Advancing Recovery in Ireland. working together in a new way
Advancing Recovery in Ireland

The Journey so far...
What we have learned...
The next steps...

Michael Ryan
Service Improvement lead
National MH Division
November 16th 2016
Advancing Recovery in Ireland is one of the HSE national Service improvement initiatives aimed at bringing about the organisational and cultural change in mental health services necessary to support our services in becoming more “Recovery-oriented”. This recognises the reality that true partnership between those who use and those who provide our services invariably provides better outcomes than care driven by one party alone.
Recovery Domain

- Person Centred
- Recovery Goals
- Recovery Stakeholders

- Recover a life of your choosing
ARI working together
A new way

• The Origins of ARI
• Mayo team working with ImROC methodology 2010
• 2011 first peer support project
• 2012 Genio funded ARI bid
• 2013 initial 7 ARI sites. Recovery College PrSW
• 2014 HSE mainstream
• 2016 six new services
• Limerick November 2017...
• Welcome....
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• Key 2017 Objectives
  • Embed Recovery Practice on Phase 1 Sites
  • Build Recovery orientation Capacity on Phase 2 sites
  • Engage stage 3 sites 2017
  • CHO level approach
  • Partner with Service Reform Fund
  • Recovery Education
  • Peer support structures
  • Strategic planning
  • Evaluation
  • Strategic Stakeholder Engagement
## ARI Working Together
### A new way

<table>
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<tr>
<th>Change Methodology Approach</th>
<th>HSE (Kotter)</th>
<th>ImROC</th>
<th>ARI</th>
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<td>Recovery Services</td>
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ARI working together: A guiding strategy

Building Capacity
Ensuring we have a critical mass of expert stakeholders.

Recovery Planning
Collaboratively develop practical plans for implementing change guided by the ImROC challenges.

Recovery Actions
The organisation begins implementing the planned changes and seeks opportunities for further developments.

Recovery Services
The organisation focuses on embedding the new change and ensuring the key principles are institutionalised across all practices.

A guiding strategy to organisational change (lenus.ie)
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10 Key Organisational Challenges

1) Changing the **nature** of day to day interactions and the quality of experience
2) Delivering comprehensive **user-led** / family member / carer **training and information** programmes
3) Establishing a **Recovery education** unit to drive the programmes forward
4) Ensuring organisational **commitment**, creating the ‘culture’. The importance of **leadership**
5) Increasing ‘**personalisation**’ and choice
6) Changing the **way we approach risk assessment and management**.
7) **Redefining** service user / family member / carer **involvement**.
8) Transforming **the workforce**.
9) Supporting **staff** in their recovery journey
10) Increasing **opportunities** for building a life ‘**beyond illness**’
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- ARI Process
  - Commissioned by Local AMT
  - Engagement day
  - Establish Service Improve/Recovery Committee
  - Recovery audit of service
  - Identify objectives
  - Contract with Service
  - Innovate recovery practice
  - Evaluate
  - Mainstream
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- ARI national Office Supports
  - Support & consultation around key stages of recovery orientation planning, development and implementation.
  - Learning sets aimed at key stages and processes in developing a recovery orientated service.
  - On site and telephone consultancy support.
  - Train the trainer ‘Recovery Principles training workshops,
  - Non waged stakeholder reimbursement funding for agreed activities in 2016
  - Leadership development
  - Networking opportunities
  - Collaborative approach with voluntary organisation
  - Regular liaison with stakeholders
  - Recovery resources
  - Supporting CHO areas in engaging with the Service Reform Fund.
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What we have achieved

- 5 Recovery Colleges
- National Peer support Initiative
- Family peer support initiatives (2 sites)
- Involvement centres
- Recovery principles training (1000 staff)
- Discharge planning initiatives
- Patient protected time
- Recovery education on acute units
- MH promotion wellness workshops & events
- Family peer groups

- SU input into clinical governance
- Consumer panels
- Trialogues
- Recovery goal planning in CP
- Hearing voices groups
- Strategic approach
- Recovery focused Service planning
- Resource commitment
- Presentations galore!
- 1000’s of coproduction hours
- 1000’s of recovery conversations
ARI on Site

- Cavan/Monaghan
- Dublin north
- CKST
- Cork
- Midwest
- REGARI
- Mayo
- Donegal
- Waterford/Wexford
- Louth Meath
- Kerry

Coming Soon to a CHO near you...
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• Changing the nature of the day to day interaction and the quality of the experience

Although still in its early days, ARI was reportedly demonstrating a substantial benefit in the lives of those involved. Service users, service providers and family members/carers/significant others consistently reported that ARI was having a largely positive effect on their mental health service. (Murphy et al 2016)

• Experiences of ARI
Recovery Orientation

Key Drivers

• Organisational Commitment
• Co production
• Equality of Esteem - value all stakeholder expertise
• National Non waged stakeholder reimbursement scheme
• Recovery education
• Strategic planning
• Evaluation
• ARI Recovery Consultants
ARI working together
Key Drivers
Co-Production
Key Drivers

Co-Production

• Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using the services, their families and their neighbours......

• Equality of Esteem

• Unique and essential expertise of all stakeholders

• Not about one person conceding to another's position but both parties reaching consensus to go to a new place together..

...A place where recovery happens......
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• Recovery happens in relationships and in having recovery conversations..

• Conversations about what really matters to people...

MY PROBLEMS FEEL SO BIG AND IMPORTANT. IT'S PAINFUL.

BUT IN REALITY YOUR PROBLEMS ARE TINY AND INSIGNIFICANT.

THAT'S MORE PAINFUL.
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<table>
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<tr>
<th>Symptoms</th>
<th>Treatment</th>
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<td>Where they have been</td>
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<tr>
<td>What has happened to them</td>
<td></td>
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<tr>
<td>Where they are now</td>
<td></td>
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<tr>
<td>home, work, leisure, family, friends, culture, values, interests, likes, dislikes, preferences</td>
<td></td>
</tr>
<tr>
<td>What they have got going for them</td>
<td></td>
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<tr>
<td>abilities, personal and material resources, family, friends</td>
<td></td>
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<tr>
<td>Where they want to be and what they want to do</td>
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<tr>
<td>goals, aspirations, ambitions, dreams</td>
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Diagnosis, treatment and support considered in terms of the extent to which they help the person to do the things they want to do and live the life they wish to lead.
Investing in People

Key Drivers

• ARI Recovery Consultants
• 20 Experts by Recovery Experience
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• Next Steps

• Expand in and to all CHO’s
• Strengthen existing Service Improvement Structures
• Provide frameworks to expand to new recovery domains (CAMS POA ID)
• Cultivate recovery innovation
• Continue to develop recovery Education
• Support Peer support structures & approaches
• Support CHO’s in developing recovery strategies
• Evaluate
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• A Recovery strategy for your service...
• What are its principles....
• Who does it involve....
• What are the steps...
• Where does it start...
• What will it mean....
• This afternoon we get an opportunity to explore these questions...
WHAT MATTERS MOST
IS HOW YOU SEE YOURSELF.
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• Thank God for the foolishness to think that you can make a difference—*Benedictine blessing*

• *Recovery through partnership is possible is possible*...