Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ARI
Advancing
Recovery in Ireland

Advancing Recovery in Ireland

A National Conversation: *Opening Thoughts*

Contents

A Note on Authorship: Collated on behalf of the national Advancing Recovery in Ireland Team by Pádraig Collins and Lynda Naughton.
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Foreword

On December 16th 2014 the Advancing Recovery in Ireland (ARI) initiative gathered together individuals from across the country who had been actively involved in promoting and supporting Recovery-oriented practices in Irish mental health services. In their midst were leading academics, CEOs of not-for-profit organisations, senior mental health professionals across disciplines and service users and family members who have been highly influential in promoting the cause of 'Recovery'. We wanted to particularly thank these individuals for generously giving their time and expertise to us.

The day was a unique listening exercise in which ARI sought to benefit from the expertise of this group of experienced and highly skilled individuals in exploring how best to advance Recovery practices in Ireland. We are clear in our belief that no group has a monopoly on wisdom when it comes to fostering organisational and cultural change, and that it is only by working together can we truly build a truly recovery-oriented service in Ireland. Consequently we put 4 questions to our colleagues:

1. How can we build the local capacity of services to engage in Recovery practices?
2. How can we bring about change in Irish mental health services?
3. How do we measure change in Recovery practices?
4. How do we sustain and mainstream positive changes?

What followed was a number of fascinating discussions that reflected the diversity of knowledge and experience that the members brought to this forum. While a wide-range of opinions were expressed across the groups, it was interesting to note the common themes emerging. These included emphasising the importance of:

- Leadership and Recovery Champions throughout the system.
- Developing meaningful ways of hearing the voice of service users.
- Involving families and community groups as key partners.
- Fostering a belief amongst all service providers in key Recovery principles.
- Providing evidence of progress that is faithful to these principles.
- Acknowledging and rewarding success and positive practice.
- Supporting each other in this process.

This said, while it may have been tempting to reduce these rich discussions into a small number of learning points, we felt that it was important to reflect in this document the full breadth of ideas that contributors generously brought to us. Consequently, see below what we hope is a faithful reflection of the passionate conversations engaged in on the day. We strongly welcome any feedback and hope that the document evokes further thought and discussion on how we all can advance the cause of making our mental health services truly Recovery-oriented.

Dr. Pádraig Collins
ARI National Project Lead

QUESTION 1.
Capacity Building: How do we raise awareness and build partnership working in mental health services in Ireland?

Contributors: Una Forde, Jacinta Hastings, Michele Kerrigan, Gerry Maley, Collette Nolan, Michael Ryan, Laura Thompson.

Context: In its simplest form capacity building is bringing together a critical mass of service users, family members and service providers to work as equals on building more Recovery-oriented services. These relationships are the foundations upon which the organisational change rests. Some areas already have well-developed links in this regard but in many regions service users and family members have very little role or voice in the running of mental health services. The primary challenge for building more Recovery-oriented services might therefore be: how do we bring together enough service users, family members and service providers *working in partnership* such that we have sufficient capacity in a local area to tackle the challenge of transforming the local mental health services.

A wide-ranging and vibrant discussion took place among the group tasked with examining this issue; the core themes of which are outlined below.

Core themes arising:

Delegates felt that capacity is built by:

Having a good communications strategy

Delegates discussed how an enhanced communication strategy, such as using social media, may aid in raising awareness and building partnerships within the mental health services in Ireland. Some of the challenges of this approach may include the IT security systems in the HSE which make many sites inaccessible, and reaching service users within isolated areas (without access to broadband or smart phones), or within acute units, (where access to mobile phones may be prohibited). The overall sense was that a range of strategies must be assessed and implemented if the inclusion of diverse groups is to be achieved.

The group also favoured the idea of a marketing strategy, whereby information can be disseminated in a manner that is accessible and jargon-free. In this way, a wider audience can be reached and information on recovery oriented services will be more readily available.

By Including Families

The group felt that the inclusion of families can be a crucial factor in advancing an individual's recovery journey. It was recognised that, at times, the level of involvement from families can be dependent on how acceptable to the individual this involvement may be. Concerns surrounding confidentiality may arise and therefore families and services may need support in how to manage this in a recovery-oriented fashion. Families may need support in terms of seeing recovery as a shared process whereby their involvement from the outset can be of enormous benefit. The group felt that the journey of recovery often truly commences when an individual takes increased personal responsibility for their wellbeing. Family members can sometimes aid this process. In taking responsibility, individuals are encouraged to consider choices they may have. A resulting factor in accepting responsibility is the potential for enhanced self-esteem and autonomy. It was recognised that families can be complex units with varying opinions and personalities, and that it is essential to keep the focus on the individual's recovery journey and what they need in terms of support.

By Supporting the Development of Recovery Plans

The group discussed how the creation of a recovery plan is central to embarking upon, as well as sustaining, a recovery journey. It was felt that recovery plans aim to guide and help an individual to achieve their goals, manage their medication or to assist in recognising triggers or new symptoms. Personal recovery plans reflect individual goals, thoughts and feelings. When families understand the mental health condition of their loved one, and have coping mechanisms which they can utilise themselves, then their impact can be increasingly positive. Therefore the development of recovery plans with families may enhance the families' ability to support. The group felt that the service provider must also be ready and willing to commit to the necessary organisational change, including embracing the idea of recovery plans, if the service is to be truly enhanced.

By Building Partnerships with Community Organisations

The group spoke about the importance of community organisations and how they advocate for the needs and rights of community groups. It was discussed that in order to build partnerships with such organisations it is vital that both parties share the same vision in terms of values and goals and work on projects which would be mutually beneficial. Areas of commonality for 2015 could be working on issues such as quality of life, connections in the community, and enhancing independence.

Certain contributors voiced concern around the role of not-for-profit organisations. These contributors felt that, although funded by the HSE, these organisations had not been adequately included to date in ARI's initiatives. Group members stressed the value of such collaboration. The group felt that having good lines of communication, and having a

common language and goals would benefit such collaboration and help advance Recovery initiatives such as Recovery Colleges or Peer Support Workers.

By developing awareness and change from within the HSE

The group discussed how to raise awareness from inside the HSE and potential options for doing so. Similar to the 'champions' working in 'grassroots' movements in the community, the use of internal change agents or Recovery champions within the HSE, were discussed as being crucial in bringing about change. It was thought that those who had taken a lead on local ARI initiatives and individuals trained at the Train the Trainer events could be a helpful group for fostering discussion within the HSE workplace. It was acknowledged that working with frontline or "bottom-up" initiatives is important, there is also a crucial role for managerial-led or "top-down" initiatives".

The group also discussed measuring outcomes while acknowledging that this was a challenging area. One instance the group discussed was how a positive outcome in terms of the service provider may involve a reduction in hospital visits, but a reduction in hospital visits might arise in a variety scenarios. For example it could mean that more community services are being engaged with or, conversely, that the individual's mental health has deteriorated further (and there's no engagement at all with any service) or that there were a wider range of alternative (non-HSE) services available. It was also noted that outcomes and approaches may vary, dependant on individual needs, and that it might not be possible to create one approach to measuring recovery. Contributors noted that outcome measures should not be prescribed exclusively by the providers themselves. The group noted that, nevertheless, measuring change can be crucial to organisations to assess if they are moving in the right direction. Organisational change may be a more difficult area to measure as a number of factors come into play. It was agreed that the focus should primarily be on the HSE and their approach to mental health service delivery.

By being clear that this is a journey driven by the community's wishes

It was discussed that people involved with the services need to be included in deciding what are the core issues that need to be addressed as well as how they would like to see the service evolve and change. The group felt that service users' needs should be met in terms of the qualities they appreciate when coming into contact with the service; these may include dignity, compassion or other qualities which they value. It was thought that by assessing preferred qualities, the service can promote working in this particular manner.

By highlighting and rewarding success

Acknowledging successes, whether big or small, was deemed as a crucial element in sustaining motivation within the service and acknowledging the efforts of staff, carers and service users for working in a recovery oriented manner. A "recovery flag" scheme was proposed by the group which would resemble an audit and be accredited as well as evaluated by stakeholders. A visual quality mark was also proposed which could be

endorsed by a mental health commissioner. Contributors noted that convincing large institutions to adopt this new initiative could prove challenging. In such cases, the group felt that a self-audit may be more appropriate but that some rigorous evaluation of progress and potential setbacks is crucial.

By continual ongoing training in Recovery principles

The majority of mental health practitioners currently utilise recovery principles to guide their mode of working. However, the group noted that each individual working with a service user could re-engage in education or training as a refresher, or introduction, to recovery principles. It was mentioned by contributors that doing so would validate pre-existing good practice already in place within the service and would offer employees a method to share experiences or observations of best practice within their particular setting.

Although recovery oriented practices may exist amongst a number of staff members within the health service, group members felt that it is also crucial to foster and inspire newly qualified or new employees towards working in the same manner. In this fashion, working in a recovery oriented mode can become the norm, and employees who move forward may bring this way of working with them into new roles.

By stressing that Recovery is for us all and Recovery is possible

The group also spoke about the importance of Recovery as being recognised for what it is – a key "Quality" issue on mental health services. The group pointed out that working in a recovery-oriented manner places the person at the centre of the care, with the focus on their hopes, goals and potential. Only by listening to the individual experiencing the service first hand, can we can take on board any recommendations that may be expressed. The group discussed the practice of recovery principles in everyday interactions. It was felt that this is of crucial importance if the service is to improve.

The group also spoke about how recovery requires responsibility – whether in terms of the individual or the organisation itself. As mentioned previously, nobody is immune from experiencing mental health difficulties, though the severity may fluctuate. Contributors spoke about how recovery is relevant for service users, family members, carers, the community, service providers and the service itself.

The group discussed what it felt were the three main pillars of recovery - hope, control and opportunity. The group noted that hope was an important principle in order to promote recovery. Most importantly, it was felt vital that a service was able to hold on to hope for the individual when the individual themselves can't see it. The group agreed that recovery is possible for all and that the service must embrace this concept before Recovery-oriented mental health services can truly be realised.

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QUESTION 2.
Fostering Change: What are the key drivers of change in Irish mental health services?

Contributors: Elaine Brown, Pádraig Collins, Ailish Connaughton, Joan Higgins, Donal Hoban, Tony Leahy, Olivia McGrath, Esther Crowe Mullins, Leona Spelman, Anne Tiernan.

Context: Once sufficient capacity has been built, the next question that arises might be one of how best to use this resource of committed service providers, family members and service users, in order to drive change. This inevitably raised the issue of how change occurs and what key elements foster change within an organisation such as the HSE. Most specifically, what may foster Recovery-oriented change in our mental health services?

Core Themes arising:

Delegates felt that change occurs through:

Recovery-promoting relationships

The group discussed that the concept that working in a recovery-oriented manner requires collaboration and partnership. It was felt that it is through positive relationships, recovery-promoting relationships, recovery arises. This collaboration was noted to include the joint identification of goals and the creation of the care plan itself. Crisis plans can also be created in collaboration so that the individual in the recovery process can take responsibility for how they wish to be treated should a relapse occur. The group noted how the service user should be central to the care planning process. Input may arise from different provider perspectives in the creation of the care plan. The group noted that a shared understanding of an individual's challenges and strengths is crucial if the path to recovery and independence is to emerge.

Contributors to the group noted that "dialogue trumps monologue" and that through collaborative recovery planning the promotion of recovery relationships can begin. The act of working collaboratively itself can enhance the recovery journey for an individual as they may feel listened to as well as empowered.

Processes that Support Change

Delegates felt that most of us are wary of change and that therefore it's important to allow services to "try on" change and explore the benefits and challenges that arise. This supportive process was felt to be more persuasive than that of "directing" change to occur within a set timeframe – something that can lead to the change being quickly reversed if services haven't really 'bought in' to the process.

Enabling Service Users' Voices

The group discussed the recovery movement within the mental health service and agreed that listening to service users before taking action was crucial. The group emphasised that service user contributions can greatly enhance the design, delivery and evaluation of their care plan. The group noted that a shift has to occur, whereby less priority is placed upon the needs of the system and the needs of service users are prioritised. Contributors spoke about one example of how this could be achieved through the timing of appointments (e.g. greater flexibility for service users to book appointments at times that better suited them).

Discussion in the groups arose surrounding the empowerment of service users. The group discussed the main pillars of recovery; hope, control and opportunity. It was felt that if service user voices are heard more meaningfully (e.g. in systematic audits of their experiences) that then service users will become more empowered and at an individual level feel more able to take ownership of their own care. The group noted that it is crucial for service users to take responsibility for their recovery journey. It was felt that when responsibility is taken by an individual, this encourages and empowers them to enhance their recovery further. The group noted that the coupling of empowered service users with recovery oriented service providers has the potential to shift the focus of the mental health services in a positive direction.

Enabling Family Members' Voices

The group discussed the idea that sometimes service users are unsure as to how they might involve their families within their recovery journey. Family members can be of increasing support to service users and the group put forward the concept that it should be actively stated that family members are welcome. Service users should be informed that their family are welcome to attend appointments alongside them, should they wish to include them.

Group discussion arose surrounding the importance of supporting families in recovery even when the service user does not require family involvement. The group noted that often family members don't receive information on what the service users' needs or goals may be or how to support them within their recovery journey. It was acknowledged that families can play an important role in the recovery of individuals experiencing mental health problems and they may be the first to notice a change or deterioration in mental health. It was noted that access to general mental health information should be provided by the service, including self-help strategies, support groups and contact details of other organisations which may be of benefit.

Uncovering Champions

Delegates felt that all change needs 'champions', and that an explicit part of the process needs to the discovery of – and empowerment – of Recovery champions. This is in contrast to a model of a 'Recovery lead' simply being appointed whether or not they wanted to take up the role. Delegates felt that champions will naturally emerge if the word is spread widely enough and if services can respond to individuals' enthusiasm by empowering them to lead on specific projects.

It was stressed that champions are needed from all of the stakeholder groups (i.e. service providers, service user and family members) and at all levels of the organisation (e.g. frontline staff or AMT members). It was felt important, however, that amongst the champions should be some individuals in positions of formal authority (e.g. AMT members) and some working at the 'frontline' (e.g. Peer Support Workers). It was felt that a coalition of champions across the organisation makes for a strong force for change.

Finally, it was felt important that champions are supported in their work as otherwise they may become isolated and 'lose heart'. Linking champions together in an area as well as with the national office was felt to be helpful, as was bringing them together nationally for events such as Learning Sets.

A focus on a Holistic, High Quality, Humane service

The group discussed that the focus of the service should be that it is holistic, high quality and humane. Recovery is a multi-definitional, complex concept and it is mostly spoken about in terms of individuals e.g. service users and family members. The group discussed the notion that the mental health service itself has to recover. The principles of relevance to the system changing are similar to those spoken about as being inherent to an individual's recovery journey e.g. taking responsibility and fostering hope and opportunity. The group discussed the point that to be truly recovery-oriented, that the health service itself must undergo some necessary changes before it can be confident that Recovery-practices are occurring in everyday service delivery.

The group discussed potential methods in how to achieve this recovery focused service and spoke around making funded psychotherapy available for all who wanted it (staff and service users), to increase service user choice - in recognition of the fact that when it comes to interventions 'one size doesn't fit all' - and to promote a service that focuses on being strengths-based rather than exclusively relying on a diagnosis for guidance. The group elaborated further on mechanisms which have the potential for change and spoke around the use of 'open dialogue' in a setting which could be open 24 hours a day, 7 days a week. Collaborating with GP's was also noted as an important step as they may be the first point of contact for a number of individuals experiencing mental health difficulties. Recovery training for GP's may aid in decision making in terms of referral, particularly when considering if the first contact for the individual needs always to be a psychiatrist. The group noted that awareness of services within an area should be promoted. The group stated that ultimately the service should be reflective of what you would want for your

families and loved ones. Discussion arose surrounding the point that we are all on a recovery journey of some sort, and that no one is immune from mental health difficulties. It was noted that if service providers can keep this concept in mind, that a service which is truly recovery oriented can be achieved.

Delegates summarised the discussion on how to bring about change by listing 12 key actions:

12 Steps to Drive Change

1. Start with listening forums (involving all stakeholders) to achieve guiding objectives.
2. Have an engine for change e.g. a Recovery College.
3. Institutionalise Triangular Care (service provider, service user and family member).
4. Undertake Training, where required, to achieve this.
5. Empower your service users – reduce barriers and power differentials.
6. Actively include families
7. Offer treatment choices (include Open Dialogue)
8. Put peer support in acute units.
9. Promote attitudinal change.
10. Provide information to and actively communicate with your surrounding community.
11. Engage in collaborative Recovery Care Planning.
12. Embed everything we do in Recovery promoting relationships.

QUESTION 3.
Metrics of Change: How we do know if change has occurred: how do we measure change in this process?

Contributors: Pat Bracken, Kear Brain, Dominic Fannon, Agnes Higgins, Lisa Keating, Fiona Keogh, Breda Latham, Shari McDaid , Tom O'Brien, Geoff Shepherd, Mike Watts.

Context: If sufficient capacity is garnered and change begins to occur, how do we then know whether we're making a lot of difference or actually very little? How, in effect, should we begin to measure the impact of Recovery initiatives? Can we measure Recovery? If so, how should we measure change in Recovery terms?

Core Themes arising:

The delegates felt that the following are key issues for the design of appropriate ways of measuring the success of Recovery initiatives:

The pro and cons of having national measures

Discussion arose amongst the group of contributors about the ability to measure outcomes of recovery at a national level and the limitations of particular approaches. The need to develop comprehensive evaluations, whether quantitative or qualitative in nature, was voiced by contributors within the group, and traditional outcome measures such as hospital bed days, readmissions, adherence to medication or a reduction in psychiatric symptoms are the areas traditionally assessed. It was voiced, however, that a shift must occur whereby outcomes that truly matter to service users can intertwine with these more traditional measures. Discussion arose surrounding how data would be gathered and how a measure should be flexible enough to accommodate the needs of sites which may be at different recovery stages.

Defining What Changes Should Be Measured

Whilst the group thought that flexible outcome measures are important for tracking change, delegates also felt that we must question what specific change is being assessed. The group spoke about how traditionally, outcome measures are used to assess symptomology but in this instance questions arose surrounding whether it was the service or the service user's whose progress was to be measured. Contributors noted that outcome measures in relation to the service itself may feed reflective practice, as mental health workers could evaluate their own method of working and whether it is coherent with recovery-oriented principles. As well as measuring changes, whether this is service or service-user related, questions surrounding who will benefit from this data as well as the purposes to which the data would be used, were voiced by the contributors.

Having adequate research and comparators

Continuing the discussion surrounding measures and outcomes, the contributors of the group noted that service providers' work is, for the most part, informed by evidence based practice which aids in their decision making about the care of individuals. Evidence based practice is informed by research, clinical expertise and service user/carer perspectives. In terms of recovery, it was noted that the research has expanded in recent years but is in the early stages in Ireland. As such, queries arose amongst the contributors surrounding what aspects of recovery could be measured and what is this service to be compared to in terms of a typical recovery oriented service? Questions surrounding what qualities service users prefer in individuals who are to support them upon their recovery journey were posed. Service user experience was noted by the participants of the group as being of particular importance and led to investigating areas such as the attitude of the practitioner, their ability to instil hope, offer respect and if the service user's goals and choices were accommodated. It was discussed that the experience of care element from the Recovery Context Inventory (RCI) measure could have the potential to fill this gap[1]. The potential for a regular feedback process for service users and family members was discussed, as well as objective socioeconomic measures on a national level, such as housing or employment. Measuring these variables may promote further efforts to assist service users with finding housing or employment.

The pros and cons of measures such as "Admission rates" and the importance of choice

The practicality of using admission rates as a measure was deemed by certain delegates to be questionable. The "Supporting Recovery in Mental Health Services: Quality and Outcomes" paper was discussed by the group in relation to the recovery outcome domains. It was considered that four domains should definitely be included – 1) Quality of recovery-supporting care 2) Achievement of individual recovery goals 3) Subjective measure of personal recovery and 4) Achievement of socially valued goals. Two additional potential domains were considered 5) Quality of life and wellbeing and 6) Service use. Contributors mostly agreed with the first four domains outlined but questioned again the prospect of "less involvement" with services as being truly indicative of service improvement.

The potential for a more subtle measure was discussed, as was the potential for greater choice of treatment, including 'home treatment'. Contributors discussed the point that for some, admission to hospital is a preferred option and may not reflect the current service status. Looking at the amount of alternative services in an area may be more informative as in an area where alternative sources are limited; individuals may have no choice but to avail of the hospital service. The group discussed the use of crises houses, home treatments, and education as well as the use of personal budgets as alternative services which the participants of this particular group thought might be beneficial. Panel

[1] The RCI is a web based recovery measure linked to quality of life and wellbeing. The measure covers 9 domains with 5 based around personal supports and 4 based on service domains.

members noted that in contrast to this, an increase in service use may actually occur if services are more readily available. Therefore, merely looking at whether service use increases or decreases is too simplistic a view to take for such a complex and multifaceted area.

Collaboration and measuring overall service quality versus individual measures

Contributors noted that there is a complexity to measuring recovery oriented services or service user's experience of recovery oriented practices and that a macro study of service users may not prove entirely beneficial as recovery is such a unique, individual experience. Instead, it was acknowledged that longitudinal studies of individuals on a systemic basis might prove more beneficial. The group voiced their opinions on the use of a national measure with some members starting that it should be avoided, this was reinforced further by the point that the context has to be set for quality improvement and that overall service quality itself should be looked at instead of isolating individual outcome measures without context.

The Mental Health Commissioners report on inpatient services was discussed as it was found to be useful in directing the focus of recovery and its place within the mental health system. Participants spoke about the use of the National Patient Survey in the UK and how it has been utilised as a measure of service evaluation but has resulted in some services being compared with each other. However, in terms of quality improvement, it was noted to have proven itself to be a useful tool.

Participants noted that recovery is a complex and multifaceted concept whereby a number of factors such as the individual themselves, their environment and the transaction that occurs between the two are at play. Viewing recovery in terms of an ecological model was discussed as being more appropriate, as recovery can be a staged process where different services are engaged with at different times.

Collaboration between service users, practitioners, HSE, community organisations and alternative services was discussed as being highly important if the recovery movement is to be successful. Contributors felt will not be an easy task arose but with advancements in services acquiring a recovery based approach, as well as the development of tools, such as the RCI, the future looks promising.

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QUESTION 4. Sustaining Change: How do we ensure change is sustained and mainstreamed into everyday practice in mental health services?

Contributors: Adrienne Adams, Margaret Brennan, Aine Flynn, Eileen McCluskey, Catherine McDonough, Christine O'Byrne, Julie Repper, Catherine Walsh, Margaret Webb.

Context: If, ultimately, we use wisely the relationships established, implement important changes and demonstrate through robust measures that they are succeeding, how then we sustain these changes in the long-run? If most businesses fail in 5 years, how do we ensure that the business of recovery does not become a "fad" in mental health that disappears after the initial enthusiasm has been exhausted? How, in the end, do we ensure that Recovery becomes so interwoven into daily practice that we take it as a given that service users, their families and service providers automatically work together to the benefit of all concerned?

Core Themes arising:

The delegates felt that key to sustaining Recovery-oriented practices is:

Celebrating successes

Contributors in the group discussed whether basic measures should be produced on what a recovery oriented service looks like and to then measure change more broadly using a HSE systems approach. The group spoke around the active recognition of the work of individuals who promote recovery principles throughout the workforce and in their own practice. It was discussed that awards of excellence could be one approach to recognising this effort. However, it may be beneficial to put the emphasis on achieving minimum standards of engagement rather than that moving towards awards. The importance of celebrating successes, large or small, was reiterated as being highly important in order to sustain motivation towards organisational change.

Availing of Supportive Networks

Contributors discussed the point that sharing information is an essential component in advancing the concept of recovery. It was agreed that the ARI Learning Sets create a unique environment where information is explored and shared, where collaboration and participation is fostered. As well as sharing valuable information with regards to recovery, the Learning Sets protect against sites feeling isolated in their approach. The group discussed how the Learning Sets evoke a sense of community, partnership and teamwork and try to foster the sense that competition within or amongst services is less productive than collaboration and support.

Participants noted the added value of this sense of community as seen by the emergence of supportive networks between existing and new sites. As a result of "buddying up" sites have experienced increased supports as well as the ability to share experiences of achievements or setbacks which they may have encountered. The discussion addressed sites which are in collaboration, and also their ability to exchange knowledge and information surrounding best practice in a manner that further reinforces the work that is occurring in the individual sites.

A conversation on the importance of, and the challenge inherent, in taking time to attend events arose. It was noted that, although it is not always easy to take time to attend events, there is no doubt that those who do leave with a refreshed sense of energy, and with increased motivation to continue their work towards achieving a more recovery oriented service. As mentioned above, the Learning Sets provide a sense of community and the main advantage of being part of a community is that they offer support. By attending ARI events the group noted that the sense of community increases and support can become more widespread.

Influencing and Leading

The group felt that a genuine belief in a recovery-oriented approach was important and a discussion arose around the concept that in order to achieve a recovery-oriented focus within the service it is essential that there is belief in Recovery. Participants spoke about having belief in the concept of recovery, belief in the benefits it can bring as well as a strong belief on the place of recovery at the heart of the mental health system. They felt that this vision can inspire change and help develop the current service.

In this regard the group felt that individuals involved in the process need to have confidence that there is a mandate for change; that "we're all on the same page, and heading in the right direction". It was felt that this mandate and these values could be demonstrated through the priorities chosen in the national or local operational plans.

It was recognised and discussed by the group that there are a number of pockets of good practice around the country where sites are emphasising the advantages which can come about through this approach. It was felt that these successes warrant recognition and it was discussed that through greater communication strategies this can be achieved. Another tool discussed which could be used to benchmark successes and to set priorities is the "Team Recovery Implementation Plan" (TRIP). The TRIP was noted as being most effective when organisations are committed and focused on creating a recovery-focused culture. The usefulness of the TRIP was discussed and how it may be easily utilised within community settings, yet may not be as appropriate within acute unit settings. The importance of talking to a wide group of people, both staff and service users, was deemed an essential starting point for beginning the conversation around recovery.

Reforming Structures and Policies

The group discussed how moves to a more Recovery-oriented model of service delivery could raise concerns in some service providers. The change in traditional "professional-patient" interactions may raise anxieties over roles and job descriptions. For example, in being asked to deliver a service in a different manner questions over "How do I know if I'm doing a good job or getting it wrong?" may arise. In this regard it was felt that staff support is important, as well as the acknowledgement that fears can be legitimate. Similarly openly acknowledging the competing professional disciplinary interests that can exist at times may allow these issues to be discussed openly and not be the "Elephant in the room" that impedes progress.

It was discussed that funding allocation for training is weighted towards pre-registration rather than post-registration training, in some disciplines. The importance of ongoing mentoring, coaching, reflecting throughout one's career was stressed.

The group also felt that recruitment needed to be looked at. The challenges of a national recruitment process were discussed as was the importance of incorporating Recovery values into the recruitment process. The option of developing a panel of those with lived experience to participate in recruitment was raised.

The group discussed the different code of governances that currently inform practice and which are not always Recovery-focused. The importance of revisiting and revising polices to incorporate new thinking around mental health services was discussed. Similarly the group felt that regulations that impede service users and providers working together (e.g. difficulties with remunerating service users and family members) need to be addressed to facilitate better services.

Involving Families in Raising Legitimate Expectations.

Discussions arose around the inclusion of families and their role, with the support of families often being a crucial element in an individual's recovery journey. Contributors discussed the point that families and service users should have the ability to choose the extent to which they want to be involved. This type of coalition – between families, carers and staff members, will provide the momentum for "spreading the word" and "building the momentum". ARI was recognised as generating the belief, but participants of the group agreed that continuing to find additional individuals who will carry that belief is crucial if the movement is to advance.

Making Personal Commitments

The group discussed how to sustain change and participants noted that this is the result of both effective preparation as well as the following through with the project itself. The group felt that with effective planning, team training, involvement, leadership, tracking

progress and organisational cultural change, working in a recovery focused manner can be both achieved and maintained.

Contributors discussed how we each have a part to play in order to sustain change, from managers and leaders maintaining momentum, to acknowledging the small successes and innovation within individual services. Sustaining this change was deemed vitally important for reinforcing the commitment, time, resources and intellectual involvement that has been invested to date in making these initial changes. The importance of sharing knowledge was, again, reiterated by this group and it was thought to be an essential element. It was felt that this could occur through sharing guides or resources, through strengthening consumer panels or though filling empty seats at the AMT meetings with family members and individuals with lived experience. Contributors noted that there are a number of factors contributing to how this change can be sustained but felt that, if we each play our part, then there should be no limit in terms of how far this movement can go.

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Concluding Remarks

Socrates once said that *'the only true wisdom is in knowing that you know nothing'*. While I cannot fully agree with the esteemed philosopher (perhaps due to my own lack of humility), it is very clear to me from my involvement with 'Recovery' in the last number of years, that while no one has all the answers, there exists a wealth of stakeholders who have the great diversity of expertise required to develop and sustain a recovery-orientated mental health service; such a service will deliver real personal Recovery outcomes for people. Indeed it is now accepted in modern medicine and health service delivery 'that *many of the health problems faced by the community are complex, and go beyond the capacity or jurisdiction of any single organisation to change or control'* (Lasker and Weiss 2003). It was therefore a great privilege to be part of bringing together so many servants of Recovery both locally and nationally at the ARI Leadership day in December 2014 to begin a conversation on 'Recovery'. It turned out to be much more than a conversation, which was fantastic, as much more than a conversation is needed!

Often a criticism of Recovery is that it is too abstract or too impractical, and that is why the questions addressed on the Leadership day were so important. In bringing people together we sought solutions to the significant challenges in facilitating and implementing Recovery. These range from building capacity, engaging with the expertise of all stakeholders, through to developing real Recovery practices and sustaining Recovery in the community. The presence, insights and experience of those in attendance on December 16th was for me a very edifying and inspiring experience which should give us great hope for the future of our mental health service. Hope is, of course, that essential ingredient from which 'Recovery' blossoms and when you reflect on the Leadership day, as well as the many other innovative initiatives across the mental health division currently occurring both locally and nationally, one can only be hopeful about our future together. I look forward to many more conversations in the service of Recovery which may, if he were present, even cause Socrates himself to have a small rethink…

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