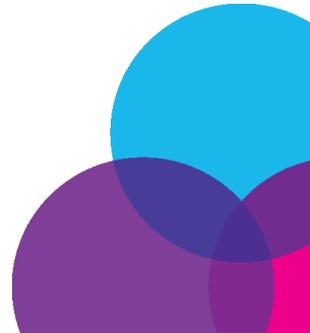




Changing the Conversation: What does a Recovery focused approach mean for relationships between mental health nurses and the people they support?

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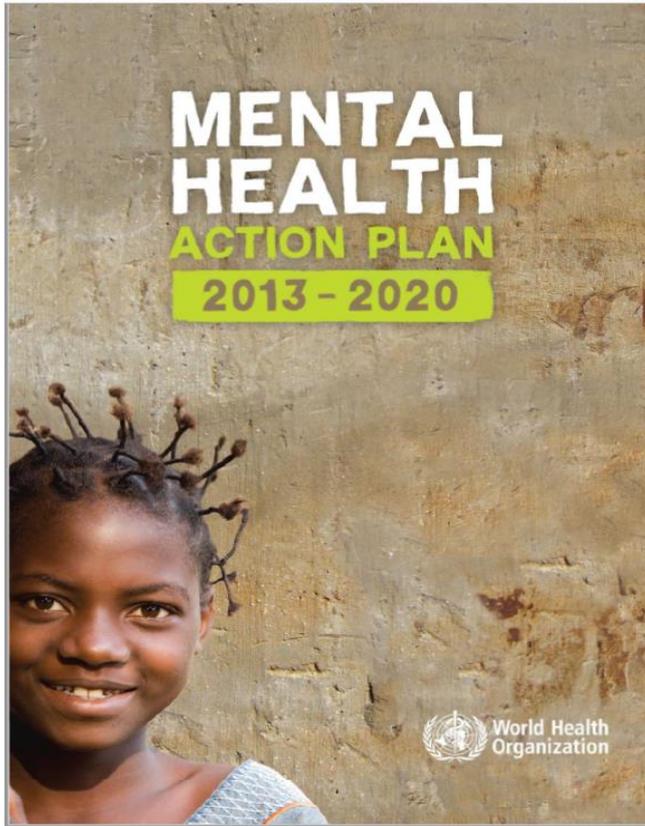


What is Recovery?

- Finding a way of understanding and managing your own mental health so that you can live a meaningful and satisfying life.
- Re-evaluating who you are and what you want out of life. Identifying personal goals and aspirations and taking steps to achieve them.
- Gaining skills and knowledge about how to keep yourself well knowing when to ask for help.
- *Not necessarily about eradicating symptoms, restoring functioning returning to previous life because this is not always possible.*

“You have the wondrously terrifying task of becoming who you are called to be.... Your life and dreams may have been shattered – but from such ruins you can build a new life full of value and purpose.” (Deegan, 1993)

Supporting Recovery (WHO, 2013)



.... *“From the perspective of the individual, recovery means gaining and retaining hope, understanding of ones abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life and a positive sense of self. Recovery is not synonymous with cure.....*

...The core service requirements include: listening and responding to individuals' understanding of their condition and what helps them to recover; working with people as equal partners in their care; offering choice of treatment and therapies, and in terms of who provides care; and the use of peer workers and supports, who provide each other with encouragement and a sense of belonging, in addition to their expertise”.



From a traditional approach towards recovery focused services

“People who see themselves solely as a patient may feel driven to conform to an image of incapacity and worthlessness, becoming more socially withdrawn and adopting a disabled role. As a result, their symptoms may persist and they may become dependent on treatment providers and others” (Warner et al. 1989)

“Recovery focused services are all about enabling folk to recognise their own potential to manage their condition so that they can live a life that they value and in doing so move away from services towards the interdependent network of community and social support that all of us need” (Lysaker et al, 2007)





Traditional emphasis on patient in our services

The patient in our services

Primary purpose = treatment and symptom reduction

- ✓ **Symptoms and problems**
- ✓ **Diagnosis**
- ✓ **Treatment**
- ✓ **Prognosis**
- ✓ **Services/supports**

History,
preferences, likes
and dislikes

Strengths,
abilities, material
and personal
resources

Goals and
ambitions

Family
and social
networks

Work, home,
leisure activities

Culture and
values

History, strengths, goals, social circumstances, activities, values, beliefs etc. considered to inform decisions about diagnosis, treatment and support

But symptom removal neither a sufficient nor necessary condition for rebuilding life



“Recovery requires reframing the treatment enterprise...the issue is what role treatment plays in recovery.” (Davidson et al, 2006)

The person in their life:

- ✓ **Where they have been**
- ✓ **What has happened to them**
- ✓ **Where they are now**
home, work, leisure, family, friends, culture, values, interests, likes, dislikes, preferences
- ✓ **What they have got going for them**
abilities, personal and material resources, family, friends
- ✓ **Where they want to be and what they want to do**
goals, aspirations, ambitions, dreams

Symptoms

Problems

Diagnosis

Treatment

Support

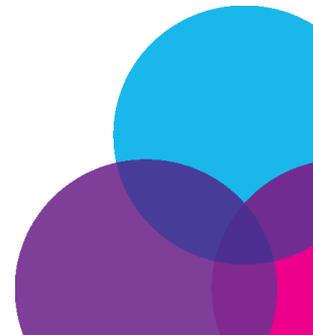
Services

Diagnosis, treatment and support considered in terms of the extent to which they help the person to do the things they want to do and live the life they wish to lead



Recovery means shifting the culture of services from ...

- ...symptom and problem focused towards strengths based and goals focused
- ...professionally led towards coproduced/shared decision making
- ...from experts treating problems towards self management of whole life
- ...from outcomes based on symptom reduction towards outcomes based on roles and relationships
- ...from solutions founded in services towards goals achieved in communities
- ...from changing the individual towards 'changing the world'





So what does this mean for nurses' relationships?

- Changing our conversation with people who use services
- Changing our conversation within the service as a whole
- Changing our conversation with the communities that people live in



1. Changing conversation at individual level

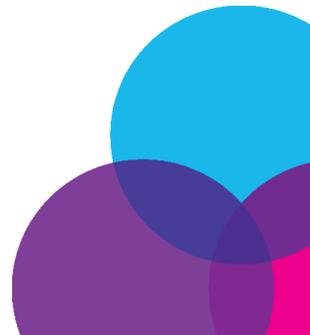
Focusing on:

- people in the context of their family, social network, community and culture
 - personal strengths, possibilities and aspirations
 - ‘getting a life’ rather than ‘getting rid of problems’
 - crisis prevention, self-management, resilience and wellbeing (both physical and mental)
 - enabling people to become experts in their own self-care and explore their own possibilities.
 - developing meaningful partnerships with family, friends and people who are important to the person: valuing their knowledge,
- 



There are many different ways of supporting Recovery the approach most likely to help the individual will depend on their preferences and circumstances

- Psychotherapy
- Open dialogue
- Mindfulness
- Occupation
- Exercise
- Spirituality
- Art
- Nature
- Dietary support
- Medication
- Compassion
- Trauma informed care
- Solution focused approaches
- Housing support
- Financial support
- Physical healthcare
- Family therapy





In Recovery focused relationships your values and principles are more important than your profession or training

Principles

- **Hope** – inspiring them to believe that things can get better
- **Control** – enabling them to take control of their condition, their treatment and their life
- **Opportunity** – facilitating access to roles, relationships, activities, facilities and resources

Values

- Changing the balance of power by actively recognising our shared humanity, equal rights, equal potential
- Believing in people
- Working towards *their* goals
- Upholding *their* rights – for dignity, respect, opportunities, support
- Focusing on *their* strengths
- Your role is not to 'fix' them but to enable them to do the things they want to do



Inspiring HOPE

- Hopeful language – avoid jargon, negative constructions of behaviour, generalisations and blame
- Show that you value them as a person – avoid ‘othering’, demonstrate respect, share humour, share personal details that are relevant
- Focus on strengths, experiences, achievements, possibilities
- Share others’ recovery stories – link with people who share their experiences
- Celebrate successes and achievements
- Tolerate uncertainty – they are allowed to change their mind or not know ...
- Focus on possibility and opportunity - not on past failures
- Listen - and show that you have heard.
- Demonstrate that you believe in the authenticity of their experiences – believe in their reality
- Be honest about what you cant change and make every effort to change what you can
- Balance appreciating the devastating nature of their experience alongside offering possibilities of hope and recovery

“For those of us who have been diagnosed with mental illness and who have lived in sometimes desolate wastelands of mental health programmes, hope is not just a nice sounding euphemism. It is a matter of life and death.” (Deegan, 1986)



Enabling control

- Build on the person's existing knowledge and skills in managing their condition.
 - what keeps them well
 - what makes them anxious, stressed, irritable
 - What they can do to avoid the stressors and build on wellness
 - how they can anticipate 'bad times' (identifying triggers)
 - how they can recognise when they need additional help
- Help them to determine the treatment and support that is most helpful – put your expertise and skills at their disposal, keep the conversation going, things change over time.
- Always work with their views, opinions, experiences and wishes and have honest dialogue about what these mean

“To me, recovery means I try to stay in the driver’s seat of my life. I don’t let my illness run me. Over the years I have worked hard to become an expert in my own self-care ... Over the years I have learned different ways of helping myself. Sometimes I use medications, therapy, self-help and mutual support groups, friends, my relationship with God, work, exercise, spending time in nature – all of these measures help me remain whole and healthy, even though I have a disability.” (Deegan, 1993)



..... Enabling control

- Work with people (family, friends, colleagues) who are important to them – share experiences and expertise to come up with a supportive plan for their personal situation
- Support them to attend courses and self help groups to learn about their condition
- Support them to develop a personal recovery plan
- Help them prepare for reviews, appointments etc to make their views clear
- Ensure that if any incidents occur their story is recorded and their view contributes to any review of care and treatment

The measure of our success is not the quality of our relationship with the person but the quality of relationships that they have with their own family, friends and colleagues.



Facilitating access to **opportunities** to participate and contribute – to be more than a patient

- Supporting people to believe that they can still have dreams and aspirations
- Ask who they usually talk to, friends, family and people important to them
- Ask about how they usually spend their time – work, leisure, hobbies, exercise, religion, arts
- Regain contact as soon as possible, with support at first
- If contact is lost, start making plans so they have something to look forward to – keep up their belief in possibilities
- Support them to make these dreams real – building on existing connections, skills, experiences, small steps, graded support
- Building up relationships outside services by joining groups, classes, volunteering, employment.



2. Changing the conversation at a service level to facilitate Recovery focused relationships

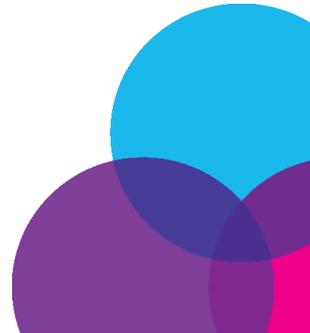
Changing the balance of power so that people with personal and practical expertise contribute to the culture and design of services by

- recognising those who use services (and their families/friends) as assets in the development and delivery of services with valuable experience and skills – coproduction at every level
- recognising and using the skills and knowledge of front line nursing staff in the development of services
- creating a culture of innovation and continual improvement: from ‘yes, but...’ to ‘yes, how...’
- increasing the expertise of lived experience in the workforce by employing trained peers in a range of roles in every team; and by offering training for professional staff to bring their lived and life experience into their practice.
- Model non-discriminatory employment by actively recruiting people with long term health conditions.

“we are learning that the environment around people must change if we are to be expected to grow into the fullness of the person who, like a small seed, is waiting to emerge from within each of us ... How do we create hope filled, humanized environments and relationships in which people can grow?” (Deegan, 1996)

3. Changing conversations with communities by:

- developing mutually supportive relationships with the wealth of resources within diverse communities.
- actively increasing the confidence and capacity of community employers, faith, sports, retail resources etc to welcome people living with health challenges.
- focusing on supporting people to access mainstream community networks and resources rather than relying on specialist services.
- supporting and promoting the development of peer networks and communities (including self-help groups and service user organisations).
- supporting people with lived experience to have a voice in social and political debates about health and social care.





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In conclusion - BELIEVE IN PEOPLE!

If people with health problems are to rebuild their lives then they must be able to see the possibility of a positive future for themselves.

If nurses are to facilitate the recovery process then they must be able to value those whom they serve and envision a positive future for them.