



The Wellbeing and Recovery Partnership (WaRP)

Lived Experience Mentoring: An Initial Evaluation

Dorset
Mental Health
Forum

promoting wellbeing & recovery

Dorset HealthCare
University NHS Foundation Trust



Background

- WaRP established in 2009 between Dorset Community Health Services (DCHS) and Dorset Mental Health Forum (Local Peer-Led Charity)
- In 2010 Dorset HealthCare joins the WaRP and 2011 (DCHS) becomes part of Dorset HealthCare
- In 2010 commenced Lived Experienced Mentoring Programme, after identifying “special case” for psychiatrists. In absence of further guidance or literature we decided to make our own project



Providing care all of us would recommend to family and friends

Outline of Creating Mentoring Programme

- Produced by Recovery team within Dorset HealthCare, Peer Specialists and a psychiatrist
- The mentor/mentee relationship should replicate a recovery orientated partnership
- 6 months duration, one hour a month.
- 4 psychiatrist been through the programme, two mentors.
- Focus of meeting either recovery process or case studies
- Reflective accounts



Aim of the project

- For the experience and outcomes of people accessing the service to be improved through psychiatrists focusing on the individual's recovery journey.

Objectives:

- To increase psychiatrists' understanding of the application of the recovery approach
- To increase psychiatrists' understanding of their strengths and resiliences
- For the mentor and mentee to engage in a recovery orientated partnership



Evaluation

- *Interviewed 3 psychiatrists (mentees) and 2 lived experience mentors*
- *Semi-Structured Interviews*
- *Data collection and rough analysis*



“Felt like we were working in partnership and we had a common aim of improving the experience and outcome of people using our services. For me the feeling that it was a partnership and central to the process. Felt I was discussing challenging issues with a colleague. The only difference being this colleague brought a difference set of experiences and perspectives.”



“More confident in taking the recovery approach and letting people taking control of their care. More aware of slipping into a paternalist approach. I realize more than ever how important what seem like short meetings to me can be helping a person on their recovery journey. And I focus more now on what the person wants from life rather than psychiatric symptoms.”



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“I can think of one person where as a result of mentoring the emphasis of care shifted from risk management to facilitating activities that had previously brought him happiness and another where it shifted from what I was going to do to help her to what it was she hoped to achieve.”



Findings

Benefits for psychiatrists:

Helped me to celebrate small processes / achievements of the patient

Gave more confidence in using recovery orientated practice

Supported management of risk from person's view

Thought about structure of ward rounds

Forced to think more about individual and tweak interventions

Relate better to people



Findings

Benefits for mentors:

- Confidence in not seeing self through biomedical lens
- Confidence in sharing value of lived experience
- Increased awareness of own knowledge
- Increased sensitivity to complexities of psychiatrist role



Discussion

- Role definition- not being lulled into a “professional” relationship, mentors surprised they had an impact
- Time in outpatient appointments to put into practice
- Peer specialists more “hawkish” about risk
- Surprised how much focus on medication
- Preaching to the converted
- What is the actual impact on practice?



Future

- Reflections, could be used across other health conditions
- Need wider pool of mentors and mentees
- Need to undertake formal evaluation/research in particular impact on people's experience



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