R&R
Rehabilitation & Recovery

Improving the Rehabilitation and Recovery Service Model in Leeds

community links
instilling hope
creating opportunity

TOUCHSTONE

mind
for better mental health
Leeds

Leeds and York Partnership NHS
NHS Foundation Trust

Å Presenters:

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Introduction

- Provide a background to rehabilitation services within LYPFT
- Describe the changes implemented to R&R services
- Explore some of the key concepts and new ways of working
- Peer Support
  - Real life examples
  - Benefits of partnership working
- Questions

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R&R services (Pre 2015)

- Provides inpatient rehabilitation for adults with severe mental health problems that require 24 hour staff support
- 3 city wide inpatient units (+ 1 locked rehab unit)
- 1 male only, 2 mixed sex units
- All the units function the same clinically
- Care coordination facilitated by CMHT, AOT, CFT and within R&R units when not previously allocated.
- Average length of stay approx 1 year

Service User Criteria

- Common presenting diagnosis of Schizophrenia and mood disorders.
- Often still presenting with symptoms of their illness e.g. anxiety, depression, and psychosis
- Many co-morbid needs e.g. Dual diagnosis, learning difficulties, personality disorders.
- Require intensive support around life skills and every day functioning, finances, housing and vocation
- Require support in accessing the community
- Interventions support independence in life skills, symptom and illness management.

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Background/Context to changes

- LYPFT's Transformation Programme began to redesign its Mental Health and Learning Disability services in October 2010
- Scrutiny Board - Health Proposals Working Group in May 2013.
- Highlighted changes in inpatient services including developing a new Rehabilitation and Recovery Pathway to include both inpatient and community support services.

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Background/Context

The documents which have informed the work of this project are:

- Local reports - Report on Rehabilitation Pathways Mapping (Leeds) – multi agency - February 2012; Mental Health Rehabilitation Accommodation Pathway Review – multi-agency report Leeds, January 2013; Trust transformation paper 2012.

- Community psychosis services: the role of the mental health rehabilitation teams, Royal College of Psychiatrists – November 2012

Community Psychosis service

- Guidance for Commissioners of rehabilitation services for people with complex mental health needs, Joint Commissioning Panel for Mental Health – November

Rehab services guidance

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Engagement/Involvement

Stakeholder engagement :

- LYPFT Service Users and staff questionnaires
- A third sector stakeholder event
- Workshops for LYPFT staff from other services
- Carers' event and questionnaire.

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Aims of service redesign

The agreed aims following consultations were :

- Cost improvements
- Improve transitions from inpatient services into the community. – easier and more supportive (bridging microsystems)
- Improved coordination of care
- To offer interventions that support independent living – personalized care
- Shift the focus from purely inpatient care to rehabilitation in the community and integrate with the city
- The right people delivering interventions. Review of staff skill mix, roles and responsibilities to support the pathway.
- To deliver a service in partnership –
  - improving access to the voluntary sector
  - more diverse care packages
  - Impact on care pathways
  - Change CULTURES (medical vs. social and recovery frameworks/models)
- Improved focus of recovery in the inpatient settings - (patient centered, recovery focused)
- Improved support around dual diagnosis needs.

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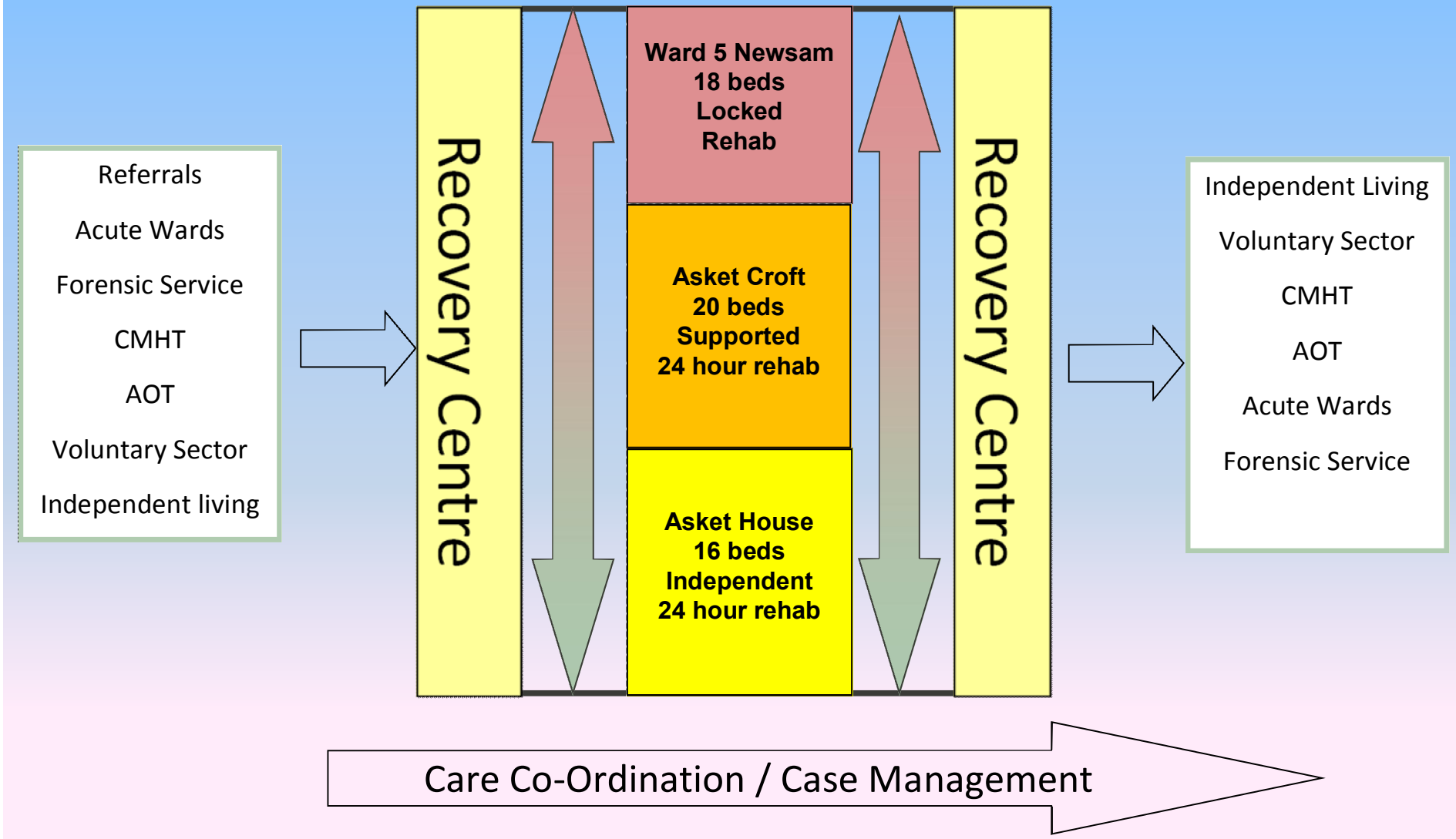
APPENDIX A

Rehabilitation and Recovery Service Pathway



Unit based staff

Doctors
Nurses
Occupational Therapists
Recovery Workers

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What Service User's can expect of us

- Work with you to identify goals.
- Support you working towards and achieving your goals.
- Support you through your inpatient stay and into the community.
- Encourage service user involvement.
- Support building confidence in daily living skills such as cooking, budgeting, shopping etc.
- Signpost to community services
- Offer a wide range of groups.
- Support you in developing recovery plans and preventing relapse
- Support you with stopping smoking and needs associated with alcohol and drugs.
- Offer structure, routine and activity
- Support with monies and accomodation
- Support families and carers.

d of things we expect from Service Users

- Take ownership of your own recovery
- Engagement in all aspects of your care
- Accepting relapses/lapses as part of your journey
- Respect for yourself, others and the environment

Evaluation

- Partnership cultures – values
- Photo elicitation – service user experience
- Service measureables:
  - Length of stay
  - Readmission
  - Discharge routes - primary care
  - Trust - Discharge questionnaires
  - Governments Friends and family test

Peer Support

"Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another's situation empathically through the shared experience of emotional and psychological pain."

- Shery Mead, 2003

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Strengths of Peer Support

- Tends to emphasise psychosocial model of mental health over medical model, which can provide balance.
- Is less shy recognising the stress caused by systems in which service users find themselves (Assessment, CPA, Mental health act)
- Emphasises strength and resilience over symptoms and diagnosis.
- Emphasises an equal relationship where the each is an expert of their own mental health.
- Creates role models who evidence the possibility of recovery as part of a continuum which includes relapse.
- Challenges the stigma of mental health among staff and service users.
- Facilitates informal and frank discussion of difficult experiences and their impact
- At its most radical, encourages service users to recognise and support the worker in managing their own mental health, which can be an empowering experience.

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Challenges with Peer Support

- Appropriate supervision and training
- Paid, employed, ‘expert’ peers
- Adhering to procedure and policy as a peer
- Boundaries
- Impact on peer’s mental health
- Maintaining authenticity

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Peer Support in R&R

- Not only ‘peer support worker’
- Using skills and experience to influence others
- Photo board
- Service user inclusion “Your views”
- Sharing experiences
- Maintaining links with Leeds Mind
- Community Peer Support Group

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References

The following guidance documents have been utilised the inform the proposal:

- Mental Health Network NHS Confederation (2012) Defining mental health services: Promoting effective commissioning and supporting QIPP.
- Royal College of Psychiatrists (2004) Rehabilitation and recovery now.
- Royal College of Psychiatry (May 2007) Joint position paper: A common purpose: recovery in future mental health services
- Royal College of Psychiatry (2009) Enabling recovery for people with complex mental health needs: A template for rehabilitation services.
- Royal College of Psychiatrists (Nov 2012) Community psychosis services: the role of community mental health rehabilitation teams
- Joint Commissioning Panel for Mental Health (Nov 2012): Guidance for commissioners of rehabilitation services for people with complex mental health needs.

Questions?