What's next for recovery?

Findings from a
national engagement

Contents

Contact details

- info@scottishrecovery.net
- www.scottishrecovery.net

1.   Introduction

During summer and autumn 2020, Scottish Recovery Network designed and delivered an engagement process to gather views on the vision and strategy for recovery in Scotland. This report shares the findings from the engagement and recommends actions that can be taken to work towards this shared vision.

Over 440 people contributed to the engagement by participating in one of 10 online discussion events held or completing the online survey. In addition, we drew on the findings of 12 online conversation cafes exploring mental health, wellbeing and recovery during lockdown. We also considered findings from research with those providing and participating in digital peer support during Covid-19. More details on the programme of engagement and the participants is included in the annex to the report.

Scottish Recovery Network was formally launched in 2004 as an initiative designed to raise awareness of recovery from mental health problems. Our vision is of a Scotland where mental health recovery is real for everyone in every community. Our strategic aims (2017-2020) were to work with others to:

- support the development of recovery approaches, tools, and resources
- place lived experience at the centre of health and social policy
- support and share recovery learning and approaches

The engagement process took place in the context provided by Covid-19, the continuing restrictions and resulting economic and social impacts. The feedback and conversations during the engagement process were influenced by this environment. There was much discussion of how we can ensure that people are able to access the mental health services and supports they need, when and where they need them. In addition to this concern for the short-term future, it was clear that the experience of Covid-19 was underpinning and strengthening views on what is needed to transform our mental health system into one which is built on lived experience and supports people in their recovery journey.

2.   Key findings

The high level of participation in the engagement survey and discussion events is an indication of the significant interest in mental health recovery in Scotland and a desire to shape future vision and strategy.

The engagement highlighted examples of good recovery focused practice to be built on but also emphasised that much more could be done to embed recovery in our mental health policy and practice. Recovery as a concept and a reality experienced by individuals is widely accepted. Participants emphasised that our vision and actions should focus on how this can be translated into a system that supported mental health recovery.

There was a general consensus that a recovery supporting mental health system is one which:

- ✓ takes a whole person approach
- ✓ genuinely values lived experience by integrating it into all parts of the system
- ✓ embeds peer support approaches and roles in mental health support
- ✓ offers more community-based supports and choices
- ✓ works with others to create a more equal society where mental health and wellbeing can flourish

To achieve this, we need to champion the role of lived experience in all parts of our mental health system including a wide range of peer roles in services. Also needed is a more joined up approach which works across different sectors and services and is based around the needs and preferences of those seeking support.

Engagement participants were also clear that there was a need to influence decision-makers to ensure that there is more visible leadership for recovery at national and health and social care partnership levels.

The role of Scottish Recovery Network in promoting and supporting recovery and championing the voice of lived experience was highly valued. A significant number of those taking part expressed the view that this work should be expanded and further developed.

3. Where are we with mental health recovery in Scotland?

"We are talking about mental health in a way we've never talked about mental health before"

The survey responses and discussion events highlighted a strong commitment to and positivity about mental health recovery. People described many examples of good recovery focused practice and stated that the mental health recovery movement in Scotland had resulted in much change and progress.

When reflecting on progress made and examples of good recovery practice people highlighted increased awareness, understanding and openness about mental health and mental health recovery.

"Recovery is recognised as crucial in more and more services and communities"

"We've seen changing models of Primary Care and a huge move away from the clinical model"

There was also recognition that models of mental health services were changing to some extent. It was suggested that this was a result of the greater involvement of lived experience in policy development and the design and delivery of services. The changes emphasised included more community-based services which focused on the whole person and an increase in peer support services and roles.

"There are some efforts to ensure voices of lived experience are heard"

"I've noticed an increase in peer support worker posts"

However, while there are positive points and examples of good recovery focused practice it is felt that there is still much to do. Recovery was seen as "quite patchy", "not universal and not embedded" in policy and services.

"There are only pockets of good recovery work in Scotland today"

During the discussion events participants emphasised that there was good practice to be built on and that much more could be done to embed recovery in our mental health policy and services. Awareness and understanding of mental health recovery have increased but translating this into the design and delivery of services, particularly statutory services has been more challenging. Some felt strongly that statutory organisations were particularly resistant to change and to recovery approaches. They felt that much of the good work is being done in spite of, rather than supported by the wider system. Others believed that the fear of losing the services we have, even if they are not ideal, is holding back desire for and motivation to change.

"The wider system isn't supporting recovery"

"I am not sure that the recovery message is reaching everyone.
Even our statutory partners fail to mention
recovery when talking about mental ill health."

People felt that the experience and impact of Covid-19 had not diminished the need to work towards a recovery focused mental health system. Indeed, many talked about the need for more rapid change to ensure that we can support people experiencing mental health problems because of the economic and social challenges resulting from the pandemic.

4   Vision for a recovery focused Scotland

Those with lived experience would feel "empowered" and "listened to"

When considering their vision for mental health recovery in Scotland respondents and participants largely talked about the availability and design of mental health services and supports. Recovery as a concept and a reality experienced by individuals was accepted. The vision presented focused on how this could be translated into a system that supported mental health recovery. There was also some discussion about the type of society needed to support recovery. The key components discussed were:

A whole person approach

The focus will be on us as people and recognise the variety and complexity of our lives and that we are more than our mental health problems or diagnosis. The aim of the mental health system will be to enable people to live a good life of their choosing whether they are experiencing symptoms or not. To achieve this our services need to be person-centred, trauma informed and strengths based. They will work with people to ensure they can make informed choices about their care and support and have their rights upheld at all times.

Lived experience is valued

Those with lived experience would feel "empowered" and "listened to" and their voices would be a crucial "part of developing services". People would feel confident to "own their own journey" and make decisions about "what is best for them and what works for them". The discussion around this acknowledged that some progress had been made and that there was now more commitment to the involvement of lived experience, but that it was far from being embedded as the way of working.

The vision is that lived experience is fully involved in all aspects of the system whether that be setting the agenda, developing strategy, agreeing standards, designing services, delivering services, or reviewing the impact of services.

Peer support would be "well known", "more mainstream" and "embedded in services". Services and service professionals would "realise the value of peer support workers" and undertake "positive recruitment for lived experience." People talked of peer support becoming an integral part of the support system.

> *"We are all experts in our own way because of our lived experience and that should be valued."*

Examples of what this would look like were varied. They include more peer support and peer development roles in services and organisations. People want to see Investment in and equal status being given to peer-led approaches such as peer support groups. The development of recovery learning and recovery college approaches

> *"Peer support – I think just being able to talk to people going through something similar to you can challenge the power imbalances that come from traditional services."*

Mental health supports are easy to access

People would "feel safe, able and willing to seek help" and that help would be readily available "at the right time" and "consistently" and "free at the point of use".

There would be no barriers to accessing support and support would always be available, "not just Monday to Friday 9 to 5". In the discussions people emphasised that support should be easily accessible at all stages of the recovery journey from prevention and early intervention work to crisis responses and "alternative to hospital admissions".

> *"We have to try to reach people before they reach crisis point."*

> *"Make the first step as easy as possible"*

The vision described was not just that people would have easier access to existing services but that our service system would be redesigned to ensure that people could access support in many ways. This means moving to a situation

where people can access support through a variety of 'doors' and will be listened to and supported to access what will work for them.

There is more community-based support

To support mental health recovery in Scotland there would be far more services based in communities. Engagement participants felt that people would benefit from "a choice of more community-based approaches" because "people are individuals" and "no one-size fits all".

"There would definitely be more ways for people to interact in their communities with mental health services."

It was acknowledged that "the NHS can only offer a certain amount" and that better community-based supports would mean that people could access help more easily and quickly. In this vision the "NHS and third sector would work together" and people "would not have to go through a GP to be referred to stuff" and further "you wouldn't need to have a diagnosis" to access mental health and wellbeing support in the community. Many talked about the benefits of community links approaches (also known as community connectors and social prescribing) and community-based services where people can self-refer.

"Wherever you seek help you will be steered to the best place to get it at your level."

Society is more equal

Our society would work to identify, acknowledge, and address the structural inequalities at the root of much of our poor mental and physical health. Everything from our housing, our education and our working lives would be fairer, and this would result in better mental health and wellbeing. This society would be more open, understanding, and compassionate.

"A more equal society where people have equal opportunities for them and their family, it's hard to work on recovery when relying on a foodbank to eat."

5.   Key actions to achieve a recovery focused Scotland

The actions required to move towards achieving this vision were also focused on the role of lived experience and the design and delivery of mental health services and supports.

Champion the value of lived experience

Much of the feedback and discussion during the engagement focused on the importance of championing the value of lived experience. It was strongly felt that lived experience should be "involved at the heart of planning" and that services should be "co-designed" and "user-led" based on "feedback from the community about what they see is needed for services". This could be enabled by "empowering the voice of lived experience" and "promoting the value of peer support" to "make it very visible". Some suggested that this might involve moving away from the "medical model" and that a "shift in power somewhere along the line" might be necessary.

"..feedback from the community about what they see is needed for services"

"The experts are there at grass roots.
It's got to be bottom up rather than top down."

A joined-up system

"How do we join all this together so it is one fluid accessible system?"

People acknowledged that here is a commitment to a more joined-up system and that some progress has been made. However, they felt that much more was needed to ensure the mental health system supported recovery.

There is much work to be done "for all these organisations just to be connected to each other" and in "bringing other people to the table that wouldn't normally be there." Engagement participants recognised that this was not just about structures on paper but about building relationships, changing cultures, and designing an integrated system that people needing support and providing support can navigate.

"People need to share the same values. Old systems and processes need challenged and changed, they're archaic and don't fit with preventative recovery focused approach."

It was felt that a broad range of supports are already available in some communities and through third sector delivery but needed more recognition and investment.

Changing the system of "GPs being gatekeepers" was highlighted as potentially being important in achieving greater access to the spectrum of non-medical support.

Learning from good practice

At the discussion events a regular theme was the need to share good practice, learning and evidence of what is already working and could be adapted and/or built on. It was felt these projects, approaches and resources should be widely shared with others, including decision-makers and those working in statutory services.

Many believed that there needed to be more work to ensure that those making the case for recovery focused approaches had better evidence that "gets the messages across a bit better" by "demonstrating the impact" in a way that helps others to "see the value of projects" and "is not just ticking a box". It was suggested that recovery approaches could "alleviate costs for the NHS" and that demonstrating this "is a way to get statutory partners to take notice".

Others felt that there was a need to widen what is considered as evidence-based practice and for evidence from lived experience to be of equal value.

Being able to come together to learn from others and to hear about new and different approaches in Scotland and further afield could help to identify new ways of working to achieve a recovery focused system.

Influence decision-makers

Many of those participating in the engagement felt that mental health recovery was not embedded in decision-making and that there was a need for more visible support for recovery in mental health at a national level. There was a feeling that those in decision-making roles, particularly at national level remained unaware of the recovery work being developed and delivered across the country despite efforts to communicate this.

..a need for more visible support for recovery in mental health at a national level

"I don't think mental wellbeing is high up the political agenda."

"Decision makers merely pay lip service to the notion."

There was a hope that decision-makers could be "educated" and influenced by "conversations" and this this would ultimately lead to policies and programmes that would more clearly favour the recovery agenda and that longer-term sustainable support would follow as a result.

Role for Scottish Recovery Network

In addition to considering the actions needed to help us work towards a recovery focused mental health system, engagement participants also offered some thoughts on the future role and activities for Scottish Recovery Network. A common view was that that Scottish Recovery Network could contribute to a more recovery focused Scotland through influencing activities; particularly working with government and statutory services. In practical terms this included awareness raising, training, knowledge exchange, research, events and sharing good practice.

"Take the learning from more innovative, recovery based services and initiatives and look at how those models could apply."

"Do more research and use evidence to put pressure on services and government."

"Gather together agencies and service users."

Many suggested that Scottish Recovery Network should continue to focus on championing the voice of lived experience and promoting and supporting the development of peer support and community-based approaches.

They valued Scottish Recovery Network's existing activities to strengthen the role of lived experience in mental health strategy and services. They also valued Scottish Recovery Network's input into the development of peer support and peer roles in services.

A significant number of those taking part in the discussion events and the survey expressed the view that this work should be expanded and further developed.

> *"Make sure voices of people with lived experience of recovery*
> *are heard and listened to at every level."*

Many of those taking part in the engagement reflected that connecting with Scottish Recovery Network meant that they stayed linked into a wider network of people and organisations interested in and working towards a recovery focused system. This sense of a 'recovery community' or coalition for change was important in supporting them and their work in services, organisations and the community.

5. Next steps

Scottish Recovery Network will share the results of the engagement programme with Scottish Government, all engagement participants and through our networks. We will work with Scottish Government to agree a refreshed vision for mental health recovery in Scotland and to look at how the actions identified can be progressed through current and future plans.

Scottish Recovery Network will also consider how we, as an organisation, can support the actions identified through this engagement. We will draft a Strategic Plan setting our vision and mission, the values underpinning our work and a programme of activities over the next three years (2021 – 2024) based on the views expressed and feedback received.

Annex: the programme of engagement

The programme of engagement comprised a number of elements to ensure people had a variety of ways to participate. This included an online survey and programme of 10 online discussion events held in October and November 2020.

This engagement was themed 'What's next for mental health recovery in Scotland?' and our approach was to have an open conversation rather than consult on draft proposals. This is in keeping with our values as an organisation. It ensured that we could reach out to a wide range of people and organisations and invite them to share their perspectives and views freely.
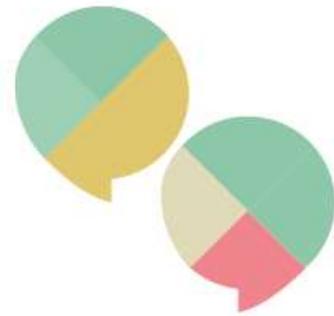
Survey respondents and discussion event participants were asked to contribute their views and ideas around three broad areas:

- The extent to which mental health recovery is a day-to-day part of decision-making, services, and people's lives in Scotland.

- The vision for mental health recovery in Scotland.

- The changes needed in Scotland's mental health strategy and services to work towards and/or reach this vision. This included identifying how Scottish Recovery Network could contribute and support the changes needed.

The online survey

The survey was distributed widely through our newsletter, social media channels and contact lists. It also featured in other newsletters and websites to ensure we reached beyond our networks. A total of 335 people, from all parts of Scotland, completed the online 'What's next for recovery?' survey.

- 80% of those responding told us that they had their own lived experience of mental health problems.

- 66% of those completing the survey worked or volunteered in a role relevant to mental health and wellbeing. Of this 66%:

80% of people who responded had lived experience

*Scottish Recovery Network: What's next for recovery?*

- 59% said they worked in a third sector organisation and 27% said they worked in a public sector organisation - NHS, Local Authority or Health and Social Care Partnership.

- 30% manage or develop projects, 30% are front-line practitioners, 16% work at a policy or decision-making level and 24% are volunteers.

- 17% are peer workers or experts by experience.

The online discussion events

Demand to participate in the discussion events was high. Initially a programme of five discussion events was advertised in our newsletter and social media but the number of events was increased to eight to meet demand. Two of the events offered BSL interpretation and captioning to ensure we were able to involve those from the deaf community and hard of hearing in the online discussion events.

In addition to these publicly advertised events we ran two targeted at specific audiences. The first was an event to which we invited a wide range of national organisations in the public and third sectors. The second event, planned in collaboration with Health and Social Care Scotland, was specifically for Senior Officers in Health and Social Care Partnerships.

A total of 99 people participated in the 10 online 'What's next for recovery?' discussion events. From the information provided we know that 40 participants work in third sector organisations and 22 work in public sector organisations. Others participating include those with lived experience of mental health problems, and representative bodies.

59% said they worked in a third sector organisation
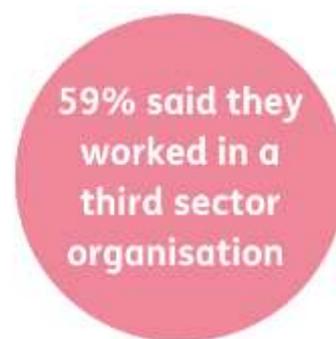
Learning from prior engagement

Prior to this main programme of engagement we held a series of 12 online conversation cafés between May and July 2020. This provided an opportunity for 80 people with lived experience and practitioners to come together to explore their experiences of and insights from lockdown. It provided a safe space to share their hopes and ambitions for better mental health and wellbeing in the future. The

findings from these conversation cafés were shared in two reports **'Staying connected'** and **'Build back better'** and were echoed and further developed during the programme of engagement.

During July to September we also conducted research into the experience of and learning from the rapid increase in digital peer support in Scotland. 180 providers of digital peer support and 110 people participating in digital peer support contributed to this research. The report **'Meaningful connections'** highlighted that digital peer support worked for many people and that most believe that digital approaches should be offered alongside face-to-face peer support in the future. They also identified what can be done to address the challenges faced and to support this relationship-based approach to providing mental health support.