

## Paving the way for mental health services that promote recovery

Mike Slade has a vision – to see mental health services in this country transformed. He has returned to London from a year abroad, inspired by the success of recovery-focused mental health services he visited in Australia, New Zealand, Canada and the USA that support people in their quest to live a fulfilling life, fostering their individual strengths and abilities rather than ‘treating’ them according to clinical textbooks. Already a pioneer in delivering training to help mental health professionals shift the way they work towards recovery, Mike has come back, he says, with a more rounded understanding of the task ahead, and even more convinced of the need to question ‘deeply embedded culturally-based beliefs’ that inadvertently promote dependency and impoverish people’s expectations. ‘The challenge is to move beyond the view that a good patient is a compliant one, who does what the professional says because the professional knows best.’

A stark contrast to the concept of recovery – where a person with mental illness defines his or her future goals, which may differ as much as individual people do. ‘One person may aspire to symptom reduction, another to have a love life, another to get a job. Someone else may want more friends, another person will want to stay out of hospital,’ said Mike, a Reader in Health Services Research who leads the Recovery research team at the Institute of Psychiatry. The role of the professional in recovery-focused services, he says, is to help people attain their aspirations, to listen to people’s wishes and act on them, even if they go against the grain of the existing culture – if someone wants to come off medication, for example.

‘I was inspired by the centres I visited that don’t put all their energies into preventing relapse and controlling symptoms, but instead look at growth opportunities for each individual and see their desires and aims as part of the solution, not part of the problem,’ he said.

‘I learned that services can exist without mental health professionals running them. A recent multi-site randomised controlled trial of consumer-operated services in the USA showed that these services promoted empowerment more than traditional services. Some of the services I saw had peer triage workers – the first person you meet when you turn up is someone who also has experience of mental illness. This changes expectations about the service and what it can offer.’

All the recovery-focused services concentrate on amplifying what people can do rather than what they can’t, and to that end often provide support in a context other than a traditional outpatient clinic, hospital ward or health authority-owned office. ‘In Boston, for example, I found services provided in an educational context. Instead of being assessed for their mental state when people arrive, they are registered as students with Boston University, and given access to all sorts of courses, from “how to set up a bank account” to anger management. This approach creates a climate in which both students and professionals work and interact differently – staff respond, for example, with an educational rather than a clinical response to any behaviour issues. Within a week or two of enrolment, most people who accessed the services were wandering around Boston feeling just like any other student, instead of feeling like someone set apart and different, someone in need of help.’

Environment is important to recovery too, he says, and is something traditional services rarely consider. ‘Many of the services were set in beautiful surroundings. In Toronto, I saw a working farm set up for people with experience of mental illness. There, they were woken up at 8am each day to feed the chickens – not because someone thought it was good for them to get up, but because they had something to offer to another creature.

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This is a totally different view of the world, where people with mental illness have something to give and are not just passive recipients. This reciprocity is at the heart of recovery.'

After working as a psychologist for 15 years, Mike has seen at first hand how some mental health practices can hold people back. While the concept of recovery promotes wellness, self-help and self-determination, traditional services emphasise management and medication in line with professional expertise learned through training. 'The system we operate tries to impose uniformity, it takes responsibility away from people under the guise of "risk management" and can lead to a conveyor belt mentality that works against individualised care,' he said. 'The existing mental health system doesn't organise itself around the fact that people with mental health problems have individual identities.'

Now Mike has written a book arguing the case for recovery, which includes 26 examples of good practice from his experiences while travelling. *Personal Recovery and Mental Illness, a guide for mental health professionals*, is published by Cambridge University Press and includes a scholarly rationale for recovery, and a section on how to structure services in a recovery-focused way. 'The book aims to convince about recovery, crystallise what it means, and catalyse towards concrete actions by specific example,' he said.

Recovery-focused services have been government policy in this country since 2001, but to date progress on a shift in culture has been slow. The climate is beginning to change, however, as the NHS National Institute for Health Research has just invested £2 million in a five-year programme that has the 'audacious goal' of developing a recovery focus in mental health services in England. Mike is leading the research, which he hopes will provide professionals – including those who may be cynical that 'recovery' is simply the latest fad – with the evidence they need to persuade them to change their way of working and, most importantly, their attitude.

The plan is to spend 18 months preparing for a trial that compares recovery-focused with traditional services in south London and Gloucester. The preparatory period will include a national survey of 60 specialist adult services and 600 service users to discover what elements, if any, of the recovery concept are already being put into practice in England. Another task will be to develop a recovery-focused intervention that can be used to change attitudes and develop the skills of professionals – training or clinical supervision, or giving staff the tools to support service users in their efforts to access employment, for example.

Mike has already coordinated and evaluated pilot training about recovery for mental health workers in South London and Maudsley NHS Foundation Trust (SLaM) and this has since been extended to other services in SLaM's portfolio. (The RETRAIN project was named by Guy's and St Thomas' Charity as Best Example of Patient/Service User Involvement at a 2008 event to showcase projects the charity supports: RETRAIN was developed with the help of £206,500 worth of funding from Guy's and St Thomas', the largest NHS-related charity in the UK.)

Now 20 of SLaM's services will participate in a randomised controlled trial alongside 10 services in Gloucestershire. The success of the recovery-focused intervention will be gauged by comparing the experiences of service users after three years. 'One of the real methodological challenges of this trial is working out the evaluation process, as each service user will have individual, different recovery goals and we therefore need to find a way of measuring them,' said Mike.

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Service users will be involved throughout the project, both as co-investigators, and as members of an international advisory board – including people he met while travelling. ‘Another priority for the preparatory period is to think how this involvement will work, so it is not just a tokenistic tick in the box on the grant form,’ he said.

But for Mike, the biggest challenge ahead is the longer-term one: to change the system – ‘and to change it with compassion for, and understanding of, people working within it, to gain the support of those people, rather than imposing change on them,’ he said.

‘As it stands, there is a group of people who work in the public sector who “help those who need help.” Recovery isn’t like that – it’s about two-way learning and two-way communication. Mental health workers need a broad range of skills – they need expertise in coaching as well as being prescriptive, with space for more authentic human to human relationships. If we can show through this trial that shifting attitudes and working practice makes a difference, if we can provide the evidence, then I think it will be easier in future to make the changes that need to happen.

‘Recovery-focused simply means a belief that normal human needs do apply. So that means, as health professionals, that we should be focusing on supporting these everyday goals. If people are given the right support and help, they can make decisions themselves about their own lives.’

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will be reported on [mentalhealthcare.org.uk](http://mentalhealthcare.org.uk) as  
and when they become available.