

# Recovery

Promoting hope, choice and opportunity

Issue 4, Autumn 2017

## The journey so far...

In this issue we celebrate two events this year which really focused on the valuable changes that have taken place across the region in terms of implementing recovery: the ImROC Event, 23 February 2017 and the You In Mind – Your Experience Matters launch event, 6 June 2017.

Following the PHA/HSCB 'Your Experience Matters' Survey in 2012 assessing people's experience of Mental Health Services, each Health and Social Care Trust (HSCT) subsequently engaged in service improvement activities to help address particular issues. A key part of this improvement process has been the 'Implementing Recovery through Organisational Change' programme (see [www.imroc.org/](http://www.imroc.org/)). ImROC focuses on staff, service users and carers working together to ensure mental health services become more recovery-focused. Jane Rennison and Rachel Perkins (Senior Consultants, ImROC) were the lead facilitators of the programme.



Since 2013 the recovery programme across the region has gone from strength to strength. All five HSCTs have fully embraced this new vision and have worked tirelessly over the last three years to ensure services are more recovery focused. As part of the ongoing support from the Public Health Agency (PHA), a workshop was held on 23 February 2017 in Antrim, and Jane and Rachel were invited back to Northern Ireland to facilitate the event. This workshop gave the HSCTs

*It was fantastic meeting with you all at the workshop and as always Rachel and I left inspired by the achievements across Northern Ireland - Jane Rennison*

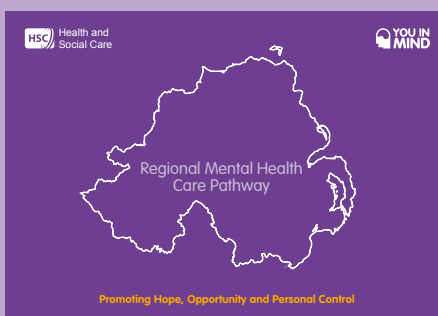
a chance to celebrate success and also highlight some challenges faced throughout their journey. The group considered the extent to which the work has made a difference to those using the HSCT services, clinical practice, partnerships, leadership within the organisation and most importantly the culture and 'the way we do things around here'. There was also discussion around shaping the future of ImROC over the next 3–5 years.

*... I never cease to be amazed at how much you have all achieved in Northern Ireland. You should be very proud - Rachel Perkins*

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- Peer support worker and peer trainer stories
- Recovery updates from HSCTs



You can view the Regional Mental Health Care Pathway at [www.hscboard.hscni.net/mentalhealth/Regional\\_Care\\_Pathway\\_Mental\\_Health.pdf](http://www.hscboard.hscni.net/mentalhealth/Regional_Care_Pathway_Mental_Health.pdf)

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The workshop was very successful and greatly enjoyed by all who attended. Rachel and Jane were so impressed by how far we have come on this journey, and especially by how we have been able to achieve all this on a consistent, regional basis!

Following the introduction of the ImROC programme, the PHA then carried out a '2nd Edition' of the regional survey in late 2015 to assess progress since 2012. A report entitled You In Mind – Your Experience Matters was launched on 6 June 2017 at an event in Antrim. Overall, it is really encouraging to report that the findings published in the 2016 report demonstrate a general improvement from 2012 across all the survey questions. At this regional event each HSCT was given the opportunity to present on one example of a change being implemented as a direct result of the Sensemaker findings. Each HSCT used the following process to illustrate their examples:



The event was well received and it was an excellent opportunity to demonstrate some significant and very valuable changes that have taken place in services across the region. Department of Health colleagues were in attendance at the event and expressed how beneficial it was to have examples demonstrated in such a way which shows improvement over a period of time. A summary report on the event is being compiled and will be shared regionally. Although we recognise there is still work to do, it is important to celebrate and acknowledge all of the work going on across Northern Ireland and build on this momentum.

As a result of the both these events, PHA plans to formally evaluate the impact of the ImROC programme in Northern Ireland, beginning with service user feedback via the Sensemaker You In Mind – Your Experience Matters report.

Thank you to all who attended the events and to all who have dedicated themselves to the recovery ethos so far. Let's keep going!

**Briege Quinn, Public Health Agency**

## My experience: from service user to team member in Belfast HSCT



I am Steven Millar, a relatively recently appointed peer support worker to the personality disorder team in the Belfast HSCT. I have been using various mental health services over the past number of years and now looking back and finding myself as a member of the team I used to attend,

I must admit it's been quite a journey.

The transition from patient to colleague felt an odd situation at first but the rest of the team have been so supportive and welcoming of the change that this has helped me enormously. The dynamics and relationships are so different, we are now on an equal footing and the team have been wonderful helping me develop the role and my confidence in doing it.

I have been bringing the experience of my recovery journey to my work with other service users; I know the other team members value my perspective when discussing service users' progress. I believe the service users get reassurance from me that I totally understand the challenges and dilemmas they face when using services and, by seeing what I have managed to achieve, I hope it gives them hope that they can change their lives for the better too. Previously, I had worked in the community and voluntary sector before beginning to work in addictions in BHSCT. I have a particular interest in self-harm behaviour and passionately believe young people and adults need help to make good choices in their lives.

I have developed training regarding 'self-perception' which I deliver to the wider community in the hope that it helps individuals look at their personal strengths and build on them. I am very excited to be part of this new development in the personality disorder team of the BHSCT.

This role of peer support worker provides the service user with support, different to what the professionals can give, which I hope will help them along their recovery journey.

**Steven Millar, peer support worker, Personality Disorder Team, BHSCT**

## My experience in the Western HSCT recovery college



In September 2015 I was struggling with relapses of bipolar disorder, while working full time as a Museum Project Officer. It was a hard grind.

Somehow I found myself at a recovery college course in Omagh, hearing new words like 'lived experience', 'peer trainers', 'co-production' and 'co-delivery'. The Western HSCT was offering courses on topics around mental health designed to be of interest to service users, carers, families, and professionals. Those of us with lived experience were crucial to this transformation.

I learned that recovery colleges are founded on co-production and co-delivery: bringing together the expertise of lived experience and professional expertise at every level and every stage. But not all expertise rests with course designers and facilitators; it also rests with the learners in the room. "We learn from each other and we inspire each other" (Perkins et al., 2012). This also applies to peers and professionals.

Fast forward to July 2017... bipolar disorder is no longer holding me back. I still dread its arrival but am now secure in my knowledge that it will not stay and in its wake leaves wisdom and insight. I am now a peer trainer with the Western HSCT Recovery College and a fully trained WRAP (Wellness Recovery Action Plan) facilitator, having delivered courses in Omagh, Strabane and Derry. I also co-produced and delivered courses on Living with bipolar disorder, Living beyond depression, Sleeping better and Mindfulness. This year I brought my own creative wellness tools to the college by co-producing and delivering a new two-day Creative recovery course where participants expressed their own recovery stories through art.

In two years, this journey of recovery has given me opportunities that I never dreamt of and supports that make me feel strong. I have addressed two recovery conferences in Northern Ireland and spoken to many recovery college students. This has facilitated better understanding of my own mental health challenges. I am supported, accepted and understood by those in the Western HSCT Recovery College. My days are full of learning, opportunity and hope.

***Briege McClean, peer trainer, WHSCT Recovery College***

## WHSCT Recovery College roadshow

Last summer we had the opportunity to showcase the recovery college in the acute inpatient units both in Grangewood and the Tyrone and Fermanagh Hospital.

The recovery college roadshow gave patients and staff working in those areas an opportunity to sample what the college has to offer. Workshops included Introduction to recovery, Introduction to WRAP and Planning ahead.

Some of those who attended these initial sessions have since gone on to become students and new facilitators with the college. This endeavour has proved so successful that we have been asked to repeat the roadshow again this summer and it looks set to be an ongoing fixture in the Western HSCT's recovery college calendar.

# Peer support working in Southern HSCT

The Southern HSCT began the development of the peer support worker project back in 2013. The ImROC programme helped us to develop a framework for employing PSWs. The working group 'Transforming the workforce' set about co-producing a job description and identifying areas where peer support workers could have the greatest impact. Team workshops began in earnest to prepare for the new staff. Information sessions for prospective applicants took place and the first peer support workers were employed in the Southern HSCT in September 2014. Four new staff took up posts within the three support and recovery teams and an evaluation of the impact of peer support began at the end of 2015. The results proved that peer support was a resounding success for all stakeholders.

Feedback from staff has been very positive...

*"The peer support worker uses his unique experience of mental illness and recovery to help support particular clients achieve their recovery goals. Their lived experience of mental illness is the qualification which equips the peer support worker to do this and the prospect of hope is promoted through the sharing of ideas and recovery narratives."*

*"I feel that it is the peer support workers lived experience and own recovery that is different from that of a support worker; it is that shared understanding of illness with the service user that is key."*

*"The peer support worker has helped in numerous ways with my clients. He has helped with sourcing voluntary*

*work for clients, by helping them to engage in the local community and by helping a client deal with physical health problems caused by medication."*

Out of the four staff who took up post, three have moved on and have taken on more senior roles within healthcare. Moving on is described by them as "getting back to where I used to be", which is a central part of defining recovery. One of the peer support workers is currently in his second year of mental health nurse training through the Open University on a secondment.

The Southern HSCT is delighted to support people to become successful peer support workers and to build their capacity to develop and take on new roles and further training within the healthcare sector and beyond. It is wonderful to see recovery in action.

Southern HSCT now has peer support worker posts in the Community Addiction Team and the in-patient setting.

There will be eight full-time equivalent posts within the SHSCT by the end of this year and we will also have three part-time peer trainers in the recovery college.

The 'Transforming the workforce' group will continue to work to identify ways of developing peer working roles within the workforce. Soon peer working roles will not be new and will be blended into the fibre of our workforce, adding to the value of service delivery and improving service user and carer experience.

## My experience: Southern HSCT peer support worker



For about 12 years my poor mental health affected every aspect of my life. I had low self-esteem, no confidence, social events were a nightmare, anxiety and fatigue would make simple every day activities impossible.

I had no energy, would sleep day and night and even lacked motivation to wash and dress. I believed the rest of my life was going to be existing, not living.

Being referred to the community mental health team was the beginning of my recovery. I felt in control of my decision making, was encouraged to talk about feelings and get structure into my day.

When first introduced to a community-based organisation, I didn't want to go but soon started a computer course (not even knowing how to turn it on!).

I started to relax, built trust with staff and fellow service users and slowly grew in confidence.

I still had ups and downs but I had support. Attending class helped me understand that many symptoms I had were perfectly natural with poor mental health. More recently I completed WRAP with the recovery college, which was very empowering and an excellent tool for me to plan my ongoing recovery journey.

I am now just settling into my new peer support worker role in the Southern HSCT. I was very nervous starting a new chapter in my journey but everyone in the team has been very supportive. I am very hopeful for the future – something I never thought I would say.

**Grainne McAleavey**  
(newly appointed peer support worker, SHSCT)

# Maternal mental health and wellbeing course - Northern HSCT

During recovery college (NHSCT) year 2014/15, while delivering other co-produced courses, our feedback forms relayed that people were requesting a course about postnatal depression. At this time the recovery college (Jillian Lennox) met with a psychiatrist with a special interest in postnatal depression, an occupational therapist and individuals with lived experience. We offered the course across the parts of the Northern HSCT during academic year 2015/16, with poor uptake. Evaluation forms communicated that with the title 'postnatal depression' people felt intimidated and stigmatised.

The co-production team went back to the drawing board, reviewing the course for the most recent academic year, 2016/17. We approached Sure Start (most of which have either Barnardos or Action for Children as their lead bodies and Northern HSCT as their accountable body) about delivering the course to their clients, as part of their programme. We engaged with the consultant midwife, NHSCT (Shona Hamilton), other midwives and a health visitor, updating the course materials, as well as making it more user-friendly. The most important change, the course title, was changed to 'Maternal mental health and wellbeing'.

Working alongside Sure Start in the different areas of the Northern HSCT not only broadened the scope of people we were reaching to but we were offered venues and Sure Start offered support with childcare for mums and partners to avail of. They also advertised the course through their network and the recovery college, through community mental health teams, our new 'My Recovery' app, our Facebook page and, as discovered from our evaluation forms as successful, through the Family Support NI website, which we found to be a great way to access other organisations.



Shona Hamilton – Consultant Midwife, NHSCT (L) Jillian Lennox – Peer Recovery Trainer, Recovery College NHSCT (R)



(From left – Rosemary Hawthorne, John Woodruff, Jane Winterling, Rona McBrierty)

## WRAP Around the World Conference 2017

My name is Rosemary Hawthorne, recovery facilitator for the Northern Recovery College in NHSCT, and I represented NHSCT at a WRAP Around the World Conference from 5–7 June, at Sacramento, California in America.

This trip was supported by NHSCT and proved to be a very valuable experience, where I met other WRAP facilitators from across the globe. The Copeland Center's annual conference brings together people in recovery, peer specialists, professionals, and supporters.

Participants attending the conference learned more about how WRAP works with youths, veterans, healing trauma, people with addictions, transition age youth, people from a multitude of different cultures and came together to share with people from all over the world about wellness and recovery skills, strategies, and stories.

It was the hope to be inspired, empowered, and to renew my own commitment to WRAP's mission of self-directed wellness, through its five key concepts and 15 values and ethics that drew me to this conference, as well as attending different workshops and completing my Advanced WRAP Facilitator refresher.

I was to meet Mary Ellen Copeland, co-author of the WRAP. Unfortunately, Mary Ellen was ill during the conference but I had the greatest pleasure of meeting Jane Winterling, co-author.

# South Eastern HSCT – making a difference

The South Eastern HSCT Recovery College has been busy developing and implementing a new approach to evaluate the difference that the college has made to people's lives over the past year. This approach is called an Outcomes Based Accountability (OBA) Framework.

OBA is a way of thinking and taking action that can improve outcomes for people, organisations and communities. It focuses on outcomes and in doing so, draws upon three key questions (performance indicators)

that are used to assess the impact of the recovery college. These questions elicit key information about the impact and quality of students' experience of the recovery college:

- How much did we do in 2016–2017?
- How well did we do it?
- Was anyone better off?

## How much did we do in 2016–2017?

### Attendances



**Overall attendances 668**  
**Individual attendances 318**

For this question, we collated the total number of attendances during the previous year in the recovery college (668). Furthermore, we counted the number of individual attendances over the past year. This helped us understand how many students accessed the recovery college more than once.

### Number of courses co-produced over three semesters



**39 courses co-produced**  
**95 courses co-delivered**  
**196 individual sessions co-facilitated**

Next, we counted the number of courses co-produced over the past three semesters. We further separated this information by identifying the total number of courses co-delivered and the overall number of sessions co-facilitated across the South Eastern HSCT area. This helped us understand the quantity of courses co-produced and co-delivered for the recovery college.

### Your role



**467 service user attendances**



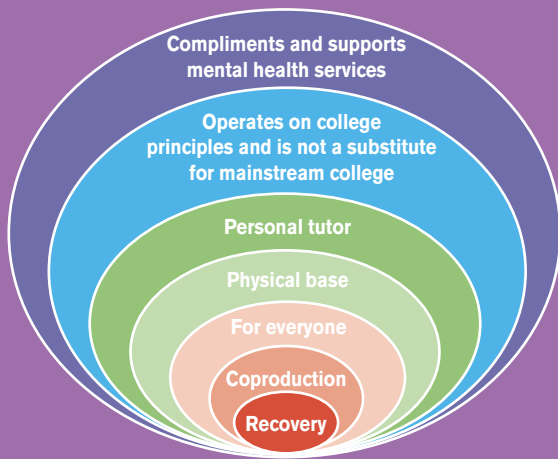
**101 carer attendances**



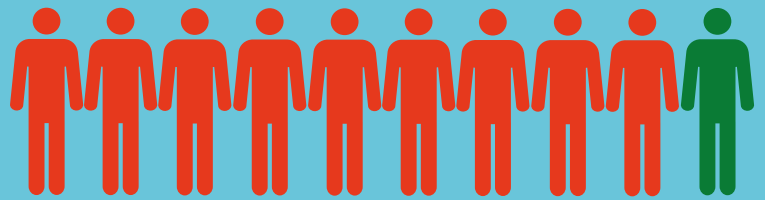
**67 staff attendances (5% didn't identify)**

Thirdly, we collated our student attendance information to discover that 467 student attendances identified as service users, 101 as carers, 67 as staff and 5% did not identify as any. This helped us understand our current attendance record in the recovery college.

## How well did we do it?



In response to this question, we firstly measured our courses against the eight criteria identified by ImROC for developing a recovery college. Our findings suggest that all the courses in the South Eastern HSCT recovery college met the recovery standards set out by ImROC (2012).



We then counted the number of students who progressed to complete the Train the Trainer programme. On average, we found that 1 in 10 of our students completed this programme. This helped us understand how many students opted to avail of opportunities to get more involved in the college.

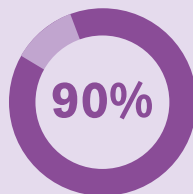
We also found that 78% of our students attended more than one class in the college suggesting that a good proportion of students returned to attend further courses at the college.

We used all of this information as quality measures for assessing how well we did over the previous year.

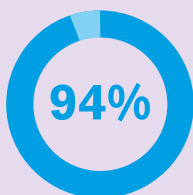
## Was anyone better off?



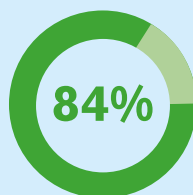
**Of students report improved knowledge and understanding of the topic**



**Of students report feeling more confident and higher self-esteem**



**Of students reported feeling more in control of their recovery and wellbeing**



**Of students report their recovery college experience has improved their sense of connection with others**

The last question is the most important because it focuses on the difference that the recovery college made to each individual student. Therefore, it relates directly to the quality of each student's experience of the recovery college. Each of the four indicators above help us to understand the achievement of our outcome.

We believe that piloting the OBA process has inspired everyone involved in the recovery college, including our partners to take positive action in relation to continuing to work towards improving the quality and experience of the recovery college for all of our students.



## Peer advocacy awards

The South Eastern HSCT volunteer Peer advocacy service was delighted to have won the Patient and Client Council 'Excellence in co-production' Award 2017. We would like to take this opportunity to congratulate everyone involved in the peer advocacy service and most importantly to the peer advocates for their passion, enthusiasm and commitment that lies at the heart of the peer advocacy service.

## Consultant psychiatrists' experience of co-production and co-delivery in the recovery college, NHSCT



Recovery means different things to different people but recovery focused services have to be a central component to make our mental health services fit for the 21st century. All mental health professionals need to rethink how we work alongside/in

partnership with service users to enable them to get on with life from the point when they first access services.

I have worked side by side with service users in co-developing and co-facilitating a psycho-education programme for bipolar disorder. This has been very rewarding for me personally and also has helped me directly in working with other service users.

It is important that clinicians realise that we are not abandoning our traditional medical skills of assessment, diagnosis and treatment. We need to continually ask ourselves if we are helping or hindering a person in their recovery.

Research shows that shared decision making in mental health has the potential to improve mental health care. I would promote other mental health professionals being involved in co-producing and co-delivering courses through the recovery college. I would also promote all staff and service users to fully embrace hope, agency and opportunity as recovery themes.

**Dr Ryan O'Neill, Consultant Psychiatrist, NHSCT.**



I was involved in co-developing and co-presenting a course on living with bipolar disorder. The course was developed with a colleague and three people with lived experience of bipolar disorder, who bravely and generously shared their

experiences and how they used their WRAP plans to help maintain wellness.

As co-presenters, people with lived experience were able to give real examples of dealing with the signs that things are breaking down, seeking help and support and how to manage episodes of illness.

I volunteered to take part in this course after hearing Eduard Vieta, a psychiatrist from Spain at a conference. In the introduction to one of his books, he says "mental wellbeing education has proven to be very effective as an add-on to medication, helping to reduce the number of all types of bipolar recurrences and hospitalisations."

It is important that patients understand more about their illness and ways they can manage and maintain their health and wellbeing. I hope attending this course helped in this. I have to say that any misgivings I had were totally ill-founded and my colleagues were professional, helpful, supportive, knowledgeable and encouraging.

**Dr Timothy Leeman, Consultant Psychiatrist, NHSCT.**

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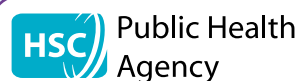
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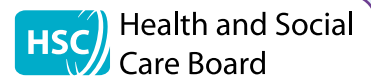
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Many thanks to the Recovery newsletter co-production team for their contributions and work.