

TRANSCRIPT

Rachel Perkins

I'm Rachel Perkins , and my day job is working at south west london mental health trust as the director of quality assurance although i'm actually going to retire on the of 31 of august from the NHS not from work or life. i've also done a lot of work in the voluntary sector with we think and with the depression fellowship I also do quite a bit of writing and speaking - have been involved in national policy development - particularly around employment, last year i was invited to do an independent review for govt. about how we could better help people with mental health conditions get back into work. And i've also done quite a bit about how we can implement recovery focused practice within mental health services.

WITH REFERENCE TO EMPLOYMENT WORK RECOVERY, WHAT ARE THE MAIN CHALLENGES FOR MENTAL HEALTH SERVICE USERS?

Well I think there are twin challenges actually for mental health service users and mental health service providers. I suppose, i think the challenge we face changing the relationship between people who provide services. and people who use services and indeed between people with mental health conditions and broader community. I suppose I would see the primary challenge for our society is enabling people with mental health conditions to enjoy the same kind of rights and opportunities that any citizen might expect. And I think the job of services is to support people in exercising the rights and responsibilities associated with citizenship. When I started in the NHS and when I was training, our main focus was to cure people. By any means, pharmacologically, psychologically. The aim was to cure people. That's not enough, obviously reducing, distressing and disabling symptoms might be part of the story, but the real aim of our enterprise needs to be to help people to rebuild valued, satisfying contributing lives. and i guess that, for my money means that we've got to look at what we do in services very differently instead of just being satisfied with reducing symptomatology, the question is not whether we got someone better, better than they were, but to actually help them to think about what's their life like? Can they do what they want to do in life? Participate in our communities like any other citizen should expect to.

WHAT ARE THE BARRIERS TO PARTICIPATION?

A number of them, I suppose, I would see, I think if were looking at, implementing recovery focused practice in our services, then the three things that we should be doing are fostering hope, helping people to see that a decent life is possible. I started my career by closing the old remote asylums, and they were full of people that had given up on themselves. Given up on their lives. We've improved matters, but we still have a lot of people who live in our communities, who's' sole identity is of a mental patient. Yes, they're in our community. But to say that people are valued members of our community. I think we've got long way to go, but I think the key things there are people believing it's possible/ you can only rebuild your life, I think recovery is about rebuilding your life, rebuilding meaningful, valuable life, for yourself. Finding a new

sense of who you are, what the point in your life is, what you want to do. And you can only rebuild your life if you think it's possible. If you believe a decent life is possible for yourself. And of course, in order for individuals with mental health conditions, particularly serious mental health conditions, that requires staff to believe in their possibilities. So that reliance requires that we raise our expectations, to believe in what's actually possible. I think we can destroy people in our attempts to be realistic, and I believe a lot of people with mental health conditions, like myself will have experienced the "Ooh dear, you will never be able to... Do a demanding job, live independently, raise a family ...etc" A feature of a lot of our work in mental health services is that raising of expectations, believing in possibilities, so that's hope, and we've really got to start fostering hope in our services, I think the second thing we need to think about is control;

Actually enabling people to make choices and take control over their lives, things they want to do in their lives, over their problems, the whole issues around self-management, becoming an expert in your own self-care, and I think the third thing is taking control over the sort of support you receive. People have to put together the packages of support that help them, part of that may be treatment, but actually there'll be a lot of other things, like their friends, their networks, the people they love, exercise, their faith and spirituality. People are going to have to actually make packages that work for them. And I think that's not about choice, it's about being in control of that support, and I guess that poses us all with a challenge that mental health professionals, who are used to being the experts, who prescribe what is good for patients, I think to use Churchill's words about scientists, that means for mental health workers you have to be 'on tap' and not 'on top' we have to be available to people when they need us, we have skills that some people may find useful some of the time but it's not our job to tell people what's 'good' for them. It is our job to tell them what the research evidence is, what the range of possibilities is, help them to actually do their own research around that - but it's not our job to say 'this is what you must do'. So we face a huge challenge in people using our services starting discovering their own resourcefulness - making their own decisions and professionals encouraging that rather than proscribing what's good for people.

I think the third thing we need to be looking at is how we can help people to access opportunity the third key component of recovery is having the chance to do the things that you value in life.. and when we think about 'opportunity' - it's been called lots of things over my life - we used to call it 'participation' - then it became 'social inclusion' - I really don't mind what jargon phrase we use but it's the chance to do the things in life - have the opportunities that any citizen could expect. And I suppose sometimes we've actually thought about opportunity and the chance to do things in your community like use the gym and use the library and suchlike. I think the biggest challenge we face is in enabling people to contribute to their communities. It's very easy if you have a mental health condition to always be on the receiving end of everybody else's good works - and actually always being on the receiving end of help does little for your self-esteem and self confidence. I think the biggest challenge we face is helping people contribute to their communities. Obviously work is a key way that people contribute to communities and any class of people that's debarred from employment is actually going to be marginalised within our communities - but of course there's lots of other ways that people can contribute; all the sorts of ways that people contribute in public and political life - school governors, boards of charities - members of political parties if you like there's actually loads of ways people can contribute to their communities, as part of their

'faith' communities.. their local activism around.. you know any of the issues that are important to people. I think how we can support people, not to run after them and wrap them in cotton wool, but support people to have a chance to contribute to their communities is absolutely core - so 'hope control and opportunity' I think are the challenge both for people with mental health conditions and those who service them.

WHAT ARE THE KEY MESSAGES FOR PROVIDERS AND COMMISSIONERS?

I think the first and overriding message is 'raise your expectations'. we know, from all walks of life, that if you don't expect someone to amount to much - they won't. And that applies whether we're thinking about looked after children, young black guys n school - we've really got to be able to say this is missing and sometimes that means suspending our disbelief. I've now worked in front-line mental health services for thirty years and the longer i work the more I know that I don't know what people are capable of. Many people have surprised me hugely and so my biggest message would be 'raise your expectations - believe in people's possibilities - find people's resources and resourcefulness - even if they're really well hidden under a load of problems, that's our first challenge.

I think the second challenge is to have confidence in people that we see. It's goading to be very difficult for professionals to stop saying ;this is what is good for you' - to actually recognising the expertise of lived experience. I suppose if we're really going to be able to let people take control, make choices for themselves; then what we have to do is say there are two sorts of experience - there's the experience of professions - there's the experience of lived experience our job is a shared decision making . I believe the trendy word became 'coproduction' - i'm not too good at trendy words - but actually how we can work together and enable people to make choices even if we don't think that's the best way of proceeding.. each individual's got to be able to make choices, so our job is to maybe move away from therapists and experts to being coaches. Actually helping people to think about what's important to them and make their own decisions. And then of course the great thing about a coaching relationship is that it doesn't imply that one persons' better at it than the other. Andy Murray no doubt has a coach for tennis but we can bet that his coach is a less-good tennis player than he is. His challenge is to help Andy find his resourcefulness, his skills, make his judgements to the best of his abilities. So I suppose that is moving away from a therapeutic approach where we're 'fixing' people to an dictional coaching approach where we're helping people to do their research develop their skills find their own resourcefulness, find meaning in what's happened to them and actually use their resourcefulness to make the most of their lives.. with the assistance of services should they be useful to them. And i suppose I will know we've succeeded when a meant health service is as peripheral to a person's life as their general practitioner is. I love my general practitioner deeply but she's in a 'corner' - i go and see her when i need help - she doesn't define who i am and i don't wander around saying 'I am a user of general practices.. i think we need to be seeing mental health services as being in that position - they're there when people need them.. they're providing us with the support that works for us but they're not running our lives - they're a secondary part of our identity.

One of the things we very much need to do if we're going to realise this is to look at what sort of workforce we're going to need to help people in their journeys of rebuilding;

yes we're going to need professionals but professionals have an expertise in providing expert technical treatments -that's only part of what people tell us is important in rebuilding their lives and i think we really have to ask ourselves is a trained nurse or doctor or psychologist or O.T or social worker the best person to help you navigate everyday life, find the things that you want to do take the cat to the vet, sort out your flat. I suppose I think there's a very exciting development in the development of peer support workers.. people who have a very different relationship - someone who's there alongside you - a 'shared' journey - someone who's walked similar path to you... who can offer you images of possibility - help you to find your own resourcefulness - someone who's there to walk with you - rather than someone who's there to be an expert to 'fix' you and i think we need to be looking twofold;

One is 'what are professionals doing? How much of a professional's time is spent doing the technical treatments and interventions for which they were trained and how much is spent helping people live their lives. I want to put professionals, like me, back in their boxes - if you're good at psychological therapy you go and do psychological therapy. It's only by doing that that we're going to realise and be able to offer people all the interventions recommended by NICE. And then for the rest of it.. does a Care coordinator need to be a professional?... No.... I'd rather call it a 'personal navigator.. someone who helps you navigate the support services on one hand and the world on the other. A lot ***of people will be able to navigate that themselves.. but actually to have someone alongside you who's helping you do that navigation of the world and support you need to live the life that you want to lead and then.. who's actually helping you do it? Maybe we need to be looking at not quite so many mental health professionals and slightly more people who are actually lived that journey themselves

WHAT OF YOUR WORK WITH NMH DU?

I think , clearly, we have a long journey to go with mental health services. I Suppose when I started mental health services were the big remote asylums - custodial care - we talked about cases and Doctor knew best. We've been through a revolution over the last twenty or thirty years of what we call community care where yes we said social and health factors are important but we tend to operate in 'Silos' - we may be sitting together but we still row about what's health and what's social and we've moved away from patients and cases to service users and clients - and now instead of the doctors knowing best it's the professional who knows best and we've gone multidisciplinary.. we've got a further step to take into what i would call recovery focused practise and self-directed support really based on a model of rights - a'social model ' of disability that says 'actually people are impaired by a community that doesn't provide the support and adjustments that they need rather than impairments per se; and moving away from defining people in terms of our services - 'service users' - 'clients' - talk about citizens 'people' and i guess moving away from an expertise that's professional to an expertise that says 'hang on there's an expertise of two sorts; expertise of lived experience, expertise of professional experience and how we brogan those t together and that's a journey for services - we don't know what a good recovery focused service would look like I think we all - people with mental health conditions d and providers have a journey to make of how we move to a service that really supports people in their recovery - gives them control allows them to make choices - not just individuals but obviously their relatives and people close to them as well. And there has been quite a bit of work done by the Sainsbury centre for mental health - i've been part of a working group there -

which has said 'ok what do we know about how we can help organisations on this journey'. And the Sainsbury centre for mental health had produced an excellent publication called 'implementing recovery organisational change' which looks at ten dimensions that organisations have to look at in terms of really moving in the direction of recovery focused practice. It is going to be a challenge so what we'll be doing is to bringing together organisations who want to join to actually look at how we can help them in that journey - how we can help them to look at where they are now - look at their priorities and move forward in their implementation of recovery focused practice -and that is a challenge and i think it's going to be - obviously working with facilitating organisations - but also those organisations working together - looking at possibly communities of practice - looking at how we can share that journey. Because I think it's a mistake to say 'This is the perfect service that we are aiming for' I think the development of mental health services is not some grand plan but rather more like a garden - you plant things and they grow - sometimes you have to trim them back because they get a bit big - sometimes you don't like where it's planted - it's a process of growth and learning from that experience with a very clear direction of travel. And i think that's the sort of work that we'll be doing with organisations - helping them to actually move down that journey of implementing recovery focused practice. Organisations, their partners, people who are using services, the people who are close to them - how we can help those systems to actually move forward.

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