

Date	20/04/2016
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Update log	

## Achieving Excellence in Recovery Orientated Services

The English dictionary defines recovery as ‘a return to a normal state of health, mind, or strength’. However, what a normal state is for one may not be normal for another. Understanding what ‘recovery’ means to that individual is essential in providing effective and personalised treatment in any service. Constructing goals pertaining to the long term aspirations (IE being medication free) and short term targets (IE reducing medication dosage) of patients can allow interventions to be tailored to each individual rather than purely reducing the patients pathology. The short-term targets should be **SMART: Specific, Measurable, Achievable, Realistic and Time- limited** in order to effectively achieve such targets. Goals need to have real-world relevance to the individual patient and not simply a target of discharge; recovery needs to be person-centred.

Key concepts recovery orientated services should employ to aid recovery include, empowering and trusting the service users, allowing them to be involved in decisions, giving them hope, directing treatment around the goals and choices of the patient and focusing on the real- world outcomes. This can be achieved by both the health professionals and service users together, creating a safe and effective treatment plan that allows the service user to decide how they can individually use the service to help them. Additionally, the health professional’s attitude and thus the therapeutic relationship is an essential therapeutic tool when advocating recovery and some believe may be “more so than the clinical intervention” (Fiona Venner, Director, Leeds Survivor Lead Crisis Service). All staff at recovery orientated services need to harvest vital skills such as listening, being empathetic, creating a calm environment, being non-judgmental and encouraging peer support. Collectively, such a mind-set and way of working will engage the patient with the service and the staff involved in their care, encourage the patient to take an active role in their recovery and ideally, reduce the risk the patient poses to themselves and others. These qualities may seem obvious, however by tailoring training and making explicit what services expect from their staff and patients will allow a transparent and clear environment for all to work and grow in.

Healthcare workers should think beyond the recovery service and look at existing organisations within the community to aid recovery not just within the healthcare system but within the patient’s community. For instance, offering guidance and sign posting to additional supportive services involved in employment, housing and social networking creates a more holistic, quality rich approach to recovery, without imposing additional costs on primary and secondary care directly. The Transitional Employment Placements offers support, advice and real work contracted by clubhouse for those with a mental illness to encourage access to jobs, friendships, independence and autonomy. The Individual Placement and Support (IPS) offers real competitive work (that is accessed by the general public as well as those with mental health conditions) whilst getting training and support on the job (rather than being trained then obtaining a job later). It is shown to be a successful

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approach for those with mental conditions as they obtain competitive jobs (61%), gain employment quicker (10 weeks earlier) and stay in these jobs for longer (24.2 weeks per year) compared with controls (Bond et al, 2008). These organisations are generally overlooked resources but can be utilized to improve patients' recovery if healthcare staff research and explore what help is pre-existing in the community.

Furthermore, patients are an invaluable resource, not only for structuring and tailoring their own treatment but additionally when structuring recovery services in general. Service users that are displaying recovery collaborate with health and social care providers offering their knowledge and personal experiences to improve the structure of an organisation. For instance, they offer advice towards formatting consent forms or tailoring training programmes. This partnership can allow a more cohesive, integrative and person-centred care with focus on what is important to those that will utilise the service.

To achieve excellence, services also need to modify and adapt their services in order to continually develop. Recognising what approaches are working for other services and employing such ideas is an easy way of improving, but only if the change it is right for that specific organisation. Having said that, changing the way recovery services work to benefit the patients takes time. Services should have the mid-set of 'hurrying slowly' when going through a process of change, however large or small, meaning having a sense of urgency but changing slow enough to take all staff and patients along with the change. Kotter's (2012) 8 steps to change highlights the time period and phases involved in implementing change in an effective way.

Overall, there are many aspects in which mental health recovery services can achieve excellence, they can understand what recovery means to each individual patient to tailor their goals, collaborate with service users to influence how they deliver treatment, harvest vital skills and a non-judgmental mind-set of all staff, sign post service users to pre-existing organisations within their communities and be open to change and implement such changes in the most effective way.

### References

Information extracted from the healthcare conference 'Achieving excellence in recovery orientated services' December 14<sup>th</sup> 2015

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