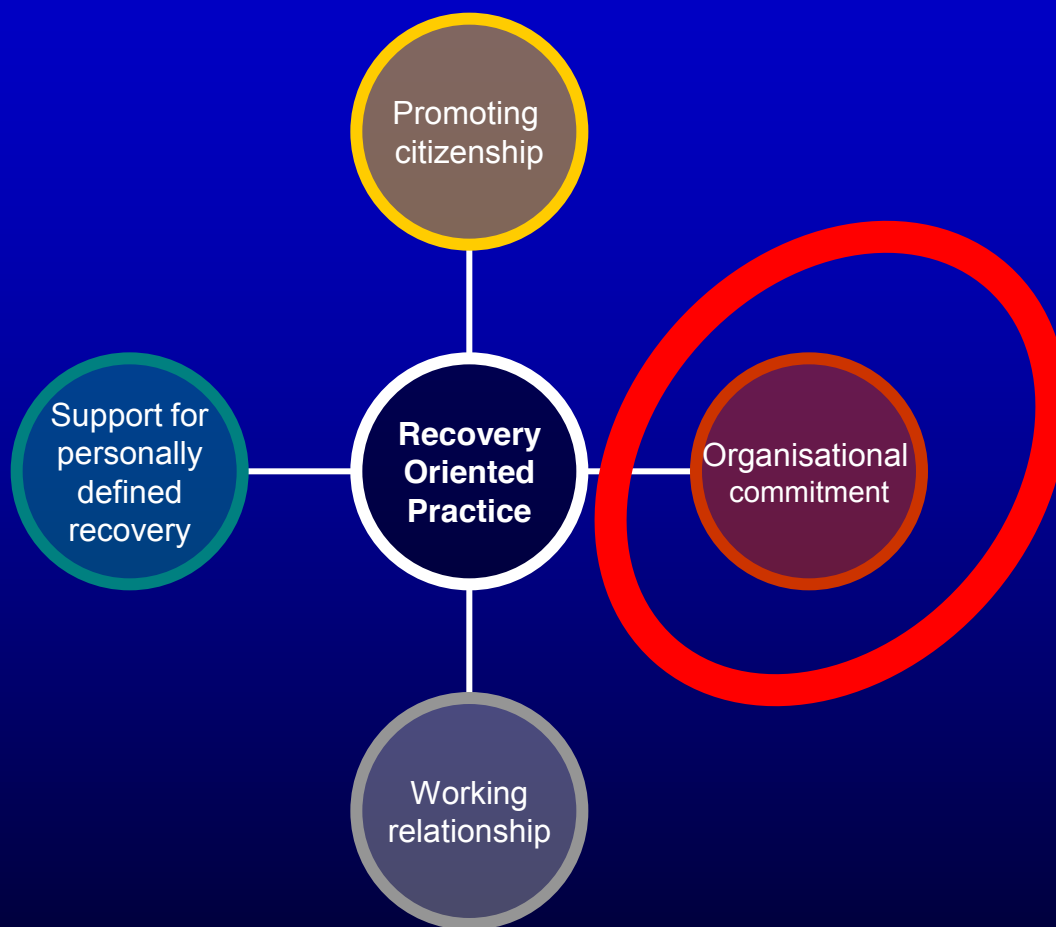AstraZeneca
Rethink recovery series: volume 3

Free to download: rethink.org

How services support recovery

ImROC: Implementing Recovery – Organisational Change

Le Boutillier C, Leamy M, Bird V, Davidson L, Williams J, Slade M (2011) *What does recovery mean in practice? A qualitative analysis of international recovery-oriented practice guidance*. Psychiatric Services, **62**, 1470-1476.

ImROC

Co-production
Local workshops involving over 300 staff, service users, family members and managers

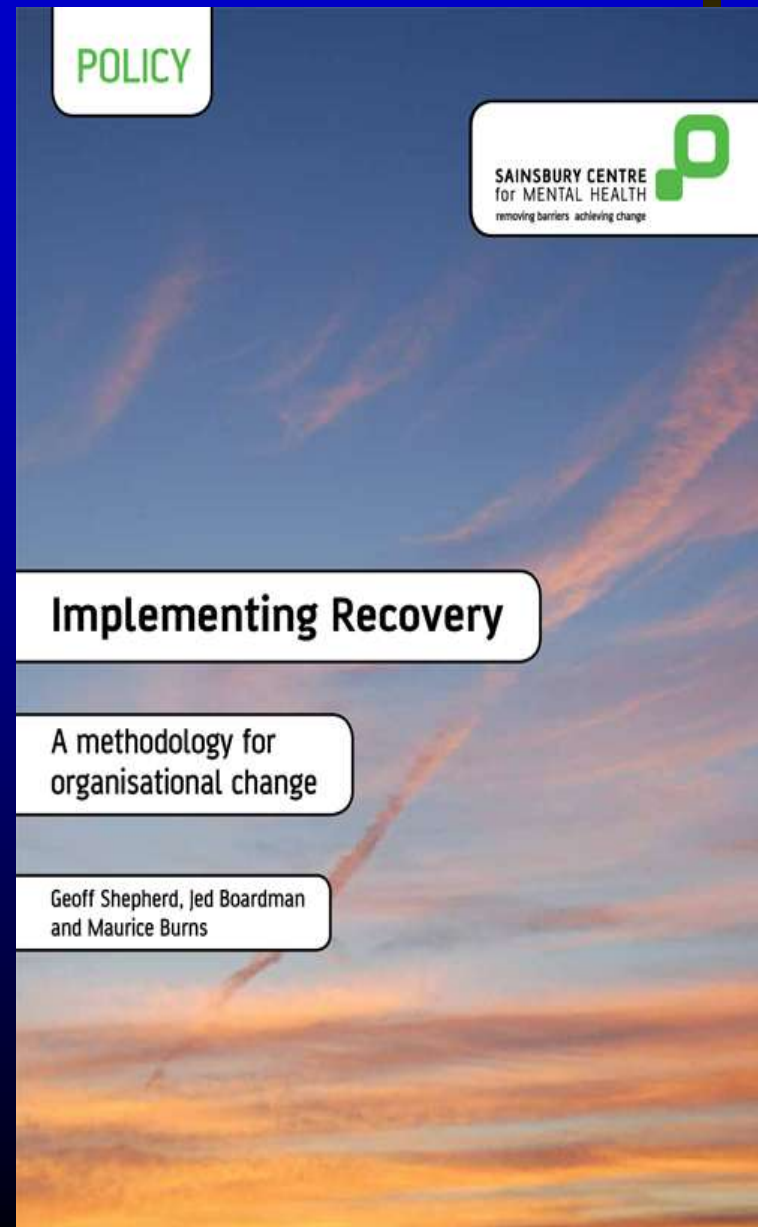**Conceptual framework**
Formulated 10 key Organisational Challenges

Action learning
Joint agreement, goal-setting, implementation, review

National profile
DH policy, 33/55 Trusts participating

POLICY

SAINSBURY CENTRE
for MENTAL HEALTH
removing barriers achieving change

Implementing Recovery

A methodology for organisational change

Geoff Shepherd, Jed Boardman and Maurice Burns

10 key organisational challenges

1.   Changing the nature of day-to-day interactions and the quality of experience

2.   Delivering comprehensive, user-led education and training programmes

3.   Establishing a 'Recovery Education Centre' to drive the programmes forward

4.   Ensuring organisational commitment, creating the 'culture'

5.   Increasing 'personalisation' and choice

6.   **Transforming the workforce**

7.   Changing the way we approach risk assessment and management

8.   Redefining user '*involvement*' to create genuine '*partnerships*'

9.   Supporting staff in their recovery journey

10.   Increasing opportunities for building a life 'beyond illness'

Changing the workforce

- We believe that we also need a fundamental review of the **skill-mix and professional/user 'balance'** within the workforce

- We suggest a **radical transformation,** aiming for perhaps 50% of the workforce being people with their own 'lived experience' of mental health problems. (In addition to those members of staff already employed in professional roles who have 'lived experience')

- For example, peers sitting on **committees** expressing their views on service priorities and quality; peers being employed as **'peer specialists'** in the workforce; as **lecturers** in the Recovery College; etc.

What is peer support?

A "credible role model"

Davidson L, Rakfeldt J, Strauss J (2010) *The roots of the recovery movement in psychiatry*, Chichester: Wiley-Blackwell

Multiple levels

  Mutual self-help groups

  Peer support workers

  Peer-led services

What do mutual self-help groups do?

1. Personal stories and community narratives
2. Role models
3. Opportunity role structures
4. Social support, sense of belonging, connection

Randall KW, Salem DA (2005) *Mutual-help groups and recovery: the influence of settings on participants' experience of recovery*. In: Ralph RO, Corrigan PW, eds. "Recovery in Mental Illness: Broadening our Understanding of Wellness", Washington DC: American Psychological Association, 173–205.

Personal stories

Stories matter. Many stories matter.

Stories have been used to dispossess and malign, but stories can also be used to empower and to humanise.

Stories can break the dignity of a people, but stories can also repair that broken dignity

Chimamanda Adichie

Peer Support Worker policy

All mental health services will be expected to recruit and train service users as part of the workforce

Department of Health (2001) *The Journey to Recovery –*
The Government's vision for mental health care, London: Department of Health.

Peer support workers

I have often noticed that when I employed a madman who had just recovered his senses either to sweep or to assist a servant, and then to become himself a servant…that his state improved every month, and that somewhat later he was totally cured.

Jean-Baptiste Pussin, Governor of the Asylym at Bicêtre, 1793

Peer support workers

7 RCTs	Positive self-disclosure, role modeling, direct empathy
Clinical	Engagement, admission rates, depression, psychosis
Existential	Hope, control, agency, empowerment
Functional	Self-care
Social	Friendships, community connection

Repper J, Carter T (2011) *A review of the literature on peer support in mental health services*, Journal of Mental Health, **20**, 392-411.

Davidson L, Bellamy C et al (2012) *Peer support among persons with severe mental illnesses: a review of evidence and experience*, World Psychiatry, **11**, 123-128.

# Benefits

1. For the Peer Support Worker
    - it's a job
    - lived experience is an asset
    - giving to others

2. For other staff
    - awareness of personal values
    - natural challenge to 'them-and-us'

3. For other service users
    - visible role models
    - ? less social distance

4. For the system
    - carriers of culture

What are sites working on?

- Training sessions on recovery for staff, jointly devised and presented by staff and service users

- Similar events for senior managers and key clinical leaders (psychiatrists, psychologists, professional leads)

- Reviewing policies and procedures (individual clinical record keeping, risk assessment/management)

- Training and employing Peer Support Workers (120 now employed across 8 sites)

- Improving outcome measurement (WRAP, STAR, INSPIRE)

- Establishing 'Recovery Colleges' (n=3 open, 4 more planned)

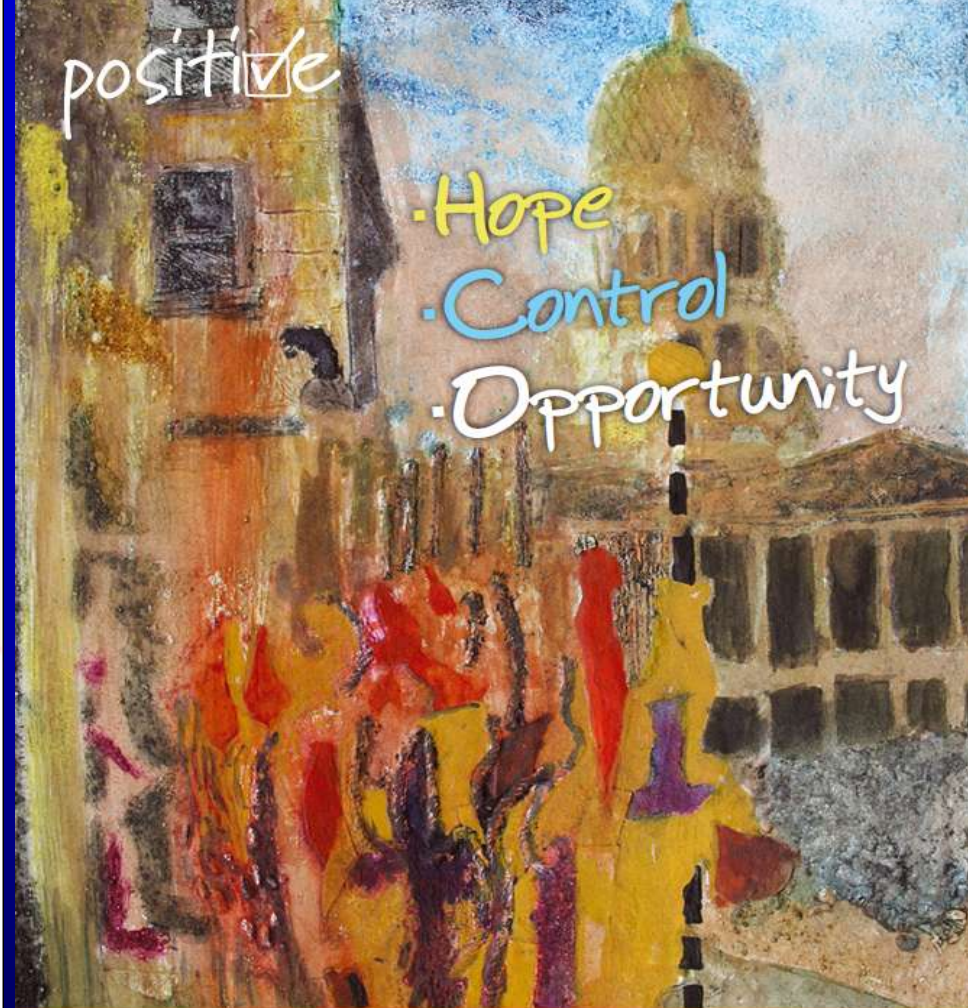South West London Recovery College
hope • control • opportunity
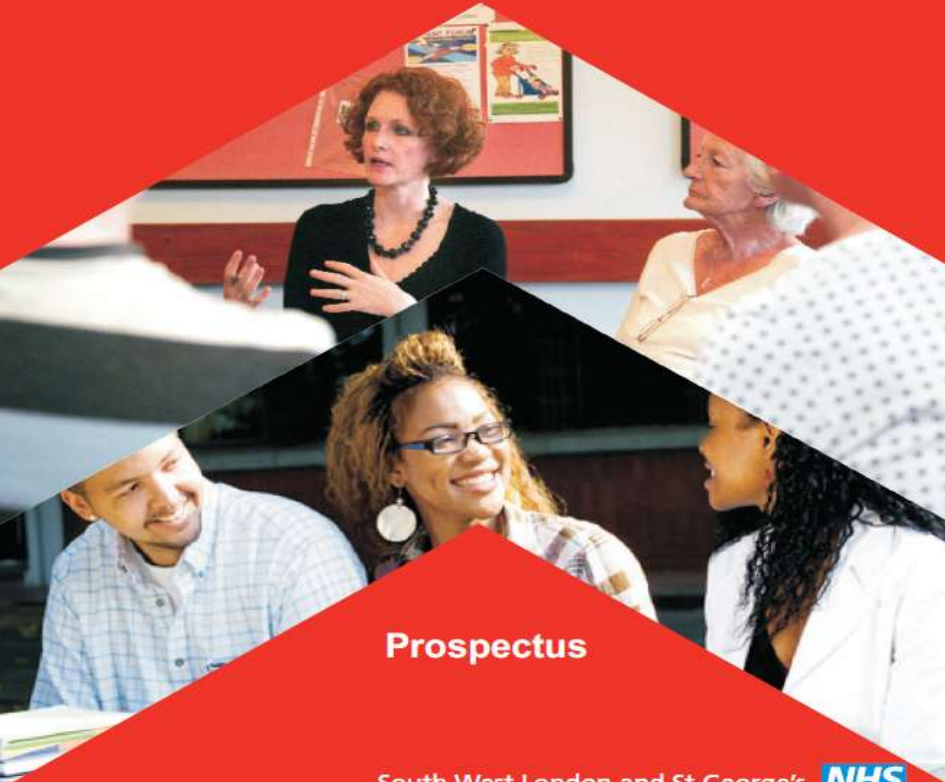
Prospectus

South West London and St George's NHS Mental Health NHS Trust

positive
·Hope
·Control
·Opportunity

Nottingham Recovery Education Centre
Spring Term Courses · January to April 2012

Perkins R, Repper J, Rinaldi M, Brown H (2012) *ImROC Briefing paper 1: Recovery Colleges, London: Centre for Mental Health*.

Emergent findings from ImROC

❑ The most powerful method for transforming organisations is to **transform the relationship** between the staff who run them and the people who use them (and their families).

❑ This means staff being prepared to work in equal **partnerships** with service users to create new opportunities for them to contribute to services in meaningful ways – this will takes us well beyond *'user involvement'*

❑ Transforming the relationship means that **both sides have to listen** to each other **and** both sides have to **change**

REFOCUS

Le Boutillier C, Leamy M, Bird V, Davidson L, Williams J, Slade M (2011) *What does recovery mean in practice? A qualitative analysis of international recovery-oriented practice guidance*. Psychiatric Services, **62**, 1470-1476.

REFOCUS Intervention

Support for recovery: working practices

- Understanding values

- Assessing strengths

- Supporting goal-striving

Consumers on recovery

Many felt it was allowing professionals to force 'recovery' on clients.

Others saw professionals using 'recovery' as an excuse not to do anything.

We also heard 'recovery' needs to be more than a "fashion".

In fact, many argued that the original notion of 'recovery' had been "hijacked" by professionals.

Mental Health "Recovery" Study Working Group (2009) *Mental Health "Recovery": Users and Refusers*, Toronto: Wellesley Institute.

Communication styles

1. Mentoring

Deegan G (2003) *Discovering recovery*,
Psychiatric Rehabilitation Journal, **26**, 368-376.

2. Co-learning

Bock T, Priebe S (2005) *Psychosis seminars: an unconventional approach*. Psychiatric Services, **56**, 1441-1443.

3. Coaching

Green LS, Oades LG, Grant AM (2006) *Cognitive-Behavioural, Solution-Focused Life Coaching: Enhancing Goal Striving, Well-Being and Hope*, Journal of Positive Psychology, **1**, 142-149.
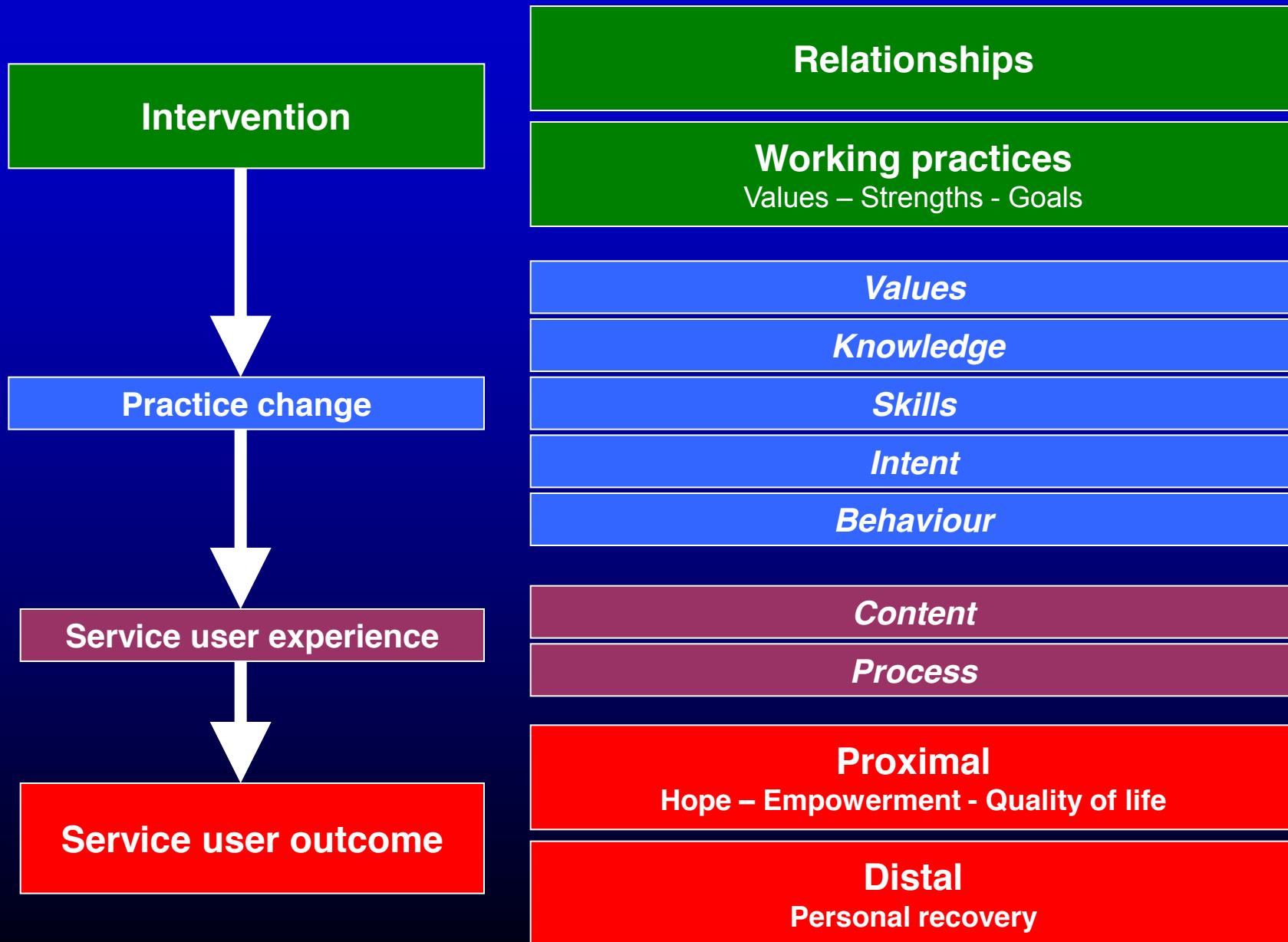
REFOCUS Intervention

Support for recovery: working practices

- Understanding values

- Assessing strengths

- Supporting goal-striving

Working relationship

- Developing recovery promoting relationships

- Partnership project

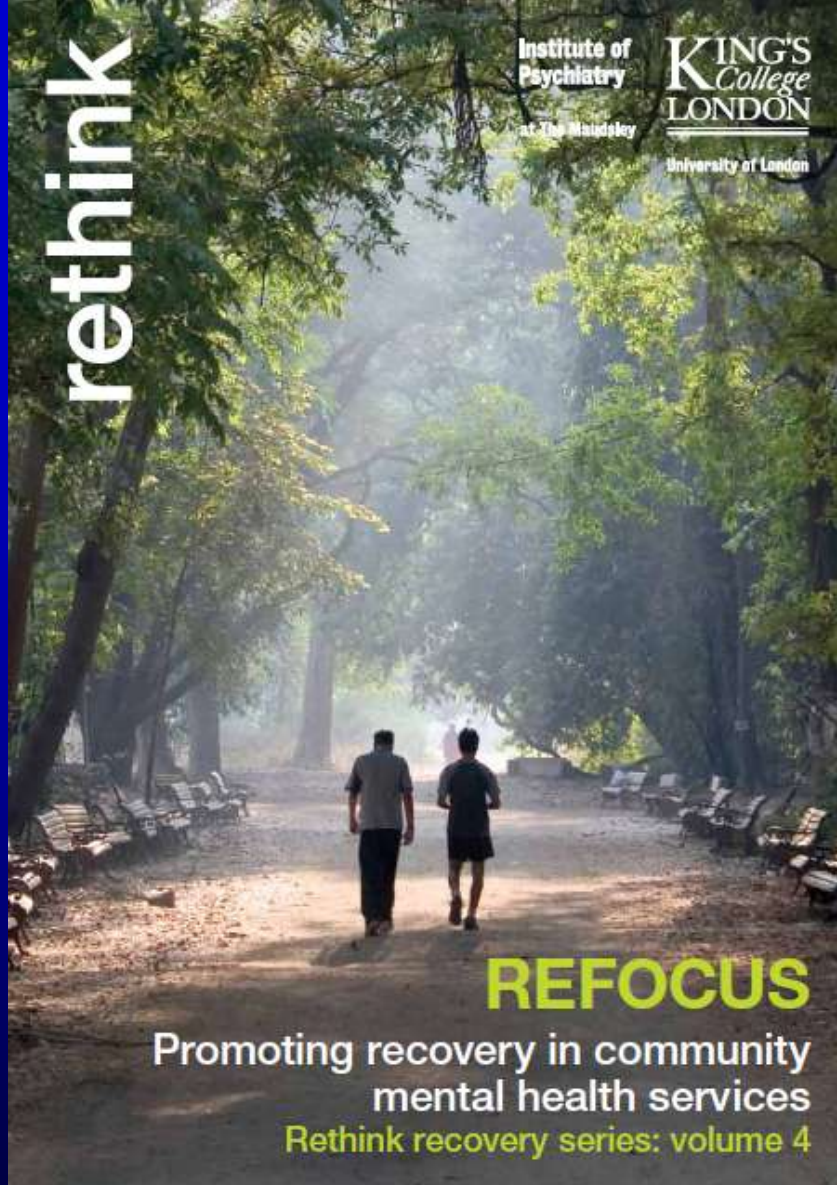- Creating expectations among service users

REFOCUS Model

Intervention		Relationships
		Working practices Values – Strengths - Goals

Practice change		*Values*
		Knowledge
		Skills
		Intent
		Behaviour

Service user experience		*Content*
		Process

Service user outcome		**Proximal** Hope – Empowerment - Quality of life
		Distal Personal recovery

Bird V et al (2011) *REFOCUS: Promoting recovery in community mental health services*, London: Rethink.

Free to download: researchintorecovery.com/refocus

International Review of Psychiatry

Recovery developments in:

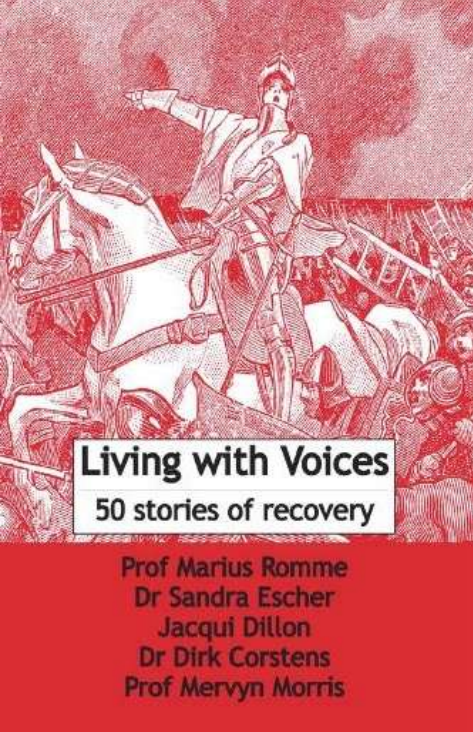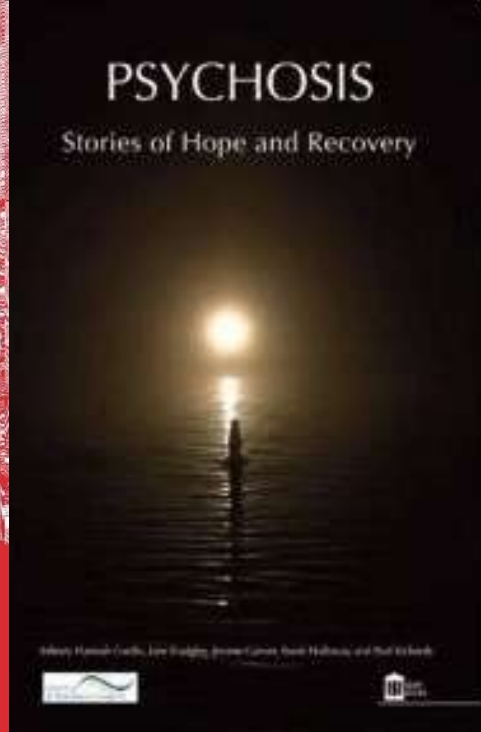|	
Australia	Israel
Austria	New Zealand
Canada	Scotland
England	USA
Hong Kong	

Slade M, Adams N, O'Hagan M (2012)
Recovery: past progress and future challenges,
International Review of Psychiatry, **24**, 1-4.
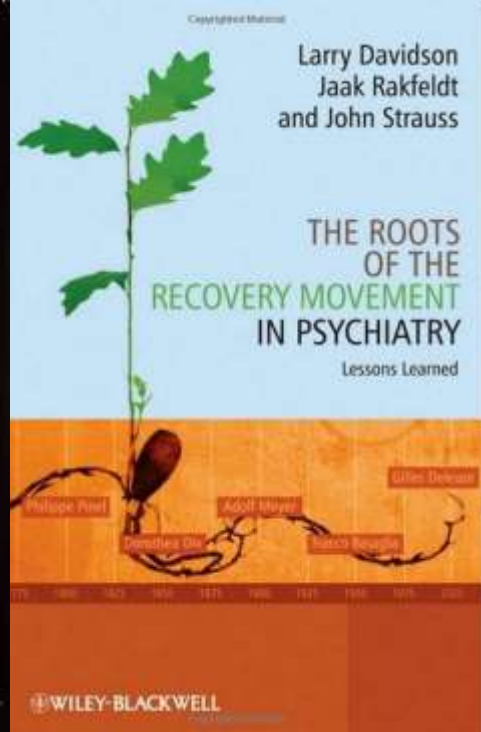
Living with Voices
50 stories of recovery

Prof Marius Romme
Dr Sandra Escher
Jacqui Dillon
Dr Dirk Corstens
Prof Mervyn Morris

PSYCHOSIS
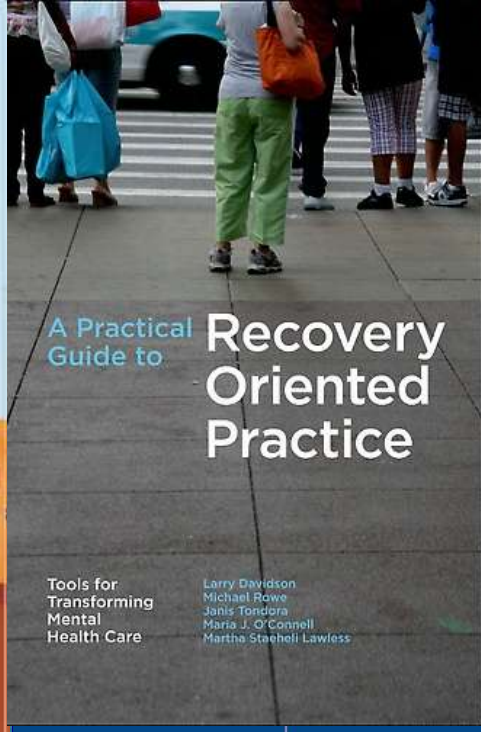Stories of Hope and Recovery

Larry Davidson
Jaak Rakfeldt
and John Strauss

THE ROOTS OF THE RECOVERY MOVEMENT IN PSYCHIATRY
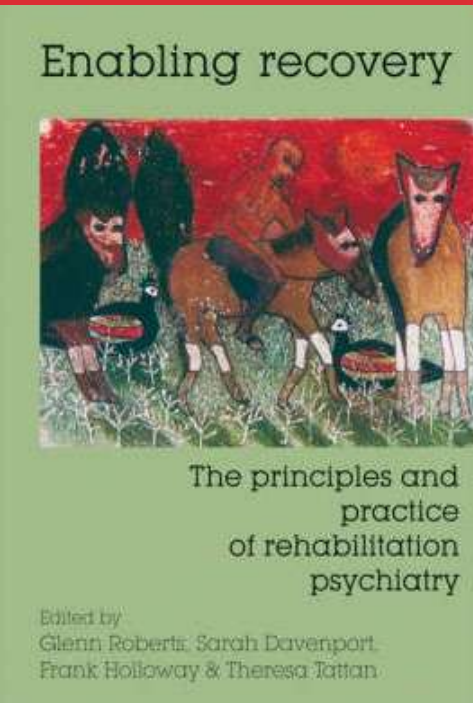Lessons Learned

WILEY-BLACKWELL

A Practical Guide to **Recovery Oriented Practice**

Tools for Transforming Mental Health Care

Larry Davidson
Michael Rowe
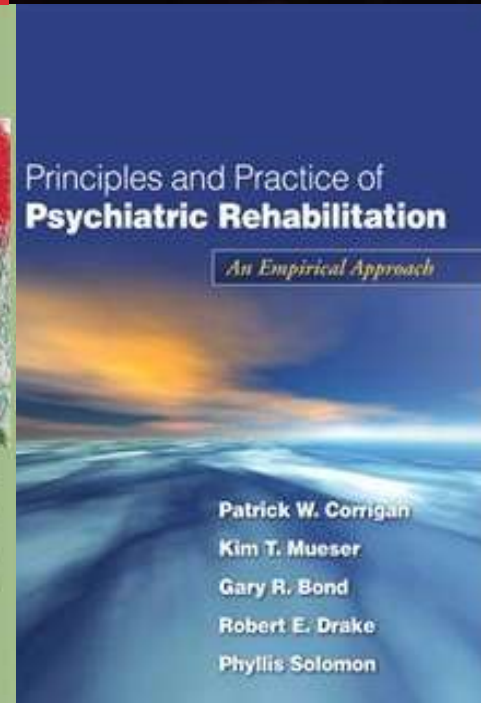Janis Tondora
Maria J. O'Connell
Martha Staeheli Lawless

Enabling recovery

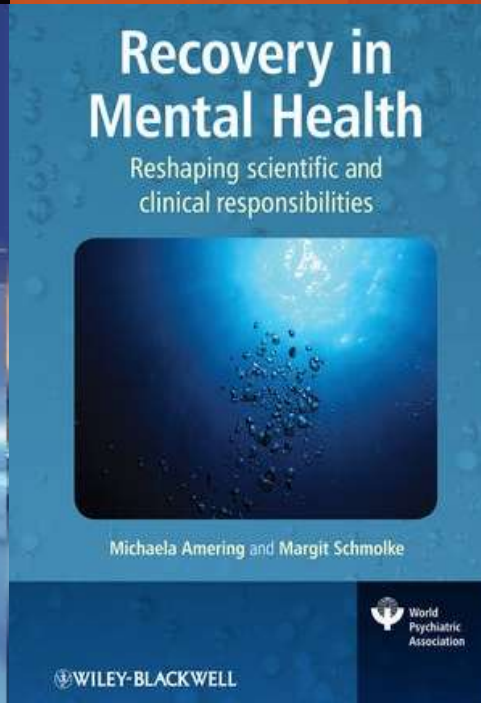The principles and practice of rehabilitation psychiatry

Edited by
Glenn Roberts, Sarah Davenport,
Frank Holloway & Theresa Tattan

Principles and Practice of **Psychiatric Rehabilitation**
An Empirical Approach

Patrick W. Corrigan
Kim T. Mueser
Gary R. Bond
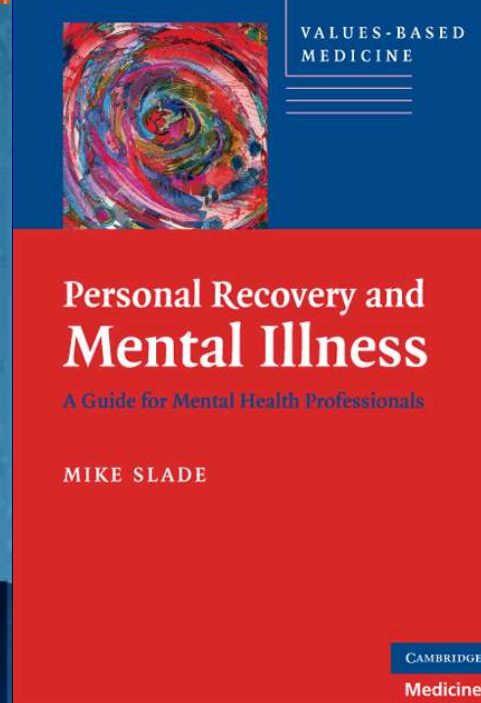Robert E. Drake
Phyllis Solomon

Recovery in Mental Health
Reshaping scientific and clinical responsibilities

Michaela Amering and Margit Schmolke

World Psychiatric Association

WILEY-BLACKWELL

VALUES-BASED MEDICINE

Personal Recovery and Mental Illness

A Guide for Mental Health Professionals

MIKE SLADE

CAMBRIDGE
Medicine

The big remaining challenges

- Promoting well-being

- Improving social inclusion

Slade M (2009)

The contribution of mental health services to recovery,

Journal of Mental Health, **18**, 367-371.

Promoting well-being

Subjective Well-Being

Positive affectivity

Personal control

Hope

Wisdom

Humility

Compassion

Gratitude

How we become moral

Spirituality

Resilience

Creativity

Optimism

Self-efficacy

Setting goals for life & happiness

Relationship connection

Forgiveness

Love

Humour

The pursuit of meaningfulness

Snyder CR, Lopez JS (2002) *Handbook of positive psychology*, New York: Oxford University Press.

Relevant bodies of knowledge

Academic disciplines linked to recovery:

Positive psychology

Mental capital

Well-being

Resnick SG, Rosenheck RA (2006) *Recovery and Positive Psychology: Parallel Themes and Potential Synergies*, Psychiatric Services, **57**, 120-122.

Hanlon P, Carlisle S (2008) *What can the science of well-being tell the discipline of psychiatry – and why might psychiatry listen?*, Advances in Psychiatric Treatment, **14**, 312-219.

Slade M (2010) *Mental illness and well-being: the central importance of positive psychology and recovery approaches*, BMC Health Services Research, 10, 26.

Mental wellbeing

Mental wellness is achieved when one is in harmony with oneself and one's surroundings; it allows individuals to function effectively and deal with new challenges.

Mental Health Working Group (2002) *Mental Wellness Framework: A Discussion Document for Comprehensive Culturally Appropriate Mental Health Services in First Nations and Inuit Communities*, Ottawa: Health Canada.

Foresight five ways to wellbeing

Connect

Connect with the people around you…Think of these as the cornerstones of your life and invest time in developing them.

Be active

Go for a walk or run. Step outside. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy.

Take notice…

Be curious. Catch sight of the beautiful. Remark on the unusual. Be aware of the world around you.
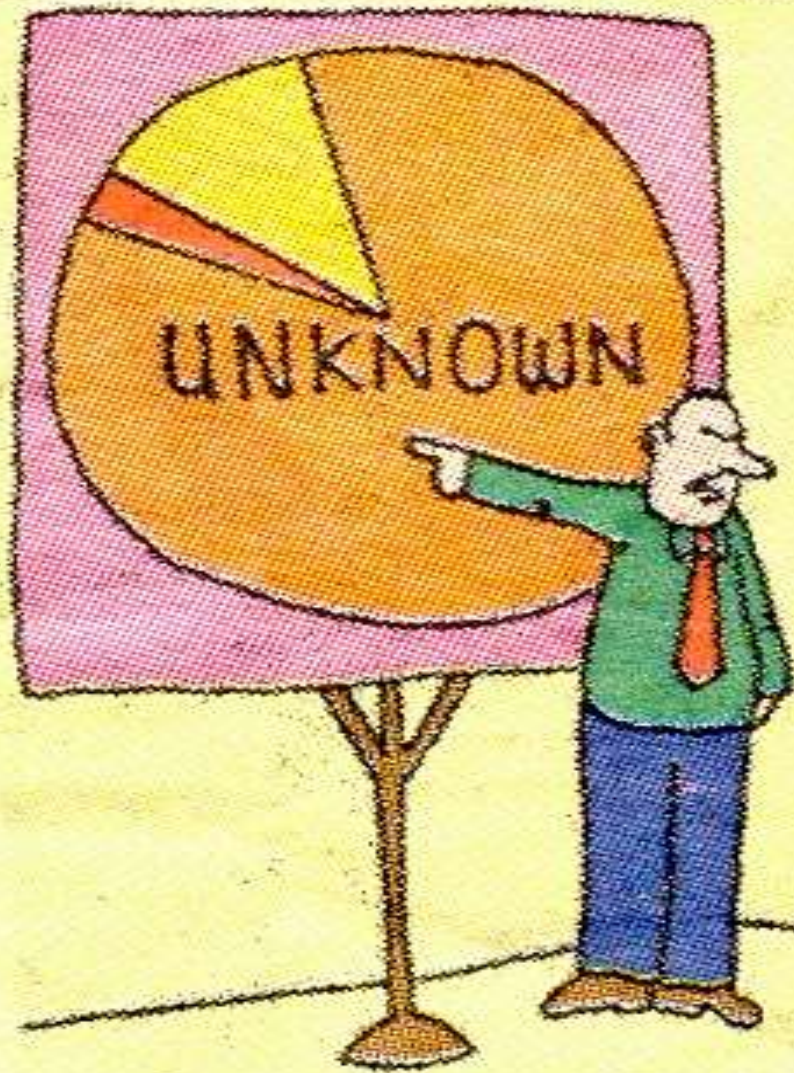
Keep learning…

Try something new. Rediscover an old interest. Sign up for that course. Set a challenge you will enjoy achieving.

Give…

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in.

"If we take out the 'unknown', our study shows it will be a good financial year"

Thank you