Whole Person, Whole Life-Whole Systems Recovery and Discovery Approach

Social Determinants of Mental Health

Whole Person, Whole Life-Whole System Strategic Approach

Over many years in developing community mental health services to replace the institutional system in the UK and other countries IMHCN recognised that we needed a more fundamental approach to ensure that:

- better mental health outcomes for service users and family members are realised

- recognising that social determinants are not adequately addressed and people's whole life needs are not met.

For this to succeed there is a fundamental need to change thinking and present services and practices

In 2000 NIMH(E) and IMHCN introduced the Whole Life-Whole System Approach

It is a strategic planning and implementation instrument to integrate and develop together;

• Social determinants of Health and Mental Health

• Anthropological, Meaning and Culture

• Philosophical, Critical Thinking, Dialogue

• Whole Life, Recovery/ Discovery Paradigm, Changing Thinking

• Whole Systems Comprehensive community mental health services and development

• Biological, clinical approach

• Psychological therapies and psycho-educational tools

• Education and Knowledge

• Sharing and Learning from International best Practice

Tenets of Whole Person,Whole Life-Whole System
Together and over time

CHANGE THE THINKING   CHANGE THE SYSTEMS

^   ^

CHANGE THE PRACTICE   CHANGE THE PRACTICE

^   ^

CHANGE THE SYSTEM   CHANGE THE THINKING

^   ^

Dehospitilisation   Deinstitutionalisation

The history of developments in Mental Health

Worldwide, most new initiatives have come from the bottom up through people developing new initiatives in the field:

• 1870 John Bucknill in Devon, community hostels1923 Tavistock Clinic, treatment and training in psychotherapy
• 1936 143 Outpatient clinics developed across the UK
• 1940 Cassel Hospital, Henderson Clinic, Dingleton, Therapeutic Communities
• 1946 Establishment of MIND
• 1954 Community Nurses ,Warlingham Park, Moorhaven, Plymouth
• 1950's day hospitals, social rehabilitation, welfare benefits and antipsychotic medication, the beginning of the decline of beds in institutions

The history of developments in Mental Health

- CMHC's USA 1960's, UK, Paignton,1979, Italy, Trieste 1978
- Home Treatment Teams, Boston, Amsterdam,Vancouver,Denver,
- Birmingham,Madison,Sydney,Montreal, in 1960's and 1970's
- Assertive Community Treatment Teams, Madison,Birmingham
- Comprehensive Whole Life Community Mental Health Services, Trieste, Lille
- Host Families, Madison,Boston, Belgium,Lille, Hertfordshire
- Recovery movement, USA,UK, France,Australia,New Zealand and   many other
 countries
- User run services, acute alternatives, Cornwall, Birmingham, Colorado
- Self help, Prato, Italy
- Peer support, France,USA,UK
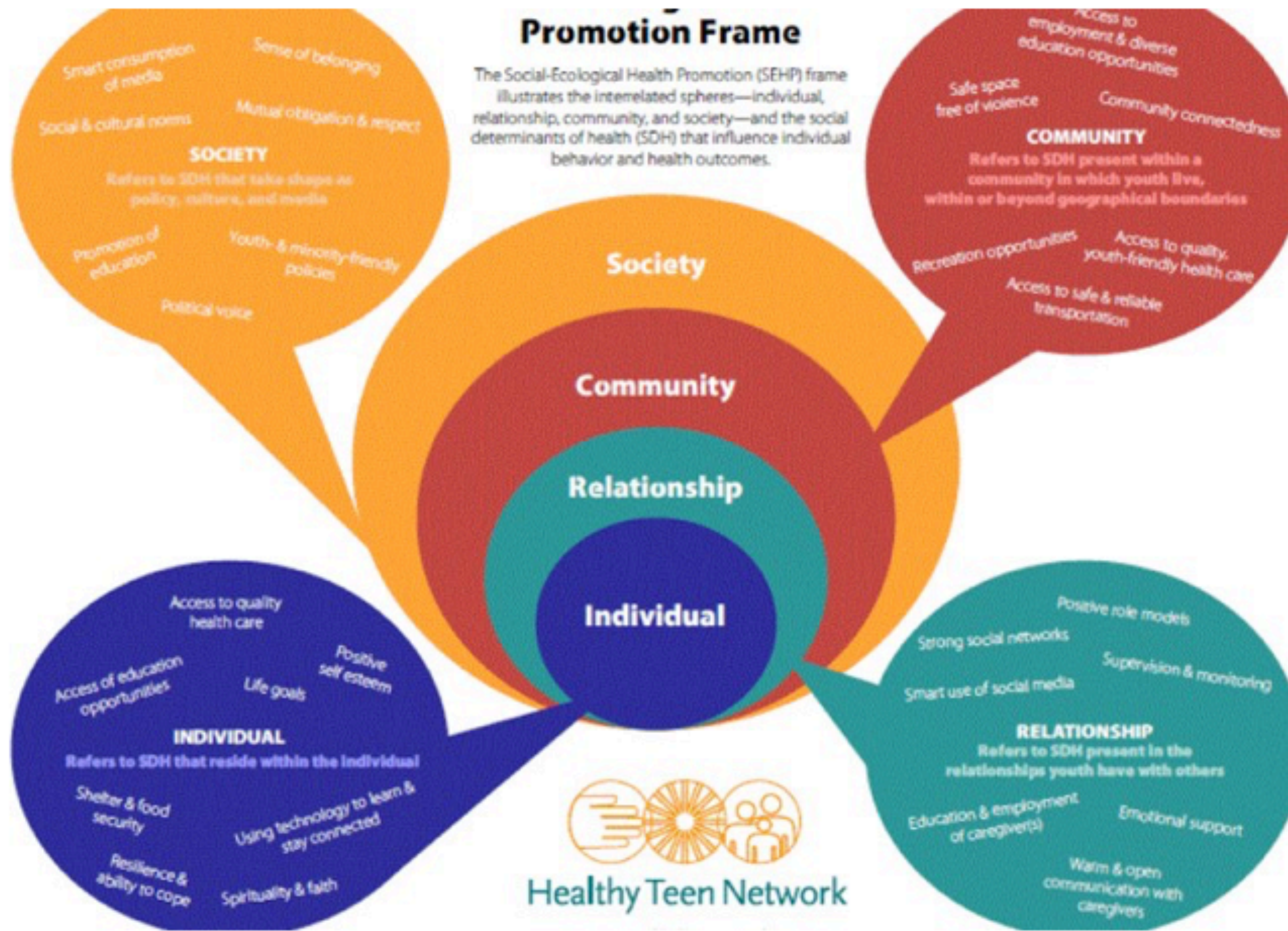- Social cooperatives/ firms, Trieste, Brescia, Italy, UK

Social determinants of health (SDH)

These are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. (WHO)

Promotion Frame

The Social-Ecological Health Promotion (SEHP) frame illustrates the interrelated spheres—individual, relationship, community, and society—and the social determinants of health (SDH) that influence individual behavior and health outcomes.

SOCIETY
Refers to SDH that take shape as policy, culture, and media

- Smart consumption of media
- Sense of belonging
- Social & cultural norms
- Mutual obligation & respect
- Promotion of education
- Youth- & minority-friendly policies
- Political voice

COMMUNITY
Refers to SDH present within a community in which youth live, within or beyond geographical boundaries

- Access to employment & diverse education opportunities
- Safe space free of violence
- Community connectedness
- Recreation opportunities
- Access to quality, youth-friendly health care
- Access to safe & reliable transportation

INDIVIDUAL
Refers to SDH that reside within the individual

- Access to quality health care
- Access of education opportunities
- Life goals
- Positive self esteem
- Shelter & food security
- Using technology to learn & stay connected
- Resilience & ability to cope
- Spirituality & faith

RELATIONSHIP
Refers to SDH present in the relationships youth have with others

- Positive role models
- Strong social networks
- Supervision & monitoring
- Smart use of social media
- Education & employment of caregiver(s)
- Emotional support
- Warm & open communication with caregivers

Society
Community
Relationship
Individual

Healthy Teen Network

Social Determinants of Mental Health

(Social determinants of Mental Health, Geneva, World Health Organisation, 2014)

Mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live.

• Social inequalities are associated with increased risk of many common mental disorders

• Taking action to improve the conditions of daily life from before birth, during early childhood, at school age, during family building and working ages, and at older ages provides opportunities both to improve population mental health and to reduce the risk of those mental disorders that are associated with social inequalities.

Social Determinants of Mental Health 2

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- While comprehensive action across the life course is needed, scientific consensus is considerable that giving every child the best possible start will generate the greatest societal and mental health benefits.

- Action needs to be universal: across the whole of society, and proportionate to need in order to level the social gradient in health outcomes.

- Effective actions to reduce risk of mental disorders throughout the life course, at the community level and at the country level. It includes environmental, structural, and local interventions. Such actions to prevent mental disorders are likely to promote mental health in the population

Technological Paradigm

The currently dominant paradigm, or framework, through which we understand mental health problems.

When we experience anxiety, depression, voices, suicidal impulses or states of disorganisation, we are encouraged by family, friends and the media to see a specialist, get a diagnosis and a prescription for medication or therapy.

Mental illness is seen primarily as a technical challenge. It is understood as something that emerges from faulty processes in the brain or the mind, something that can be modelled with the same sort of models that we use in the rest of medicine, as when we grapple with endocrine problems such as diabetes.

Such models are developed by experts in psychiatry or psychology, and innovation in treatments are understood to emerge from university departments or research laboratories.

Technological Paradigm

The currently dominant paradigm, or framework, through which we understand mental health problems.

In this paradigm, patients can do things to help themselves but this is adjunctive to the main work that is provided to patients by experts of one sort or another.

While the non-technical aspects of mental health (relationships, meanings, values) are not ignored, they are of *secondary importance only.*

Empirical research on where mental health problems come from, and on what actually works to get people well, overwhelmingly points to the primary importance of relationships, meanings and values.

If we are to be truly evidence-based in our approach, we will have to face the challenge of questioning the dominant paradigm and effectively reversing our understanding of what should be at the heart of our work.

This has echoes of that other great paradigmatic reversal in history when Copernicus asserted that the earth revolves around the sun, not the other way around.

Recovery and Discovery Paradigm

Mental health service users have already started to do this. What is known as the 'recovery approach' emerged directly from service users challenging the understanding of their problems that they had been given by professionals.

In the past 20-30 years, many people who were told that were suffering from schizophrenia, or some other form of serious mental illness, and told that their best hope was simply to 'keep taking the tablets' and passively accept the guidance of the professionals

Many managed to find ways of changing their lives substantially
Many found that they were able to exit mental health services altogether. Some did so with the help of therapy or medication but others found paths that led them to a reality of recovery that did not involve mental health services at all.

Work, relationships, the creative arts, recreation, peer support, religion and spirituality and a range of other pursuits have all provided the encouragement and support that people needed.

Some found that services got in the way of their recovery and a number argued that they had been damaged by their involvement with psychiatry and the other mental health professions.

A substantial group of these individuals have written about their journeys and now provide inspiration to their peers.

The recovery approach has emerged directly from this literature and the movement that has grown around it. Its essential message chimes with the results of empirical work on how professional interventions actually have their beneficial effects.

It does not represent a new model as such but instead involves an interrogation of all professional models and an assertion of the centrality of empowerment in the process of recovery

About the Whole Person

People want to be regarded as individuals and citizens and not to be identified or labelled by their diagnosis or pathology.

- People want to be in control of their recovery journeys and assisted by services in an equitable and empowering way.
- All too often people have been slotted into an illness paradigm that disempowers and maintains people within mental health services.
- Professionals and services need to recognise and harness the capabilities and assets of people with mental health problems.
- People with mental health problems need to take personal responsibility for their own recovery journey.
- In this way an individual can take the power to ensure that their unique goals, strengths and needs are harnessed, are fully recognised and acted upon.

Whole Life And Well Being

- A person with a mental health problem has the same basic human Whole Life needs as anybody.

- This is how to develop and lead a life that is full of purpose, interest, recognition, contribution, value and reward.

- A whole life comprising of these needs and aspirations is what most people with a mental health problem are seeking for themselves.

- Access to health, education opportunities, vocational training schemes, work, volunteering, social networks, sport and leisure and art and culture activities are all important in enabling people to have a whole life opportunity to assist them in their recovery and well-being.

Whole Life And Well Being

- The IMHCN Whole Life approach promotes this by applying a Whole Systems methodology in the design, planning and implementation of a comprehensive integrated mental health system.

- The Whole system has to have an agreed common purpose and objectives negotiated and owned by all community stakeholders.

- In this way the components of the System are interdependent with each other and have themselves a well defined contribution to the Whole System.

Whole Life And Well Being

- The Whole is the most important and not each component on their own.

- It is a discipline for seeing WHOLES not HOLES.

- In mental health, recovery does not always refer to the process of complete recovery from a mental health problem in the way that we may recover from a physical health problem.

What is the Recovery, Discovery Approach?

- For many people, the concept of recovery is about staying in control of their life despite experiencing a mental health problem.
- Professionals in the mental health sector often refer to the 'recovery model' in a different way, changing the name of things without the meaning!
- Putting recovery into action means focusing care on supporting recovery and building the resilience of people with mental health problems, not just on treating or managing their symptoms.
- There is no single definition of the concept of recovery for people with mental health problems, but the guiding principle is hope – the belief that it is possible for someone to regain a meaningful life, despite mental health issues or serious mental illness.

What is the Recovery, Discovery Approach?

- Recovery is often referred to as a process, outlook, vision, conceptual framework or guiding principle.
- The recovery process provides a holistic view of mental health that focuses on the person, not just their symptoms
- It believes recovery from severe mental illness is possible
- It is a journey rather than a destination
- It does not necessarily mean getting back to where you were before

What is the Recovery, Discovery Approach?

- It happens in 'fits and starts' and, like life, has many ups and downs
- It calls for optimism and commitment from all concerned
- It is profoundly influenced by people's expectations and attitudes
- It requires a well organised system of support from family, friends and professionals
- It requires services to embrace new and innovative ways of providing new services and practices
- The recovery process aims to help people with mental health problems to look beyond mere survival and existence.

It encourages them to move forward, set new goals and do things and develop relationships that give their lives meaning.

- Recovery emphasises that, while people may not have full control over their symptoms, they can have full control over their lives.

- Recovery is not about 'getting rid' of problems. It is about seeing beyond a person's mental health problems, recognising and fostering their abilities, interests and dreams.

- Mental illness and social attitudes to mental illness often impose limits on people experiencing ill health. health professionals, friends and families can be overly protective or pessimistic about what someone with a mental health problem will be able to achieve.

- Recovery is about looking beyond those limits to help people achieve their own goals and aspirations.

- Recovery can be a voyage of self-discovery and personal growth.

- Experiences of mental illness can provide opportunities for change, reflection and discovery of new values, skills and interests.

- Especially during a crisis.

What supports recovery?

Research has found that important factors on the road to recovery include:
* good relationships,

* taking responsibility,

* shared responsibility

* financial security, satisfying work,

* personal growth,

* the right living environment,

* developing one's own cultural or spiritual perspectives,

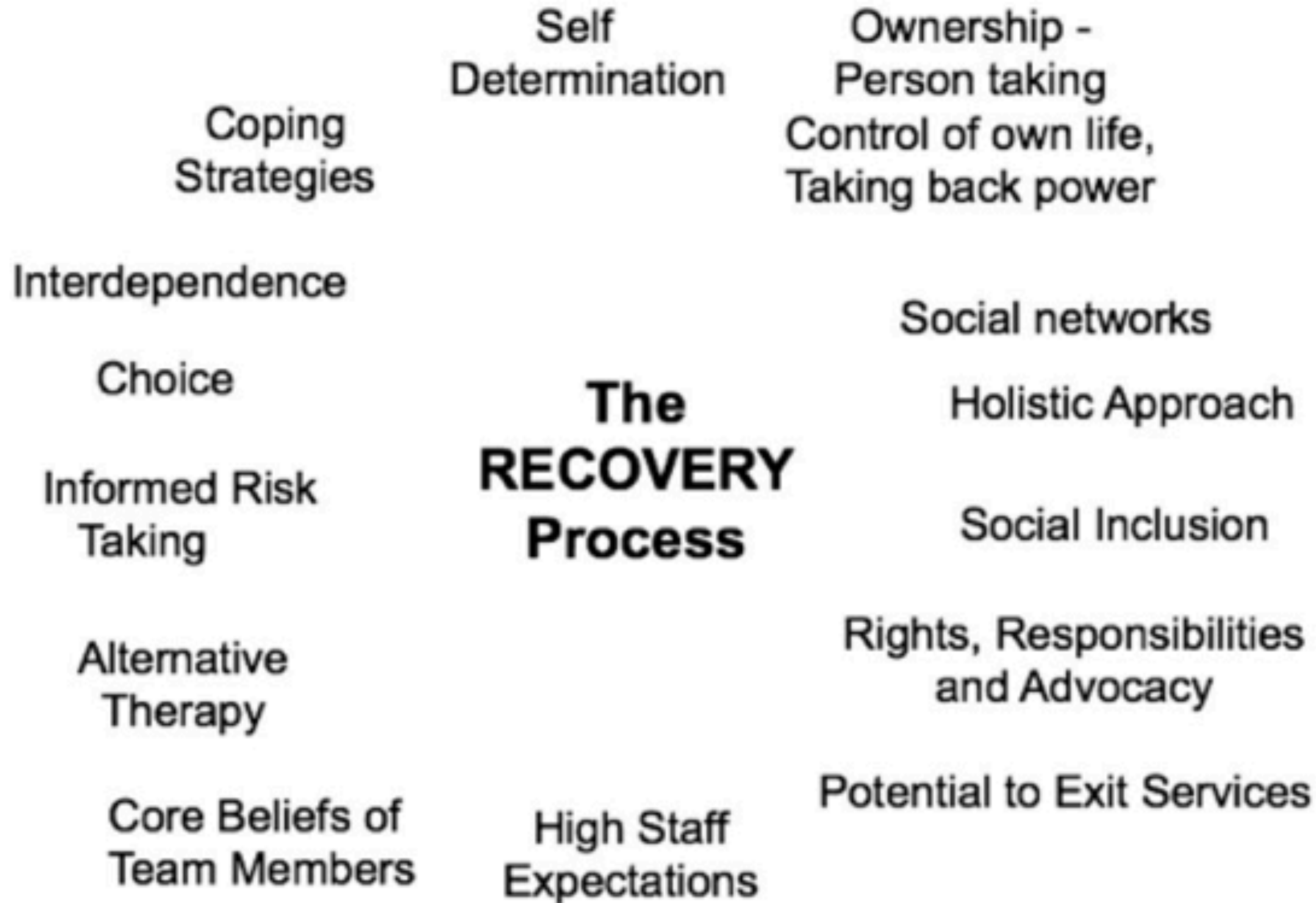* developing resilience to possible adversity or stress in the future

Further factors highlighted by people as supporting them on their recovery journey include:

- Developing a trusting reciprocal relationship with professionals
- being believed in
- being listened to and understood
- getting explanations for problems or experiences
- having the opportunity to temporarily resign responsibility during periods of crisis.
- The importance that anyone who is supporting someone during the recovery process encourages them to develop their skills and supports them to achieve their goals. HOPE

Maintenance Model

Social Control

No Risk

Social Isolation

Illness Concept

MAINTENANCE MODEL

Biological model

Symptom Management

Loss of rights

Service for life
no exit pathways

Low Self and
Staff Expectation

Recovery Resources and Materials

- These are intended to provide practical help in a person's journey of recovery and how professionals and others can assist. In this way we can inform and motivate each other in improving the practice of recovery, whole life and well being for people. These will include:

- Recovery Stories, books in CPT, HPFT, Lyngby provided by individuals

- Whole Life-Recovery good practice guides

- Recovery Tools and instruments, WRAP, SHIRE, PATH, Recovery Star, THRIVE, etc

- Self Help, management manuals, Psychosis,self harm,depression, Bipolar

- Recovery and self injury workbooks

- Hearing Voices, exploration and understanding, voice dialoguing

- Recovery journeys by individuals

- Whole Life-Whole System Programs

- Well-being programs

- Psycho-educational techniques, stress management, positive thinking, interpersonal communication

- Nutrition and Diet

- Managing my medication

- Returning to work after mental health issues(NHS Choices

WHOLE LIFE-WHOLE SYSTEMS

- This is to incorporate the Recovery Approach for individuals with whole life-whole systems community development, for them to have a whole life full of wellbeing and purpose

- This is to develop a community wide common purpose and responsibility and commitment through partnerships with local community organisations and groups.

- It is important to move away with the ever increasing preoccupation with security and risk

- To find ways to improve the effect of social determinants that are key causal and aggravating factors to a persons' mental health and the opportunities for their recovery.

- A common purpose of understanding and action for improved mental health and wellbeing of the population needs to be developed in communities and by communities(For the People of Plymouth by the People of Plymouth)

- This should use a Whole Systems developmental approach and process by engaging with all community organisations that have real or potential capacity to provide housing, employment, volunteering, art and culture, sport and leisure and education, etc.

- A Whole Systems process of developing community common purpose   and responsibility has been developed by the IMHCN www.imhcn.org

- Plymouth Whole Life-Whole System Strategy

A WHOLE LIFE IN ALL RESPECTS

- Where you live The place you live in should meet your individual needs. You should not have to worry about having to move out, and it should not be too out-of-the-way. You should be able to come and go when you want, be alone when you want and not be harassed by the people you live with, by staff or by neighbours.

- Money You should have enough money to pay bills, stay out of debt and not miss meals. You should not have to feel isolated or cut off from society because of lack of money. Help with finances Many people find that they need help with claiming benefits, filling in forms and working out how to manage their money.You should get as much help as you need to do these things.

- How you spend your day You should have the opportunity to spend your day in some form of regular and meaningful activity. This could be working, studying, training or going to a day centre.

- Family and friends Mental illness can affect a person's relationships with the people that he or she cares most about. You should be able to maintain good relationships with the people closest to you.

- Social life You should have the opportunity to mix with people and form new friendships and relationships. To make this possible, you should have enough money, access to transport if you need it and the use of a telephone.

- Information and advice You should be given as much information as you want or need about the services and treatments available to you, about the Mental Health Act and how it works and about the mental health system generally. Some people find it helpful to have someone like them (such as another service user or a member of the same community) to explain things to them. The information you are given should be clear and easy to understand, and should be available as and when you need it.

- Access to mental health services You should be able to get help from your local mental health services when you need it, throughout the week, at any time of the day or night.

- Choice of mental health services A range of services should be available to you, and you should be able to choose those that closely match your needs, including complementary/alternative therapies, counselling & psychotherapy. You should have a choice about the mental health workers you meet with regularly (for example, being able to choose their gender or ethnic background) and be able to change workers.

- Relationships with mental health workers Doctors, nurses, social workers and other mental health workers should create reciprocal trusting relationships, show you respect, be honest with you and discuss things with you in a way in which you can understand. They should keep information about you with you, confidentiality should be jointly determined and ask your permission before passing it on to others. If they pass on information,

it should be accurate and save you from having to repeat yourself to new mental health workers.

- Consultation and control Mental health workers should not pressurise you to do anything that you do not want to, or take decisions on your behalf without getting your permission first. Even if you have been 'sectioned', people should show you respect, listen to you and take your opinions seriously.

- Advocacy You should be able to put your views across to people in authority. This can be difficult for several reasons, such as the effects of medication, if English is not your first language or if the situation is frightening or intimidating. If you want, you should have somebody (an advocate) to help or support you, or speak for you. You should feel that this person really understands what you want and genuinely represents your views when he/she speaks on your behalf.

- Stigma and discrimination You should feel safe and other people should not harass, exploit, victimise or be violent towards you. You should not experience stigma or discrimination at home, at work or from mental health workers, police or any other section of the community. People should not discriminate against you because of race, culture, religion, gender, sexual orientation, physical or mental disability or for any other reason.

- Your medication/drug treatment Medication should be given only to relieve the symptoms of mental ill health and to reduce your distress. All medication can have unwanted effects, but these should not cause more disruption to your life than improvement.

- Access to physical health services You should be able to get the treatment and care that you need for your physical health when you need it, whether you are in hospital or living at home. You should be able to be registered with a general practitioner and have regular check-ups from a dentist. You should have access to other types of care, such as opticians, chiropodists, physiotherapists and so on. Relationships with physical health workers The people who give you physical health care should listen to you, show you respect and take your condition seriously.

CHANGE THE PRACTICE

There has been a revolution over the last two decades in our understanding of what promotes recovery from mental illness. This evidence comes from various sources, from many different cultures, involves both health and social care perspectives and is based on various methodologies. This includes the individual testimony of service users and families, practice based evidence as well as the results of more scientific randomised controlled trials.

Research and clinical best practice points to several key areas underpinning contemporary ways of providing effective care & treatment.

These include:

- Care and treatment should be provided closer to the individual's home in normal settings chosen by the person themselves

- Services must be accessible and available when and where the person needs it, that is on a 24 hour / 7 day a week basis

- Detection and intervention must happen at an earlier stage in the development of the illness

- Care and treatment must be person centred and based on individual need and choice

- Increased access to individual talking or psychological therapies, such as CBT

- Access to family interventions and support, such as Psycho-educational and behavioural approaches to family support

- Effective recovery oriented Care Coordination in the context of Multi-disciplinary Team Work, which promotes access to effective services, continuity and coordination

- Greater promotion of client self-management and peer support approaches

- Integration of effective vocational interventions into everyday practice to support greater employment opportunities

- Improved access to effective modern medications

- Users require very often a variety of interventions and certainly choice about what they think works for them ,based on a trusting and therapeutic relationship with their psychiatrist, psychologist, nurse or social worker.How the intervention is applied is just as important as the content of the intervention. How Practice is Practised

Challenges for Services

- Many people in mental health services have *lost hope for the future*

- The system has *focussed on problems and disorders* and has *eroded aspirations*

- There is a *culture of low expectations* that effects people who use services as much as those who provide them

- **Austerity,** a time for **reflection and whole system change**

- **Focus** on the **Needs of Users** and not only on the **Needs of Organisations**

IMHCN Implementation partners

- Hywel Dda, Wales

- Aneurin Bevan, Wales

- Yorkshire, England

- Plymouth, England

- Cornwall, England

- Hertfordshire

- York, England

- Sligo, Ireland

- Trieste, Italy

- Johor Bahru, Malaysia

- Aukland, New Zealand

- Sydney, Australia

- Prague, Czech Republic

- Warsaw, Poland

- Belgrade, Serbia

- Gaza City and Ramallah, Palestine

- Sao Paulo, Brazil

Some Examples of best services and Practices in Changing Thinking and Practice

- 24 HR Community Mental Health Centre with Guest Beds - Trieste

- Host Families, Madison, Lille, Hertfordshire

- Crisis Houses, Birmingham,Cornwall, Leeds, Hertfordshire, Rethink

- Social Cooperatives, Social Firms, Italy, UK

- Recovery Houses and Communities, Italy, Scotland, Australia

- Critical Psychiatry www.criticalpsychiatry.co.uk Europe

- Intentional Peer Support Is a way of thinking about purposeful relationships, Many countries

- The Open Dialogue Approach, Finland, Denmark, UK, USA

- Trialogues, Austria, Germany, Ireland

- Soteria Houses for people with Psychosis experiences, USA, Europe