To Rebuild, Reconnect and Rediscover through Mental Health Recovery.

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(Senior Occupational Therapist and Churchill Fellow 2014-2015)
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Executive Summary

The proposal for the Fellowship was to identify what is working well in the recovery of mental ill health – both in my own practice and further afield. I wanted to gain an understanding of how other organisations identified and utilised best practice. Through conversation and observation I hoped to be able to bring some of the ideas from America and Australia back to the UK to use within our services and/or share with other groups in our network.

The main focus of the Fellowship is on how people achieve recovery and how best they can be supported to achieve this. I specifically visited some of the mental health services which have created interesting alternatives to traditional medical approaches.

The following report was considered using several themes which included alternative approaches in interventions e.g. mindfulness and spirituality as well as evidence based best practice

The Fellowship travel and subsequent report will hopefully be the catalyst for much needed change within the services we currently provide.

The recommendations from this report include:-

Please see below recommendations for both services:-

1. Every service user to have a WRAP plan
2. Encourage the development of peer support
3. Increase the provision of information and resources on recovery and well being that encourage service user’s self responsibility for managing their mental health issues.
4. Develop and maintain working relationships with service users, carers and families
5. Identify people’s needs – health and social care needs alongside mental health needs.
6. Every service user to have a recovery STAR.
7. Looking at non-medicalised approaches to support people with mental health issues. Create alternatives to ‘conventional’ mental health services e.g. mindfulness, spirituality
8. Staff and patients to create further opportunities for community participation.

The future directions include:

- Support for carers (peer education for all involved) - and respite options for people with a mental illness as well as their families and carers;

- Alternative wellness strategies e.g. mindfulness

- Coordinating service networks e.g. MIND, involvement in social enterprises

- Encouraging the development of personalized coping strategies to deal with symptoms/promote independence e.g. brief interventions like WRAP

- Review of care plans/goals regularly with the client – continue to measure outcomes to inform progress e.g. Recovery STAR

- Look at prevention strategies (not only for relapse but to improve overall wellbeing locally) e.g. spirituality

The following report will document the findings, recommendations and further directions in more detail. There is still much to develop within our services and the process of delivering a truly recovery-oriented service is still an emerging process but a good start has certainly been made within the Oxford Health NHS Foundation Trust.
**Background**

When I undertook the first part of my Fellowship I was working as an Occupational Therapist in an open pre discharge unit within the forensic specialized services. The clients here are detained under the Mental Health Act (1983); suffering from serious mental illness and/or personality disorder with complications of offending behaviour, serious self-harming behaviour and/or substance misuse.

My role, as part of the Occupational Therapy team, is to empower clients by creating social networks and inclusion in the community through the promotion of a recovery orientated system of care. We provide information and advice, practical and emotional support as well as creative therapy, lifestyle management, work/occupational roles, education, physical activity, complementary therapies, individual and group.

When we talk about recovery with our patients we do not mean a "cure" or even a regaining of a previous position before the experience of mental health problems. Recovery is a personal process of tackling the adverse effects of mental distress, requiring individuals to accept the impact of mental illness and the idea that they are responsible for setting the course of their own recovery. Recovery has a wide number of meanings within the mental health services even within the UK, both with clinicians, patients and family/carers.

*"Recovery isn’t about getting back to how you were before, it’s about building something new"* - Rethink

*"Recovery is a process. It takes time. It takes patience. It takes everything you've got.”* Anonymous (service user)

*"A healthy body should include, mental wellness and positive mood”* - MIND

People who are in recovery from mental ill health are said to move from a state of dependency to interdependency. Recovery is what people experience themselves as they become empowered to manage their lives in a manner that allows them to achieve a meaningful life and positive sense of belonging in their community.
Current Mental Health Policy in the form of the National Service Framework and NHS Plan both recognise the right of people to live in the community and participate in a lifestyle of their choice.

Medication and improved access to psychological therapies are important but what we have found difficult is the practicalities of moving people through the recovery process. Not only is the definition poorly understood but there is still a stigma attached to mental illness and moving people through change and out of their comfort zone has proved very challenging.

The initial aim of this project was to gain knowledge, experience and understanding of best practice within a variety of American and Australian mental health settings; assessing the practical care, treatment and rehabilitation of working age adults who experience mental and emotional distress. I wanted to observe the use of the recovery approach within a variety of mental health settings and identify how this process is implemented successfully.

Since October 2014 I have worked as a Senior Occupational Therapist/Clinical Assessor in the Assessment Function team of the Chiltern Adult Mental Health Team. The adult mental health team (AMHT) are responsible for providing care and treatment for people with mental health illness whilst being supported in the community. Our team is made up of qualified professionals from both health and social care backgrounds who work together to best meet the individual’s needs. My role as clinical assessor is a single point of access for any mental health crisis but the whole team work to enable people to meet their recovery goals and help manage their mental health whilst living in the community.

I have the opportunity to work on a short term basis with some clients who need brief intervention and clients will work with staff on personal goals which might include returning to work, learning new skills or becoming more involved in the local community. We are always looking to improve both individual treatments and the options available to people and it is through high quality clinical research that we can learn more about mental health illnesses and provide better treatments. It was then in January 2015 that I undertook the second phase of my research in Australia with an increased focusing on measuring recovery outcomes.
My Project Aim

To discover how people with severe and enduring mental health issues can Rebuild, Reconnect and Rediscover through Mental Health Recovery.

My Project Objectives:-

1) Observe similar high quality services uniquely designed to create a clear pathway for clients through their journey of recovery and their implementation of the recovery process in a variety of mental health settings (inpatient, outpatient, secure services, voluntary sector, community based resource projects, self-help groups). Improving the quality of my care provision through observation of how other services are providing a recovery orientated approach whilst also looking at the various supports in place to help service users move on.

2) Identify outcome measures used to evaluate the success of the recovery approach.

3) Establish the practical approaches used to help implement the recovery approach.

4) Develop clinical understanding of different theoretical models/approaches used in the role of such services to inform intervention and treatment (e.g. health promotion, attachment theory, employment barriers, motivation/engagement issues), to maximise therapeutic opportunities.
Acknowledgements

This report would not have been possible without the generous support of the Winston Churchill Memorial Trust (www.wcmt.org.uk) for providing me with the opportunity of a lifetime. A special thank you also to Julia Weston (we got there in the end!).

I would like to thank the staff and residents at Lambourn House who helped facilitate my first trip by taking on additional work in my absence!
A huge thanks to the Chiltern Adult Mental Health Team who enabled me to undertake the second phase of my travels and kindly followed up my case load (discharges too!).
I am grateful to both teams who have patiently listened to my stories and enthusiastically taken on board the ideas and directions to implement change in our services.

A special thanks to all the time and effort given to me from Kristina Esquival, Gary Scannel, Joe Ruiz, Stephen Lysenko, Patricia Elias, Leah Halverson, Clare Rankin, Dr La Shunda Morris and Will Siewers.

Most importantly I would acknowledge my gratitude to the service users I met during my visits who willingly shared their experiences with me. An extra special thanks to Shona, Ronald, Andrew, Rebecca and Sam who happily gave their time to talk to me and disclose their own personal journeys of recovery. I was able to visit several peer support recovery groups at SHARE! and the Bliss ArtHouse Café in Los Angeles as well as self-help groups at T.I.E in Las Vegas, S.A.F.E. in Ohio and Angelfire in Washington DC; SMART – Sydney and SPROUT in Victoria. Some of these groups/meetings also included some 12 step programs like NA, AA, OA, and EA. Due to the confidentiality of these groups and Fellowships I have given a broad overview of my experiences although I am very grateful to have been welcomed as a visitor to many of the open meetings.
Spirituality

The Royal College of Psychiatrists have placed a large focus on Spirituality and its benefits on people with mental health issues. Spirituality can affect many positive health outcomes, including personal wellbeing, both physical and psychological, confidence, happiness, and life satisfaction. Spirituality is a concept that patients do not often attribute to wellbeing and this continues to cause a barrier in mental health services.

Spirituality is the process of personal change. This can be through traditional religious beliefs or subjective experience and psychological growth without any specific religious context. Almost any kind of meaningful activity or experience can affect the healing of the person. An important part of the recovery process is to help people to view life as a journey, where good and bad experiences can help the individual to learn, develop and mature.

Although the concept of spirituality and its benefits are known, this is still an area for development. Spirituality plays a central role in many of the self-help movements and groups that I visited in both America and Australia. I was also directed to a series of evening lectures by Marianne Williamson (spiritual teacher, author and lecturer - ‘A Course in Miracles’) to gain further insight into spirituality. She explains how spiritual practices can help us to develop the better parts of ourselves.

I visited several groups that provide service users with an opportunity to explore religious and spiritual issues in relation to their mental illness. The sessions will often have a topic of interest e.g. forgiveness and there is an opportunity for participants to share their own experiences and knowledge. Spiritual interventions include discussing spiritual concepts as well as encouraging spiritual and emotional support among group members. The purpose of these interventions are to help participants understand their problems from a spiritual perspective to gain a greater sense of hope, accept responsibility for their own actions and to experience and affirm their sense of identity and self-worth.

Using spiritual interventions can help people to find meaning and purpose in the things they value and encourage our patients to seek the best relationship with themselves and others.
It is important to remember that culture and beliefs can play a part in spirituality although every person has their own unique experience of spirituality and it can be a personal experience for anyone, with or without a religious belief.

**Conclusion**

There is still a barrier with the concept of spirituality and the belief that it is tied to religious traditions. This is an area that still needs to be addressed in our services with both patients and staff. However, the forensic service is now planning a 6-week spirituality group on site led by the chaplaincy.

The following table shows the outline of a spirituality group (based on MHA village semi structured psycho-educational program) to be offered at Littlemore Mental Health Centre.

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<tr>
<th>Week</th>
<th>Topic</th>
<th>Description</th>
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<tr>
<td>1</td>
<td>Introduction</td>
<td>Overview of group. Group rules. Learning outcomes</td>
</tr>
<tr>
<td>2</td>
<td>Education</td>
<td>Personal and community resources. Definitions, examples, barriers etc.</td>
</tr>
<tr>
<td>3</td>
<td>Exploring</td>
<td>Set meaningful and realistic goals</td>
</tr>
<tr>
<td>4</td>
<td>Sharing</td>
<td>Expressing thoughts and feelings – validate, normalize and reframe emotions.</td>
</tr>
<tr>
<td>5</td>
<td>Hope and forgiveness</td>
<td>Explore meanings</td>
</tr>
<tr>
<td>6</td>
<td>Closing</td>
<td>Review topics. Feedback.</td>
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To develop competence in integrating spirituality into mental health care clinicians need professional training so as to understand how spirituality relates to wellbeing; communicates and promotes open discussion about spiritual experiences both positive and negative and supports spiritual coping e.g. prayer and meditation.
Mindfulness

The UK’s Mental Health Awareness week (May 2015) focussed on mindfulness this year. This was also the theme of World Mental Health Day (2010) and although there is much evidence to support the benefits of mindfulness in mental health this is still yet to be a fully explored concept in our particular service.

Mindfulness is an integrative, mind-body based training that helps people to change the way they think and feel about their experiences, especially stressful experiences, and is recommended as a treatment for people with mental health problems.

Mindfulness exercises are being used throughout the various programmes offered to people with mental ill health. Sessions at Hopewell are facilitated to encourage service users to ‘pay attention to the present moment’. This is achieved by using techniques like meditation, breathing, and yoga. These groups have helped people to become more aware of their thoughts, feelings, and body sensations so that instead of being overwhelmed by them, they are better able to manage them. Many of the mental health practitioners in America are utilising mindfulness in groups and 1:1 sessions. They suggest that this helps give an individual more insight into their emotions, boosts their attention and concentration and can improve their relationships.

Mindfulness groups can be used to help people in different ways. SMART members often follow a program of Mindfulness Based Stress Reduction (MBSR), which helps people to cope with stress whereas GROW uses Mindfulness Based Cognitive Therapy (MBCT), which is designed to help people with recurring depression. Both practices provide a flexible set of skills to manage mental health and support wellbeing while even brief interventions utilising mindfulness and meditation has shown to benefit people with mental ill health.
Conclusion.

Mindfulness is recommended by the National Institute for Health and Care Excellence for the prevention of relapse in mental ill health. They suggest a combination of mindfulness techniques like meditation, breathing exercises and stretching (with elements from cognitive behaviour therapy) to help break the negative thought patterns that are characteristic of recurrent depression.

Many of the services visited are practising mindfulness as an effective intervention, treatment and plan of relapse prevention. This is clearly a cost-effective and accessible treatment for individuals and yet it is still limited on the NHS. It is important to make staff and clients aware of the availability of mindfulness and we need to explore how we can implement this as a group within the forensic service and wider community. Our psychology service is now looking to launch a regulating emotions group and mentalization based therapy using mindfulness. However, our team now needs to introduce the concept of mindfulness and start using this as an essential part of our brief interventions for clients.
Peer supported recovery groups

Peer support recovery groups can be defined as the help and support that people with lived experience of a mental illness are able to give to one another. The idea of peer support is not new in the UK and self-help groups and mutual support has been around for many years e.g. 12 step programs like Alcoholics Anonymous. However, in Australia and the USA, peer support is a widely recognised and utilised resource that has been developing with mental health recovery.

There are some differences between behaviour control groups (e.g. AA - Alcoholics Anonymous) and stress coping groups (e.g. GROW, SMART) but the emphasis on psychosocial processes and the understanding shared by those with the same or similar mental illnesses does achieve constructive treatment goals.

GROW uses social, emotional and practical support of its members to build on recovery. Future GROW leaders join a group out of personal need but eventually discover that one solution to their own problems lies in helping others. They recognise the importance of shared personal experience and empathy whilst focusing on an individual's strengths and working towards the individual's wellbeing and recovery. These support groups have shown to improve psychiatric symptoms and in turn, has resulted in decreased hospitalisation, larger social support networks and enhanced self-esteem and social functioning.

The SMART recovery groups are based on the principles of Cognitive Behavioural Therapy (CBT) and the processes within the group help people to understand, manage and change their irrational thoughts and actions. The SMART programmes teach practical skills to people to help them deal with problems and enable them to achieve a healthy lifestyle balance.

The GROW groups in Sydney actually offer a mini-community where people can develop new skills. I interviewed several members during my visits; many of whom agreed that they had an increased sense of belonging, connection to the community, improved network of friends and support for their mental health recovery.
Charlene Gulbranson is the program co-ordinator for the Residential Center, located in Kankakee, Illinois, which offers a GROW recovery model for individuals who need intensive support and training in a structured living environment. The Residential Center is a 24-hour program where participants learn good work and recreational habits, effective communication, problem-solving, and leadership skills. The Residential program is based on four developmental stages. As participants progress through the four stages, they learn responsible involvement with others and gain effective leadership skills. The stages allow residents to move into the broader community, where they can assume meaningful roles in society.

The teachers at the Recovery College in Victoria are people who have a lived experience of mental health issues. They are supported by the MIND team to design courses based on what they have learned through their personal journeys and how sharing these experiences can aid people seeking mental wellbeing.

Many of the mental health professionals I met had a favourable opinion of self-help groups. Many suggested that there was still a need to integrate or at least cooperate with self-help groups in the mental health services. The role of self-help groups in instilling hope, facilitating coping, and improving the quality of life of their members is now widely accepted in many areas both inside and outside of the general medical community.

**Conclusion**

Recovery International uses a cognitive training approach similar to cognitive-behavioural therapy, Emotions Anonymous uses a twelve-step approach, whereas GROW incorporates a combination of cognitive training and twelve-step methods. Despite the different approaches, many of the psychosocial processes in the peer support groups are the same.

The therapeutic effects from peer support groups appear to be attributed to the increased social support, sense of community, education and personal empowerment.

From a mental health service point of view there may be several limitations of self-help groups:-

- The inability to keep detailed records,
- Lack of formal procedures to follow-up with members,
- Absence of formal screening procedures for new members,
• Lack of formal facilitator training,
• Inability of members to recognize a "newcomer" presenting with a serious illness requiring immediate treatment.

I was directed towards further reading and research regarding the effectiveness of self-help and peer support groups. In fact I have found five theoretical frameworks which have been used in attempts to explain the effectiveness of self-help groups.

1. Social support: Having a community of people to give physical and emotional comfort, people who love and care, is a moderating factor in the development of psychological and physical disease.

2. Experiential knowledge: Members obtain specialized information and perspectives that other members have obtained through living with severe mental illness. Validation of their approaches to problems increases their confidence.

3. Social learning theory: Members with experience become creditable role models.

4. Social comparison theory: Individuals with similar mental illness are attracted to each other in order to establish a sense of normalcy for themselves. Comparing one another to each other is considered to provide other peers with an incentive to change for the better either through upward comparison (looking up to someone as a role model) or downward comparison (seeing an example of how debilitating mental illness can be).

5. Helper theory: Those helping each other feel greater interpersonal competence from changing other's lives for the better. The helpers feel they have gained as much as they have given to others. The helpers' self-esteem improves with the social approval received from those they have helped, putting them at a more advantageous position to help others.

During my visits I have gained good insight into peer support recovery groups. I have seen how well these programs can work for many different addictions and illnesses. These groups could be implemented in our services but they would need a more structured format and will likely need a professional facilitator which may detract from what works well in these groups being peer led.
Since my return to the UK we have discussed the current role of the Recovery Group on Thames House (female medium secure unit) and are actually looking to make these sessions less structured and more client led.

Further changes have been made within Harlow House (the Acute Adult Day Hospital) where groups are utilising peer support. To date there is no specific role identified for 12 step programmes in the service but the knowledge and awareness of these groups has been raised for signposting our clients.
Social enterprise/paid and unpaid work

The Royal College of Psychiatrists state that work (paid or unpaid) can help people’s physical and mental health. They propose that with the right support from employers, colleagues, carers and health and social care professionals, work can aid recovery for people with mental health problems.

The Mental Health America ‘Village’ in Los Angeles offers clients a wide range of employment options. The Village has several in-house businesses that provide time-limited paying jobs and work experience. They also offer ‘work-for-a-day’, casual labour and seasonal work options.

The Village is well known for their successful social enterprise - the ‘Village Cookie Shoppe’. This social enterprise is a gourmet online bakery which was created to provide employment and marketable job skills. All of their revenues are then reinvested back into services so that service users can get an education, a job and accommodation as well as creating opportunities for self-worth and self-reliance.

The employees at the bakery demonstrated a good knowledge of recovery and what it meant to them. They also explained the importance of setting SMART goals and how they had developed and built upon skills that could be transferred to other working environments.

Although not a social enterprise, the Recovery Program at Van Ness helps clients find a way back to employment or voluntary work in a safe and independent environment. Their recovery program is based on a social model where the residents are responsible for the ongoing operation of the house and where they participate in an intense schedule of education and discussion groups. At Van Ness, the residents are encouraged to be self-supported and their job training program includes basic computer skills, prevocational skills, job searches, interviewing with job preparation.

Hopewell is a therapeutic community set on a 300-acre farm in rural Mesopotamia, Ohio, that helps adults with mental health. The program is based on the idea of using the power of nature, meaningful work and the therapeutic community, whereby the whole person is treated - mind, body and spirit.
The farm is a key part in member’s recovery by organizing work teams where residents assume the major responsibilities for all aspects of the farm’s daily work. From gardening to cooking to animal care, vocational opportunities at Hopewell help residents find strengths they did not know they had, experience new roles, learn new skills, gain job readiness and build self-esteem.

Further research has shown that participating in work has shown improved medication compliance, symptom reduction and fewer relapses.

In addition to participating in the areas of the community work (i.e. farm animal care, kitchen, housekeeping, gardens, and grounds), Hopewell supports the individual in their efforts to achieve recovery goals through programs such as high school and college education, volunteer opportunities and employment in the greater community, health and well-being education groups, and relapse prevention programs.

At Green Door services are geared toward maximizing an individual’s ability to live with the effects of their mental illness and achieve the highest level of personal success and independence. Green Door is a supportive, nurturing community that forms the foundation for people’s success in recovery. Again, the whole person is viewed, not the illness, and everyone is treated with respect. This sense of community reduces alienation and isolation, making it possible for clients to move toward independence and autonomy.

Clients are provided with comprehensive programs tailored to the individual needs of people with a mental illness. As well as employment support services they have a dedicated team in the Green Door Education Services where staff provide support to clients who want to learn basic reading and/or math skills, continue their education and earn their high school diploma, college degree, or vocational certification. Not only does Green Door help assist clients with education but it is also recognized nationally as one of the most successful job training and placement programs for people with a mental illness. They help provide clients with the skills that they need to obtain a job which has been shown to aid the maintenance of a person’s mental health.

Green Door have also introduced a ‘Next Step Program’. Here participants are asked to make an attendance commitment and to fully participate in each program module.
The program modules include behavioral management, information and discussion about medication and their side effects, reading and comprehension, coping techniques and exercise. Currently, 38 individuals are participating in the Next Step Program and many of the NSP graduates have moved on to the next step towards their recovery by working or volunteering in the community or pursuing their educational goals.

Green Door provides opportunities for the Ticket to Work scheme which is an initiative of the Social Security Administration that encourages individuals who receive Social Security Disability Insurance or Supplemental Security Income to seek and find employment. Ticket to Work is an outcomes-based program, which means that Green Door incurs all upfront costs for serving participants. Once a participant is working and meets certain employment criteria, Green Door is paid a portion of the savings by the Social Security Administration. The payments are small, but the value to the participants can be large. Ticket to Work enables them to retain their medical and income benefits as begin the return to permanent employment.

MIND in Melbourne also run a very successful social enterprise called SPROUT. Sprout is a supported community garden that has been developed by people recovering from mental ill health and/or drug and alcohol issues. Sprout provides opportunities for personal, interpersonal and vocational skills development through a range of horticulture and enterprise activities that are valued by the wider community. Sprout helps create opportunities for well-being, gardening, creativity, employment, and community strengthening through skill development and community enterprises like the Sprout Community Market. All of the activities at Sprout are supported by a monthly community market operated on-site as an outlet for participants’ work and organically grown produce from the site.

**Conclusion**

Social enterprises do not aim to offer any benefit to their investors, except where they believe that doing so will ultimately further their capacity to realize their social and environmental goals. It is well documented that for many people with experience of mental illness maintaining employment helps to keep them stable. This is likely because it creates routine and order and provides some income. Without work, people often find that their self-esteem falls, their sense of security diminishes and many people can become depressed.
Visiting the ‘Village Cookie Shoppe’ has enabled me to rethink the practical implications of the ideas surrounding my proposed social enterprise on Lambourn House, ‘Let them Eat Cake!’ This idea had stemmed from a review of our ‘reward money’ system at Littlemore prior to my visits abroad where we recognized the need to develop vocational and educational skills for our patients through a series of social enterprise outlets.

The OT service at Littlemore currently utilizes a program organized by RESTORE called the Elder Stubbs recovery group. This service is very similar to SPROUT and the discussion now is whether the Littlemore site has the opportunity to convert part of their land to allotments to allow patients with restricted leave to engage in a work program earlier i.e. before gaining unescorted community leave.

Mental illness can often interrupt education which is why it is also important to provide return to study options. The Forensic Service needs to be signposting and offering accredited general and vocational education courses, delivered by qualified trainers with an understanding of the impacts of mental illness. For many of our patients, these courses may then be the first step to getting a job or furthering their education.

Patient’s goals are often achieved through the opportunity to take part in workshops and activities that address life skills, mental health education, exercise, relaxation, creativity and well-being. It is essential that the OT service looks beyond traditional group settings and works individually with patients to enable their transition into employment, housing, education and community life. The service can be developed through networking and links with community organisations and services which can then be utilised within a patient’s recovery journey.
Measuring Recovery Outcomes

One of the important aspects of my role is to identify and assess the best methods for measuring recovery from mental illness and of capturing feedback from patients in order to inform service improvement.

The Thames Valley Forensic service introduced the Recovery Star as part of its CQUIN targets in 2013. Unfortunately, since that target was reached the use of the Recovery Star has become less prominent in care and treatment plans for patients. It was felt by many staff to have become a ‘tick box exercise’ rather than an appropriate measuring tool.

One of my objectives through the Fellowship was to see the variety of recovery outcomes tools in use and discuss the effectiveness of those that have been implemented for people with severe and enduring mental ill health.

A number of standardized questionnaires and assessments have been developed to try to assess aspects of an individual’s recovery journey. These include the Milestones of Recovery Scale (MORS), Recovery Enhancing Environment (REE) measure, Recovery Measurement Tool (RMT), Recovery Oriented System Indicators (ROSI) Measure, Stages of Recovery Instrument (STORI), and numerous related instruments.

At Hopewell the Global Assessment of Functioning (GAF) is used. The GAF is a 0-100 point scale that assesses an individual’s level of functioning and a higher score indicates improved functioning. It is widely used with people who have a serious mental illness and subjectively rates the social, occupational, and psychological functioning of adults, e.g. how well or adaptively one is meeting various problems-in-living.

Many of the services visited are focusing on recovery although many have slightly different concepts of what this involves. The Village uses four stages of recovery – hope, empowerment, self-responsibility and a meaningful role in life. They also identify “quality of life” outcomes – measuring living, work, education, finance and social goals – to ensure effectiveness of The Milestones of Recovery Scale (MORS) which is an evaluation tool created by MHA’s David Pilon and Mark Ragins.

This tool can track the process of recovery for individuals with mental illness and is rooted in the principles of psychiatric rehabilitation.
Recovery is viewed by three levels:- level of risk; level of engagement and level of skills and supports. The MORS provides important data that can help service providers tailor services to fit each individual’s needs, assign individuals to the right level of care and create “flow” through a mental health system.

SHARE! in Los Angeles co-ordinates programmes ‘Rapid Recovery’. This is where change can be developed and maintained as people create their own journey to recovery in each of Substance Abuse and Mental Health Administration’s (SAMHSA’s) Eight Dimensions of Wellness. People set recovery goals by reviewing detailed descriptions of the Eight Dimensions to identify the specific ways they want to change. SHARE! then links them to self-help support groups and other tools to get them on the fast track to their goals.

The Eight Dimensions of Wellness from SAMHSA are:-

1. **Emotional**—Coping effectively with life and creating satisfying relationships
2. **Environmental**—Good health by occupying pleasant, stimulating environments that support well-being
3. **Financial**—Satisfaction with current and future financial situations
4. **Intellectual**—Recognising creative abilities and finding ways to expand knowledge and skills
5. **Occupational**—Personal satisfaction and enrichment from one’s work
6. **Physical**—Recognising the need for physical activity, healthy foods and sleep
7. **Social**—Developing a sense of connection, belonging, and a well-developed support system
8. **Spiritual**—Expanding our sense of purpose and meaning in life

The SMART recovery groups look at each of these 8 dimensions as part of their Wellness Recovery Action Plan (WRAP). The WRAP is an evidence-based practice, consisting of a personalised wellness and crisis plan development program and is included on the Substance Abuse and Mental Health Service Administration (SAMHSA) National registry for Evidence Based Programs and Practices. The WRAP model was developed with the help of a team of people with lived experience and some of the elements of WRAP focus on peer support and peer education.
Conclusion

A recovery approach has now been explicitly adopted as the guiding principle of the mental health or substance dependency policies of a number of countries and states, including both America and in the UK. In many cases practical steps are being taken to base services on a recovery model, although a range of obstacles, concerns and criticisms have been raised both by service providers and by the recipients of services.

We are always trying to develop comprehensive outcome measures which are meaningful to both professionals and service users. Unfortunately, the MORS will not be of significance in the forensic service as the rating for forensic patients would always be extreme risk until they had moved into the community. The MORS is designed to measure a person’s recovery progress using the community as the primary setting where recovery occurs. However, it may be possible to use the MORS within the Adult Community Mental Health Team, especially with patients that have returned to the community following an inpatient stay.

There are many similarities between the various outcome measures although the recovery star uses both subjective and objective rating scales. This can then effectively guide clinicians and clients’ discussion about the quality of recovery and helps them to focus on areas that the client wishes to set goals.

The recovery star has been shown to be effective within mental health services as a tool to measure outcomes. Oxford Health now needs to reintroduce the use of the recovery star within initial assessments and at regular clinical reviews to measure success and areas in need of change. This will mean a larger piece of work around the implementation of the recovery star including staff training in the star’s use, SMART goal setting and review of its effectiveness. The recovery star can be used in both inpatient and outpatient settings and once established the WRAP could be integrated as an offshoot of the star.

The WRAP is about to be trialled through the Assessment Team’s brief interventions (Autumn 2015).
BRIEF INTERVENTIONS

‘Brief interventions’ are techniques used to initiate change for an unhealthy or risky behaviour such as smoking, lack of exercise or alcohol misuse

The Wellness Recovery Action Plan uses the key recovery concepts of hope, education, personal responsibility, support and self-advocacy. Some of these dimensions are a similar to those within the recovery Star. However, the WRAP develops a personal ‘Wellness Toolbox’ which includes a list of resources for developing a recovery plan (or safety plan) i.e. contacting friends, support network, creative and fun activities, exercise, diet and sleep.

Many of the WRAP groups can be run over 8 weeks (with six sections of the workbook to complete). The sessions will include:-

1. A daily maintenance plan with three parts: a description of the person when they are well, the wellness tools to use every day to maintain wellness, and a list of regular daily activities.

2. A list of events or triggers that might make the person feel worse—like an argument with a friend or getting a big bill—along with the wellness tools that can be used to deal with them.

3. A list of the early warning signs, subtle signs that let a person know they are beginning to feel worse—like being unable to sleep or feelings of nervousness—along with an action plan for responding to these signs and to help the person feel better and avoid difficulties.

4. A list of the signs that things are breaking down and the person is feeling much worse—like feeling sad all the time, or hearing voices—along with an action plan based on the wellness tools to help the person feel better and prevent an even more difficult time.

5. Crisis plan or advance directive: A list of signs that let others know they need to take over responsibility for care and decision making including who takes over and supports through this time, health care information, a plan for staying at home through this time, things others can do that would help and things they might choose to do that would not be helpful. This kind of proactive advanced planning keeps the person in control even when it seems as though they are not.
6. Post crisis plan: This part of the plan is thought out in advance of a crisis or as one begins to recover from the crisis—when there is a clearer picture of what needs to be done to get and stay well.

The key WRAP concepts are illustrated through examples from the lives of the co-facilitators and other participants. The intervention is typically delivered over eight weekly 2-hour sessions, but it can be adapted for shorter or longer times to more effectively meet the needs of participants. The participants often choose to continue meeting after the formal 8-week period to support each other in using and continually revising their WRAP plans.

MIND also offers a broad range of counselling services to support people to live well and improve their mental health. They address a range of issues, including mental health conditions, drug and alcohol dependence, and carer support needs. The counsellors use a tailored approach that incorporates a variety of interventions, including brief therapies, motivational techniques and other specialist skills.

In addition to established 12-step programs for alcohol and substance misuse, new approaches like mindfulness-based cognitive therapy for the treatment of stress, anxiety and depression are being supported.

Goals 4 Success in Las Vegas provides a unique mode of behavioural modification which has produced excellent, positive results. Equine assisted rehabilitation is combined with traditional therapeutic behavioural interventions to develop and maintain emotional regulation.

**Conclusion**

Brief interventions are a core part of the Assessment Function Mental Health Community Team.

The Assessment team provides an opportunity for individuals to explore their lifestyle habits and behaviours which could impact negatively on both their physical and mental health. Conversations encourage an open exchange of views and information and increases motivation to change.
The forensic service offers longer term psychological input but the Assessment team can work between 4-6 sessions with a client if they are suitable for brief interventions. However, how clinicians utilise these sessions does vary, certainly with a wide ranging skill mix, limited time and resources.

It is evident that the WRAP is effective within mental health services and is used frequently in the community with individuals. The WRAP allows clinician and client to engage together using basic skills of awareness, engagement, and communication to introduce the idea of behaviour change and to motivate individuals to consider/think about making changes to their lifestyle and behaviour(s). These change techniques help individuals take action about their behaviour choices which may include starting, stopping, increasing or decreasing lifestyle behaviour activities. Clinicians can then provide support to individuals as they change their lifestyle behaviour(s) and facilitate individuals to maintain these changes over the longer term be that with anxiety management, emotional regulation or smoking cessation. As already mentioned Harlow House has begun a specific WRAP group one day a week.

Within the forensic unit we have weekly visits from the Pets as Therapy service and I have seen, first hand, the effectiveness of this service with our clients. Animal-assisted therapy is used to improve a patient’s social, emotional, or cognitive functioning and advocates, like Pat, state that animals can be useful for educational and motivational effectiveness for participants. The idea is based on the premise that our attachment to and interest in animals stems from the strong possibility that human survival was partly dependent on signals from animals in the environment indicating safety or threat. The hypothesis suggests that now, if we see animals at rest or in a peaceful state, this may signal to us safety, security and feelings of well-being which in turn may trigger a state where personal change and healing are possible.

Perhaps the service now needs to look broadly at what else we can offer our client group with regards animal assisted therapy, mood management, Dialectical Behaviour Therapy, Creative expression, Equine assisted learning, Meditation and spirituality as well as Independent living skills (planning, shopping, cooking, healthy living, money management etc.)
Recommendations.

Since returning from my Fellowship I have begun to disseminate the ideas within this report. I shall continue to do so through presentations and an article for Insight magazine (quarterly Oxford Health publication).

Please see below recommendations for both services:-

1. Every service user to have a WRAP plan – to include recovery management and a crisis or relapse management plan. Promote safety and positive risk taking by including patients in decisions regarding their risk. Assessing and dealing with risk for service users.

2. Encourage development of peer support groups - whereby the service user moves from dependence on service to relationships with others and through to personal understanding of managing symptoms and experiences. Utilising the peer mental health workforce as used by the complex needs service. Develop leaders in mental health recovery through STARS. Encourage participation in self help groups. Encourage clients to use their personal experience to help others. Encourage personal responsibility.

3. Increase the provision of information and resources on recovery and well being that encourage service user’s self responsibility for managing their mental health issues. Ensure all clients and carers have correct and up to date psychoeducation. Recommended reading lists for self help to give to clients.

4. Develop and maintain working relationships with service users, carers and families – include a service users forum for the community team (utilised currently in the forensic service) and encourage carers support group.
5. Identify people’s needs – health and social care needs alongside mental health needs to work towards preferred lifestyle within the limitations of any mental or physical health problem. Encourage regular physical health checks.

6. Every service user to have a recovery STAR. All clients to be helped to create SMART goals. Assist individuals with recreational, educational and vocational objectives. Mandatory training for staff to include recovery - educate all staff to use the recovery star and how to set smart goals with clients. Involve service users in recovery groups. Staff to audit success of recovery star.

7. Looking at non-medicalised approaches to support people with mental health issues. Create alternatives to ‘conventional’ mental health services e.g. mindfulness, spirituality.

8. Staff and patients to create further opportunities for community participation – networking with voluntary and statutory organisations. Encourage participation in work opportunities. Support and advice for finding work e.g. cv building.
Future Directions

I have had such a fantastic experience and I’m not even sure where to start in describing what I have learnt from not only the places that I visited but in particular the number of people that I have spoken to who have shared their own knowledge, experience, strength and hope in their work and in their personal recoveries. Recovery from mental illness is still best described as a process, defined and led by the person with a mental illness, through which they achieve independence, self-esteem and a meaningful life in the community. We need to work more with people on assisting them to find or develop the internal resources they need in their recovery (such as hope, resilience, coping skills, self-acceptance and physical health) as well as the external services and supports that will enable their recovery and independence (such as stable accommodation, education, employment support).

After presenting the first part of my travels to fellow peers/colleagues at Oxford Health the Occupational Therapy Team discussed the future directions within the Forensic service. I am still regularly updated by this team to the implementation and successes of these changes. Following my observations overseas I have learnt the importance of building and maintaining motivation with clients; supporting them to problem solve and deal with urges; encourage responsibility and self-reliability; the importance of peer support as well as sustaining a balanced lifestyle even in a restricted/secure setting.

More recently, within the community Mental Health Team I have discussed further the visits I made to America and now also my findings from Australia. Already in less than 6 months some significant changes have been made to our working practice and we would hope that these will continue to grow and develop. Since my return I have taken a leading role in the working recovery group whose aim is to be responsible for the care and development of Recovery in the community. Its role is to continually review, maintain and develop the work of Recovery groups, alongside traditional brief interventions. Services I have visited have highlighted the need of developing a recovery management plan or utilizing the WRAP. These plans focus on wellness, the treatments and supports that will facilitate recovery and the resources that will support the recovery process which are now being utilized at Harlow House.
The MHA Village blends all the parts of mental health recovery – treatment, rehabilitation, family and community support, and self-help – to provide the help adults with mental illness need for self-sufficient lives. The program tailors services to each individual’s psychiatric, employment, housing, substance abuse recovery, financial and education needs and is recognized as an “exemplary practice” nationally and a “best practice” in California. The services had been integrated as best practice. The MHA Village has earned recognition for its effectiveness and has emerged as a national model. The integration of services means that they have incorporated many types of mental health care – treatment, rehabilitation, self-help, and family/community involvement – into their overall model of care. In Ohio, the Department of Mental Health developed a recovery Process Model and Emerging Best Practice file to define and enhance the quality of mental health services. This then led to a guide for users of mental health services to explore their understanding of their potential roles in the recovery process. This is an essential component of recovery and what we need to be helping clients focus on when they join our service. A number of the initiatives that have helped promote recovery in the modern community mental health systems have been disseminated through a series of peer educational talks which discusses the future direction of mental health. An important part of the work needs to now closely examine other areas that perhaps need consideration within the service. This includes:

- Support for carers (peer education for all involved) - and respite options for people with a mental illness as well as their families and carers;
- Alternative wellness strategies e.g. mindfulness
- Coordinating service networks e.g. MIND, involvement in social enterprises
- Encouraging the development of personalized coping strategies to deal with symptoms/promote independence e.g. brief interventions like WRAP
- Review of care plans/goals regularly with the client – continue to measure outcomes to inform progress e.g. Recovery STAR
- Look at prevention strategies (not only for relapse but to improve overall wellbeing locally) e.g. spirituality
An important point for higher management level considerations is the reinstatement of a Crisis Team from its disbandment in 2014 and move to a specific assessment function. I have been privileged to be an observer throughout a network of services that confirm the view that establishing Crisis Resolution Teams and Assertive Outreach teams are an effective way of delivering service with the research evidence to support it.

One of the most important discoveries during my Fellowship was the realisation that we are maintaining good evidence based practice. We know there is a need for an integrated approach – between assessment and treatment functions - but steps can still be taken to include psychological, emotional, spiritual, physical and social needs.

These further directions will need further exploring and developing within our service. So much work still needs to be done to inform our practice and the process of delivering a truly recovery-oriented service is still an emerging process but a good start has certainly been made within the Oxford Health NHS Foundation Trust.

“Build a life you want. Connect with others. Discover what you can do.”
Recommended Reading

Websites for services visited:

MHALA Village Integrated Services
http://www.mhala.org/mha-village.htm

Van Ness Recovery House
http://www.vannessrecoveryhouse.com/

SHARE!
http://shareselfhelp.org/

Bliss ArtHouse
http://blissing.com/cafe.html

Goals 4 Success
http://goals4success.org/

Second Nature Entrada
http://snwp.com/

T.I.E. (12 step self-help groups)
http://meetings.intherooms.com/locations/las-vegas/Tie-Club/46867

GROW
http://www.growinamerica.org/

Hopewell
http://www.hopewellcommunity.org/
Green Door
http://www.greendoor.org/

Campbell Center
http://www.thecampbellcenter.org/

GROW (NSW)

SMART Recovery Group

MIND, SPROUT, Victoria
https://www.mindaustralia.org.au/

MIND Recovery College, Victoria

Mental Illness Fellowship Victoria
http://mifellowship.org/


Copeland, Mary Ellen. (All available from http://mentalhealthrecovery.com)

**Books**
- Wellness Recovery Action Plan
- Winning Against Relapse
- Wellness Recovery Action Plan & Peer Support
- The Loneliness Workbook
- Recovering from Depression
- The Depression Workbook
- The Worry Control Workbook
- Living without Depression and Manic Depression
- WRAP for Dual Diagnosis

**Videos:**
- Wellness Recovery Action Plan
- The Wellness Toolbox
- Key Concepts for Mental Health


Whitwell, David (2005) *Recovery beyond Psychiatry*

**Websites**

http://mentalhealthrecovery.com Mary Ellen Copeland’s site


http://www.mentalhealth.org.uk Website for the Mental Health Foundation.

http://www.mhtn.org Mental Health Trainers Network.


*Self-help interventions for mental health problems. Expert Briefing*. London:

Department of Health Publications

Appendix.
Background Of Oxford Health NHS Foundation Trust

Oxford Health provides specialist mental health services to people of all ages in Oxfordshire and Buckinghamshire, forensic mental health services across the Thames Valley, services for children and adolescents in Wiltshire, Bath and North East Somerset as well as specialist eating disorder services for adults in Wiltshire. It also provides community health services to people in Oxfordshire and Buckinghamshire.

The Thames Valley Forensic Mental Health Occupational Therapy Service is designed and underpinned by professional and national guidelines. As an Occupational Therapy Service we follow the principal “The main aim of the profession is to maintain or improve the client’s functional status and access to opportunities for occupation and participation” (College of Occupational Therapists 2006).

The role of the Occupational Therapist within forensic services is essential in the recovery and the reintegration of service user’s into community settings and this is highlighted within Government guidance including the Recovery Model (Social Care Institute for Excellence 2007) and Social Inclusion (HM Government 2006). Furthermore Occupational therapists are recognised as one of the five key professions successfully assisting in the recovery of those with mental health problems. (Care Services Improvement Partnership and National Institute for Mental Health in England 2007) (New Ways of Working ca 2006). Furthermore The College of Occupational Therapists in their seminal mental health document ‘Recovering Ordinary Lives: The national strategy for occupational therapy in mental health services 2007 – 2017’ (2006) outlines the professions aims for the next 10 years.

The underpinning concepts are:

- Service user involvement
- Health Promotion
- Supporting Recovery
- The importance of vocational opportunities
- Promoting social inclusion
- Tackling stigma and discrimination
- Quality and equality of access to services and
- Providing an evidence base to practice.
The aim of our service is to enable the service user to reach their full potential through the use of meaningful and purposeful occupation. We actively promote social inclusion and recovery through the therapeutic process of assessment, intervention and engagement.

Assessing and providing education and vocational opportunities is an essential part of a service user’s pathway for successful reintegration into the community, role fulfilment, and relapse prevention.

These needs can be met in a variety of ways throughout the service. On low secure and pre-discharge units accessing community resources such as volunteering/paid work, leisure activities, day services and further education are the main aims when exploring someone’s vocational abilities and we have developed strong links with community providers and the community mental health teams who support our service users in fulfilling their longer term goals in this area, both while in-patients and after their discharge.

Due to the nature of the client group, risk assessment is an integral part of all interactions with the service users. Occupational Therapy also has the opportunity to assess the different risk categories not just within the ward/unit environment but also in the wider context giving opportunity to take positive risks in order to assess specific areas of concern and need.
My Itinerary

The following itinerary shows my plan to visit the various establishments in the United States and Australia with a brief description of each service.

Part 1 Week One - Los Angeles, California, USA

- The Village Integrated Services

MHA Village is an adult integrated services recovery program of Mental Health America of Los Angeles.
• **A Short Course in Miracles – Marianne Williamson**

Lecture series based on Marianne’s best selling book.

• **Van Ness Recovery House**

The Van Ness Recovery House is a certified alcohol and drug recovery home designed to provide opportunities to the gay, lesbian, bi-sexual, transgender and heterosexual communities.

• **Share!**

SHARE is a community centre of self-help groups that meet each week addressing all kinds of issues.

• **Bliss Art House Café**

A café that supports gathering of peer supported groups and meetings such as AA, NA, EA and OA.

**Week Two – Las Vegas, Nevada and Utah, St George, USA**

• **Goals 4 Success**

Equine Psychotherapy and rehabilitation for the mental health population.

• **T.I.E**

T.I.E. is a community centre of peer support groups that meet each week addressing all kinds of issues.
• Second Nature Entrada (Utah)

Wilderness program for adults - utilising clinical and 12-step methodology in order to treat the whole person providing a challenging, emotional, mental, social and physical experience.

Week Three – Illinois, Chicago, (Kankakee) and Ohio, Akron, USA

• GROW (Kankakee)

Residential Center offering a GROW recovery model for individuals with mental health illness who need intensive support and training and a structured living environment

• Hopewell (Mesopotamia)

A therapeutic community farm adults of working age with mental illness.

Week Four – Washington DC, Maryland USA

• Green Door

A community program that prepares men and women with schizophrenia, bipolar disorder and other mental illnesses to work and live independently in the District of Columbia.

• The Campbell Center

A recovery consumer education and advocacy group for individuals living with mental health and substance abuse/addiction issues.
Part 2 Week Five/Six - Sydney, Australia

- **GROW (NSW)**

  The GROW Community is a live-in rehabilitation program for people experiencing a mental illness alone, or mental illness coupled with substance abuse or alcohol dependence. Its Program, Group Method and Community Structure are aimed at developing its members' own resources for living in the general community.

- **SMART Recovery Group**
SMART Recovery is a voluntary self-help group that assists people in recovering from alcohol, drug use and other addictive behaviours.

**Week Six/Seven – Melbourne, South Australia**

- **MIND, SPROUT, Victoria**
  Sprout provides opportunities for personal, interpersonal and vocational skills development through a range of horticulture and enterprise activities that are valued by the wider community. Sprout helps create opportunities for well-being, gardening, creativity, employment, and community strengthening through skill development and community enterprises like Sprout Community Market.

- **MIND Recovery College, Victoria**

- **Mental Illness Fellowship Victoria**
  Mental Illness Fellowship Victoria is a member-based, not-for-profit organisation that works with individuals and families whose lives are affected by mental illness.

- **SMART Recovery**
  This SMART Recovery group is based on the principles of Cognitive Behavioural Therapy (CBT). The group helps people to understand, manage and change their irrational thoughts and actions.
Overview of Services – my travelogue with description of visits.

Los Angeles

- MHALA Village Integrated Services
- Van Ness Recovery House
- SHARE!
- Bliss ArtHouse

Las Vegas

- Goals 4 Success
- Second Nature Entrada
- T.I.E. (12 step self-help groups)

Chicago

- GROW
- Hopewell

Washington DC

- Green Door
- Campbell Center
Sydney, Australia

- GROW (NSW)
- SMART Recovery Group

Melbourne, South Australia

- MIND, SPROUT, Victoria
- MIND Recovery College, Victoria
- Mental Illness Fellowship Victoria
Overview of Services visited

Los Angeles
THE MHA VILLAGE - The Village Integrated Services

My first visit was to the Village Integrated Service in Long Beach which is part of Mental Health America of Los Angeles (MHA). MHA are dedicated to promoting mental health recovery and wellness. Their purpose is to help everyone reach healthy lives – whether the need is recovery from mental illness or is occasional and caused by everyday life. It was founded in 1924 and is the county’s oldest nonprofit mental health organizations. MHA serves people who have a mental illness such as schizophrenia, manic-depressive illness or depression, and many of their service users also have substance abuse problems. Some of the young adults there have “aged out” of foster care and about two thirds of the people served are homeless or have been homeless sometime during their lives.

MHA Village blends all the parts of mental health recovery – treatment, rehabilitation, family and community support, and self-help – to provide the help adults with mental illness need for self-sufficient lives. The program tailors services to each individual’s psychiatric, employment, housing, substance abuse recovery, financial and education needs and is recognized as an “exemplary practice” nationally and a “best practice” in California.

I first met with Kristina Esquival - the lead for community development at the MHA Village. She had been working at the Village for 12 years. She gave me a detailed background to the Village and why the services had been integrated as best practice. The MHA Village has earned recognition for its effectiveness and has emerged as a national model. The integration of services means that they have incorporated many types of mental health care – treatment, rehabilitation, self-help, and family/community involvement – into their overall model of care. The program actually began in 1990 after California’s mental health department chose MHA to design and demonstrate an innovative service system built on an “integrated services” approach. These services support people with mental illness to live, work, learn and be involved in the community. In 1999, this became the model for AB 34 projects – comprehensive care for people with mental illness who are homeless, leaving jail or at risk of homelessness or incarceration.
Kristina made it clear that there was a strong emphasis on choice, equality between staff and the people they serve, encouragement of continued growth and an environment of “high risk/high support.” She identified “quality of life” outcomes – measuring living, work, education, finance and social goals – to ensure effectiveness and accountability and spoke at length about the MORS system (to be discussed further).

The services at the Village are provided by teams of mental health professionals and specialists in employment, money management, community involvement and substance abuse recovery. Kristina made note that some members of staff also included individuals who have recovered from mental illness and she believed that this had also helped to break down some of the barriers within the service especially regarding stigma.

Similar to my current practice the teams help individuals create and carry out customized plans by selecting from psychiatric care, employment, housing assistance, substance abuse recovery, health, financial, education and social support options and using engagement and collaboration, making them partners in their treatment and involving people with mental illness in every aspect of their rehabilitation and recovery.

I was extremely interested in their “menu” of employment that offers a rich range of work options and so I met with Gary Scannell, MHA Village director of employment and business development. He explained that one of his main roles is to help individuals choose, get and keep jobs. At the Village they have several in-house businesses that provide time-limited paying jobs and work experience. They are also able to offer work-for-a-day, casual labor and seasonal work options.

I gained a good working knowledge of one of their social enterprises at the Village - the 'Village Cookie Shoppe’. The Village Cookie Shoppe is a gourmet online bakery which was created to provide employment and marketable job skills to the people they serve. All of their revenues are reinvested back into services that help the service users to get an education, a job and a place to call home. The online bakery was demonstrated as a viable business opportunity where the more cookies sold enables more people to be helped and utilises the very core of social enterprise ideals. The employment programs have created opportunities for work, self-worth and self-reliance. I also had an opportunity to meet with several of the employees who felt that they had gained much from this service and I was shown around by David who had been working at the shop for two months.
He demonstrated that he had a good knowledge of what recovery meant to him and also how he was hoping to achieve his goals set by himself and his key worker. He spoke at some length about his history prior to coming into the service and expressed his gratitude to MHA for ‘saving my life’.

When I met with Kristina again she explained more about how the Village tries to help individuals who have both mental illness and substance abuse problems. She described how they help individuals reduce the harm caused by substance abuse while working with them toward the goals of sobriety and recovery. Their aim is to help individuals recognize how their goals are impacted by substance abuse, offer action steps toward sobriety and prevent relapses through involvement in community 12-step groups. Kristina was an advocate of 12 step programs such as AA, NA, CA, although these programs were not run directly by the Village. She talked through some of the options for accommodation and recommended that I visit some of those on offer to the service users like sober living houses (detailed later)

Recovery

The focus of the MHA Village is on ‘recovery’. Although I did not meet the founding Village psychiatrist Mark Ragins, I have studied his recovery concepts in his book, “A Road to Recovery”. Here he stated that recovery has four stages – hope, empowerment, self-responsibility and a meaningful role in life. I equated this very much with the use of our Recovery Star and explained to Kristina how we have used this in service. The following is an excerpt from Mark’s book -

**Hope:** Recovery begins with a positive vision of the future. Hope is most motivating when it takes form as a real, reasonable image of what life can look like. Individuals need to see possibilities – getting a job, earning a diploma, having an apartment – before they can make changes and take steps forward.

**Empowerment:** To move ahead, individuals need a sense of their capabilities. Hope needs to be focused on what they can do for themselves. To be empowered, they need access to information and the opportunity to make their own choices. At the Village, individuals choose the types of services they want using our “menu” of options.
Self-responsibility: As individuals move toward recovery, they realize they need to be responsible for their own lives. This comes with trying new things, learning from mistakes and trying again. We encourage individuals to take risks, such as living independently, applying for a job, enrolling in college or asking someone out on a date.

A meaningful role in life: To recover, individuals must have a purpose in their lives separate from their illness. They need to apply newly-acquired traits such as hopefulness, confidence and self-responsibility to “normal” roles such as employee, neighbor, graduate and volunteer. Meaningful roles help people with mental illness “get a life.”

Kristina made it clear that the team working at The Village put emphasis on recovery as a full integration into all aspects of community life. She included:

- Client choice
- Quality of life
- Community focus

I discussed the barriers to full integration for the clients that I currently work with including stigma, motivation etc, but she was very positive of the ability of her team to break down these barriers and that she did not view limitations – only, challenges!

Kristina talked through several of the other services that are run under the umbrella of MHA which included: the MHA Antelope Valley Services – which is similar to The Village; the outreach and drop in centres; Transition Age Youth Programs; Operation Healthy Homecoming – which serves low income veterans and their families; Wellness Centers – which supports both mental and physical health; a peer support network that is run countrywide called, Project Return Peer Support Network; and The Art of Daybreak Multi-Arts Outreach Program – which is a hands-on workshops in fine art, creative writing, improvisation, music and integrated movement to people served at mental health centres, Wellness Centres and homeless shelters throughout Los Angeles County.

I had prepared several questions prior to my visit which included the measurement and evaluation of outcomes within the service. Both Kristina and Gary spoke about an evaluation tool that I had not heard of before. The Milestones of Recovery Scale (MORS) is an evaluation tool created by MHA’s David Pilon and Mark Ragins.
The tool can track the process of recovery for individuals with mental illness and is rooted in the principles of psychiatric rehabilitation. It defines recovery as a process beyond symptom reduction, client compliance and service utilization. Kristina explained how the MORS provides important data that can help service providers tailor services to fit each individual’s needs, assign individuals to the right level of care and create “flow” through a mental health system. MORS can help systems and programs demonstrate to funding sources, politicians and the public that mental health systems can be cost-effective and achieve positive outcomes.

I had an opportunity to speak with Joe Ruiz who is the lead MORS trainer at the Village. He explained about the MORS but unfortunately would not recommend this evaluation tool for inpatients in a forensic setting as the MORS rating for my patients would only be extreme risk until they had moved into the community although hospitalization is viewed as a temporary condition that has an effect on one’s recovery journey.

He explained how the MORS is designed to measure a person’s recovery progress using the community as the primary setting where recovery occurs. The training that Joe leads on is in the use of the MORS as a recovery based outcome tool to be used in the community.

In discussion with Joe he directed me to a series of evening lectures that were being held in Los Angeles at the Saban Theatre by Marianne Williamson who was talking on ‘A Course in Miracles’.

Marianne Williamson is a spiritual teacher, author and lecturer who has published several best sellers and it was a privilege to be able to get tickets to her lecture. Although I did not have an opportunity to meet with her in person I gained much from her discussion during the course of several evenings and in meeting many like-minded people.

It was very interesting to discuss the concept of spirituality as I have often found that the word itself is a barrier to my patients even thinking about their spiritual condition.

I had coffee with a lady I met at the lecture series called Jennifer who was working as a Music Therapist in Venice Beach with the Addictions Service. We discussed the principles of spirituality and how she is able to use this within her practice. She talked about how spiritual practices can help us to develop the better parts of ourselves.
She explained how she uses the values of spirituality to help her clients become more creative, patient, persistent, honest, kind, compassionate, wise, calm, hopeful and joyful and that she views this as the very best of health care practice.

I have noticed that over recent years there has been increasing interest in treatments that include the spiritual dimension. In addition to established 12-step programs for alcohol and substance misuse, new approaches such as mindfulness-based cognitive therapy for the treatment of stress, anxiety and depression and compassion-focused therapy are now being actively researched and supported. However, there is still a barrier with the concept of spirituality as there is a belief that it is tied to religious traditions and this is an area that needs to be addressed in the secure services.

I have included an inspirational quote from one of Marianne Williamson’s books ‘A Return to Love’ - which is often incorrectly attributed to Nelson Mandela – and of which we have a designated quotes board now with similar sayings that change from week to week.

*Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our light, not our darkness, that most frightens us. We ask ourselves, who am I to be brilliant, gorgeous, talented, fabulous? Actually, who are you not to be? You are a child of God. Your playing small doesn't serve the world. There's nothing enlightened about shrinking so that other people won't feel insecure around you. We are all meant to shine, as children do. We were born to make manifest the glory of God that is within us. It's not just in some of us; it's in everyone. And as we let our own light shine, we unconsciously give other people permission to do the same. As we're liberated from our own fear, our presence automatically liberates other.*
Van Ness Recovery House

Joe Ruiz from the Village had recommended that I visit a sober living house similar to the accommodation that many of their clients use. I spent several days at the Van Ness Recovery House which is a licensed and certified alcohol and drug recovery home designed to provide opportunities to the gay, lesbian, bi-sexual, transgender and heterosexual communities.

I met with staff and residents at the Recovery House and was shown the facilities by a female resident called Shona who had been resident for 4 months. She explained how Van Ness provide a highly structured and safe environment where the residents learn how to make healthy life choices while receiving direct experience with the 12 steps of recovery through an intense schedule of meetings, alcohol/drug education and discussion groups. Shona stated that she had been given a new start in life thanks to ‘people who care and have loved me back to life’.

The House was opened in May 1973 as a joint, co-operative effort of the Los Angeles Gay and Lesbian Community Services Center (GLCSC) and a group of dedicated and visionary members of Alcoholics Anonymous. In 1976, the Van Ness Recovery House separated from GLCSC and became an independent non-profit corporation dedicated to serving the needs of gay, lesbian, bi-sexual, transgender and heterosexual men and women, regardless of their ability to pay, who suffer from the debilitating effects of the disease of alcoholism and/or drug addiction.

I met another resident, Andrew, who explained that he was taking part in the Recovery Program at Van Ness. He explained that this was a path back to employment or voluntary work in a safe and independent environment. According to Joel (a recovery worker at Van Ness) the program is based on a social model where residents are responsible for the ongoing operation of the house and where they participate in an intense schedule of education and discussion groups. Andrew is about to embark on the employment program. At Van Ness, the residents are encouraged to be self-supported and this job training program includes basic computer skills, prevocational skills, job searches, interviewing with job preparation.
SHARE!

I visited SHARE! in Downtown LA, several times during my stay to participate and observe a variety of the groups on offer. SHARE is a self help centre which has two bases; one in Downtown LA and the other in Culver City. Both are a large community of self help groups that meet each week, addressing all kinds of issues, including:

- anger management
- independent living skills
- conflict resolution
- health
- depression
- self-esteem
- relationships
- childhood abuse
- substance abuse
- reaching goals.

There are more than 130 weekly meetings with monthly attendance of approximately 5,000 people. Many of the volunteers that facilitate these groups have themselves been a part of the self-help meetings.

I met with Ronald who was co-ordinating the program on my first visit. He explained the premise of Rapid Recovery where change can be developed and maintained as people create their own maps to recovery in each of Substance Abuse and Mental Health Administration’s (SAMHSA’s) Eight Dimensions of Wellness. He said that people set recovery goals by reviewing detailed descriptions of the Eight Dimensions to identify the specific ways they want to change. SHARE! then links them to self help support groups and other tools to get them on the fast track to their goals.

The Eight Dimensions of Wellness are:-

1. **Emotional**—Coping effectively with life and creating satisfying relationships
2. **Environmental**—Good health by occupying pleasant, stimulating environments that support well-being
3. **Financial**—Satisfaction with current and future financial situations
4. **Intellectual**—Recognizing creative abilities and finding ways to expand knowledge and skills

5. **Occupational**—Personal satisfaction and enrichment from one's work

6. **Physical**—Recognizing the need for physical activity, healthy foods and sleep

7. **Social**—Developing a sense of connection, belonging, and a well-developed support system

8. **Spiritual**—Expanding our sense of purpose and meaning in life

The groups I attended at SHARE! included:-

**SMART Recovery**

**Wellness Recovery Action Plan (WRAP).**

We are looking into introducing this as a part of our discharge planning service. It is an evidence-based practice, consisting of a personalized wellness and crisis plan development program and is included on the Substance Abuse and Mental Health Service Administration (SAMHSA) National registry for Evidence Based Programs and Practices. The WRAP model was developed with the help of a team of people with lived experience. Some elements of WRAP focus on peer support and peer education.

The group was run for two hours facilitated by Rebecca and Sam. There were five participants (and myself) at the first session and the participants are encouraged to manage their own wellness and recovery in a manner that is comfortable to them and within their means.

The key recovery concepts of WRAP are hope, education, personal responsibility, support and self-advocacy. The first part of the group was about developing a personal 'Wellness Toolbox'. This included a list of resources for developing a recovery plan i.e. contacting friends, support network, creative and fun activities, exercise, diet and sleep.

The group is run over 8 weeks (with six sections of the workbook to complete) so as to allow everyone to develop a wellness recovery action plan. The sessions included:-
1. A daily maintenance plan with three parts: a description of the person when they are well, the wellness tools to use every day to maintain wellness, and a list of regular daily activities.

2. A list of events or triggers that might make the person feel worse—like an argument with a friend or getting a big bill—along with the wellness tools that can be used to deal with them.

3. A list of the early warning signs, subtle signs that let a person know they are beginning to feel worse—like being unable to sleep or feelings of nervousness—along with an action plan for responding to these signs and to help the person feel better and avoid difficulties.

4. A list of the signs that things are breaking down and the person is feeling much worse—like feeling sad all the time, or hearing voices—along with an action plan based on the wellness tools to help the person feel better and prevent an even more difficult time.

5. Crisis plan or advance directive: A list of signs that let others know they need to take over responsibility for care and decision making including who takes over and supports through this time, health care information, a plan for staying at home through this time, things others can do that would help and things they might choose to do that would not be helpful. This kind of proactive advanced planning keeps the person in control even when it seems as though they are not.

6. Post crisis plan: This part of the plan is thought out in advance of a crisis or as one begins to recover from the crisis—when there is a clearer picture of what needs to be done to get and stay well.

The WRAP groups typically range in size from 8 to 12 participants and are led by two trained co-facilitators (Rebecca and Sam). Information is imparted through lectures, discussions, and individual and group exercises, and key WRAP concepts are illustrated through examples from the lives of the co-facilitators and participants. The intervention is typically delivered over eight weekly 2-hour sessions, but it can be adapted for shorter or longer times to more effectively meet the needs of participants. The participants often choose to continue meeting after the formal 8-week period to support each other in using and continually revising their WRAP plans and, in the case of Rebecca, she chose to continue and then help facilitate the following group.
Rebecca explained that although the intervention is used primarily by and for people with mental illnesses of varying severity, WRAP has also been used with people coping with other health issues (e.g., arthritis, diabetes) and life issues (e.g., decision making, interpersonal relationships) as well as with military personnel and veterans.

**Las Vegas**

**Goals 4 Success**

I was able to meet with Patricia Elias who had set up Goals 4 Success to serve the Las Vegas community. She has dedicated her time and effort to providing a unique mode of behavioural modification which has produced excellent, positive results. Patricia recognized that there was a growing need for mental health services in Las Vegas/Henderson so she hired qualified staff to assist her in making a difference in the lives of others. She is a behavioural health professional and believes that her unique blend of combining equine assisted rehabilitation in addition to traditional therapeutic behavioural interventions has brought joy and success to many. The main area of focus has always been the individuals’ needs and her staff members include experienced counsellors, recreational therapists and experienced horse trainers.

Goals 4 Success is a project which has been specializing in Psychosocial Rehabilitation and Basic Skills Training for individuals with mental health disabilities since 2009. She offers traditional treatment methods in addition to equine assisted rehabilitation.

She explained how equine assisted rehabilitation increases self-confidence and self-worth, respect, improves balance, coordination and motor skills, while decreasing incidents of aggression, non-compliance, defiance and disrespect. In addition, she said that equine assisted rehabilitation has shown to be extremely effective with helping those who have difficulty with forming attachments, particularly children suffering from Reactive Attachment Disorder.

Pat prides herself on providing innovative and effective treatment using horses as the medium and stated that both children and adults have benefitted enormously from this unique and successful approach to behavioral concerns and emotional regulation.
She explained how horses mirror human behavior and are very adept at providing insight and solutions to a myriad of presenting problems that the client may be faced with. Goals for success are able to offer three main areas of treatment using horses in addition to traditional methods.

**Equine Psychotherapy:**

Equine Psychotherapy incorporates horses experientially to facilitate emotional growth and learning. It is a collaborative effort between a licensed therapist and an equine specialist working together with the clients and horses to address treatment goals and needs.

Equine Psychotherapy is experiential in nature. This means that participants learn about themselves and others by participating in activities with the horses, and then processing (or discussing) feelings, behaviors, and patterns. The main focus is on horse behavior which is translated to the behaviors of the client or individual in the clients’ life via therapeutic questions. Focusing on horse behavior reduces the personal element of ‘all eyes on me’ and expectations of having to share feelings and emotions, results in clients being more receptive to sharing their story through the actions of the horses. Pat explained that clients come to their ‘aha’ moment in their own time and at their own pace.

Not all programs or individuals who use horses practice Equine Psychotherapy. Pat explained that licensed and properly qualified mental health professionals need to be involved and that the focus of Equine Psychotherapy is not riding or horsemanship. The focus of EP involves setting up ground activities involving the horses which will require the client or group to apply certain skills. Non-verbal communication, assertiveness, creative thinking and problem-solving, leadership, work, taking responsibility, teamwork and relationships, confidence, and attitude are several examples of the tools utilized and developed by EP.

Equine Psychotherapy has proved to be a powerful and effective therapeutic approach that has an incredible impact on individuals, youth, families, and groups. Equine Psychotherapy addresses a variety of mental health and human development needs including behavioral issues, attention deficit disorder, PTSD, substance abuse, eating disorders, depression, anxiety, relationship problems and communication needs.

**Equine Assisted Learning:**

Equine assisted Learning also requires a team comprising of the mental health specialist and equine specialist working together with the client and horses.
Equine Assisted Learning focuses on developing specific skills such as effective communication, problem solving, conflict resolution, behavior modification, teamwork, leadership skills etc.

**Therapeutic Riding:**

Therapeutic riding involves the treatment team and client working together to build self esteem and self confidence, respect, listening skills, boundary setting, balance and coordination. Therapeutic riding empowers the client in such a positive manner, the results are amazing. Pat described that even those who were initially reluctant to ride or even get close to the horse have made phenomenal changes. She said that she often received feedback from parents and caregivers who report an increase in positive behaviors, self confidence, compliance and overall sense of well being after participating in therapeutic riding.
Second Nature Entrada

Unfortunately I was unable to combine a visit to Utah but I did speak with Leah Halverson about this programme. Second Nature for Adults emphasizes assessment and intervention, with attention to behavioural stability, accountability and preparation for long-term health and treatment in the wilderness. The program uses clinical and 12-step methodology in order to treat the whole person providing a challenging, emotional, mental, social and physical experience with regular feedback and communication focused on identifying the positive and constructive areas of each client’s life.

Wilderness therapy is a subset of adventure-based therapy. It is the use of wilderness expeditions for the purpose of therapeutic intervention and there are a range of different types of wilderness therapy programs, with a range of models and approaches. Some grow out of a survival approach and some out of an Outward Bound approach. I was lucky in my late teens to be awarded a funded scholarship placement on the Classic Three week Outward Bound course in Wales. The aims there are similar to the aims of Second Nature Entrada. Those aims are to guide participants toward self-reliance and self-respect.

The New York Asylum and the San Francisco Agnew Asylum played an early role in the development of wilderness therapy, drawing upon the philosophies of Kurt Hahn (the founder of Outward Bound). Although the therapy is often used for behaviour modification by the families of young people, the aims and methods of wilderness therapy do not centre on behaviour modification. Second Nature Entrada programs employ no force, confrontation, point or level systems, or other overt behavioural modification techniques or models, but stress assertiveness, open communication between staff and students, and are very group-oriented.

They do not follow one standardized model for the therapy but contain the following principles: a series of tasks that are increasingly difficult in order to challenge the patients; teamwork activities for working together; the presence of a psychiatrist or therapist as a group leader; and the use of a therapeutic process such as a reflection journal or self-evaluation.

Leah explained that “through contemplative practice and the experiential outdoor classroom, students gain further self-awareness and the ability to respond to whatever arises in the moment”.
She stated that many of the groups that she had worked with reported the experience as being positive, beneficial, and enjoyable. She claims that many of the students learn independence, patience, assertiveness, self-reliance, and maturity in their program.
Chicago

GROW

I met with Charlene Gulbranson who is the program director for GROW in America – Kanakee Residential Treatment Centre. I had read a lot about the world community mental health movement and was keen to see how the residential program compared to the GROW centres.

Originally, GROW was founded in Australia in 1957 by former patients with mental health issues who found their way to recovery together and created a program that worked. Gradually the organization evolved into an international mental health movement with branches in the USA (Illinois, New Jersey and Alaska), Australia, New Zealand, Ireland and Trinidad/Tobago.

GROW’s mission is to promote mental health recovery, personal growth and prevention through weekly mutual help support groups and throughout their supportive community. The members strive first to take personal responsibility for changing themselves and ultimately as leaders as they become “gentle builders of a free and whole community” by contributing to the recovery of others.

Charlene explained the basic principles behind the GROW movement and how this was working in Illinois.

GROW’s Four Essential Features

GROW has a unique method of recovery and personal growth known as “The Four Essential Features.” These four elements include a network of mutual help groups, a written “Program of Recovery and Personal Growth,” a “Caring and Sharing Community” and an organizational and legal structure.

- THE GROUPS: Charlene explained that the GROW groups are organized, friendly help. They follow a standard format or “Group Method,” that enables any member to lead the meeting and ensures that groups are both supportive and productive. Meetings include a personal testimony, problem-solving with assignment of practical
tasks, reports on progress, and development of new understandings through mutual education.

- **THE PROGRAM:** GROW members learn new ways of thinking and acting through group participation and by practicing the “GROW Program of Recovery and Personal Growth.” The Program is a written, structured philosophy of life and psychology of mental health for the ordinary person. Charlene shared how this developed from the founders’ resolve to record and keep what worked in their own recovery, and its continued development has been ensured by GROW leaders (like Charlene) over the years.

- **THE COMMUNITY:** Charlene also emphasised that the true heart and spirit of GROW is its “Caring and Sharing Community,” where members realize weekly group work in their daily lives. The GROW community is based on a network of friendships and developed through diverse social, educational and leadership events. Friendship is the foundation of the Caring leadership and Sharing Community and the special key to mental health. Her experience of GROW friendship was that it is healing and harmonizing and was essential to her recovery and personal growth.

- **THE ORGANIZATIONAL AND LEGAL STRUCTURE:** Two goals are accomplished by maintaining an organizational and legal structure. To be consistent and responsible in meeting the needs of the members while also remaining accountable to the funding authorities. Charlene discussed the structure which is administered by experienced leaders and paid staff and how it serves to protect the authenticity of the groups, the GROW Program and the Caring and Sharing Community.

**LEADERSHIP:** Charlene is a leader and explained how leaders foster, protect, and share the Four Essential Features of GROW for one major reason -- because GROW has worked in their own lives. Because it has worked for them, they know it can also work for others.
Future GROW leaders join a group out of personal need but eventually discover that one solution to their own problems lies in helping others. Leaders become companions and friends to those in need and fill many other essential roles – such as that of group “Organizer,” leadership team member, and staff person.

GROW is voluntary and open to everyone. There are no fees or dues, and no referral or specific diagnosis is needed. People come to GROW with diverse problems in living, including mental illness, addictions, abuse, grief, loneliness, depression, anxiety, stress, and difficulty coping.

The Residential Center
Charlene is program co-ordinator for the Residential Center, located in Kankakee, Illinois, which offers a GROW recovery model for individuals who need intensive support and training and a structured living environment. The Residential Center is a 24-hour program, operating in a family-like setting and based on the GROW concept of organized, friendly, mutual help. In the residential community, participants learn good work and recreational habits, effective communication, problem-solving, and leadership skills.

The Residential program is based on four developmental stages. As participants progress through the four stages, they learn responsible involvement with others and gain effective leadership skills. The incremental stages allow residents to transition to the broader community, where they gradually assume ordinary, meaningful roles in society. And when participants “graduate” from the program, they will have formed lasting friendships and a new spirit of hopefulness and confidence that will serve them well throughout their lives.

The length of stay in the residential community varies from person to person. Some individuals benefit from several months’ participation while others need to stay longer in order to make real progress.

Those eligible to participate in the program must be at least 18 years old and capable of recognizing their need. They must also be motivated to make personal changes and willing to cooperate with help.
Hopewell

Hopewell is a therapeutic community located on a 300-acre farm in rural Mesopotamia, Ohio. Unfortunately there were such terrible snow storms that I could not visit Hopewell. I contacted Clara Rankin and she was able to explain a little about what the therapeutic community aims were and directed me to their website and other agencies that the community uses. Hopewell was founded by Clara Rankin in 1996 and the therapeutic community helps adults with schizophrenia, schizoaffective disorder, bipolar disorder, major depression and other forms of serious mental illness. She believes that everyone can experience success, find a life of purpose and feel hope. She explained how using the power of nature, meaningful work, therapeutic community, and a highly skilled, caring staff, Hopewell's program treats the whole person - mind, body and spirit. The farm is a key part in members' recovery by organizing work teams where residents assume the major responsibilities for all aspects of the farm's daily work. From gardening to cooking to animal care, vocational opportunities at Hopewell help residents find strengths they didn't know they had, experience new roles, learn new skills, gain job readiness and build self-esteem. The outcome of participating in work is more than residents learning to rely on each other for food, shelter and a safe environment.

Clara has seen herself how people with schizophrenia who engage in meaningful work experience improved medication compliance, symptom reduction and fewer relapses.

In addition to daily staff and resident work crews that keep the farm functioning, the programming includes:

- Mood management
- Dialectical Behaviour Therapy
- Creative expression
- Dual diagnosis issues
- Equine assisted learning
- Meditation and spirituality
- Education (high school diploma program)
- Money management
- Independent living skills (planning, shopping, cooking, healthy living)
Clara stated that the primary goal of her therapeutic community was to foster individual change and to eventually help people return to society and live a productive life. She believes this is accomplished through a community of people (at Hopewell - staff and residents) working together to help themselves and each other. Residents learn from one another and learn to rely on each other - a skill that their illness has most likely prevented them from developing.

At Hopewell, every resident has an Individual Service Plan (ISP) that details their goals. ISPs are created collaboratively between residents and their clinicians. All staff members are aware of residents’ goals and help them work toward achievement throughout the day, not just during a clinical session. Full participation has shown:

- Decreased psychiatric symptoms
- Improved interpersonal and vocational skills
- Improved level of functioning
- Increased cognitive effectiveness
- Increased occupational competency and preparation
- Improved social competency and self confidence
- Decreased emotional distress

Hopewell uses the Global Assessment of Functioning (GAF) score which demonstrates quantitative progress. The GAF is a 0-100 point scale that assesses an individual’s level of functioning. A higher score indicates improved functioning. It is widely used with people who have a serious mental illness.

Clara stated that at least 70% of the residents have successfully moved into more self-reliant settings after a stay of between 6-9 months. Her staff work with the family and the resident's case manager to coordinate plans for the next step and Hopewell has established relationships with area mental health and housing agencies to support residents as they move forward.
In addition to participation in the areas of community work (i.e. farm animal care, kitchen, housekeeping, gardens, and grounds), Hopewell supports the individual in his or her efforts to achieve recovery goals through programs such as high school and college education, volunteer opportunities and employment in the greater community, health and well-being education groups, and relapse prevention programs.

The rural setting offers a healing respite from the chaotic daily life found closer to cities and Hopewell's approach to care creates a connection to the earth and each other, a dependable and safe daily structure and opportunities to experience success.
Green Door

The weather was still so bad as I made my way out of Ohio that I by-passed Philadelphia and travelled straight on to Washington DC. Even here the snow was still in huge drifts and there was no public transport for two days. I did eventually make it out to Green Door. Here I met briefly with Dr La Shunda Morris who is the clinical manager of the employment support team at Green Door. I then spoke to and spent time with Will Siewers who is a recovery support specialist.

Green Door was founded in 1976, primarily to serve the large numbers of people who were being discharged from St. Elizabeth's Hospital, an antiquated in-patient psychiatric facility in Southeast DC. Many of those people had spent much of their lives in an institutional setting and were ill equipped to live outside its walls and many ended up on the streets with no skills, money or housing.

People were often re-hospitalized and the cycle of institutionalization continued. Green Door was a source of hope and comfort as it strove to help those former patients to live and prosper in the community.

All of Green Door services are geared toward maximizing an individual’s ability to live with the effects of their mental illness and achieve the highest level of personal success and independence. At Green Door, we believe that overcoming mental illness involves the whole person building on his or her individual strengths and skills.

Specifically, Green Door provides:

- Psychiatric Services
- Medication Management and Health Education
- Individual and Group counseling
- Community support and case management assistance
- 24-hour support in times of emergencies
- Help for clients with substance abuse problems along with a mental illness
- Assistance for clients involved in the criminal justice system

Will explained that when people come to Green Door, they become part of a supportive, nurturing community that forms the foundation for their success.
The whole person is viewed, not the illness, and everyone is treated with respect. Will discussed how this sense of community dramatically reduces alienation and isolation, making it possible for his clients to move toward independence and autonomy.

I also met with several of those clients who have come to Green Door and been provided with comprehensive programs tailored to the individual needs of people with a mental illness.

I was very interested in the Green Door Education Services where staff provide support to clients who want to learn basic reading and/or math skills, continue their education and earn their GED, high school diploma, college degree, or vocational certification. This had been an area of development on Lambourn over the last year with varying degrees of success. Not only does Green Door help assist clients with education but it is also recognized nationally as one of the most successful job training and placement programs for people with a mental illness. They help provide clients with the skills that they need to obtain a job and as Dr La Shunda Morris had explained to me, this is paramount in maintaining a person’s mental health.

Will introduced to the Next Step Program (NSP) which is an intensive goals-driven day program focused on each person’s needs resulting in the individual being able to take their next steps toward living a satisfying life – outside the program and in a shorter period of time. The program provides useful information and recovery tools such as how to use psychiatric medication effectively, enhancing coping skills, developing a social support system and suggestions for meaningful activities to create a well-balanced lifestyle.

I also met with some of the Next Step Program participants who are asked to make an attendance commitment and to fully participate in each program module. Many of the participants were undertaking modules which included behavioral management, information and discussion about medication and their side effects, reading and comprehension, coping techniques and exercise. Currently, 38 individuals are participating in the Next Step Program and many of the NSP graduates have moved on to the next step towards their recovery by working or volunteering in the community or pursuing their educational goals.

**Green Door’s employment specialists help clients:**

- Think about what type of work they want to do.
- Explain the skills they need to obtain a variety of jobs.
• Learn how to get along with colleagues in the work world.
• Identify steps and resources they need to get a job.
• Work on their résumé and practice interviewing skills.
• Understand how paid employment will affect their Social Security benefits.
• Build a résumé and get references in order to move to a higher quality job of their choice.
• Stay clean and sober. We do not place people who have not abstained from illegal drugs and alcohol for at least six months.

I was very keen to learn more about the Ticket to Work scheme which is an initiative of the Social Security Administration that encourages individuals who receive Social Security Disability Insurance or Supplemental Security Income to seek and find employment. Ticket to Work is an outcomes-based program, which means that Green Door incurs all upfront costs for serving participants. Once a participant is working and meets certain employment criteria, Green Door is paid a portion of the savings to the Social Security Administration. The payments are small, but the value to the participants can be large. Ticket to Work enables them to retain their medical and income benefits as they experience progress and setbacks in their return to permanent employment. Dr La Shunda Morris explained that more than 80% of Green Door members who have obtained Independent or Supported Employment jobs with Green Door’s help have maintained their jobs for more than two years.
Campbell Center

I visited the Campbell Center which is a peer-run agency for individuals living with mental health and substance abuse/addictions challenges. The Campbell Center is a recovery consumer education and advocacy group for individuals living with mental health and substance abuse/addiction issues. I met with several individuals who explained how social change had happened to them on an individual level by supporting wellness and recovery, training in leadership and micro-enterprise, and fostering community engagement.

Through the Wellness, Recovery, and Resource Center, DC Recovery Network Project and the Leadership and Training Academy, participants can engage in creative arts and social activities while building skills in self advocacy, employment, leadership, and technology. Wellness and recovery are non-linear processes. The ideas behind their principles is that even during challenging times, healing can happen and everyone deserves the right to excel, encounter setbacks, and achieve at their own pace. What matters most is how those individuals react to achievements and setbacks. At The Campbell Center, they sustain individuals in a safe environment as they uncover their potential, develop employment skills, and experience the social, recreational, political, educational, and cultural benefits of community life.
Part 2
Sydney, Australia

GROW (NSW)

My first stop in Australia was in Harris Park to visit GROW. I had visited a GROW residential center in America but now had an opportunity to see where it had all started. GROW is a community-based organisation that was originally set up in Australia and was at that time a unique program of mutual support and personal development for people experiencing mental ill health. GROW was established in Sydney in 1957. The founders were drawn together by their first-hand experience of mental illness. The wisdom they gained in helping each other to overcome life's challenges and recover from mental illness was carefully recorded and has formed the basis of the GROW Program. I had some understanding of GROW following my visit to Kankakee, Chicago but found that these groups were very different to my visit in America.

I was introduced to the program by Neville Bradbury. The first group I visited had 12 members. Neville explained how these GROW Groups meet weekly and do often vary in size from 3-15 members. He described how these groups are run by seasoned ‘GROWERS’ who have taken a voluntary leadership role within the group.

These particular meetings are run very similarly to each other. During the course of each meeting, the group engages in a series of group discussions, interactions, and readings that follow a structure and timetable to ensure everyone has an opportunity to participate, and that meetings finish on time.

Neville introduced me to several ‘GROWERS’ who explained why they thought GROW has worked for them in recovering from mental ill health. Many of those members I interviewed said that what makes GROW so special is the practical advice and the wisdoms that are discussed every week from members as well as a range of literature, some of which has been written by the founders of GROW. They said that the literature is of enormous benefit because it is written by someone who has known and experienced mental ill health. Many members have found that this can assist people on their own road to recovery.
An important part of GROW meetings is the opportunity to develop new friends and interests and support each other in practical ways. Neville explained the belief that mutual help and support groups provide an important gateway to wellbeing and mental health.

In discussion with some of the members it appeared that it was important for them that it was free to participate in GROW programs; that there are no assessments; there is no need for a diagnosis and no strict eligibility criteria. Some of the GROW members explained how they had less re-admission’s to hospital.

I spoke at length to Lance (a GROW member) who felt that his quality of life had improved ‘immeasurably’ by his attendance at weekly support groups and that he had established a good network of friendships which had also helped him.

I also interviewed another of the seasoned GROWERS, Elaine who explained how the program had helped her and that she had witnessed many people achieve recovery through them taking more responsibility for their own care.

The GROW groups in Sydney seem to offer a mini-community where people can develop new skills. I interviewed several members during my visits; many of whom agreed that they had an increased: sense of belonging, connection to the community, improved network of friends and support for mental health recovery.

Neville clarified that at the core of their ideals, GROW is enabling and encouraging people with mental ill health to take responsibility for their recovery and fulfill their role in the wider community.

The GROW values include:-

_**Personal responsibility**_

_**Personal value**_

_**Mutual help**_

_**Friendship**_
SMART Recovery Group

Since jetlag had not been quite as tortuous as I expected I contacted Alex Nagle to arrange attending some extra SMART groups while I was in Australia. I was planning to attend SMART in Melbourne but decided to make the most of the extra day. Alex arranged for me to be met by Ian Hutchins and attend a voluntary self-help group that assists people in recovering from alcohol, drug use and other addictive behaviours. The first group was a 90-minute ‘open’ group which meant anyone could attend for as long or as little as they liked. Here the participants were given the opportunity to discuss difficulties, challenges, accomplishments and successes whilst focusing on their own goals. Ian made it clear to me and the group that time is not spent going over the past but rather that the group focuses on the present and work and on making changes to improve their individual lifestyles.

Ian explained that this SMART Recovery group is based on the principles of Cognitive Behavioural Therapy (CBT) and that the processes within the group helps people to understand, manage and change their irrational thoughts and actions.

I spoke to Rachel Mcclaughlin (group facilitator) who explained how SMART aims to teach practical skills to people to help them deal with problems and enable them to achieve a healthy lifestyle balance. She showed me some outlines for group sessions (an agenda is always set but is client driven) which included open and interactive discussions. She also explained that it was important to educate people about their illness.

Alex Nagle informed me about the addition of their ‘Be SMART’ Program which is a program that is run for family and carers. The Be SMART Program has been designed to assist people who are affected by the addictive behaviour of someone close to them and the program aims to help participants develop more effective coping strategies and find a greater sense of fulfilment.

These are 8 week long courses that help to explore ways that participants can look after themselves better, even in difficult and stressful circumstances, and promote healthier relationships with the other person. It also focuses on the individual rather than the other person so that participants can spend some time concentrating on themselves and their goals.
Melbourne, South Australia

MIND, SPROUT, Victoria

My initial contact for MIND in Melbourne was Nikki Blanch and she was able to introduce me to a very successful social enterprise called SPROUT. Sprout provides opportunities for personal, interpersonal and vocational skills development through a range of horticulture and enterprise activities that are valued by the wider community. Sprout helps create opportunities for well-being, gardening, creativity, employment, and community strengthening through skill development and community enterprises like Sprout Community Market.

Mind Sprout is located in Thornbury, Victoria, is a supported community garden that has been developed by those on their recovery journeys from mental health, drug and alcohol challenges and at risk of homelessness. Sprout provides opportunities for personal, interpersonal and vocational skills development through a range of horticulture and enterprise activities that are valued by the wider community. Sprout helps create opportunities for well-being, gardening, creativity, employment, and community strengthening through skill development and community enterprises like Sprout community market.

Sprout community market

All activities at Sprout are supported by a monthly community market operated on-site as an outlet for participants’ work and organically grown produce from the site. As part of this approach Sprout hold a diverse and vibrant local community market on the first Thursday of each month.

Again, this is a free project although some of the MIND services to charge a small fee to participants. The services have been developed to support people in their personal recovery from mental ill-health. Each client has a mental health worker who works with them to create an individual recovery plan. This plan sets out what the client wants to achieve, and what both the client and the worker are each going to do. Family and carers are involved wherever possible in this planning.

Nikki set out just some of the areas that their key workers can help people with:-

- managing the effects of mental ill-health
- improving physical health
• finding and/or keeping a job, or returning to education
• building new friendships, and joining local activities
• developing living skills such as cooking or managing money
• addressing drug and alcohol use
• finding suitable housing.

She was also very clear that the type and extent of services offered to an individual varies, depending on what they identify as their priorities and what else is available in the local community.

Mind’s care coordination services are a specialist approach, designed to assist a broad range of services to work in more coordinated ways. It is a flexible and creative way of working that brings services together to respond more effectively and strategically to meet a client’s needs.

Mind care coordination is commonly provided to clients receiving services from a number of agencies.

Mind offers a broad range of counselling services to support people to live well and improve their mental health. Mind psychological services can address a range of issues, including mental health conditions, drug and alcohol dependence, and carer support needs.

Counsellors use a tailored approach that incorporates a variety of interventions, including brief therapies, motivational techniques and other specialist skills.

**MIND Recovery College, Victoria**

I was really excited about my visit to the Recovery College in Victoria. I had already had several email conversations with Jennifer Bite (Service Lead) about the service which MIND operates as this is a service quite unlike anything I had encountered in Mental Health services before.

*‘The Mind Recovery College is where real people with real life experience share what works.’*
Jennifer described how the teachers at the College are people who have a lived experience of mental health issues. Some are qualified educators in their own right; others are first-time teachers. They are supported by the MIND team to design courses based on what they’ve learned in life to be informative and useful to people seeking mental wellbeing. The idea is to share real-life skills for a better life.
Mental Illness Fellowship, Victoria

Mental Illness Fellowship Victoria is a member-based, not-for-profit organisation that works with individuals and families whose lives are affected by mental illness. I spoke with Laura Collister who explained how the Fellowship offers a wide range of services and programs to people with mental illness, and the families, friends and carers of people with mental illness.

She explained how quality support services in the community keep people well for longer, more connected with their family, friends and community, and with a better quality of life at less cost than psychiatric hospital beds. She described how they create pathways for people to connect with education and employment opportunities, to find and create homes for themselves, to build links within their communities, and to develop supportive relationships with families and friends.

One of the great successes is the offering of respite options for people with a mental illness and their carers and families. These respite services can be tailored to suit the needs of individuals, of families, and of community or cultural groups. They can be Flexible Short Term services which provide respite for limited periods of time, often in a person’s home; Planned Short Term breaks which are delivered on a regular basis over a planned time. The ‘break’ may include a support worker visiting someone at their own home or joining them on an activity of their choice; Occasion Limited respite is arranged to cover a specific event or situation when a carer is unable to offer their usual support, e.g. when planning to take a holiday or attend an interstate event.

Retreats, with or without an education component, are also scheduled throughout the year in all regions. These retreats can be for the carer, the person with a mental illness, or both. Locations for retreats can be chosen to meet the needs and the interests of participants. The length of retreats can range from overnight stays to week-long camps.

Laura talked me through ‘Well Ways’ which is the name given to a range of peer education programs designed to support people with a mental illness and their families and friends.
This is another successful program similar to others I have observed that is led by peers. The facilitators are trained and supported by the Mental Illness Fellowship. Once again it was shown that this type of education offers participants the unique opportunity to benefit from the wisdom and experience of the facilitator and others in their group.

Laura explained that the success of the Well Ways programs is based on the powerful combination of providing up-to-date knowledge on mental health, recovery, treatment, support options, legal and service systems, stigma and rights within a peer learning environment of shared expertise.