

How
can we *use* diagnosis
to *support*
people in their
recovery?



Guidance from the Devon Recovery Research and Innovation Group (D-RRIG)

How can we *use* diagnosis to *support* people in their recovery?

Some practitioners may consider it as self-evident that diagnosis **IS** a route to recovery, through identification of the problem and associated guidance on best treatment. Others may take a different view and find categorical diagnosis unhelpful, setting a situation in stone and thus offering little or no allowance for personal growth and change.

People using mental health services often find diagnosis problematic. Some find it helpful, some describe it as harmful and others change their views over time. This may vary with specific diagnoses but is certainly influenced by diagnostic practice - how practitioners go about it, as well as what they conclude are important.

The D-RRIG meeting held on 22 November 2012 explored the topic of diagnosis. Forty-five people from a wide variety of personal and professional backgrounds debated how diagnosis and the practice of assigning people with a diagnosis could be used in ways that were more supportive of people in their recovery.

We initially asked people for their associations with diagnosis - the

majority of which were negative. The group then worked together on what could improve people's experience of diagnosis. This is a summary of their 'top tips', which we ask those using diagnosis to consider in developing their therapeutic practice:

In response to:

feeling that diagnosis is a depersonalising process through which people become cases...

A diagnosis needs to emerge from a thorough understanding of the whole person, and recognition of the life experience of that person. The picture changes, which means that there is always room for hope and optimism, and that there are strengths and dreams that need to be considered and made possible.

In response to:

people feeling that a diagnosis once made becomes a permanent description or definition of someone....

Evolving diagnoses. Diagnoses may change and are part of a recovery-journey, as such they reflect the changes that happen in a person's life at a particular time. A diagnosis should

not stick for life but needs to be regularly reconsidered.

In response to:

people feeling that being 'given a diagnosis' can sometimes be hasty and unexplained...

Time is crucial. More time is needed around diagnosis – to make decisions, to discuss, ask questions, to share information and plan....

In response to:

people wanting to more fully understand what the diagnosis means and what the implications are for them...

Communication needs to be two-way. There needs to be a good relationship with each other for a diagnosis to be discussed. Practitioners need to empower with knowledge – give explanations with clear language, providing definitions and criteria. A diagnosis should be an explanation not a label. No explanation can make things worse. People who use services need to be enabled to ask questions so that they can fully understand.

In response to:

people feeling stuck with a diagnosis, labeled, and not understanding the value or use of it to themselves....

Options – the discussion around diagnosis needs to be based on hope and possibilities for action. Options need to be offered for treatment, for support, and for learning to live well. Support after diagnosis is crucial.

In response to:

people experiencing 'being diagnosed' as leading to a feeling of hopelessness...

Training – staff need to take a person-centered approach to 'giving a diagnosis', with it being seen as part of a therapeutic practice involving active listening and effective communication, embracing the concepts of hope and change.

In response to:

carers and families feeling left out of key discussions and opportunities to share information about a given diagnosis and therefore continuing to support their loved one in ignorance....

Friends, family and other supporters, need to be better considered, both when discussing diagnosis with a person using services, but also in terms of the impact of a diagnosis on them.

In response to:

people wanting contact and valuing the understanding of 'fellow travellers' and often feeling isolated with a diagnosis....

Peer support is crucial to ensuring that the person using services does not feel isolated by a diagnosis. They need to be able to share their experiences so that they know they are not alone, which can include staff sharing how they have turned their experience into expertise.

Overall this group of people with personal and professional experience of diagnosis suggests the following for ensuring that diagnostic practice be more supportive of people in their recovery.

Discuss diagnosis ...

- in the context of understanding people's lives not just their symptoms,
- as a way of making sense of the present experiences, which can change,
- with enough time for thoughtful discussion - if wanted,
- with supportive information and explanation,
- with links to options for help, support and treatment,
- with consideration of the inclusion of family and other supporters, who also need to understand,
- with an offer of connections with peers of similar experiences,
- with an opportunity to review all this to consolidate understanding.



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