

Towards Recovery Competencies in Scotland: The Views of Key Stakeholder Groups

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Aims and background

This project aimed to lay ground for the development of a recovery competencies framework for mental health workers in Scotland by soliciting the views of key stakeholder groups. A number of recent Scottish policy initiatives support the move towards recovery-oriented practice. These include the Mental Health (Care and Treatment) (Scotland) Act 2003 and the National Programme for Improving Mental Health and Well-being; also the related NHS programmes for action *Delivering for Health* and *Delivering for Mental Health*. While such a move needs to take into account a wide range of factors, such as the design of mental health services, the development of recovery competencies focuses on the skills, values, and knowledge mental health workers need to facilitate recovery. Recovery in this context does not mean that people are symptom-free, but that they develop “the ability to live well in the presence or absence of one’s mental illness”¹. As recovery is an individual process, with the individuals themselves defining what living well means to them, it is necessary to explore stakeholders’ experiences and knowledge before putting a recovery competencies framework into place. Whilst such frameworks have been developed elsewhere, these need to be adapted to the cultural and service context in Scotland.

Methods

In order to learn from international approaches to recovery competency frameworks a literature review was carried out, focusing on frameworks developed in the USA, Australia, New Zealand and England. Publications related to mental health policy and service development in Scotland were also examined, to provide an overview of the Scottish context. To explore the views of different stakeholders and to discuss findings from the literature review, eight focus groups were held: four groups with mental health

service users (33 participants), one with carers (8 participants) and three with mental health workers (25 participants). To assess the possibility of implementing a recovery competencies framework in Scotland, ten interviews were carried out with people in strategic positions in mental health training.

Key findings

- The basis for recovery oriented practice is the ability to build up respectful relationships with service users, in which the worker has a genuine interest in the person, sees them as an individual, and takes them and their experiences seriously. Only within such a relationship is it possible for trust to be established. Service user participants in this study said that they also found it useful when workers share something of themselves in the relationship, thereby acknowledging a shared humanity and overcoming professional boundaries.
- It was highlighted that workers need to have a belief in and understanding of recovery, in order to be able to promote it. They have to understand that recovery is an individual process full of setbacks that can take a very long time, and remain motivated despite this.
- Participants found that recovery is promoted when mental health staff are good at listening, focus on people’s strengths, and know when laughter may be an appropriate way to lighten the mood, create a bond in groups and help people to relax.
- Service users felt that having a say in their care is vital to recovery. To this end they need to be given more information, especially when they are first diagnosed, and where possible have different options for treatment and support. They should be allowed to take responsibility for their own choices and their negotiation of risk, whenever possible.

¹ Mental Health Commission (2001) Recovery Competencies for New Zealand Mental Health Workers.
http://www.mhc.govt.nz/publications/2001/Recovery_Compentencies.pdf

- Carers felt that they are often marginalised and not sufficiently involved or kept informed by professionals. If the service user wants significant others to be involved, workers should share information and take carers' knowledge and experiences seriously.
- Overarching themes were the importance of balance and timing. For example, a balance has to be found between creating safety and letting people take risks; between respecting service users' choices and decisions and facilitating recovery through challenging service users' boundaries. In these areas, there are no hard and fast rules and workers need to be able to reflect on their practice to resolve these issues.
- Participants thought it was important that mental health workers have had some experience of challenging life situations, are aware of their own mental health and support each other in their work.
- While some mental health training courses teach values that are in line with the recovery approach, none have an explicit focus on recovery. Most interviewees felt that such an explicit focus would be beneficial.
- Participants had different opinions on the best format for training both new and existing staff in recovery competencies. Staff rotation, placements in service user-led projects, training in multi-disciplinary teams and being able to draw on other people's knowledge and experience of a range of services were considered important.

Obstacles to recovery-oriented practice

Participants considered the main obstacles to putting recovery competencies into practice to be overworked staff, a lack of time and resources, and a clash between idealistic training and existing work cultures. Finding respectful ways to overcome service users' lack of motivation also was considered to be difficult. An additional system-level obstacle to the implementation of

recovery competencies in practice is that the benefit system is deficit-focused, as is the majority of assessment tools used. Concern was also expressed that the implementation of recovery competencies could be complicated due to the lack of a culture of self-determination and choice, and Scots not being comfortable with challenging professionals and demanding their rights.

Recommendations for implementation

- Educators and focus group participants agreed that the successful implementation of recovery competencies will require support from government policy and the commitment of managers at all levels. There needs to be a consistent approach to change, so that mental health workers can see that recovery is an approach that has currency beyond being merely the next new initiative.
- It was proposed that, to overcome resistance from educators and practitioners, existing good practice has to be acknowledged. Promoters of the recovery approach should, furthermore, not take an anti-medical stance.
- Adequate supervision and support structures for staff were considered to play a crucial role in changing practice.
- A truly recovery-focused mental health system needs more than a recovery competencies framework. Participants expressed the need for the development of peer support structures in Scotland. Service user input in the delivery of training courses and services was considered to be a significant driver of change. It was, therefore, suggested that infrastructures that support and reward real service user involvement need to be developed.

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