time to change

let's end mental health discrimination

Viewpoint Data 2008-2011

(Institute of Psychiatry, King's College London)

Reported discrimination between 2008 and 2011 (areas of life affected by discrimination listed according to the percentage reporting it)

2008	2011	
1 Being shunned (57.9%)	1 Being shunned (50%)	(-7.9%) Signif
2= Friends (53.3%)	2 Family (43.7%)	(-9.6%) Signif
2= Family (53.1%)	3 Friends (39.4%)	(-13.7%) Signif
4 Social life (43.2%)	4 Social life (31.5%)	(-11.7%) Signif
5 Mental health staff (34.3%)	5 Mental health staff (30.4%)	(-3.9%)
6 Dating (30.9%)	6 Physical health staff (28.9%)	(-0.7%)
7 Physical health staff (29.6%)	7 Benefits (24.9%)	(+5.9%)
8 Neighbours (25.3%)	8 Safety (24.8%)	(+5.2%)
9 Finding a job (24.2%)	9 Neighbours (22.7)	(-2.6%)
10 Privacy (21.6%)	10 Dating (22.1%)	(-8.8%)

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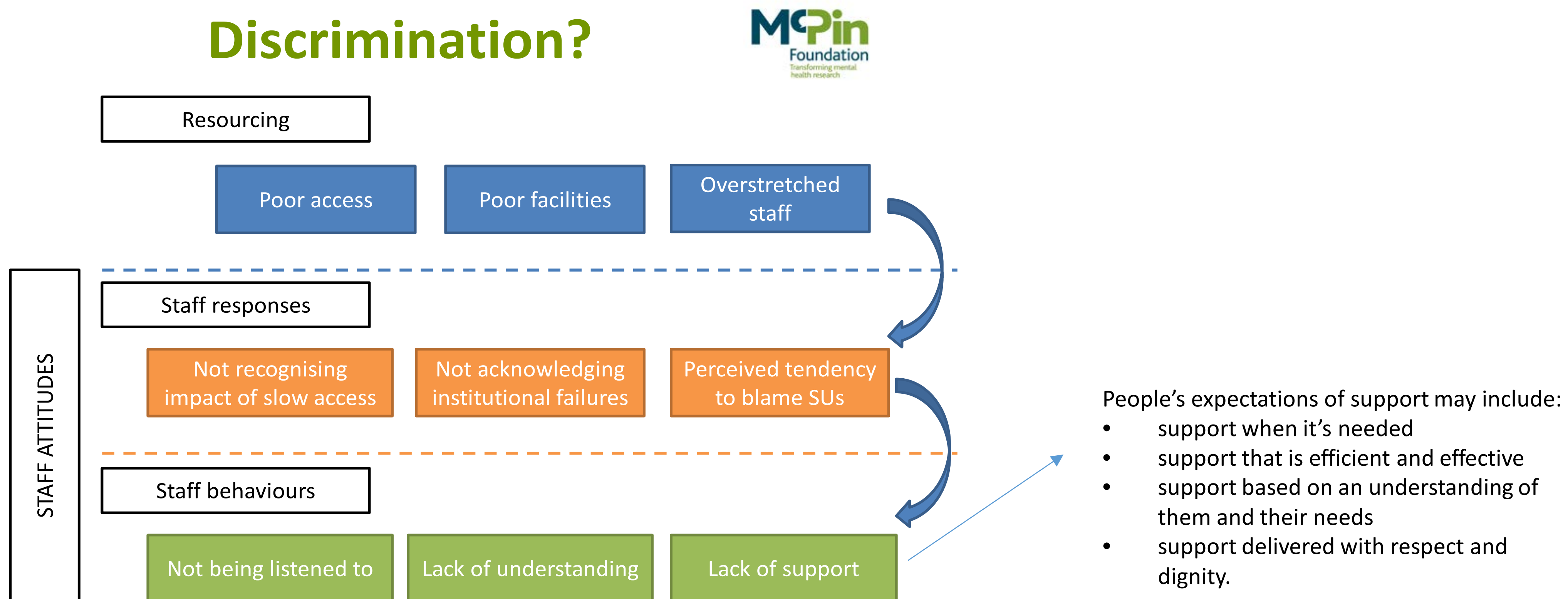
Embargoed 2013 research

Qualitative research with 50 Viewpoint participants was commissioned by Time to Change and carried out by the McPin Foundation with the Institute of Psychiatry, King's College London to gain a richer understanding of the discrimination related to "mental health staff". Examples include individual staff and institutional responses:



People's expectations of support may include:

- support when it's needed
- support that is efficient and effective
- support based on an understanding of them and their needs
- support delivered with respect and dignity.

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Potential Ways Forward

- Breaking down the "them and us"' divide between staff and people using services
- Staff with lived experience being seen as an asset by their employers (at all levels, in all teams)
- "Contact" on at least equal terms, collaborating on common goals (e.g. critical mass of peer support workers; colleagues being open about lived experience; co-production of policies, service developments and simple decisions on wards)
- Recovery focused services, "expert patient programmes"
- Deliberate reduction in use of coercion
- Highlight "gems" of good practice and encourage innovation/changed behaviour
- Staff encouraged to reflect on the impact of seeing people only or usually in crisis (and how this could affect their attitudes and behaviour)
- Not single interventions – such as a staff training programme:

Structures & Systems
(service design, peer support workers, recovery-orientated, access, co-production)

Culture & Values
(ownership and leadership at all levels to break down "them and us", valuing staff lived experience, recognising good practice "gems", innovation)

Individual staff responses

Organisational level: 10 key organisational challenges

http://www.centreformentalhealth.org.uk/pdfs/Implementing_recovery_methodology.pdf

1. Changing the nature of day-to-day interactions and the quality of user and carer experience
2. Delivering comprehensive, co-produced training programmes to increase staff awareness
3. Establishing a '*Recovery Education Centre*'/'Recovery College' for staff, service users, carers and partner agencies to drive the programme forward
4. Ensuring organisational commitment, changing the 'culture' at all levels
5. Increasing personalisation and choice
6. Transforming the workforce to include 'peer workers'
7. Changing the way we approach risk assessment and management
8. Redefining user involvement: co-production - '*partnerships-between-experts*' - bringing together the expertise of lived experience and professional expertise
9. Supporting staff in their journey
10. Increasing opportunities for building '*a life beyond illness*' (jobs, homes , friends and participation in communities

Co-produced benchmarking, identification of priorities, action planning and review

Within individual teams - the Team Recovery Implementation Plan (TRIP)

http://nhsconfed.org/~/media/Confederation/Files/public%20access/ImROC_briefing6_TRIP_for_web.pdf

1. **Identifying assets** an overview of the resources that exist within the team among staff and people using the service
2. **Benchmarking progress in recovery-focused practice** A collaborative process of discussion among staff and people using services: celebrating what has already been achieved and identifying what needs to be addressed
3. **Identifying top three priorities and developing action plans** all co-led and co-delivered by people using services and staff
4. **Systematic review and re-setting of goals**

The process of working together differently is probably more powerful than the specific goals set

In one Forensic Admission Ward in West London plans included:

- Co-delivered action plans included:
- Collection of recovery stories
- Co-production of ward 'house rules'
- Marking of beginnings and endings
- Recovery groups
- Ward round self-reporting

Impact 2011 to 2012

- Incidents of self-injury fell from 39to 8
- Hours spent in seclusion fell from 987 to 483
- Staff sickness fell from 10.4% to 4.6%

For individual staff

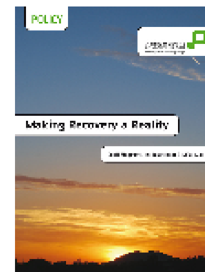
http://www.centreformentalhealth.org.uk/pdfs/recovery_toptips.pdf

http://www.imroc.org/media/publications/ for other briefing papers on

- Recovery Colleges,
- Peer Support Workers, Personalisation and Personal Budgets,
- Carers and Recovery,
- Quality and Outcomes, Recovery Public Mental Health and Well-being

SAINSBURY CENTRE for MENTAL HEALTH
removing barriers achieving change

Ten Top Tips for recovery oriented practice



Making Recovery a Reality

By Geoff Shepherd, Jed Boardman and Mike Slade

Published March 2008

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After each interaction, ask yourself did I…

- actively listen to help the person make sense of their mental health problems?
- help the person identify and prioritise their personal goals for recovery – not my professional goals?
- demonstrate a belief in the person's existing strengths and resources in relation to the pursuit of these goals?
- identify examples from my own 'lived experience', or that of other service users, which inspires and validates their hopes?
- pay particular attention to the importance of goals which take the person out of the 'sick role' and enable them actively to contribute to the lives of others?
- identify non-mental health resources – friends, contacts, organisations – relevant to the achievement of their goals?
- encourage self-management of mental health problems (by providing information, reinforcing existing coping strategies, etc.)?
- discuss what the person wants in terms of therapeutic interventions, e.g. psychological treatments, alternative therapies, joint crisis planning, etc., respecting their wishes wherever possible?
- behave at all times so as to convey an attitude of respect for the person and a desire for an equal partnership in working together, indicating a willingness to 'go the extra mile'?
- while accepting that the future is uncertain and setbacks will happen, continue to express support for the possibility of achieving these self-defined goals – maintaining hope and positive expectations?

after Shepherd, G. (2007) Specification for a comprehensive 'Rehabilitation and Recovery' service in Herefordshire. Hereford PCT Mental Health Services. (www.herefordshire.nhs.uk)

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