

Dorset Wellbeing and Recovery Partnership

Welcome to the spring edition of the Newsletter and as it is the season of new growth it is a good opportunity to outline the developments that are taking place which should come to fruition over the summer. This edition focuses on three topics: our aims to implement personal recovery plans; the relationship that recovery has to older person's mental health; and showing how we are shifting the culture in the NHS regarding the management of risk. We are also aiming to have our website up and running by the end of the summer to complement these developments.

The importance of language

Language frames and constructs how we understand the world. Words are full of explicit and implicit meaning and power dynamics. By changing the terms we use we change how we describe the world. Obviously changes in words need to be accompanied by changes in practice or they can be hollow. The WaRP are proposing that we change the term *Service User* to **Person who accesses services**. Although it is a less concise term it puts the emphasis on the person. We would also suggest that the term Carer is replaced with **Supportive Relationship** (except in medico-legal circumstances) as it puts the person in control of their care. We would be interested to have your views on this.

Personal Recovery Plans

The WaRP has been discussing the role Wellbeing and Recovery Action Plans (WRAP) and personal recovery plans play in an individual's recovery. It is well established that these plans are crucial in the development of self-management skills and a key tool in supporting a person's recovery journey, enabling them to take control of their own wellbeing and recovery. WRAPs or personal recovery plans help an individual develop their self-awareness, thus promoting a sense of having control. They enable people to set goals and to monitor their own wellness. They also give people their own personal responsibility and empowerment to identify the help or support they require.



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We see these plans as tools which are crucial to the implementation of recovery principles in practice. We have been cautious until now about how to approach this as we were keen that these plans would be owned by the individuals and not be imposed on them or owned by statutory services.

Over the next few months we aim to pilot a number of existing plans and look into the possibility of developing a local tool, with particular focus on wellness and wellbeing, using local people with lived experience (with an e-version). This could be used by people across Dorset and not just in mental health services. We are also looking to develop a training programme for people with lived experience and their supporters, and for staff to support the launch of these plans.

Within mental health services we would expect professionals to use individuals' personal recovery plans to shape the Care Programme Approach meetings. We would also like staff to offer to coach people in undertaking a personal recovery plan, or signpost people to where they can get further information or coaching on personal recovery plans. People should also be allowed the flexibility and choice to use whichever tool they feel is relevant to them and services should be able to respond to this in a way where people can maximise their own self-management and control over the service they receive. We see the launch of the personal recovery plans and training as a major step in the culture change required in order to put recovery principles into practice. We plan to have them in place by the end of the summer.

Older People's Mental Health and Recovery



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Is recovery relevant to older person's mental health services? Of course it is! Recovery does not mean getting better; it is a set of principles that can guide people and services to support an individual to live the most meaningful and purposeful life they can. In many ways the older people's mental health services think like this already, both with people with functional conditions (e.g. depression, psychosis) and organic conditions (e.g. dementia) particularly with work of Kitwood and the Person-Centred Care approach. So what happens next? We are looking to engage with staff and people who use the services to build on these principles to ensure that they guide, inform and develop service provision.

Risk, Safety Planning and Recovery

To complement the development of the personal recovery plans and culture shift within the NHS it is also important to review our approach to risk assessment and management. The WaRP has developed a position statement describing the key principles in recovery orientated risk and safety planning, its main points being:

- The key elements are engagement, collaboration, transparency and the promotion of an individual's sense of control, sense of hope, and opportunities for the future (SCMH, 2009).
- Following the principles of recovery does not mean that people are able to do as they please, rather they are encouraged to take responsibility and enter into shared agreements.
- A broad understanding of risk needs to form part of this with an awareness of not just physical harm to self or others but also emotional harm. This includes an understanding of the emotional harm that can result by limiting a person's opportunities.
- Establishing effective relationships are crucial to risk assessment, management and safety planning. Using recovery principles is a useful approach to engage with all people and particularly with those presenting with complex issues who may have found it difficult to engage with services.
- Where possible risk and safety assessment and planning should be a collaborative and shared process (including the involvement of a person's supporters, friends and/or relations, and other agencies.) Skillful information sharing is a crucial part of this.
- When people are unable to make informed decisions about their care, then crisis plans and advanced decisions should be consulted. If advanced decisions or directives are not available as far as possible the known wishes of the individual should be considered. As a person becomes more able to make effective decisions about their risk management, that responsibility should be shared.
- Where possible individuals should be offered relevant choices.
- When conflict and disagreement arise our approaches should still be underpinned by the values of recovery and we should be transparent as far as possible. Disagreements should be noted and solutions, where possible, worked towards.
- Staff should be sufficiently skilled in conflict resolution and motivational approaches, and aim to maintain engagement.

To put this into practice the WaRP is in the process of developing good practice guidelines and a system of supervision and training for staff which will support a recovery orientated approach to risk assessment, management and safety planning. Alongside the development of personal recovery plans the WaRP will also be piloting and developing 'crisis plans' (which include advanced decisions) and 'safety plans' for people to develop to increase self-management when they are entering a period of crisis or emotional instability. We are seeking to develop a training programme for those with lived experience to be able to complete and for staff to be acting in a coaching role to support people in completing their own plans.



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