

Support-Making a Difference!



Objectives

- To assist everyone's understanding of the evidence which underpins recovery.
- To explore the nature of support interventions.
- To examine how support interventions based upon recovery make a difference.
- To link this to recovery and the use of the Recovery Star and self directed support.
- To allow open discussion and sharing of ideas.



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Housing as a Factor in Mental Health

- Safe, secure and affordable housing is critical in enabling people to work and take part in community life.
- Having settled housing and accommodation is known to have a positive impact on our mental health.
- As we move towards a more personalised pattern of service, non-institutional services become more important and can save commissioning authorities a significant amount of money.
- Housing provides the basis for individuals to recover, receive support and help and in many cases return to work or training.

References:

New Horizons Department of Health December 2009

HM Government (2010) State of the nation re: poverty, worklessness and welfare dependency in the UK. London : Cabinet Office

Social Exclusion Unit (2004) Mental Health and Social Exclusion. London : Office of the Deputy Prime Minister.



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Evidence on Support

- Assertive outreach originated from the USA in the 1970s initially designed to help mental health in-patients develop a level of independent living.
- This model, known as 'training in community living' (TCL) was developed by Leonard Stein and Mary Ann Test, who created an intensive system of support for in-patients who proved hard to discharge from hospital.



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Evidence on Support

- Treatment was tailored to individuals, focused on helping them develop independent living skills and took place in the community rather than hospital.
- Ward staff developed new ways of working when they relocated to a residential house and were available 24 hours, seven days a week.

References:

Test, M.A. & Stein, L.I. (1978) The clinical rationale for community treatment: a review of the literature. *Alternatives to Mental Hospital Treatment* (eds. Stein, L.I. & Test, M.A.). New York: Plenum.

Teague, G. B. Bond, G.R. & Drake, R.E. (1988) Program fidelity in assertive community treatment: Development and use of a measure. *American Journal of Orthopsychiatry*, **68** (2) 216 –232.



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What Do We Mean by Support?

- Research has shown that it is often people's failure to cope with everyday life that leads to deterioration of their mental health and readmission to hospital.



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What Do We Mean by Support?

- Support is whatever it takes (within the law and resources available) to keep people who suffer from severe mental illness socially included in their communities.



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What Do We Mean by Support?

- This involves building up trusting relationships over longer time frames where users can be assisted with concrete every day matters.



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What Do We Mean by Support?

- It also involves integrating the resident into their communities and enabling the community to support the resident.



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What Do We Mean by Support?

- Workers get to know users intimately enough to gain their trust, they hand back to the user responsibility for all aspects of their life and decision making; Including law breaking.



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What Do We Mean by Support?

- In-put is titrated and intensive and focussed upon aspects of everyday living.
- Assertive verbal and non verbal methods should be used.
- Work should take place in real life situations (in vivo).



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What Do We Mean by Support?

- Getting people confident integrating in society and practicing skills is a slow process and needs lots of time, patience and perseverance.



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What Do We Mean by Support?

- Rehearsal skills and community orientation is as important as getting homes cleaned, so once engagement is established, support needs are identified and the process is begun, continued practice in vivo can be carried out by personal assistants.



What can be achieved?

Two evaluations, both over 12 months, have shown the following results:

- 35% decrease in hospital admissions;
- 62% reduction in the number of bed days;
- Increase in the number of users in stable accommodation

(Hambridge & Rosen, 1994).

- more users maintained in treatment longer than in routine case management;
- users experienced fewer admissions involving the police;
- fewer involuntary admissions;
- significant improvement in functioning over 12 months in Living Skills Profile

Scales

(Sanderson *et al.*, 1996).

Hambridge, J.A. and Rosen, A. (1994). Assertive community treatment for the seriously mentally ill in suburban Sydney: A programme description and evaluation. *Australian and New Zealand Journal of Psychiatry*, **28** 438-445.

Sanderson, K., Issakidis, C., Johnston, S., Teeson, M., Salkeld, G. & Buhrich, N. (1996). *Costeffectiveness of intensive case management for people with serious mental illness*. Darlinghurst, NSW: CRUFAD.



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What Do We Mean by Recovery?

‘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.’

Dr Mike Slade [2009]

http://www.mentalhealthcare.org.uk/media/downloads/recovery_feature_january_2011.pdf



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What Do We Mean by Recovery?

Recovery is about recovering a life worth living, without necessarily having a clinical recovery. This occurs when someone builds a life that is satisfying, fulfilling and enjoyable, whether or not he or she continues to experience the symptoms of an illness.

<http://www.mentalhealthcare.org.uk/recovery>



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What Do We Mean by Recovery?

- Deegan (1988) defines recovery as, ‘a process, a way of life, an attitude, and a way of approaching the day’s challenges’.
- The recovery literature (Allott et al, 2002; Ralph and Corrigan, 2005) similarly describes being *in recovery* as an ongoing process, which involves gaining or regaining many aspects of life that are usually taken for granted, and may be lost or severely compromised by mental illness. Recovery may involve many stages, and inevitably setbacks and uncertainty, and has been described as, ‘an uncharted, unpredictable, and personal journey’ (Antony Sheehan, preface to the National Institute for Mental Health in England (NIHME) *Inspirations, a calendar of recovery*, 2002).



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What Do We Mean by Recovery?

The concept of recovery emphasises a person's capacity to have hope and lead a meaningful life, and suggests that treatment can be guided by attention to life goals and ambitions.



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What Do We Mean by Recovery?

- The application of the concept of recovery requires a commitment to a broad range of necessary services and should not be used to justify a retraction of resources.
(American Psychiatric Association, 2005)



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What Do We Mean by Recovery?

Recovery is fundamentally about a set of values related to human living applied to the pursuit of health and wellness.

(SCIE, 2007)



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What Do We Mean by Recovery?

It involves a process of empowerment to regaining active control over one's life. This includes accessing useful information, developing confidence in negotiating choices and taking increasing personal responsibility through effective self-care, self-management and self-directed care. (SCIE, 2007)



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Support and the Recovery Star

The recovery star helps us to work jointly with care co-ordinator and resident/carers to assess each aspect of a resident's life, identify key areas of strength and concentrate upon specific aspects which require intensive exposure and practice.



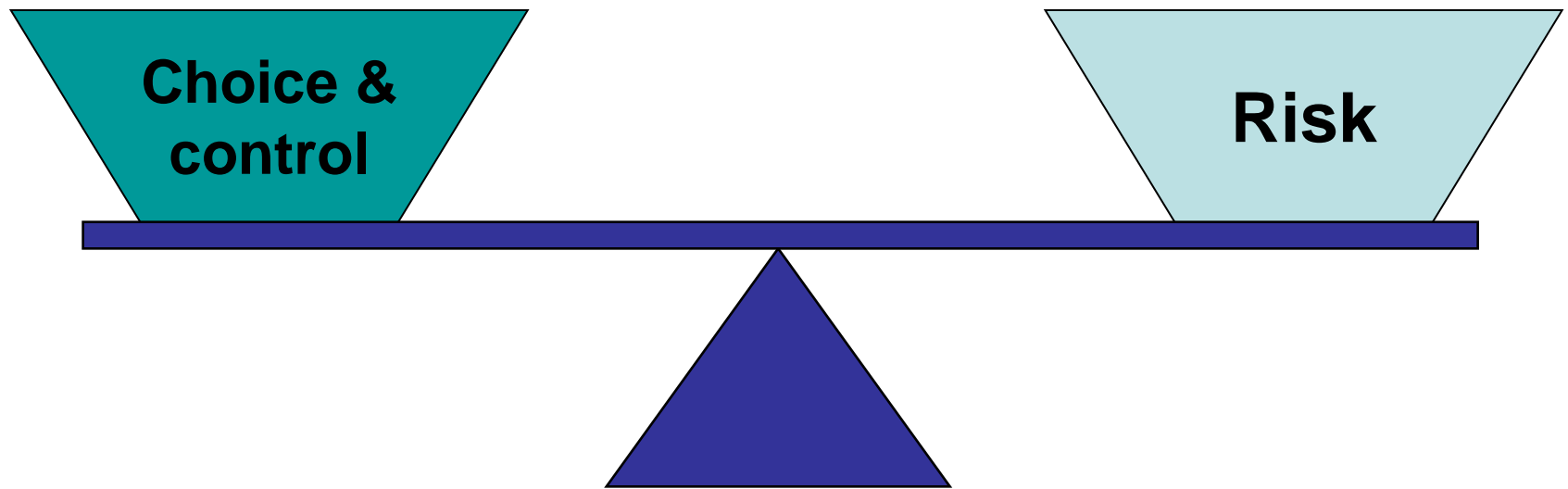
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Support and the Recovery Star

Thus we can agree those areas that will impact most to assist the recovery pathway and put more effort into them.

Positive risk taking



Maximising choice and control, whilst effectively managing risk
All within available resources



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Implementing Personalisation at Morrell Crescent

- Tasked to evidence how SDS could be delivered in a housing service delivering intensive support under a block contract.



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Core tasks

- Core tasks were defined as those tasks that relate to the management:
 - of risk,
 - early intervention & mental illness relapse prevention
 - health and safety
 - Administration – back office functions



Recovery tasks

- Recovery tasks were defined as those tasks that relate to resident's aspirations:
 - Skills, education and training
 - Occupation
 - Leisure
 - Recreation
 - Socialising
 - Cultural
 - Holidays
 - Outings



Core versus Periphery tasks

Core tasks	Recovery Tasks
prioritised due urgency and the severity of negative outcomes	affected by risk management factors limited diversity of skills within the team
Staff competencies and development skewed towards core tasks	Residents' preferred activities where they had choice



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Recovery shift – Cross shift

- 2 staff coming in to deliver self directed support without any core tasks
 - Default cross shift designed to begin at 9 am and end at 4.30 pm
 - Cross shift could start anytime and end when planned activity is over, staff compensated for over time (residents save up for such activities)



Examples of activities

- Gym attendance
- Trips to the museum
- Trips to London – resident saves up time
- Trips to the sea – residents combine time
- Help with redecorating room
- Help with the garden – went shopping for rocks etc.



Challenges

- Core functions still priority
- Staff skills and exposures limiting SDS scope
- Residents' difficulty taking control
- Promotion of SDS



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Conclusions

- Possible to create capacity within an intensive service
- SDS continue to be marginal
- Effective way to implement is through project management



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