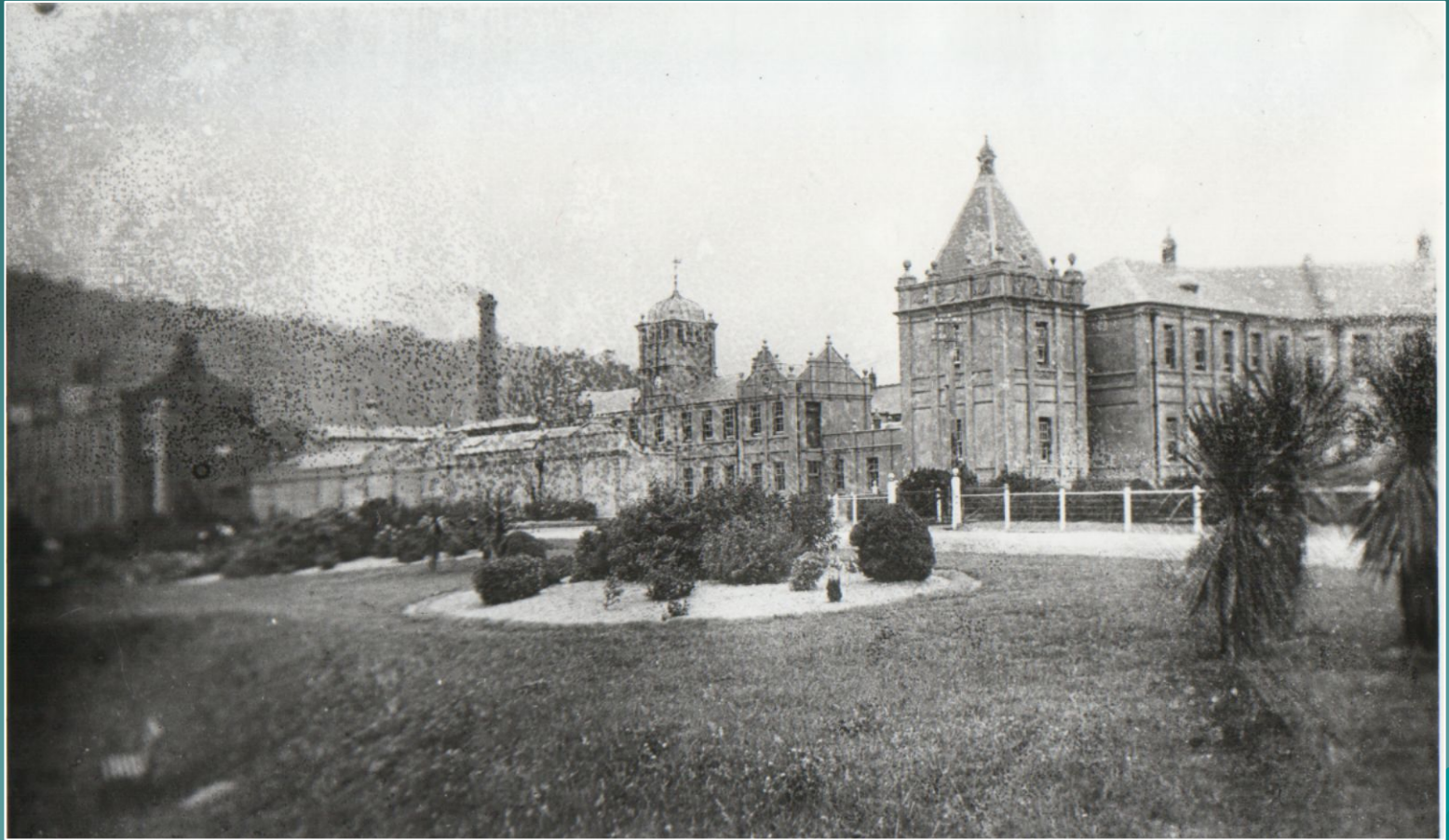


Innovative Mental Health Rehabilitation

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2005 2 22



Lao Tzu's

- ◆ "the journey of a thousand miles doesn't begin with the first step – it begins in your imagination".
- ◆ How could we help people use the power of their imagination to make changes in their own lives?

Recovery

Meaning and purpose in
life despite symptoms of
mental illness

Need for a shared vision

A stylized silhouette of a mountain range in a darker teal color, located at the bottom right of the slide.

- ◆ Recovery is not a 'thing' and certainly is not a destination - it is something we do in our lives. We cannot become 'recovered'. We try to become wiser in dealing with the problems that life throws at us.

Recovery Culture

- ◆ Culture is “ set of beliefs and customs of a society”
- ◆ A recovery environment is any place where people feel encouraged and supported to make progress in getting well and continuing personal growth

Common Characteristics

◆ Physical

- Cleanliness, order, safety, privacy, freedom of movement, attractiveness, basic needs can be met

◆ Social


- Friendliness, welcome, acceptance, respect, support, diversity, opportunities to be valuable, confidentiality, challenge, and a focus on hope, choice, empowerment, and meaning & purpose

Traditional

Recovery

Views of mental illness	Pathology No meaning or value	Crisis of Being Full human experience
Philosophy	Maintenance, Paternalism	Recovery Self determination
People with Mental Illness	Passive recipients	Active agents and leaders
Families	Unsupported, Stuck in grief	Active supporters of recovery
Mental Health Workforce	Expert authorities	Collaborations, supportive Guidance, experts in their field
Communities	Fearful and discriminatory	Accepting and inclusive
Service types	Drugs, hospitals and out patient services	Negotiation, navigation, peer support
Service culture	Authoritarian, segregation	Open and inclusive
Service settings	Hospitals and clinics	Peoples communities and homes, online

What do people need to be on the journey of recovery

- ◆ Hope
 - ◆ Choice
 - ◆ Empowerment
 - ◆ Recovery Culture
 - ◆ Spiritual Competency
- 

Tidal model

- ◆ The **Tidal Model** is a philosophical approach to the *discovery* of mental health. By *philosophical* we mean, a way of *thinking* about how people might *reclaim* their personal story, as a first step towards *recovering* their lives.
- ◆ The **Tidal Model** is an *approach* to recovery. It is not a rigid system. Each of the many **Tidal** projects across the UK, Ireland, Australia, New Zealand, Japan and Canada, are exploring different ways that people can **discover** their mental health, in a personally, socially and culturally meaningful way.

- ◆ The **Tidal Model** is one of the few recovery models to have been evaluated rigorously across different settings, in different cultures.
- ◆ The **Tidal Model's** main focus is on *helping* individual people, make their own voyage of discovery. In that sense, the only real 'evidence' of usefulness, is what *happens* - or is 'discovered' - for the individual person.
- ◆ Everyone faces serious challenges, at some stage point in their lives. The **Tidal Model** is focused on helping people decide what **needs to be done, now**, to help address their present difficulties, and so continue living as full and meaningful a life as possible.

Competencies of mental health workers

- ◆ Understands recovery principles and experience in own country context
- ◆ Recognizes and supports the personal resourcefulness of people with mental illness
- ◆ Understands and accommodates the diverse views on mental illness, treatments, services and recovery
- ◆ Has self- awareness and skills to communicate respectfully and develop good relationships with service users
- ◆ Understands and actively protects service users rights
- ◆ Understands discrimination and social exclusion, its impact on service users and how to reduce it
- ◆ Acknowledges different cultures and how to provide different partnerships with them
- ◆ Has knowledge of the service user movement and is able to support their participation in this

- ◆ Has Comprehensive knowledge of community services and resources and actively supports service users to use them
- ◆ Has knowledge of family perspective and is able to support their participation in services

Changes in service delivery

- ◆ Consistent with this language change is a behavior change by staff, e.g. collaborative note writing, use of consumers own and lay language, choices given to consumer as appropriate
- ◆ Staff have clearer understanding of autonomy continuum and professional indicated risk taking strategies

Commitment of Management

- ◆ Management making a commitment to the introduction of recovery training for the staff has been paramount to its success so far
- ◆ BY: supporting and trusting the staff, enabling them to work in a recovery way, and by being flexible and open to innovation e.g. funding consumers to run recovery groups in community setting

Involvement of Consumer

- ◆ Recovery teaching for consumers in the inpatient setting is done in several ways:
 - During the admission procedure
 - Consumer consultant works with consumers to promote partnership i.e. that consumer is also a participant in their care planning and recovery journey
 - Groups run in the unit develop recovery skills and understanding for consumers
 - Activity based groups seem to be popular and preferred by consumers at this stage

Training and Education Strategy

- Workshops target Recovery philosophy, values attitudes and behavioral changes by staff
- Recovery skills acquisition (hands-on practical skills for staff of all disciplines) is important
- The introduction of other synchronistic models e.g. cognitive and behavioral (CBT) and dialectical behavioral therapy (DBT) has further supported this change in practice (principles of consumer as own expert and collaborator underpin these models)
- Goal sheets for each attendee to complete to show change in practice
- Recovery and generating of future hope for a 'life worth living with or without symptoms and of my choosing' has gathered momentum

Outcomes

- Staff taking more risks to change their own practice
 - willing to reflect on what they have done in the past and move forward within a 'risk-averse culture'
 - manage own anxiety of not always responding with a 'knee-jerk' in their decisions based on own safety, versus the autonomy of the consumer
 - Increasing evidence of staff working in partnership, collaborating more with consumer, therefore making decisions together reducing confusion, and promoting autonomy for consumers

Outcome measurements

- Confidence in seeing the changes for consumers for the better is driving the uptake of recovery skills. Confidence means staff can break with the old rules and ways of doing things, as they now have a rationale for practice change, and recovery skills in their 'tool kit'

Outcome measurements

- ◆ Focus on both quality of life rather than just quantitative measures
- ◆ Length of stay, rate of critical incidents
- ◆ Consumer satisfaction survey
- ◆ Recovery competencies: reflected in all disciplines competency to practice portfolios narratives
- ◆ Personal satisfaction in the job is being reported
- ◆ Management provided an environment to be 'OK to work in a recovery way'

For further information

- ◆ www.mentalhealth.org
- ◆ www.mentalhelp.net
- ◆ www.mentalhealth.com
- ◆ mfh@mentalhealth.org.uk
- ◆ publicatons@mind.org.nz
- ◆ Sainsbury Centre UK
- ◆ Centre for psychiatric Rehab- Boston University. edelston@bu.edu



THANK YOU