Recovery Discussion Topic – Recovery Tools

“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.” (Sainsbury Centre for Mental Health 2007)

“People I come into contact with have the right approach and skills to treat me respectfully, help me recover and live my life the way I choose to” (Personalisation NIMHE website)

1 Rethink 100 ways to support Recovery (Mike Slade)

In a mental health service focussed on personal recovery, assessment leads to the identification of two types of goal.

**Recovery Goals** are the individual’s dreams and aspirations. They are influenced by personality and values. Recovery goals are strengths based and oriented towards reinforcing a positive identity and developing valued social roles. They can be challenging to staff, either because they seem unrealistic, inappropriate or supporting them is outside their role. They always require the service user to take personal responsibility and put in effort.

**Treatment Goals** - these goals will normally be about minimising the impact of an illness and avoiding bad things happening, such as relapse, hospitalisation, harmful risk etc.

Recovery goals and treatment goals are different. Recovery goals look like the goals of people with no mental illness. Identifying goals needs to be an explicit focus within the assessment process.

**Action Points:**

Staff can help the person identify recovery goals by:

- Using person centred planning
- Supporting the use of user developed work books (e.g. WRAP, WLP, Recovery STAR)
- Completing a personal recovery plan

2 Recovery Tools:

2.1 Care Programme Approach

‘Three keys to a shared approach’ (CSIP/NIMHE 2008) is a document that highlights the crucial challenge of achieving personalisation not only in how services respond to people’s problems but also in how their problems are assessed in the first place. This new handbook gives practical examples of three keys to a Shared Approach to good practice in assessing an individual’s mental health problems. The three keys reflect the views of a wide range of service users, carers and of service providers from both voluntary and statutory sectors.
The three keys:

1. **Active participation** of the service user concerned in a shared understanding with the service providers and, where appropriate, with their carers.
2. Input from **different provider perspectives** within a multi-disciplinary approach, and
3. A person-centred focus that builds on the **strengths, resiliencies and aspirations** of the individual service user, as well as identifying his or her needs and challenges.

The shared approach to assessing a mental health problem aims to:

- Reduce the risk of repeat assessments being made
- Strengthen the relevance of assessments to the individual service user, and
- Support individuals to be actively involved in building self management skills as the basis of their recovery and independent living.

The path to recovery and to independence can be blocked right from the start if there is no shared understanding of an individual's particular challenges and strengths.

### 2.2 Whole Life Recovery Plan (www.wholelife.org.uk)

The Whole Life Approach advocates a range of values that are found in the underpinning approaches of social inclusion, recovery, spirituality, choice, user and carer involvement, principle based approaches, the arts, equality, well-being, self-management, new ways of working, anti-stigma and anti-discrimination.

By drawing on these sets of values the Whole Life Recovery Plan draws on range of practices and approaches that can help in maintaining or reclaiming a Whole Life. By putting the person's experience at the centre, as a driver for change, it provides a means of expanding on what helps in one's recovery and well-being.

The key principles underpinning this approach / tool are:

- Putting the person at the centre
- Considering the person in the context of their whole life
- Change the thinking, change the practice, change the system
- A focus on strengths

### 2.3 Wellness Recovery Action Plan (www.mentalhealthrecovery.com)

**Mary Ellen Copeland**, PhD, is an author, educator, and mental health advocate. Copeland’s work is based on the study of the day-to-day coping and wellness strategies of people who have experienced mental health challenges. It centres on self-help, recovery, and long-term stability. Personally, Copeland has experienced years of mental health challenges and has achieved long-term wellness and stability using these strategies

WRAP is a self-management and recovery system developed by a group of people in the US who had mental health difficulties and who were struggling to incorporate wellness tools and strategies into their lives. WRAP is designed to:

- decrease and prevent intrusive or troubling feelings and behaviours
- increase personal empowerment
- improve quality of life
- assist people in achieving their own life goals and dreams
WRAP is a structured system to monitor uncomfortable and distressing symptoms. It can help reduce, modify or eliminate symptoms by using planned responses. These include plans for how an individual wants others to respond when symptoms have made it impossible for them to continue to make decisions, take care of themselves or stay safe. The person who experiences the symptoms develops their personal WRAP, although they may choose to ask the people who support them or health professionals to help them create it.

2.4 Recovery Star - [http://www.mhpf.org.uk/](http://www.mhpf.org.uk/)

The Recovery Star is a tool for supporting and measuring change when working with adults of working age who experience mental health problems. The tool supports the service user’s recovery by providing them with a map of the journey to recovery and a way of plotting their progress and planning actions they need to take. It is an outcome tool for individuals to measure and summarise across a range of ten core areas which have been found to be critical to recovery:

- Managing mental health
- Physical health and self-care
- Living skills
- Social networks
- Work
- Relationships
- Addictive behaviour
- Responsibilities
- Identity and self-esteem
- Trust and hope

The Recovery Star measures the relationship the service user has with any difficulties they are experiencing in each of these areas and where they are on their journey towards addressing them. The tool is based on a five stage model of the process by which people make changes in areas of their life that are not working for them. The five stages of this model are Stuck, Accepting Help, Believing, Learning and Self-reliance. The full model is called the Ladder of Change. The tool is underpinned by the assumption that positive growth is a possible and realistic goal for all service users and both tools are designed to support as well as measure this growth by focusing on people’s potential rather than their problems. In addition the Recovery Star is rooted in the recovery approach, which is underpinned by the idea that people with mental health issues can live rich and fulfilling lives and that this is not necessarily reliant upon the elimination of the illness but its effective management.

2.5 Personalisation


‘Personalisation? I know this is happening when I am treated with warmth, respect and honesty - when people listen to me, treat me as an equal, and support me - and when I don’t have to fight all the time to get what I want to help me recover and live my life the way I choose to’ Mental health expert by experience

There has been a gathering policy momentum leading to local authority and health service reform. A fundamental re-think of the relationship between citizens and public services runs through, for example, [Improving the Life Chances of Disabled People, Our Health, Our Care, Our Say, Putting People First, and NHS Next Stage Review](http://www.nmhdu.org.uk/our-work/personalisation-in-mental-health-emerging-programme/paths-to-personalisation/).
The main messages are very clear. We should expect a personalised approach, which means a relationship with public services which ensures that:

- We are empowered to have more say and control in all aspects of public life and participate as active and equal citizens
- We have maximum control of our own lives, including control of our own health and health care
- We are supported to live independently, stay healthy and recover quickly
- We have choice and control so that any support we may need fits the way we wish to live our lives

One way of giving us more control over the support we may need is to allocate an amount of money (a personal or individual budget or direct payment) so that we can decide ourselves how it can best be used. Having access to personal budgets has undoubtedly led to very positive outcomes for some people. An Individual Budgets Pilot Programme (IBSEN) took place in England in 13 local authorities and has now been evaluated. The evaluation report found that having an individual budget was associated with better outcomes and higher perceived levels of control and people had more positive aspirations for their lives. Specific benefits for people with mental health needs were reported. However, the report also highlighted major barriers to take up for people with mental health needs. Research on Direct Payments also shows that they are least commonly provided to people with mental health needs.

*Direct payments for people with mental health problems: A guide to action* sets out good practice in making direct payments more accessible to people with mental health needs. This guide follows on and places personal budgets in a wider context.

**What helps to make this happen?**

From the very first contact - by phone, online, personal visit, or meeting - the messages that individuals or their friends or family members receive will have an impact on the way they feel about themselves and on the way they engage with organisations and professionals. A personalised approach will be evident in the language, attitudes and behaviour on initial contact and in all the processes that people go through. The simple test for this is to ask ‘How would I feel if this was what I, or a member of my family, experienced?’

Person centred approaches were promoted through Valuing People (DH, 2001) for people with learning disabilities. The guidance produced to support the development of person centred approaches defines the term as: ‘activities which are based upon what is important to a person from their own perspective and which contribute to their full inclusion in society.

Person centred planning is a process for continual listening and learning, focussing on what is important to someone now and in the future, and acting upon this in alliance with their family and friends.’ (DH, 2001)

Putting People First highlights the intention for these approaches to be used across the board and for ‘Person centred planning and self directed support to become mainstream.’
People have a sense of being respected if they experience:

- A recovery approach that treats people as equal partners with the hope and expectation of a fulfilled life
- Assessment and self-assessment that is a set of personalisation principles, not just a document, and takes account of varied experiences, backgrounds and complexity of need
- Assessment that focuses on what matters to people and what works or does not work for them
- Co-production as the everyday approach: this means people working in partnership with their family, carers and professionals to plan, develop, arrange or purchase the services and support that are appropriate to them
- Person centred planning and reviews that put people in control and equip and empower them to make decisions about their own support and recovery
- People who genuinely listen and go at a pace that suits the person they are supporting: this will be reflected in outcomes and how close they are to what people want for themselves
- An integrated system that responds to people's diverse roles and needs (e.g. health, family, parenting, relationships, housing, employment, leisure, education) and does not only focus on times when people are unwell
- The right and appropriate support to help people be prepared and ready to take control and to plan for their own recovery

“There is a planned and balanced approach to crisis and risk that I feel confident in and that does not undermine my sense of being in control of my life and recovery.”

Getting the balance right between creativity, personal control, aspiration and positive risk management is a key challenge to address for personalisation. Risk is something we all live with every day and is an important part of opportunity and change but responses to this in services can sometimes result in over-restrictive practices. On the other hand, significant risk, for example of self-harm or harm to others, needs to be acknowledged and worked with in a responsible way.

Although the IBSEN evaluation of the Individual Budget Pilots did not demonstrate any increased risk to or by people using individual budgets, it did report concerns raised by care, social work and adult safeguarding staff around ‘the possible risks of financial abuse, neglect and physical harm’. Balanced against this is the evidence of people with mental health needs using individual budgets reporting ‘a higher quality of life and a possible tendency towards better psychological wellbeing’ (SCIE, March 2009) and evidence from international research that ‘people using self-directed support instead of traditional services are generally more likely to report improved outcomes and satisfaction’ (SCIE, March 2009)

Examples of things that will help achieve this balance:

- Advance directive and crisis planning and day to day person-centred risk management that is taken seriously - so that people are confident that action will be taken with due regard to their plans and wishes
- Recognition that people's needs are not constant and any risk agreements should be regularly reviewed and subject to change
- Activity that promotes a positive risk taking culture in organisations, for example: involving people in developing a Choice, Empowerment and Risk policy, training for all, and support from senior managers so that staff feel confident about this approach
- Self-regulation, with investment in resources to offer peer support and share feedback about, for example, people's experiences of providers and personal assistants
- Involvement of people in setting up and carrying out quality assurance activities
- Sufficient time spent with people to help them design support that will be based on their choices and wishes, whilst recognising those risks that can be reduced
- Acknowledgement of carers needs and wishes and the sensitive balance of support for the rights of all involved
2.5 Life Stories

Story telling is one of the most powerful means of communication that has existed for centuries.

Stories well told capture our hearts, our minds and our imagination. They allow us to build up a picture and set of values and beliefs around the subject. Life story work is not exclusive to mental health in later life; work around the use of life stories in care has evolved for many years. A national life story network has been developed to create further discussion and sharing of positive practice in the use of life stories.

Visit the site and sign up to join the forum at [www.lifestorynetwork.org.uk](http://www.lifestorynetwork.org.uk)

CPFT has developed its own recovery story project. We are still collecting stories, music, poetry and art. We plan to use it is a variety of ways to help train our staff about recovery and to help service users to see that there is light at the end the tunnel.

If you would like to work with us on using your story, or you know a service user who would like to share theirs, in which ever format you prefer, please contact Katrina Saunders on 01223 726 767
3 SIGNPOSTS

Care Programme Approach and Assessment
1. Wellness Recovery and Action Plan, A practical approach to recovery

2. 3 Keys to a Shared Approach in mental health assessment, CSIP/NIMHE, 2008
   http://www.3keys.org.uk/

   www.dh.gov.uk/publications

4. Effective Care Co-ordination in Mental Health services: Modernising the CPA: A policy booklet (DH, 2000)
   www.dh.gov.uk/publications

Positive Risk Taking and Risk Management
5. DH, Independence, Choice and risk: a guide to best practice in supported decision making DH, 2007
   Best practice guide, learning and development materials, supported decision making tool, leaflet for people using services

6. Person centred risk. A course for senior managers, first line managers, family members and carers and support workers.
   http://www.helensandersonassociates.co.uk

7. Risk enablement and personalisation project. DH Social Inclusion Programme
   info@tonyryan.org

8. Positive Risk Taking Policy: Gateshead Council's Community Based Services An example of a policy that has been developed to ensure that there is a consistent approach to the identification, assessment and management of risk across services

   http://www.scmh.org.uk/pdfs/clinical_risk_management.pdf

Person-centred approaches
10. Person-centred thinking with people who use mental health services, Helen Sanderson Associates with David Coyle, University of Chester (2005)
    www.helensandersonassociates.co.uk/PDFs/MHminibookweb.pdf

11. Our choices in mental health, CSIP A framework for providers to extend choices and practical support
    http://www.mhchoice.csip.org.uk

12. Supporting People with Long Term Conditions (Re: Statement of values and principles of care planning. P12)


14. Website with support planning resources
    http://www.supportplanning.org/MentalHealth/
Questions

1. The briefing identified both tools and approaches to working with people in a Recovery Oriented way. Do you identify anything different about the principles of working with people that is different from past perspectives of mental health service delivery?

2. Are you already using the tools identified? How helpful have they been for both the person you are working with and you as a professional?

3. In what ways are they helpful and for whom?

4. Are there ways you could enhance the way you work collaboratively with the people you see?

5. Does the team you are working with routinely use these types of tools?

6. Are there ways you could introduce the use of these tools without adding to your workload and administrative processes? E.g. use of support workers such as STR, Community Support Workers, Peer Support Workers, Social Inclusion and Vocational workers.