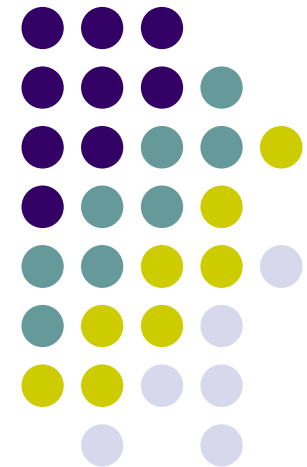


Retrain:

Components to be considered in
service implementation

Helen Gilbert, Sheri Oduola, Tom Craig, Mike Slade

Institute of Psychiatry, Kings College London



Retrain



Introduction and evaluation of a training programme on recovery in rehabilitation services in the London boroughs of Lambeth and Southwark.

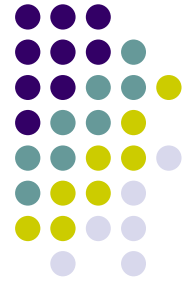
- ❑ Guys & St Thomas' Charity funded
- ❑ Study team from Institute of Psychiatry and
- ❑ Study duration: 2007-2009
- ❑ Led by Dr Mike Slade and Prof Tom Craig

Recovery in the mainstream



- Growing numbers of reports of inspirational recovery focused services with positive outcomes yet little systemic implementation within NHS services
- Increasing prominence in UK policy and recommendations for best practice
- Increased interest from services in implementing recovery-orientated practice as a model of care

Retrain training programme



- Developed and piloted in Croydon
- Four one day workshops, repeated twice
 - Psychosis revisited – a psychosocial approach to recovery
 - Assessment and care planning from service users perspectives
 - Social inclusion / vocational activities
 - Spirituality and recovery
 - Carer perspectives on recovery
- Training team comprising experts by personal and/or professional experience in recovery
- Final team session
- Compulsory attendance



Scale of intervention

22 mental health teams participated, including EIS, AOT, CMHT – recovery and support, and in-patient rehabilitation services.

352 staff (89%) attended at least one recovery workshop.



Evaluation

Evaluation looked at impact of training in terms of change in attitudes and change in care provision.

Qualitative interviews to identify staff perceptions of recovery and implementation within their services.



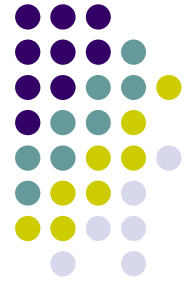
Qualitative evaluation

- 15 team leaders interviewed
- Thematic analysis

Identified 11 cross cutting themes

- **Care provision**
- **Hope**
- **Language**
- **Ownership**
- **Multidisciplinary**
- **Systems**
- **Barriers to recovery**
- **Training**
- **Measures of recovery**
- **Implementation**
- **Resources**

Breakdown of themes



- Care provision
 - Practical elements
 - How care is provided
 - Conceptual



- Hope

- Concept of hope
- Value of hope
- Engendering hope
- Loss of hope



- Language

- What does recovery mean?
- Language behind the label
- Use of language



- Ownership

- Staff as owners of recovery
- Patients as agents in recovery

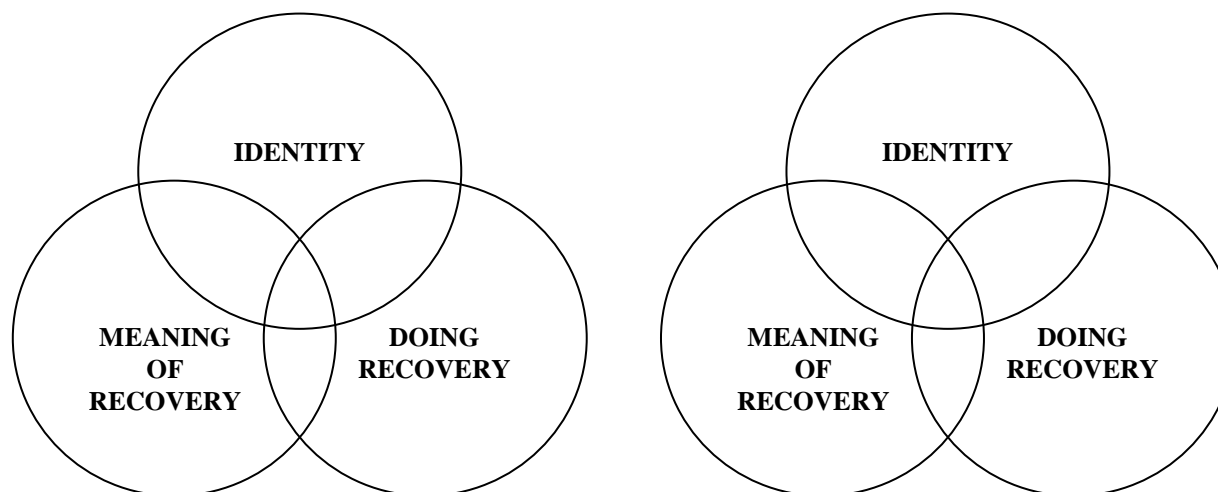


- Multidisciplinary
 - Underlying beliefs
 - Whole systems approach
 - Individualism
 - Hierarchy

Recovery – the individual



Recovery in practice



Recovery is defined by an individual,

but, recovery in practice is:

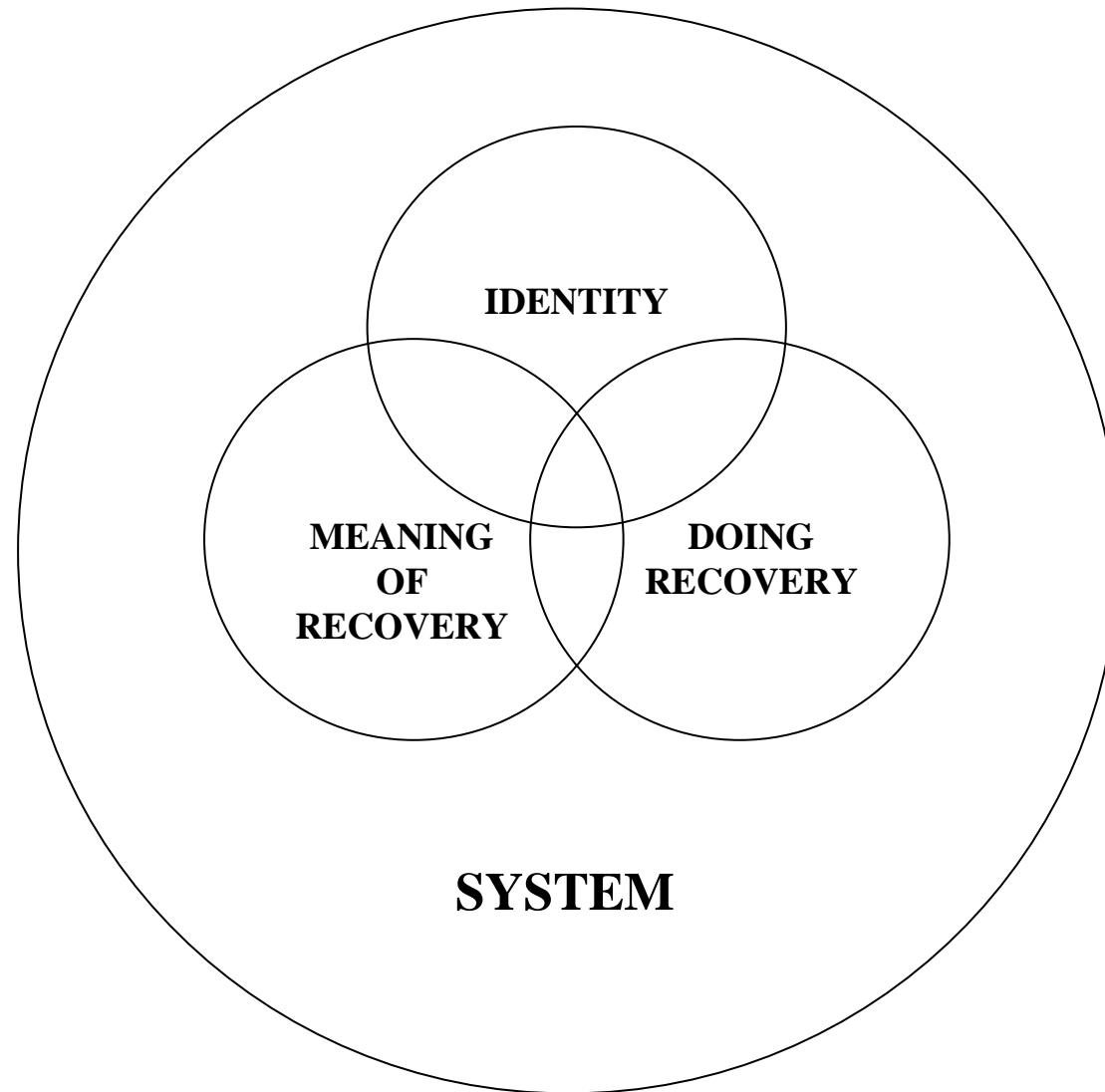
- recognising **our own relationship to recovery**
- recognising another's relationship to recovery **as equal to our own**
- the ability to work with someone with a different relationship to recovery, **to the benefit of both parties**



Facilitating practice

- Reflection – value and building it into practice
- Training on conceptual issues of recovery
- Individualised training to develop skills
- Recovery focused champions / lived experience workers
- Leadership

Recovery within a system



System influences



Trust level

- What is recovery
- The role of recovery in the Trust
- Commitment to implementation

- Policy vs. practice

System influences



Service level

- Moving people on
- Identify of service
- The needs of services
- Recovery-orientated services

Summary



As individuals we can facilitate recovery-orientation by considering:

- who we are, what recovery is to us and it's practice,
- work with others to develop their own understanding and pathway,
and,
- challenge our conceptions and practice where the two diverge.

However, in order for recovery to move beyond the practice of a few to defining service provision, Trusts and services must:

- adopt identities, meaning, and practices that reflect the values and individualism of recovery
- develop a recovery ethos towards staff and patients alike.