Recovery: Past progress, future challenges

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Topics

1. The core business of mental health systems
2. Dialectical examples
   - Recovery
   - Self-management
   - Shared decision-making
   - Recovery Colleges
   - Peer support workers
   - Wellbeing
3. Addressing knowledge gaps
Clinical recovery in schizophrenia

Full symptom remission, full or part time work / education, independent living without supervision by informal carers, having friends with whom activities can be shared – sustained for a period of 2 years

## Long-term (>20 year) schizophrenia outcome

<table>
<thead>
<tr>
<th>Team</th>
<th>Location</th>
<th>Yr</th>
<th>n</th>
<th>F-up (yrs)</th>
<th>Recovered / sig. improved (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Huber</td>
<td>Bonn</td>
<td>1975</td>
<td>502</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Ciompi</td>
<td>Lausanne</td>
<td>1976</td>
<td>289</td>
<td>37</td>
<td></td>
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<tr>
<td>Bleuler</td>
<td>Zurich</td>
<td>1978</td>
<td>208</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Tsuang</td>
<td>Iowa</td>
<td>1979</td>
<td>186</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>Harding</td>
<td>Vermont</td>
<td>1987</td>
<td>269</td>
<td>32</td>
<td></td>
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<tr>
<td>Ogawa</td>
<td>Japan</td>
<td>1987</td>
<td>140</td>
<td>23</td>
<td></td>
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<tr>
<td>Marneros</td>
<td>Cologne</td>
<td>1989</td>
<td>249</td>
<td>25</td>
<td></td>
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<tr>
<td>DeSisto</td>
<td>Maine</td>
<td>1995</td>
<td>269</td>
<td>35</td>
<td></td>
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<tr>
<td>Harrison</td>
<td>18-site</td>
<td>2001</td>
<td>776</td>
<td>25</td>
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</table>
Personal recovery

A deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful and contributing life even with limitations caused by the illness.

Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.

One word – two meanings

CLINICAL RECOVERY
- focus on professional imperatives
- partly operationalised
- not highly concordant with consumer views

PERSONAL RECOVERY
- focus on personal meaning and purpose
- not operationalised for research purposes
- ideological and oppositional, not empirical
Which type of recovery should be the goal of the mental health system?

1. Epistemological
2. Ethical
3. Empowerment
4. Effectiveness
5. Policy
Aim 2
More people with mental health problems will recover

...ensuring that people with mental health problems are able to plan their own route to recovery, supported by professional staff

No health without mental health

A cross-government mental health outcomes strategy for people of all ages

2011
Priority area 1
Social inclusion and recovery

...improved outcomes in relation to housing, employment, income and overall health and are valued and supported by their communities
Strategic direction 2

Foster recovery and well-being for people of all ages living with mental illnesses, and uphold their rights.
Paradigm shift?

1. The central intellectual challenge comes from outside the system of belief

2. The previous body of knowledge becomes a special case

3. What was previously peripheral becomes central
Example 1: personal recovery

Sources
12 bibliographic databases, web, experts, ToC, hand searching

Data
5,208 identified, 376 full papers retrieved, 97 included

Analysis
Systematic review, modified narrative synthesis
Recovery processes: The CHIME framework

The job of the system is to support the relationship and connection with self (permanence) and others (commonality)
Example 2: self-management

Self-management support can be viewed in two ways: as a portfolio of techniques and tools that help patients choose health behaviours; and a fundamental transformation of the patient-caregiver relationship into a collaborative partnership.

Proactive, behaviourally focused self-management support designed to increase self-efficacy can have a positive impact on people’s clinical symptoms, attitudes and behaviours, quality of life and patterns of healthcare resource use.
# Who is responsible?

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>4,977</td>
<td>70</td>
</tr>
<tr>
<td>Consumer</td>
<td>594</td>
<td>8</td>
</tr>
<tr>
<td>Staff and consumer</td>
<td>1,526</td>
<td>21</td>
</tr>
<tr>
<td>Carer</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Staff and carer</td>
<td>29</td>
<td>0</td>
</tr>
<tr>
<td>Consumer and carer</td>
<td>21</td>
<td>0</td>
</tr>
<tr>
<td>Staff, consumer, carer</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7,134</td>
<td>100</td>
</tr>
</tbody>
</table>

Example 3: shared decision-making

A form of patient-provider communication where both parties are acknowledged to bring expertise to the process and work in partnership to make a decision.

Advocated on the basis that patients have a right to self-determination and also in the expectation that it will increase treatment adherence.

Duncan E, Best C, Hagen S (2010) Shared decision making interventions for people with mental health conditions, Cochrane Database of Systematic Reviews, CD007297.
Example 4: Recovery Colleges

Co-production between people with personal and professional experience of mental health problems

It operates on college principles and is for everyone

It is not a substitute for traditional assessment and treatment

It is not a substitute for mainstream colleges

Example 5: Peer support

A “credible role model”

Personal stories

Stories matter. Many stories matter.

Stories have been used to dispossess and malign, but stories can also be used to empower and to humanise.

Stories can break the dignity of a people, but stories can also repair that broken dignity

Chimamanda Adichie
Involving consumer-providers in mental health teams results in psychosocial, mental health symptom and service use outcomes for clients that were no better or worse than those achieved by professionals employed in similar roles, particularly for case management services.

Peer Support Worker policy

All mental health services will be expected to recruit and train service users as part of the workforce

Nothing new...

I have often noticed that when I employed a madman who had just recovered his senses either to sweep or to assist a servant, and then to become himself a servant...that his state improved every month, and that somewhat later he was totally cured.

Jean-Baptiste Pussin, Governor of the Asylum at Bicêtre, 1793
Example 6: Wellbeing

Academic disciplines
Positive psychology
Mental capital
Well-being


What is positive psychology?

The field of positive psychology at the subjective level is about valued subjective experiences: well-being, contentment, and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present).

The dialectic across all 6 examples

<table>
<thead>
<tr>
<th>DOING TO</th>
<th>SUPPORTING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge</strong></td>
<td>System</td>
</tr>
<tr>
<td></td>
<td>Individual + community</td>
</tr>
<tr>
<td><strong>Resources</strong></td>
<td>System</td>
</tr>
<tr>
<td></td>
<td>Individual + community</td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td>Outcome</td>
</tr>
<tr>
<td></td>
<td>Process</td>
</tr>
<tr>
<td><strong>Success</strong></td>
<td>Adherence</td>
</tr>
<tr>
<td><strong>indicator</strong></td>
<td>Living as well as possible</td>
</tr>
</tbody>
</table>
‘International’ best practice

Sources
International policy, practice guidance, Google, reference lists

Data
30 documents from Denmark, England, Ireland, New Zealand, Scotland, USA

Analysis
Inductive thematic analysis, interpretive analysis

Organisational commitment

Working relationship

Support for personally defined recovery

Promoting citizenship

Recovery Oriented Practice

# Approaches to supporting recovery

<table>
<thead>
<tr>
<th>APPROACH</th>
<th>RCTs?</th>
<th>SRs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer Support Workers</td>
<td>11</td>
<td>Yes</td>
</tr>
<tr>
<td>Advance Directives / JCPs</td>
<td>4</td>
<td>Yes</td>
</tr>
<tr>
<td>WRAP</td>
<td>1</td>
<td>No</td>
</tr>
<tr>
<td>IMR</td>
<td>3</td>
<td>No</td>
</tr>
<tr>
<td>REFOCUS</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Strengths Model</td>
<td>4</td>
<td>No</td>
</tr>
<tr>
<td>Recovery Colleges</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>IPS</td>
<td>18</td>
<td>Yes</td>
</tr>
<tr>
<td>Supported Housing</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Trialogues</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>


Free to download: rethink.org/100ways
Recovery Oriented Practice

- Organisational commitment
- Working relationship
- Support for personally defined recovery
- Promoting citizenship
The transformation challenge

FROM

Clinical knowledge
Adherence
Management
Doing to

TO

Co-production
Partnership
Support
Doing with
Making Recovery a Reality

Geoff Shepherd, Jed Boardman & Mike Slade

Implementing Recovery

A methodology for organisational change

Geoff Shepherd, Jed Boardman and Maurice Burns

ImROC - 30 NHS Trusts - 2011-2014
10 key organisational challenges

1. Changing the nature of day-to-day interactions and the quality of experience
2. Delivering comprehensive, user-led education and training programmes
3. Establishing a ‘Recovery Education Centre’ to drive the programmes forward
4. Ensuring organisational commitment, creating the ‘culture’
5. Increasing ‘personalisation’ and choice
6. Transforming the workforce
7. Changing the way we approach risk assessment and management
8. Redefining user ‘involvement’ to create genuine ‘partnerships’
9. Supporting staff in their recovery journey
10. Increasing opportunities for building a life ‘beyond illness’
Thank you

More information at researchintorecovery.com

Email: mike.slade@kcl.ac.uk