ImROC
Implementing Recovery through Organisational Change

A joint initiative from

Centre for Mental Health

Mental Health Network NHS CONFEDERATION

FROM THE PREJUDICE OF INCURABILITY TO THE RIGHT TO RECOVERY

CASA DELL 'OSPITALITA' FOUNDATION (N.P.Q.) & UNIVERSITY OF TURIN,
Faculty of Nursing, 16th November 2018

Recovery and Organizational Change

Professor Geoff Shepherd

" The greatest danger for most of us is not in setting our aim too high and falling short, but in setting our aim too low and achieving our mark." Michelangelo (1475-1564)

www.ImROC.org

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What do we mean by 'recovery' in mental health?

"[Recovery is] *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 the limitations caused by illness…..Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness*"

Anthony (1993)

'It's really very simple ….. recovery is about helping people live the lives they want to lead' (Service User, ImROC training event)

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What recovery is *NOT* ……

- × *……. based on a set of naïve beliefs which depend upon being able to 'cure' the person's symptoms and help them achieve everything in life they want*
- × *…… a new version of 'anti-psychiatry' which is opposed to traditional treatments (e.g. medication, psychological treatments).*
- × *……. an approach which holds that patients should decide everything. Staff do not have to leave their professional or ethical judgements 'at the door'*
- × *……. a new method of 'treatment' that staff 'do' to patients. Staff can't make people 'recover', they can only help (or hinder) the process*
- × *…….. an approach that only has relevance in mental health – the 'expert patient', peer support, 'self-management', choice and control - are relevant to the effective management of all long-term health conditions*

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So, how did we try to change mental health organisations so that they could support recovery better? The 'ImROC' project

- **Im**plementing **R**ecovery through **O**rganisational **C**hange (www.ImROC.org) began in 2009. It was originally delivered by a partnership between a national charity (Centre for Mental Health) and an organisation representing senior managers in NHS Mental Health services. It is now based in the University of Nottingham and the leaders have joint posts in the University and in the project.

- It was Initially funded by the Department of Health; it is now self-funded through consultancies.

- **It aimed to answer 2 key questions:**

1) **How to change the attitudes and behaviour of staff and teams in mental health services so as to make them more supportive of recovery for people using these services?**

2) **How to change organisations such that these changes in staff behaviour and attitudes are supported and maintained over time? (changing the 'culture')**

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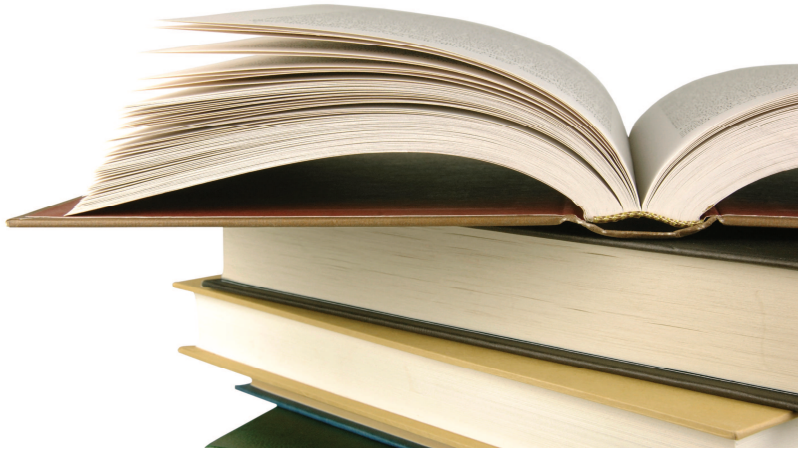
An Italian description



Shepherd, G. (2015) Promuovere la recovery attraverso il cambiamento organizzativo,

in '*Recovery – Nuovi paradigm per la salute mentale*', A. Maone & B. D'Avanzo (eds.), Raffaello Cortina Editore, Milano

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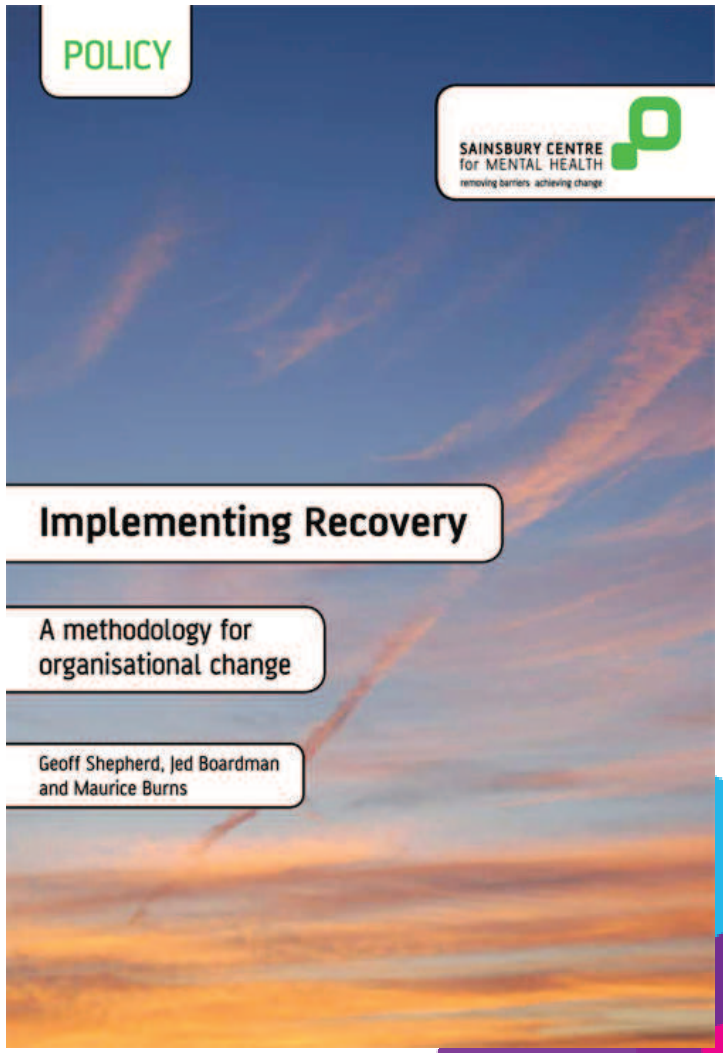
An evidence-based methodology for organisational change

I. **Disseminating new knowledge and information –** Jointly produced lectures, workshops and briefing papers on key topics, short, easy-to-read, authoritative and practical

II. **Promoting local ownership -** Identified '*10 key challenges*' for local services aiming to improve support for recovery – provides a simple, structure for self-assessment and initial goal-setting,

III. **Using 'action research' cycles ('plan-do-study-act')** – to evaluate and refine interventions.

IV. **Support for continuing change –** Created ***'Learning Sets'*** where groups of professionals, service users and carers could meet together to share experiences and solve problems. 'Open-ended' membership



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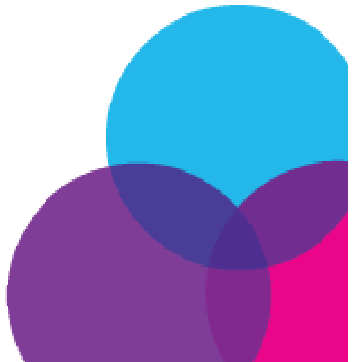
The '10 key organisational challenges'

1. **Changing the nature of day-to-day interactions** and the quality of experience
2. Delivering **comprehensive, 'co-produced' learning** programmes
3. **Establishing a 'Recovery Education Centre' (Recovery College)** to drive the programmes forward using a co-produced, educational model
4. **Ensuring organisational commitment**, creating the 'culture'
5. **Increasing 'personalisation' and choice**
6. Transforming the workforce – peers in a variety of positions
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*'**



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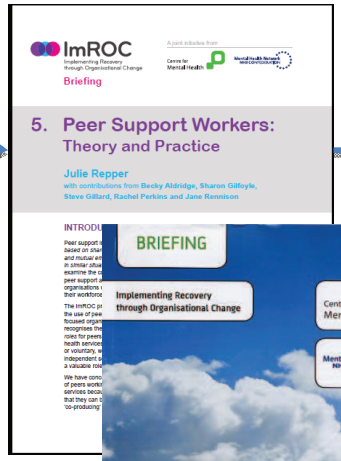
What has ImROC achieved in the NHS?

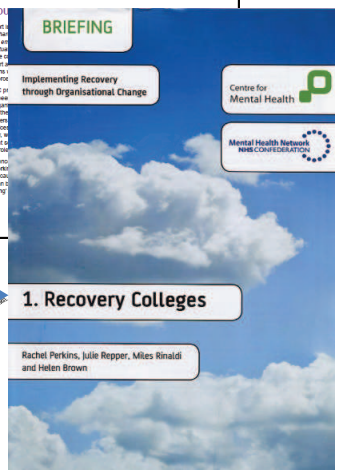
- **Facilitated the development of 300+ Peer Support workers** – people with 'lived experience' recruited, trained, placed and supported to work alongside professional staff

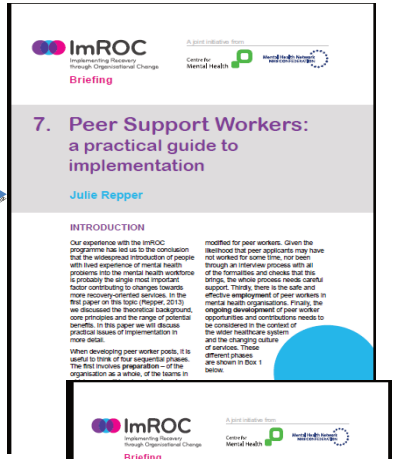
- **Helped establish 40+ Recovery Colleges -** where people with lived experience, professionals and carers can work together in an educational setting and learn how to live better

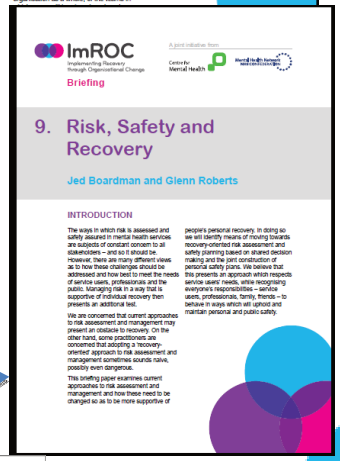
- **Introduced new ways of thinking about the assessment and management of risk -** moving away from 'risk management', to 'safety planning'

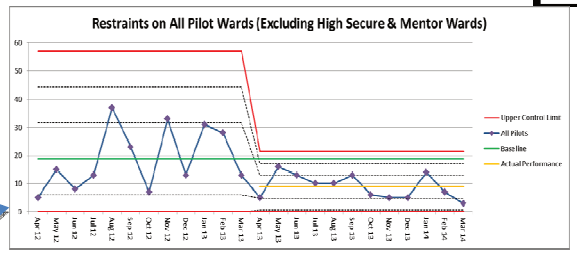
- **Reduced the use of physical restraint and forcible medication on acute wards**











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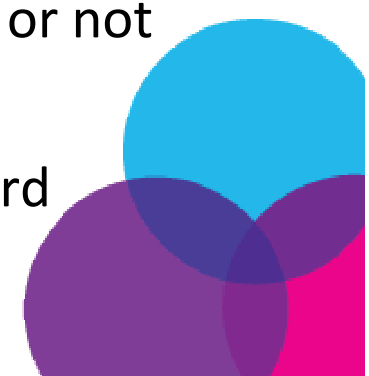
And, what have we learned?

1. **Organisational change is not actually 'technical',** it is about ***values*** (the 'heart') changing fundamental beliefs and principles
2. **'Co-production'** is the key method for changing attitudes
3. **Training staff is not enough** – the *organisation* also has to change to support staff (i.e. **managers have to be included)**
4. **Leadership** is important, but it is always **distributed throughout the organisation** (sometimes you find it in the strangest of places!)
5. **Always try to measure what you do**. This tells you whether or not you are succeeding and helps you to do better
6. **Don't worry about money!** There is plenty of money, the hard thing is to agree how best to spend it



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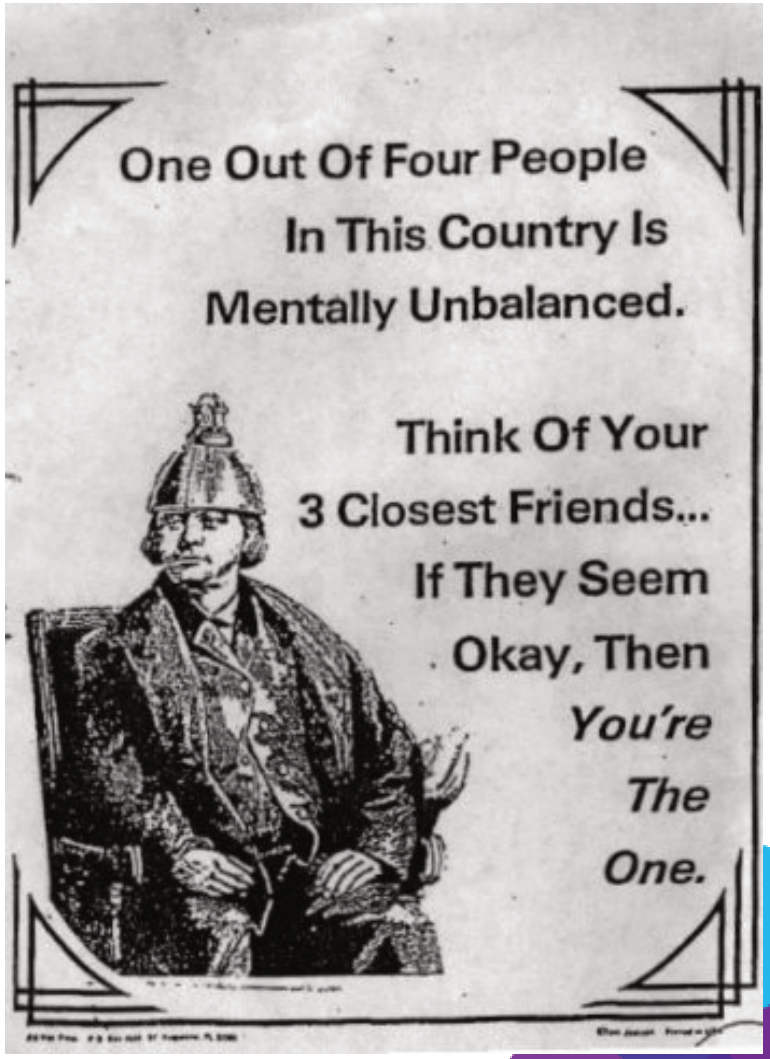
Changing values – *'a change of heart'*

- Requires a ***different relationship*** between the people who use services and the people who provide them
- Recognizing what they have in common, rather than what divides them. ***Minimizing 'us' and 'them'***
- ***Not just involving*** service users, but working in true ***'partnerships'***
- Valuing their ***experience and expertise.***
- Listening to ***their priorities, their hopes and goals***
- Using ***staff as a resource*** (coaches, mentors) **rather than as the 'expert'.** Patients are experts too!



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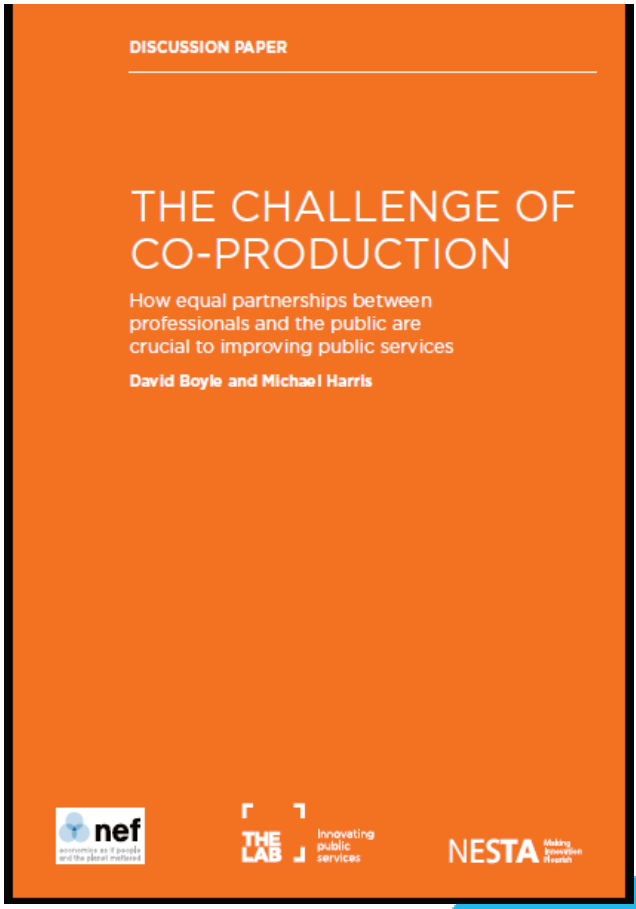
‘Co-producing’ change – beyond ‘*user involvement*’

A radically different way of thinking about mental health service delivery. Key elements:

- ✓Recognising the people who use services as **assets**
- ✓People receiving services and their families thus become **more than just a bundle of needs**
- ✓They become **part of the *solution*,** not simply ‘the problem’ to be fixed
- ✓This means **truly valuing the contribution** they can make
- ✓**Promoting ‘reciprocity’** (trust and mutual respect)
- ✓**Building social and community networks**



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Training is not enough

- **Whitely *et al.* (2009) studied implementation of Mueser's 'Illness Management and Recovery' (IMR) programmes' across 12 community settings**

- Training was important, but it was only effective if issues of *supervision* and *leadership* were also addressed.
- Need for a '*culture of innovation*' in the organisation, i.e. organisations need to be ready to accept and embrace change.
- If all these factors were present, then they acted synergistically; however, if any were absent, then change was unlikely to occur

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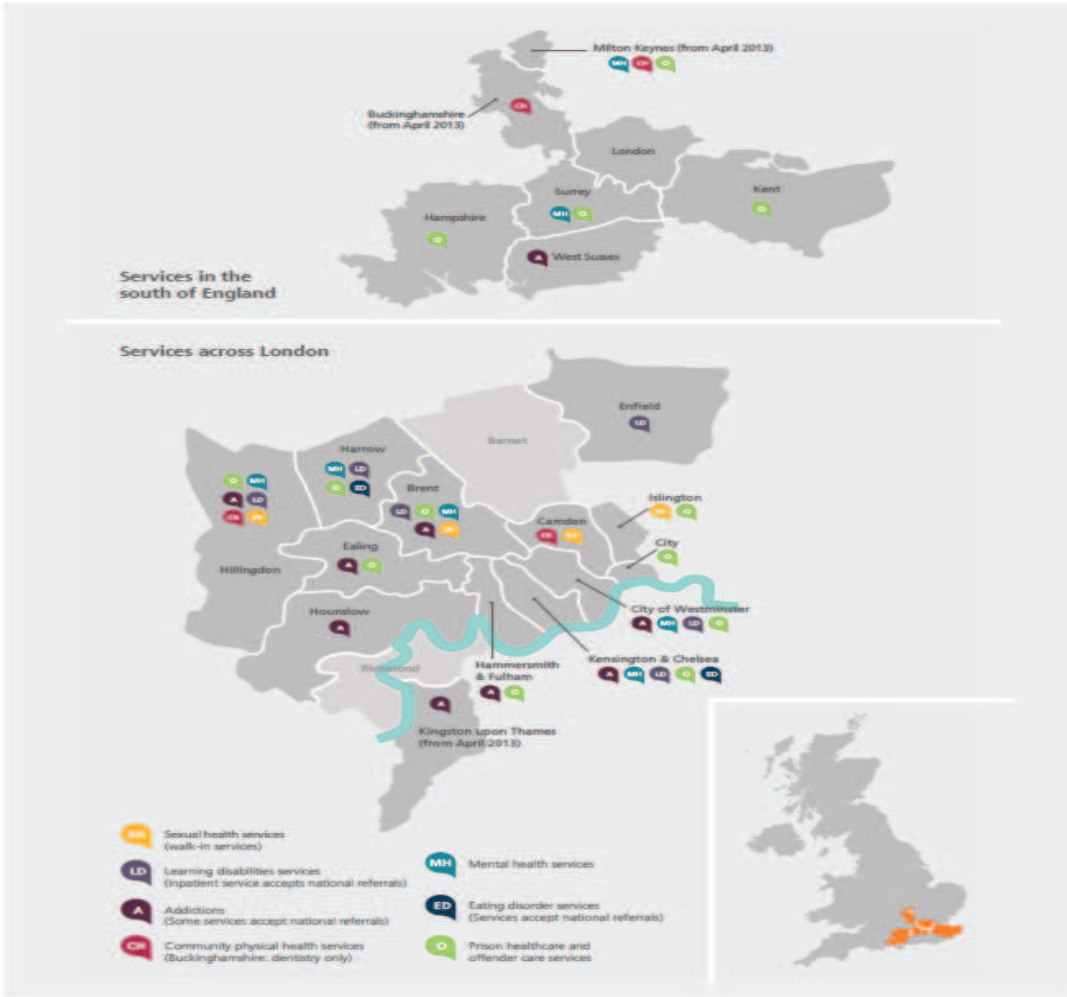
An example

Central North West London NHS Foundation Trust (CNWL)

- Large organisation, covers most of northwest London
- Very diverse communities – 100 different languages and cultures
- High levels of poverty and social deprivation across most areas
- In 2017 provided care to more than 67,000 adults with mental health problems, over 3000 admissions and 25,000 community contacts.
- Staffed by 500+ nurses, 250 social and therapy staff, 100 doctors
- Over 90% of service users rated their experience as ‘Excellent’, ‘Very good’ or ‘Good’



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Worked together to agree 5 development priorities from the 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 Unit' 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
9. Supporting staff in their recovery journey
10. Increasing opportunities for building a life *'beyond illness'* through application of IPS methodology

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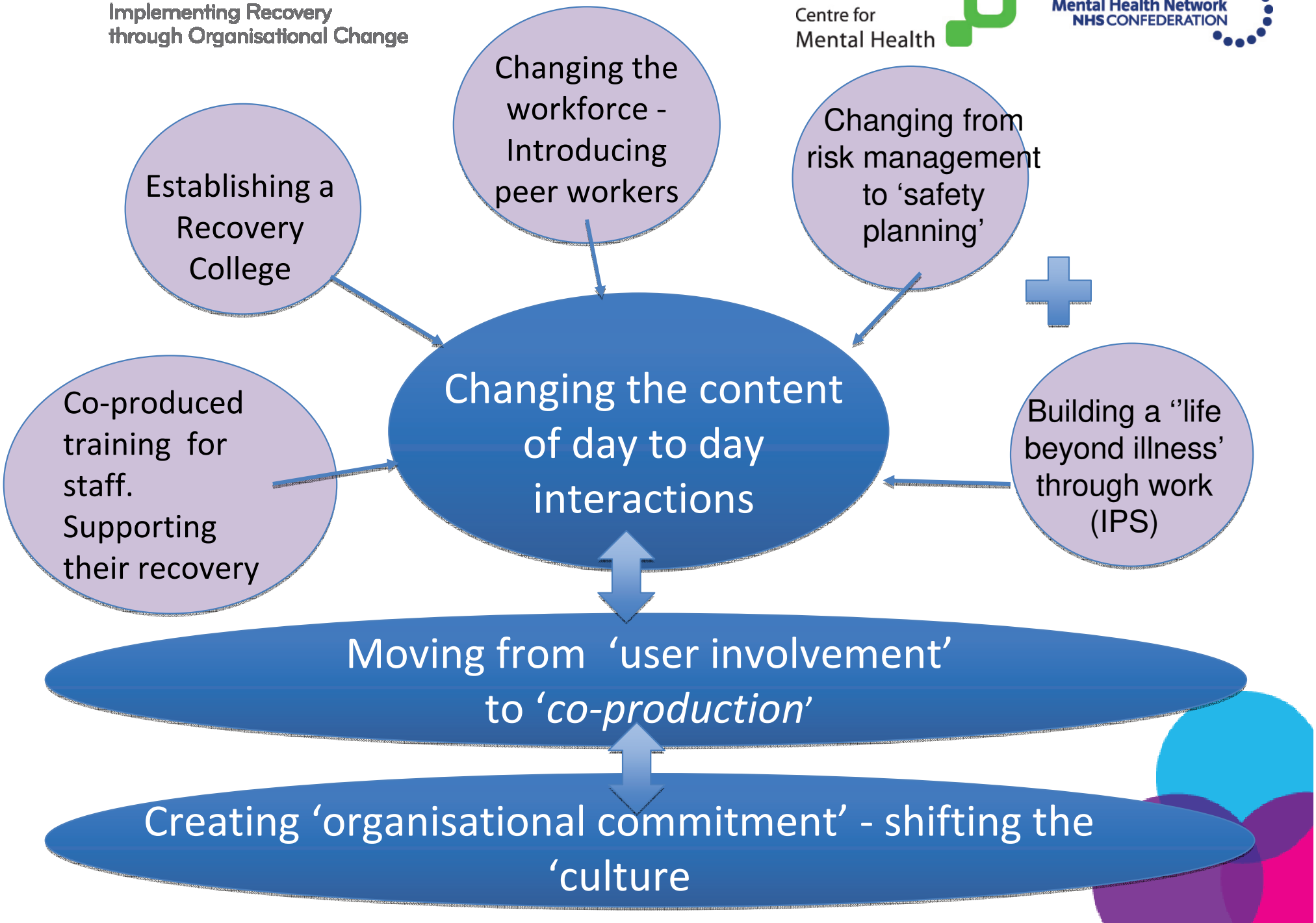

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Impacts of service changes on organisational culture

- Challenges the dominance of professional expertise
- Challenges stigma & prejudice (among staff and patients)
- Connects clinical improvement with social change
- Encourages staff to think beyond 'treatment', to supporting personal recovery
- Raises expectations (of both staff and service users)
- Reminds staff why they chose to work in mental health services – working together to bring about change

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Don't worry about the money!

…… "An approach which may also in time offer the biggest scope for cost savings in mental health care is ***to promote and expand co-production***, drawing on the resources of people who are currently using mental health services, ***for example in peer support roles***

……[and] ……

"non-mental health agencies in the local community (education services, faith groups, hobby and leisure activities, friends, family, etc.) which in many cases may already be helping people with severe mental health problems, but ***could do much more if actively supported by mental health services***".

RETHINK MENTAL ILLNESS *'Investing in Recovery'* (2015) LSE/Centre for Mental Health

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What you should do next

1. Convene project group - health professionals, local managers, service users and carers.
2. Work together to assess your current service, highlight strengths and areas to be improved (e.g. using 'TRIP')
3. Agree 2-3 key priorities and set initial goals (at least one 'easy' and one 'hard')
4. Try to make the change
5. Evaluate
6. Fail (?)
7. Start again
8. **Repeat endlessly ……**

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Thank you

For further information contact:

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Or go to: www.ImROC.org