Dorset Mental Health Forum
promoting wellbeing & recovery

NHS Dorset HealthCare University NHS Foundation Trust

Dorset Community Health Services

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# Dorset Wellbeing and Recovery Partnership

The Dorset Wellbeing and Recovery Partnership continues to experience 'not enough hours in the day'! Exciting projects are happening pan-Dorset and we will update you on them in the next newsletter, to follow shortly. This will include an update of our work with the ImROC team. Meanwhile, we felt we would use this issue to talk about recovery in a more global sense with a summary of our response to the government strategy 'No Health Without Mental Health' and a dedicated piece on the application of recovery principles to dementia services. We are currently writing our annual report and executive summary outlining the work of the previous year. We continue to welcome new enquiries relating to our work, so please feel free to get in touch.

## Response to 'No Health Without Mental Health'

The Wellbeing and Recovery Partnership welcomes the recent publication of the government strategy 'No Health Without Mental Health' and its commitment to the mental health and wellbeing of the entire population. Alongside the Centre for Mental Health's methodology for organisational change the WaRP will be drawing on the six shared objectives outlined in 'No Health Without Mental Health', to develop project plans for 2011/ 2012. We therefore felt a response to this document was required.

**Objective 1: "More people will have good mental health"**: Our work so far has been predominantly within adult and older person's mental health services. The WaRP will try to work with any request from any group or area of service in order to promote the principles of wellbeing and recovery.

**Objective 2: "More people with mental health problems will recover"**: The partnership working of the WaRP places the expertise of lived experience at the centre of service developments, promoting the concept of 'Nothing about me without me'. This enables services to support people to make informed choices and take control of their own lives.

**Objective 3: "More people with mental problems will have good physical health"**: The WaRP promotes the culture shift needed to ensure both physical and mental wellbeing are being considered and the programmes and screening that support this, in order for it to become routine practice.

**Objective 4: "More people will have a positive experience of care and support"**: The partnership work of the WaRP between professionals and those with lived experience is central to this promotion of hope and culture of innovation. We believe partnership working will transform the experience of those accessing services and those who work within it.

**Objective 5: "Fewer people will suffer avoidable harm"**: WaRP recognise that in order to transform mental health services it is integral that we change our approaches to risk. Risk assessment and management need to be increasingly open and transparent through collaborative working.

**Objective 6: "Fewer people will experience stigma and discrimination"**: The WaRP are committed to challenging discrimination on all levels. We are closely involved with the Time for Change campaign and are committed to raising awareness of mental health conditions and sharing recovery stories to promote a positive message.

**A more detailed WaRP response to 'No Health Without Mental Health' is available upon request.**

**Please contact Becky, Phil or Jackie.**

# Recovery and Dementia? How does that work then?

When discussing the principles and concepts of recovery within older people's services the WaRP is often questioned about how these concepts apply to people with degenerative conditions such as dementia.

This is an example of where the term 'recovery' is a misnomer and it is more useful to consider terminology such as 'wellbeing and recovery', or 'recovering a meaningful life'. It is also important to differentiate between clinical recovery and non-clinical recovery.

Perrin and May (2002) say that "a state of 'wellness rather than health' is a more appropriate goal in dementia care, because it is found in dynamic process rather than in a fixed state".

There are striking parallels which can be drawn between the principles of recovery and those of person-centred dementia care (Kitwood 1997).

These parallels and comparisons have been usefully tabulated within the literature (Hill et al 2010).

| Recovery | Person-centred care |
|---|---|
| Recovery is fundamentally about a set of values related to human living applied to the pursuit of health and wellness. | A value base that asserts the absolute value of all human lives regardless of age or cognitive ability |
| The helping relationship between clinicians and patients moves away from being expert–patient to clinicians being 'coaches' or 'partners' on an individual's journey of discovery. | The need to move beyond a focus on technical competence and to engage in authentic humanistic caring practices that embrace all forms of knowing and acting, to promote choice and partnership in care decision-making. |
| Recovery is closely associated with social inclusion and being able to take on meaningful and satisfying roles in society. | People with dementia need an enriched environment that both compensates for their impairment and fosters opportunities for personal growth. |
| People do not recover in isolation. Family and other supporters are often crucial to recovery and should be included as partners wherever possible. | Recognises that all human life, including that of people with dementia, is grounded in relationships. |
| Recovery approaches give positive value to cultural, religious, sexual and other forms of diversity as resources and supports for wellbeing and identity. | An individualised approach – valuing uniqueness. Accepting differences in culture, gender, temperament, lifestyle, outlook, beliefs, values, commitments, taste and interests. |

We acknowledge that putting these principles at the heart of day-to-day practice is challenging. The person-centred approach and recovery orientated practice require a cultural shift within an organisation as a whole, not just within individual professional practice.

"Prescriptiveness can cultivate dependence" (Perrin and May 2002) therefore we do not aim to prescribe how person-centred dementia care should be. However, below are some ideas of how this philosophy can be reflected in day-to-day intervention:

| | |
|---|---|
| Individual goal plans | Constantly allowing plan to change to enable people achieve desired targets. |
| Life stories | Reflecting strengths and achievements.<br>Documenting identities. |
| Self management and advanced statements / directives | Understanding and documenting preferences to enable decisions to be made when person is no longer capable. |
| Documenting likes, dislikes and preferences | Preparing for the need for future professional care.<br>Advanced directive for how someone wishes to be cared for in the future. |

(SW London & St George)


References:

Hill et al. (2010) "Recovery and person-centred care in dementia: common purpose, common practice?" *Advances in psychiatric treatment* vol. 16, 288–298.

Kitwood, T. (1997). *Dementia reconsidered: the person comes first*. Buckingham: Open University Press.

Perrin, T., & May, H. (2002). *Well-being in Dementia.* London UK: Harcourt.



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