

# Dorset Wellbeing and Recovery Partnership

Welcome to the autumn newsletter. We would like to introduce Jackie Lawson who is the Recovery Development Worker for Dorset HealthCare University Foundation Trust (DHUFT). She is now co-leading the Wellbeing and Recovery Partnership together with Phil and Becky, to cover the east of the county. DHUFT have now become a formal partner of the WaRP. This newsletter will outline in more detail the work we are undertaking in DHUFT, providing an update on the work that is happening in Dorset Community Health Services (DCHS), and feeding back from the Refocus on Recovery conference that Jackie, Phil and Becky attended in London in September.



## Dorset HealthCare University Foundation NHS Trust Joins the Wellbeing and Recovery Partnership (WaRP)

The WaRP is a partnership between DHUFT, DCHS, and Dorset Mental Health Forum (a third sector organisation led by people with lived experience of mental health problems). Its aims are to embed the principles of wellbeing and recovery into services through putting the voice and experience of people with mental health problems at the heart of their design and delivery. We aim to improve the experience of people accessing services so that they feel more hopeful, have more opportunities and more control over their lives. Alongside this we aim to improve the experience of staff through paying increased attention to their wellbeing. Furthermore, we seek to engage with the wider community to challenge stigma and to help people be aware of and address their own emotional health.

Jackie, Phil and Becky have been asked by James Barton the Director of Mental Health to undertake a scoping exercise with DHUFT. This has involved interviewing senior managers to explore the opportunities for developing recovery orientated practice, identifying what some of the barriers and challenges are, and to celebrate good examples of recovery orientated practice. An example of this would be the wellness workshop within the crisis team day hospital run by people with lived experience.

*Recovery is not about 'getting rid' of problems. It is about seeing people beyond their problems – their abilities, possibilities, interests and dreams – and recovering the social roles and relationships that give life value and meaning. Repper and Perkins (2003)*

A report and recommendations will be written and presented to the Director of Mental Health and the Executive Management Team. Once the recommendations have been agreed upon the report will go out for consultation with people who access the service, carers and staff. This approach has been chosen to ensure that there is top level sign up and commitment. Once this has been agreed it will be essential that any changes are driven, guided and owned by the staff, people who access the service and carers.

We will also be looking to integrate the work of East and West Dorset so that there is a pan-Dorset approach to recovery. Due to the changes to the status of Primary Care Trusts following the coalition government's white paper, DHUFT are in the process of hosting DCHS and thereby enhancing opportunities for closer working. This has already been evidenced by a joint bid to the Centre for Mental Health (formerly know as the Sainsbury Centre for Mental Health) to become a pilot site for their implementing recovery methodology.\*

## “What Recovery Means to Me”

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. Being in recovery means I don't just take medications... Rather I use medications as part of my recovery process... 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 these measures help me remain whole and healthy, even though I have a disability. Deegan P E (1993)



## Refocusing on Recovery

The *Refocus on Recovery* conference held late September in London did exactly what it said on the tin: it gave us a chance to refocus on where we felt the priority areas are. There were many inspirational speakers but two key presentations that influenced our thinking were by Simon Bradstreet from the Scottish Recovery Network and Lindsay Oades, Clinical and Health Psychologist from Australia, on the Collaborative Recovery Model. Both of these presentations and others are available on the Research Into Recovery Website [www.researchintorecovery.com](http://www.researchintorecovery.com). The key messages for us were: that embedding recovery is going to be a slow process, therefore it is important to make incremental steps in order to consolidate progress. Recovery affects everyone, therefore everyone needs to work in a recovery orientated way. This means that there is a need for the whole organisation to embrace recovery principles, not just clinical staff and people with lived experience; there is also a need to consider the recovery journeys of carers and supporters. Simon Bradstreet describes recovery as a contagion – something that is caught and transmitted – and this produces enthusiasm.

## Update from the WaRP from Dorset Community Health Services

Following the launch of our Annual Report, Executive Summary and Strategy we held a launch event to coincide with World Mental Health Day on 10 October, 2010. We put together a week of events highlighting how people can look after their wellbeing and demonstrated that recovery is possible. Central to this was the telling of recovery stories. We ran these events with Rethink, Time for Change and with support from the Arts and Health Network, with coverage from the local press and BBC Radio Solent. Thank you to everyone who took part in this successful week.

We have now run three Recovery Leadership workshops. These have focused on how the organisation can support team leaders in becoming more recovery orientated and being able to lead the changes to services required to transform the experience of the person accessing the service. Central to this was how team leaders can overcome the pressures of demands from senior management, staff and people who access the service. We are developing a report and we plan to roll out the workshops across the whole organisation, including administration and support services.

We have also had our first meeting of our *Hidden Talents* project which is looking at supporting statutory staff with lived experience and being able to utilise their expertise and challenge stigma. This followed an email from Brian Goodrum, Director of Operational Services, and endorsed by the Chief Operating Officer Tim Archer, stating “We view *having staff with lived experience as an asset*”. We had 10 people at the initial meeting and 20 in total expressing an interest at this stage. We are in the process of collating themes from this meeting which will be circulated to everyone involved so far. The key themes were: the difficulties in sharing ones experiences including how people had hidden their experiences from colleagues; opportunities to learn about how we can make the organisation more responsive to the wellbeing of all its staff. People also felt there were positives from having a lived experience, for example, being able use their experiences to enhance their clinical practice. Others stated that their experience had been the very reason why they came into their field of work in the first place.

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