

Dorset Wellbeing and Recovery Partnership



Welcome to our winter newsletter. Apologies to those of you who were expecting a December edition. Following the last newsletter we decided to produce four newsletters a year, on a seasonal basis.

The focus in this newsletter is: peer specialists and the role they can play in supporting both an individual's recovery but also in helping organisations and teams to become more recovery centred; and to outline the communication strategy which we are in the process of launching.

Recovery Innovations – www.recoveryinnovations.org

In September Becky and Phil went to hear Eugene Johnson of Recovery Innovations in Arizona speak. Eugene is a leading international figure in promoting recovery in mental health services. It is the work of Recovery Innovations which is helping shape our thinking as regards the role of peer specialists.

Eugene used the Michelangelo quote across the page to illustrate how Recovery starts with a vision of hope and inspiration.

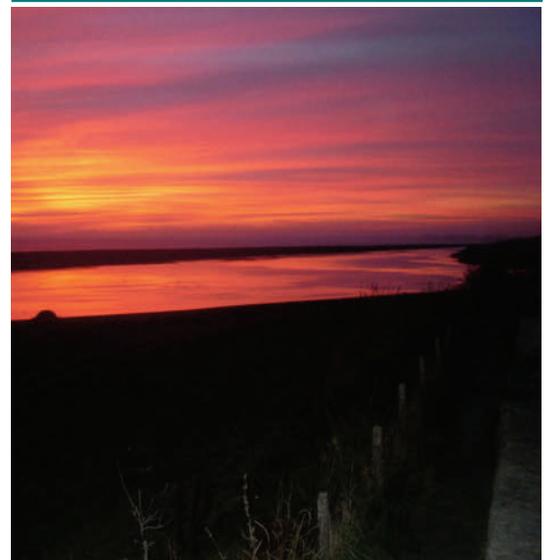
The mission of Recovery Innovations is: *“to create opportunities and environments that empower people to recover, to succeed in accomplishing their goals, and to reconnect to themselves, others, and meaning and purpose in life”.*

Recovery Innovations, through creating opportunities and giving people responsibilities, found that individuals not only improved but also flourished. They moved towards an educational model, training people in developing self-management skills and then on to employing people with lived experience. Eugene described a “snowball effect” where, as expectations were raised, people achieved more, hope increased and people's lives improved.

Recovery Innovations now have a comprehensive training package and career structure. 72% of the workforce are now peer specialists. Eugene described a “tipping point” where the organisation moved from one that reinforced disability, allowing people to be victims, looking for someone to fix them, to an organisation which empowered, allowing people to discover their gifts and strengths, which could be celebrated.

“The greater danger for most of us is not in setting our aim too high and falling short, but in setting our aim too low and achieving our mark.”

Michelangelo (Italian sculptor, painter, architect & poet, considered the creator of the Renaissance, 1475-1564)

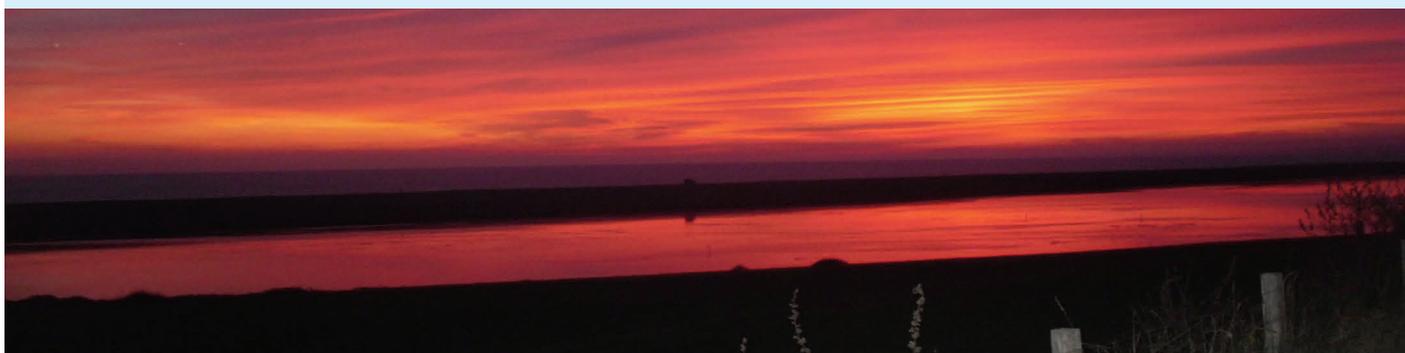


The Wellbeing and Recovery Partnership (WaRP) Communication Strategy

This has been compiled to raise awareness and promote the philosophies of Wellbeing and Recovery in a way that inspires hope, enables transformation and challenges stigma. The aim is to influence change within Dorset, particularly within mental health services and to provide a resource for people to access further information about wellbeing and recovery by:

- Establishing local recovery networks
- Developing methods of collecting and publishing recovery stories
- Making recovery stories available to Commissioners
- Creating the Dorset WaRP website
- Organising a competition with local schools to design a WaRP poster to raise profile and publicise website
- Liaising with local press to raise profile, launch website and link with Time to Change campaign
- Involving Public Health to increase awareness of wellbeing and recovery outside mental health services.

Peer Specialists and the Dorset WaRP



So having heard Eugene Johnston we asked ourselves, what does this mean for us and what is it that peer specialists actually do? Then we realised that we already have a number of paid and voluntary positions where people with lived experience contribute to both service delivery or service development. There are the Forum service user representatives who sit on various developmental and strategic groups for NHS Dorset: Community Health Services; there are a range of projects led by people with lived experience, for example the Sport and Leisure Activity Programme (SLAP) and there are volunteers who contribute to some of the activities and groups in the inpatient units. There are also peer support groups and development of training programmes led by people with lived experience.

From this we know what peer specialists do: they inspire hope in others, they enable staff to think differently, they ensure that service delivery is focused on what the person wants rather than the organisation. We may not have called them peer specialists but that is what they are doing.

So what do we need to do? Well, we need to build and develop this. We have just recruited our first formal peer specialist post in North Dorset to support people with mental health problems returning to work. We are currently developing a strategy that will propose the development of a comprehensive training programme for peer specialists and a career structure so that there are peer roles in all aspects of the services. Other areas in the UK have already started employing peer specialists and the feedback so far is encouraging, particularly in Scotland. If you want to find out more information on peer specialists please check out the Recovery Innovations website www.recoveryinnovations.org.

Recovery Stories and Narratives

Recovery stories and narratives are an essential part of understanding recovery, what it means for people and what it looks like in reality. Not only can stories inform and inspire individuals on a personal level in their own recovery, but also mental health practitioners in their practice and the attitudes of communities and society as a whole. Stories can show people's journeys, their recovery and achievements, in a unique and powerful way. They show journeys of discovery of people, tools, techniques and environments that have been helpful, hopeful and empowering.

A person's narrative about their experience shows *who they are* as a person and is self-actuated. It enables a shift away from a diagnosis-focused account of where a person *has been* and facilitates engagement with the person themselves, in moving forward now.

Recovery stories can also be empowering and at times transforming for the author, helping people to

find meaning in their experience and discover strengths.

"I had lost total control over my life and was barely functioning. I had become a prisoner in my own home, staying in by choice all the time because I could not cope with the outside world. My occupational therapist was very determined to see my standard of life improved and was sympathetic but also very focused on that one aim. I certainly have never wanted sympathy or platitudes, only help in taking back control over my life. It was an impossible task on my own; no matter how hard I tried. And I tried so very, very hard." MP

Becky plans to circulate and publish recovery stories and narratives from service users, carers, children and also staff in Dorset Mental Health Forum's *Reflections* magazine at the end of March. Please send her your recovery stories, which can be in the form of writing, poetry, painting, film, or even photographs.

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