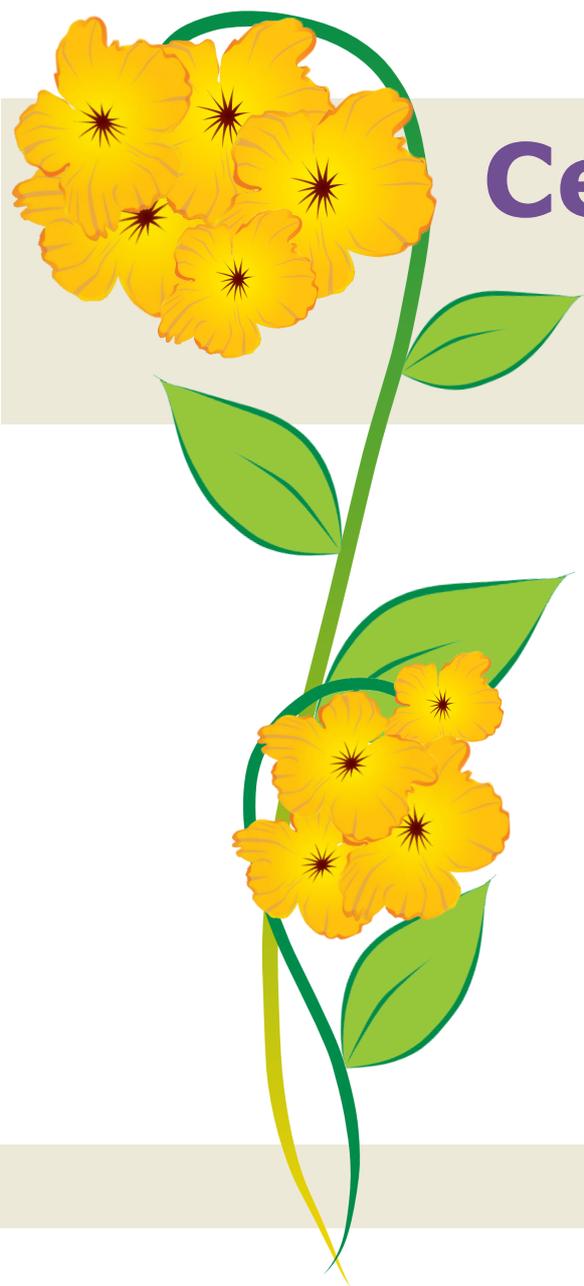


# **Celebrating Recovery Five Years of the Mental Health Charter**

**Celebrating best  
practice**



This booklet has been collated by the Recovery Event Partnership Group to highlight some recovery good practice in Cardiff and the Vale of Glamorgan. This is just a start. If you have any good practice you would like to highlight, please get in touch - contact [linda@cavamh.org.uk](mailto:linda@cavamh.org.uk)

To download this booklet visit  
[www.cavamh.org.uk/recovery](http://www.cavamh.org.uk/recovery)

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# Recovery Initiatives in Hamadryad CMHT

## Peer Support worker pilot project

The Hamadryad CMHT has been given the opportunity to employ a peer support worker with the aim of enhancing the patient experience of the transition from secondary to primary care. The pilot scheme is for 6 months and we are half way through now. David Jahans has been with us since mid December 2015.

With a lived experience of mental ill health and being an experienced teacher, David was able to utilise his skills and creativity to formulate a new way of approaching recovery within the CMHT.

Along with his CMHT colleagues, he developed the "Stepping out" group. This is a targeted group focusing on recovery based outcomes. The individuals who have attended so far have given us excellent feedback. Discharge is a challenging time for service users. It is likely to stir up feelings of loss, abandonment and anxiety about coping with reduced levels of support. A successful discharge can help reduce the likelihood of self-referral and relapse.

This course is designed to scaffold the transition from secondary to primary care by providing information, managing expectations, teaching self-management strategies and encouraging autonomy and independence. Ideally, the sessions would start prior to formal discharge, and continue afterwards in order to support the discharge process

The main themes from the feedback from those who have attended include feelings of empowerment, increased confidence to tackle problems, increased awareness of mental health issues, feeling an increased level of independence, confidence and tools for dealing with relapses.



Some quotes from individuals who have attended the group,

*"Helped me to be more open about my depression and feelings, also knowing there are other people like me with similar health issues."*

*"Find it easier to talk about my issues; given new ways to help myself, work through thoughts & problems. Ability to think about and rationalise my negative thoughts & issues that may set me back"*

David also carries a small caseload and works on a 1:1 basis with individuals. His mantra is a very positive one and is based on his own life journey through mental health services. He is able to instil great self belief in our CMHT service users that there is life beyond patienthood (this seems to be the best word to explain it). He's offered a few lines here to explain the approach he uses.

### **Ethos of Peer Support Recovery Group: Beyond Patienthood**

The distinctive nature of peer support group work is best supported by a 'no experts' model of delivery that recognises everyone's recovery journey is unique. This has several significance consequences for how we work in this context: 'peer' denotes equality. Rather than being didactic, based on input/output models or focused on content delivery, sessions are instead dialogic, participatory and voluntary. This approach helps move group work towards a more recovery focused model of empowerment and active collaboration in the recovery journey.

Planning sessions focuses on creating spaces for discussion, interaction and expression which open possibilities for participants to try out new ways of being. There are clear aims and objectives which lead toward participants being supported in trying out new ideas, skills or modes of expression if they choose to do so.



Co-facilitation is used to model the dialogic approach. There should be a peer support worker and a clinician present at each session. It appears to be a useful practice to rotate facilitators according to interests and session topics in order to model widening possibilities of social interactions in the community and to limit the encouragement of dependency. This of course must be balanced with the necessity of maintaining an appropriate holding environment.

The work straddles psycho-social and occupational therapeutic areas, but differs by being participant led. It is made clear in the first session that participant choice guides the content, style of delivery and activities within the sessions.

## VCS/Inroads

VCS/Inroads are working together to develop a social cafe inspired by the Dragon cafe model at the Maudsley hospital.

Service users meet together regularly to inform VCS/Inroads on what initiatives they would like to see developed and help direct development and progress.

The Arts and Wellbeing Enterprise Group meet every Wednesday 2-4pm for creative arts activities- this is open access- anyone interested can come along.

Contact VCS on VCS Cymru, Inroads Wellbeing Institute, 96-98 Neville St., Riverside Cardiff , 20407407.



# Diverse Cymru BME Mental Health Service

The Cardiff & Vale BME Mental Health Project work with a range of communities who are among the most vulnerable, stigmatised and socially excluded groups in society. Their circumstances and needs are complex, many of whom English is a second language, some of whom have recently been dispersed to Cardiff as asylum seekers and refugees.

Restrictive policies on healthcare, education, accommodation, welfare support and employment are functioning to socially exclude and marginalise refugees and asylum-seekers, both exacerbating existing mental health problems and causing mental distress.

## **Recovery and social inclusion**

Recovery, in the sense used here, does not necessarily mean 'clinical recovery'; rather, it is concerned with 'social recovery', the idea of building a life beyond illness, of recovering one's life, without necessarily achieving clinical recovery. The ideas of recovery are integral to the notion of socially inclusive practice and can be applied to the whole range of people, of any age, with mental health problems and those with intellectual disabilities. Hope, a sense of personal control, and opportunity are key ideas relating to recovery. There is a creative synthesis between recovery and social inclusion: recovery both requires and allows social inclusion, and social inclusion helps to promote recovery. Both are key concepts for modern consultants and psychiatric practice.

## **Socially inclusive practice and mental health services**



A socially inclusive approach includes recovery-oriented practice, an emphasis on social outcomes and participation, and attention to the rights of people with mental ill health, as well as to citizenship, equality and

justice, and stigma and discrimination. Mental health professionals and services must work in a socially inclusive and recovery-oriented manner. This can have benefits for service users, professionals and carers, in addition to wider economic and social benefits.

*(Mental Health and Social Inclusion, Royal College of Psychiatrists 2009)*

## **Socially Inclusive Practice around Recovery and Social Inclusion**

### **Case Study 1**

Client A, is a single mother, from Nigeria, awaiting a decision from the home office for her asylum case. She has two children, one with special needs. She has social services involved, with the child on the child protection list.

She lives in a terraced house with two other families, sharing a bathroom and kitchen, also awaiting a decision from the Home Office.

It was determined that the client's mental health and stressful circumstances were having an impact on her parenting abilities. With no recourse to public funds for the child's complex needs, and cramped living conditions, the opportunities for the client to think about life outside her current circumstances were difficult.

Through a person centered approach with the client, meeting in public places, going for cups of tea in café's in town, whilst talking about the clients' past achievements and future plans in a friendly, interested manner, had a positive impact on the client's engagement. The client also spoke of her desire to do something creative, so a voluntary

position was arranged and the client flourished, becoming heavily involved with a theatre, which she was also able to attend with her children. She had a position in place that



she thought she would not be able to part of. Her self-esteem and sense of achievement increased.

That spark of creativity was also used to suggest some self-therapy through mindful colouring, which the client has said fed her need to achieve tasks. These small, but considered suggestions and encouragement had a positive impact upon her.

At a meeting with social services, it was noted that she looked a lot better in herself since undertaking the support service. Through social services recognising the circumstances and offering additional support with the children, and a referral to Diverse Cymru support service, the client was able to pursue other activities that gave her sense of independent achievement.

Towards the end of the support, the client felt inspired by her recovery journey to write a book about taking control of your life and to not be phased by your circumstances, but to grow from them. She has plans to apply for a PHD and hopes to combine the creative elements from her volunteering in with her specialisms.

This client's recovery was based around social inclusion and understanding. She took advantage of the opportunities around her and through some joined up thinking with her support worker, could make some of her aspirations a reality. She will be able to complete a high level of qualification with confidence and support, and will use her recovery to inspire others in similar circumstances to her.

## **Case Study 2**

Client S was referred to Diverse Cymru suffering from depression and anxiety. Client S is of mixed race/dual heritage. Her mother has passed away who was White Welsh and so was brought up by her father who is from the West Indies.



Client S lived in a rural part of Wales and was bullied at school for being the only Black person in an all-White school. She recently moved to Cardiff and did not know the area or anyone living there and has been socially isolated and withdrawn. Initially the referral to Diverse Cymru was for a befriender, but once she was assessed there were clear emotional and social issues that needed attention. The client had lost her mum at a very young age and this has affected her all through her life, she said she had no-one to confide her feelings to and no bereavement counselling for this. The support worker referred her to Cruse Bereavement Counselling. She also had identity issues. She wanted a befriender and so the support worker matched her up with someone of the same heritage someone she could relate to and explore the issues she had. The befriender took client S to a multi-cultural arts centre and other venues to learn about her own history. Client S wanted to continue to pursue her studies, a law degree she had stopped as her depression got worse as she was unable to cope with the workload. The support worker referred her onto short courses in the meantime to keep her occupied. Client S went on to complete a course in Child Care Level 1 & 2 and was offered childcare work. Recovery takes a holistic approach and is person centred to the individual.

## Hafal

Hafal (meaning 'equal') is the principal organisation in Wales working with individuals recovering from serious mental illness and their families. We are managed by the people we support - individuals with serious mental illness and their families. The charity is founded on the belief that people who have direct experience of mental illness know best how services can be delivered. Our mission is to empower people with



serious mental illness and their families to enjoy equal access to health and social care, housing, income, education, and employment, and to achieve a better quality of life, fulfil their ambitions for recovery.

As Wales' leading charity for people with serious mental illness and their carers we provide a range of recovery focused services cover all areas of Wales. For more information about services in your area please see: <http://www.hafal.org/in-your-area/>

Underpinning our services to clients is our own unique Recovery Programme. Based on modern principles of self-management and empowerment, Hafal's programme offers clients a methodical way of achieving recovery by focusing on improving all areas of their life. For more information about this please see: <http://www.hafal.org/wp-content/uploads/2014/10/Get-with-the-plan.pdf>

For more information please contact us on 01792 816600 /  
hafal@hafal.org

## 4 Winds

4Winds is a user led, open access mental health resource providing a warm, welcoming meeting place, information and support on mental health issues. It provides opportunities for peer support and social contact, emotional support, vocational support, women only services and information and sign-posting. It is open seven days a week (including bank holidays) and no referral is needed; we are therefore able to respond quickly and work flexibly with those who access the service. We are committed to providing a socially inclusive and safe space where every individual is made to feel welcome and valued. One of our key guiding



principles is that everyone has the right to be treated with dignity and respect.

The centre has been committed to the recovery approach and service user involvement since opening in 1997. Workers have always been encouraged to work in a person centred, holistic, facilitative way which promotes recovery and helps people realise their potential. Service users are encouraged to get involved in the work of the centre or wider services (4Winds is a user led and user managed service). This results in a large degree of service user ownership at the centre, which in turn leads to increased feelings of empowerment; this can play an important part in the recovery journey for many. The opportunity for social contact and peer support at the centre leads to a strong sense of community, strengthens support networks and plays a significant role in working towards recovery. This work takes place on a daily basis at the centre and is continually developed and reviewed by those who work in and use the service. Further examples of how 4Winds help people to work towards recovery are found below:

4Winds was involved in the work around developing the Cardiff and Vale Charter for Mental Health. 4Winds ensure that service users are aware of this Charter through discussion at meetings, etc., sharing with newcomers and displaying throughout the centre. The Charter is an important element of staff induction and discussion at team meetings, etc. A 4Winds service user developed the artwork and logo for the Charter and at the launch of the logo at the Senydd spoke about how 4Winds had helped in her recovery journey and how she had returned to work through this support.

Several training courses for service users on recovery (in conjunction with Sefyll) have been held at 4Winds. This well designed course led by service users has been an



excellent tool in raising awareness of the recovery approach and has given people tips and tools for working towards their own recovery.

Regular information sessions on a range of issues/organisations are held to inform people of their rights and also the support available from a variety of organisations. Examples include sessions on Care and Treatment Planning, The Mental Health Measure, Mental Health Medication, Benefits Advice, information on the work of Sefyll, etc.

4Winds has strong links with the Social Work degree and MA Social Work at both Cardiff Metropolitan University and Cardiff University. Service users regularly present to these courses on their own personal journeys and the recovery approach. This work is extremely well received and has led to further involvement such as selection of students and contributing to meetings. 4Winds is committed to developing these kinds of opportunities for service users.

The general work that takes place at the centre often involves supporting people with addressing some of the issues/barriers to recovery such as help with sorting benefits, debt, isolation, a mental health crisis, addiction issues, housing problems, etc. This holistic approach and help with addressing some of these issues is the key to recovery for many service users as people are far more likely to engage in activities and fulfil their potential if these basic needs are met. 4Winds is committed to providing information and support on a wide range of issues and activities such as community opportunities, leisure, arts, education and work.



Cefn Onn is a 10 bedded rehabilitation and recovery ward, which has been based in Llanishen since services moved from Whitchurch Hospital in 2008. The patients on Cefn Onn suffer from a range of serious and enduring mental health problems and complex challenging behaviours. This results in them having significant difficulties in living within the wider community. Patients are continually assessed as to their physical and psychological needs. Move on plans are devised to establish the most suitable environment to provide an optimal quality of life.

Patients are encouraged to reach and maintain a realistic level of independence through individualised plans of care. The ward follows the principles of Recovery and is based on a philosophy of social inclusion, through liaising with hospital and community based services to promote integration into the community.

## Park Road

Park Road Houses are a stand-alone ward which is based in a community setting. Although classified as an inpatient ward it has very different facilities from a hospital ward.

Park Road promotes an ethos of holistic recovery and social inclusion in which the patient's own narrative is central to the care delivered. The unit provides an opportunity for individuals to regain lost skills and learn to self-manage medication and their mental health within this framework.

The focus is on recovery across the 10 domains identified within the Recovery Star Model with an emphasis on



improvement in function as well as improvement in symptoms.

Aims are:

- Regain, relearn or learn new skills of daily living, physical health and self-care.
- To assist in developing an understanding and promote self - management of
- mental health difficulties
- To enable self – management of medication
- To promote therapeutic optimism
- To improve self-esteem and regain self-identity by assisting and supporting personal goals
- That the individual is able to manage personal responsibilities for finance, housing etc.
- To focus on social inclusion by developing mainstream social networks and building on family relationships.
- To improve occupational function through training, work or community activities
- Manage addictive behaviours
- Promotion of independence within the mainstream community and maximise the potential of the individual
- To assess and manage risk in a more realistic and less structured environment than the acute or forensic wards can provide.

## Phoenix Community

During an individuals stay with us we aim to assess them in all the significant areas of functioning. Practical things such as:- Shopping, Managing money, cooking, diet, managing personal hygiene, taking care of the domestic environment, using public transport, managing medication, maintaining personal safety and relapse prevention.



Other important areas for consideration are social and interpersonal skills training. Often after individuals have come through periods of acute mental illness or perhaps they have been living in isolated situations for a long time many of these skills can be lost or underdeveloped. At a place like the Phoenix community there is a great opportunity for individuals to learn or regain skills in a safe nurturing environment where individuals can be encouraged to rise to the challenges feel secure enough to risk making mistakes and then learn from these experiences. Staff are on hand to monitor and assess progress and serve as role models. The aim is for deficits in functioning to be minimised and strengths affirmed and utilised.

## Supportive Recovery Service Ward

The supported recovery service is a 10 bed, high dependency, mixed gender, hospital based rehabilitation ward. The client group will have severe and enduring mental illness with a history of previous frequent admissions or substantial service intervention. Length of admission is expected to be 1 – 3 years.

All new staff undergo induction and receive ongoing regular supervision and an annual personal appraisal development review (PADR) to ensure skills/knowledge is updated and appropriate training accessed/implemented.

The objectives of the service are to

- Use recovery star as a tool to work in collaboration with individuals to identify strengths, needs and goals to aid recovery.
- Using a person centred approach and in collaboration, formulate care and treatment plan to support identified goals which are regularly reviewed and adapted as needs change – patients are encouraged to keep a copy.



- Engage with individuals to build up rapport and trusting relationship in order create a culture of empowerment, promotion of hope and optimism even when progress is slow.
- Provide opportunities for open discussions/feedback on progress and use of reflective listening, working alongside the individual to develop new and existing skills and interests.
- Ensure focus is on the person not illness, identifying strengths and developing use of self management skills to improve confidence, social, interpersonal, communication, coping skills and reducing harmful risk.
- Support patient to identify relapse signatures to increase autonomy, control, choice, responsibility and taking positive risk, with a long term view for sustaining recovery.
- Provide opportunities in a non judgemental way that supports the individual to make sense of what's happened e.g. the use of patient stories
- Support access to a range of interventions both on the ward and in the community e.g. activities of daily living, vocational, social, housing, spiritual, for individuals to facilitate the process of recovery and promote social inclusion.
- Support principles of healthy lifestyle, e.g. dietary advice, smoking cessation, exercise, ongoing monitoring of physical health,
- Regular forums for patients to express their views.
  - Liaison/interface with other services
  - Evaluation of interventions
  - All patients have access to the Advocacy Service.



## Peer Support Workers based at Ty Canna

Health & Social Care Services, Cardiff Council

A new post was created within Cardiff Council outreach day services with the first appointments made in September 2013:

“Peer Support Worker”

A first for Cardiff – if not Wales – employing people with “lived experience” of mental health who have used “secondary” mental health services; to work alongside and in the same capacity as Day Service Support workers.

### **The Job Role**

To work with individuals with long-term severe mental health issues on the same basis and under the same terms of confidentiality as any other support worker and with the same remit:

“providing practical and supportive input to adults with, or recovering from, mental illness to enable them to live as independently and as fulfilled lives as possible” and to develop strategies to aid people with their recovery, to motivate and enable people to make positive changes in their lives.

One of the peer workers commented:

*“Our unique position means that we are able to draw on our own personal experiences:- both in terms of our own mental health; and the way in which we, as service users, have been treated within the mental health system, to help our peers. We demonstrate in practice the recovery ethos through gaining suitable and fulfilling paid employment; and seek to provide hope for the many others who are also capable of realizing their personal aims whatever they may be.”*



## Open Dialogue Approach in Cardiff & Vale UHB

Open Dialogue is an approach to mental health that started, and continues, in the Western Lapland region of Finland. Its foundations lie in a psycho-social intervention for people in crisis which is needs-adapted, promotes early and sustained engagement with the person and their social network and values openness as a core principle of the work. The open dialogue approach has gained interest due to its approach to psychosis, with evidence suggesting that it improves outcome in terms of reduced hospital admissions, lower use of neuroleptics, reduced 'symptoms' and higher rates of return to employment/education.

In the Rehabilitation and Recovery Service, we have adapted this approach to working with clients with long term and severe mental health problems and/or those clients who are receiving care from multiple professionals/services. Via regular network meetings, we promote communication (dialogue) between the person, family and mental health professionals to find a shared understanding of the person's difficulties as well create a supportive network in which all views and opinions are heard and valued. In this way, the network meetings are both a way of organising care in complex situations and also an intervention for the person, their family as well as the mental health professionals involved.

For further information, please contact Dr Andrew Vidgen (Consultant Clinical Psychologist, Jayne Strong (Advanced Nurse Practitioner) or Mark Jones (Senior Nurse Manager) on 02920 336410



