

The Community Care Trust (South Devon) Ltd



Outcomes Evaluation

Final Report

February 2008

Abstract

In July 2006 the Community Care Trust (South Devon) Ltd (CCT) began an evaluation of the outcomes resulting from its service responses. The hope was that this would demonstrate that our adoption of the recovery approach in 2004 has had a positive impact on services and the relationships we have with the people who look to us for support.

The evaluation was carried out over an 18 month period. The intention was that all people taking up Support, Time and Recovery (STR) or residential services between May 2006 and May 2007 would be included and followed through until November 2007. In practice, administration systems were a little slow to start working effectively and some people were missed in the first few months. None the less, the response rates were good and given the usual reservations about making strong claims on the back of small numbers; indicate that CCT is making a positive contribution to the recovery journeys of the people who look to it for support.

Using a modified version of DREEM,¹ two measures were drawn up. The first asked all residential service users to tell us how important certain aspects of recovery are and how well the service meets their needs in these areas. This was done by a questionnaire called Elements of Recovery and Recovery Enhancing Services (ERRES). It gives an insight into the priorities of CCT's service users and how well they feel the service supports them to meet their needs.

The second measure aimed to capture a larger group of service users' satisfaction with general quality of life indicators and how this changed over the first six months of using CCT's services. This questionnaire is entitled Marking Recovery and provides a broad impression of service users' progress towards key recovery indicators.

The results show an encouraging picture of recovery in practice. The ERRES questionnaires indicate that CCT supports its service users to get their needs met in those areas that matter most to them. The Marking Recovery questionnaires show an improvement in all but two of the 24 areas measured which indicates an overall improvement in service users' satisfaction with their quality of life.

The results of these measures have been and will continue to be incorporated into the Trust's quality assurance systems and will inform the improvement of our services. Of more immediate benefit though, have been the meetings of staff and service users to debate the findings and increase their shared understanding of how people want to be supported to meet their needs as well as identifying immediate action for improvement.

¹ Ridgway, P., & Press, A. 'A User's Guide for the Developing Recovery Enhancing Environments Measure'

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Acknowledgements

I would like to thank the following people for their help:

- Firstly, the service users who willingly took part in the evaluation despite the length of time the interviews took to complete. They discussed what were often delicate matters and we appreciate everyone's support to help this project succeed. The Trust will ensure that the changes which result from this evaluation are real and substantial and thus make the effort worthwhile.
- The staff at all CCT services for their helpfulness and interest in the project.
- Owain Winfield, for working on the early stages of the evaluation and helping to set it up, for carrying out many of the early questionnaires, for handing over the methodology and for making himself available for consultation.
- The senior management team: Ellis Rainsford, Jane Eastwood, Jackie Murch and Jasmine Hacking for allowing the evaluation to take place freely within their workplaces and supporting the process.
- Mike Ferguson and Mitch Singleton for sending out the postal questionnaires to the time scales required and organising this important aspect of the overall evaluation.
- Trevor Lowe and Alice Hicks from Thames Valley University for providing their own analysis of the service offered by the CCT, and for providing a sounding board for ideas.
- Laurie Davidson, for his input into the design of the marking recovery questionnaires and ongoing comments, ideas and help with the evaluation.

Rohan Davidson
January 2008

Introduction

The Community Care Trust (South Devon) Ltd is a voluntary sector provider of services to adults recovering from mental health problems. These services have been established in response to service user need and will continue to develop in response to changes in that need. The services provided fall into four categories but work closely together. Service users may use a combination of services and the Trust strives to ensure that these are consistent in the standard of delivery, are based upon a shared understanding of human need and are recovery supportive.

Services provided

Accommodation based Services:	- Cypress Independent Hospital - Granvue and St Maur residential care homes - 'No. 56' supported housing project
Day opportunity Services:	- Daybreak social and education centre - Abbey Road resource centre - The Haven day centre - The DART Project
Support, Time and Recovery:	- Torbay STR team - STR workers at the Haven and DART projects - STR support from Cypress, Granvue and St Maur - Life coaching - Torbay
Mutual Support and Self Help Networks:	- Torbay Women's Network - Torbay men's network - Rural Teignbridge Women's Network

Underpinning Philosophy

Although the nature of our individual services varies, they are all based on a shared understanding of humanity and human need. This is most effectively expressed in the theory of human givens. The Human Givens include the need for:

- Security – safe territory and an environment which allows us to develop fully
- Attention – to give and to receive it
- A sense of autonomy and control
- Being emotionally connected with others
- Being part of the wider community
- Friendship and intimacy
- A sense of status with social groupings
- A sense of competence and achievement
- Meaning and purpose – which come from being stretched in what we do and think.

Mental health is the capacity to think, feel and act in ways that lead to fulfilling relationships and a sense of well-being. It means being able to adapt to change and cope with adversity and is vital for the achievement of individual and collective goals.

Recovery - A Shared Approach

The role of all our services is to support people to use their innate resources to meet their basic human needs and recover their mental health. To fulfil this role we have adopted the Recovery Approach. Recovery is a process of enabling people to manage their own mental health problems to the best of their capacity so that they can lead a meaningful life and have a sense of belonging to their local community.

This will include supporting people to:

- Have hope and enjoy life
- Find a purpose in life
- Take control over major life decisions
- Develop an understanding and acceptance of life experiences
- Develop a forward thinking approach to life
- Be proactive in promoting personal wellness
- Make a contribution (give as well as receive)
- Retain control over how they live life in the midst of psychiatric symptoms and major struggles
- Use available services in an active rather than passive way.

Delivering recovery-supportive services

Each service has a different role to play in promoting recovery but the following are key to all:

- Active and meaningful engagement with service users. All services strive to get to know each service user as an individual and to understand their hopes, fears and aspirations.
- Negotiating and planning ways of supporting service users to build on their strengths to achieve their personal goals. This may be through the use of established 'tools' such as Wellness Recovery Action Planning (WRAP) or through any other process that the service user finds useful.
- Providing or facilitating access to those things which service users have identified as helpful to recovery. This will vary from person to person but our approach is always to support the individual to identify and

get access to the things they want and need, using 'mainstream' opportunities wherever possible.

In September 2004, the Community Care Trust formally adopted the Recovery Approach and began an intensive programme of change to achieve the goal of delivering consistently recovery supportive services. Since then we have seen huge shifts in our ways of working but it is still true to say that some services have seen more changes than others. In July 2006 we decided that the time was right to begin to evaluate the effectiveness of the changes we were (and still are) going through. How well are we supporting the recovery of service users and what direction should we set for future developments?

The evaluation aims to identify the areas that people who use the service feel make the most important contribution towards their recovery and then, how well the service meets needs and expectations in these areas. It is above all, a tool for improvement and within that the intention is to:

- Provide CCT managers and staff with information about how they are performing in the eyes of their service users.
- Give a picture of the achievements that have been made and those areas that need more work.
- Contribute to the information available to the wider recovery community by measuring how the application of recovery theories perform in a real life setting.
- Add substance to the message being given to the wider mental health community that the Recovery Approach is effective in helping people to improve their mental health and wellbeing.

A review of recovery literature and available recovery measures led us to base our evaluation project on the established and widely accepted tool of DREEM - 'Developing Recovery Enhancing Environments Measure'. This was developed in the USA by Priscilla Ridgway and Allan Press, and adapted for use in the UK by Piers Allott and Peter Higginson.

DREEM uses two key measurement tools to find out a) if service users report an improvement in quality of life indicators which would indicate progress in terms of their personal recovery, and b) how important certain areas of recovery are to service users and how well the service they use supports them to meet those needs. The full DREEM questionnaire is extensive with 160 items; various sub scales and a very broad coverage.

We felt this was too big an undertaking for our project and not necessary for the service evaluation task we had set ourselves. Therefore, we worked with the Devon Support, Time and Recovery (STR) project group and the residents and staff at Cypress to produce shorter and, from our perspective, more manageable evaluation tools.

For the first element of DREEM, the 'Marking Recovery' questionnaire was

compiled and given to all people using STR and/or using the residential recovery services at Cypress, St Maur, Granvue and Shirburn Road. This captured the views of almost all people joining our services during the reference period.

The second aspect of the project looks at how important people think the 24 elements of recovery set out in DREEM are to their personal recovery and how well we support them in those areas. This is the 'Elements of Recovery' questionnaire and subsidiary questions which were piloted at Cypress and further refined in response to the comments of service users there. This questionnaire has been used across CCT's residential services and completed by way of a face to face interview.

In addition to these evaluation tools we wanted to provide an opportunity for service users to tell us, in whatever way they chose, about their experience of recovery and relationship to our services. We advertised this opportunity through posters, leaflets and personal contact. The stories given to us are included later in this report.

A cautionary note

We recognise the limitations of this evaluation in terms of the small numbers involved, the broad nature of the questions and the other factors that will have influenced people's lives during the evaluation period.

We make no claims at this stage beyond an encouraging indication that our services are indeed supporting people to get their needs for recovery met. This indication will develop in substance and sophistication as the number of responses increases in the coming months and years.

The simple 1-5 rating scale for both questionnaires has resulted in numerical findings which are accessible and to a large extent speak for themselves. We have not attempted to interpret or analyse possible reasons behind specific results, merely to offer a short and general commentary. Where the findings are confusing, concerning or contradictory we have taken them back to service users and staff for discussion and will continue to do so.

The primary benefit of the evaluation has been the improved understanding that has come from these discussions in mixed service user and staff forums.

Methodology

Elements of Recovery and Recovery Enhancing Services (ERRES)

The ERRES questionnaire was administered in the form of a structured interview and only residential service users on a substantive placement were asked to complete it. This did not include people on a respite or crisis placement. We interviewed people when it was considered they had a long enough experience of CCT's services to have formed an opinion on how well CCT supported their recovery. We felt that that around three months was a reasonable length of time for this. As with all the questionnaires, arrangements were put in place to preserve anonymity and it was clearly explained to participants that they could stop at any time and skip questions if they wished.

Some of the questions were more complex and there were standardised explanations of these to ensure a consistent delivery of questioning. By their nature, the ERRES questionnaires led to discussion and conversation about different aspects of our services. The evaluator noted down any comments made and returned to them during the open-ended questions at the end. The final questions were designed with the aim of incorporating such comments within the structure of the questionnaire. The themes raised by the open ended questions can be found on page 17.

Marking recovery and ERRES questionnaires were based on a simple rating system of 1-5 where 1 = strongly disagree; 2 = disagree; 3 = neutral; 4 = agree; 5 = strongly agree. The questionnaires are attached at *appendices 1+2*.

Marking Recovery

The Marking Recovery questionnaires were sent to every person using our non-residential services. They were sent out when the person first started to make use of services, at three months and at six months. The questionnaires were sent with a covering letter explaining their purpose and the arrangements to preserve anonymity. Residential service users were also asked to fill in the questionnaire, but they were administered in an interview format. The three-month interval distribution was the same for all the Marking Recovery questionnaires.

Each recipient of the questionnaire, whether it was sent out by post or carried out as a structured interview, was told that the questionnaire was entirely optional, and that there was no obligation to answer all or any of the questions.

Stories of Recovery

The opportunity to give a personal story of recovery was advertised in residential units and throughout the community networks through posters and handouts. These stories in people's own words bring to life the bare statistical information. Four people have sent in stories so far and these can be read in Section III.

Section 1 - Elements of recovery and recovery enhancing services (ERRES)

The questionnaire

The 'Elements of Recovery' questionnaire is scored on a likert type scale in which participants are asked to rate on a scale of 1-5 the degree to which they agree with a statement. The questions ask clients to rate with agreement how important they view 24 recovery elements to be in contributing towards their recovery; for example, 'having positive relationships is important to my recovery'. Each element has a performance indicator item which is also score by agreement on a scale of 1-5. These are intended to assess how effective residents consider the service to be in relation to that item. The linked statement to the one above would be 'staff assist me in having positive relationships with my peers.' The results have enabled us to rank the 24 elements by importance as viewed by our current residents. The performance indicators have given us some indication of how well our residents think we deliver those elements. This is shown in the 'provision' column in the table below. More details of the linked statements can be found on pages 12-14. The ERRES questionnaire is attached in **appendix 1**.

Findings

The table shows the Elements of Recovery in the order of the importance placed on them by service users and the degree to which CCT is considered to support people to meet their needs are marked in the right-hand column. Both are expressed on a scale of 1-5 with 5 being the most important or satisfied with the support received (provision). **Any score above the 'neutral' rating of 3 is considered to be positive** (shown in green) **with scores above 4 considered to be extremely positive** (shown in gold).

Rank	Statement	Importance (out of 5)	Provision (out of 5)
1	'Having my basic needs met is important to my recovery'	4.66	4.24
2	'Having hope is important to my recovery'	4.62	4.34
3	'Having a positive sense of personal identity beyond my diagnosis/mental distress is important to my recovery'	4.59	3.97
4	'Having positive relationships is important to my recovery'	4.55	3.97
5=	'Being active in directing my own recovery is important to my recovery'	4.52	3.83; 3.83
5=	'Having a sense of meaning in life is important to my recovery'	4.52	3.93

7	'Being able to self-manage symptoms /distressing experiences and avoid setbacks is important to my recovery'	4.45	4.17
8	'Identifying and building on my own personal strengths is important to my recovery'	4.34	3.93
9	Improving my general/physical health and wellness is important to my recovery'	4.31	3.69
10	'Mutual self-help/peer support is important to my recovery'	4.28	3.9
11=	'Being involved in personally meaningful activities is important to my recovery'	4.24	3.52
11=	'Having up-to-date knowledge about mental health and the most effective ways of managing/improving mental health, is important to my recovery'	4.24	3.66
13	'Developing new skills is important to my recovery'	4.21	3.86
14	'Taking on, and succeeding in ordinary social roles is important to my recovery'	4.17	3.72
15	'Having a sense of control over my life and feeling empowered is important to my recovery'	4.14	3.45
16	'Being involved in, and part of, the larger community is important to my recovery'	4.1	3.69
17	'Having my rights respected and upheld is important to my recovery'	4.09	3.79; 3.9
18	'Having positive role models is important to my recovery'	4.07	4.14
19	'Challenging stigma and discrimination is important to my recovery'	4.03	3.9
20	'Having helpers who really care about me and my recovery is important to my recovery''	3.93	3.76; 4.38
21=	'Taking on new challenges and moving out of my comfort zone is important to my recovery'	3.83	3.93
21=	'Intimacy and sexuality are important to my recovery'	3.83	3.38
21=	'Spirituality is important to my recovery	3.83	3.1
21=	'Having assistance when I am in crisis is important to my recovery'	3.83	3.72; 4.28

Comment

29 residential service users completed the ERRES questionnaire. The results show that although service provision is not overall rated as highly as the importance placed on each element, there are few areas where there is a large discrepancy and, for the trust wide figures, no area of service provision has a negative response (i.e. a score of less than 3.0). Only three areas of service

provision achieve a score of less than 3.5, so all but these three score nearer to 'agree' than 'neutral'. The figures show an encouragingly positive picture.

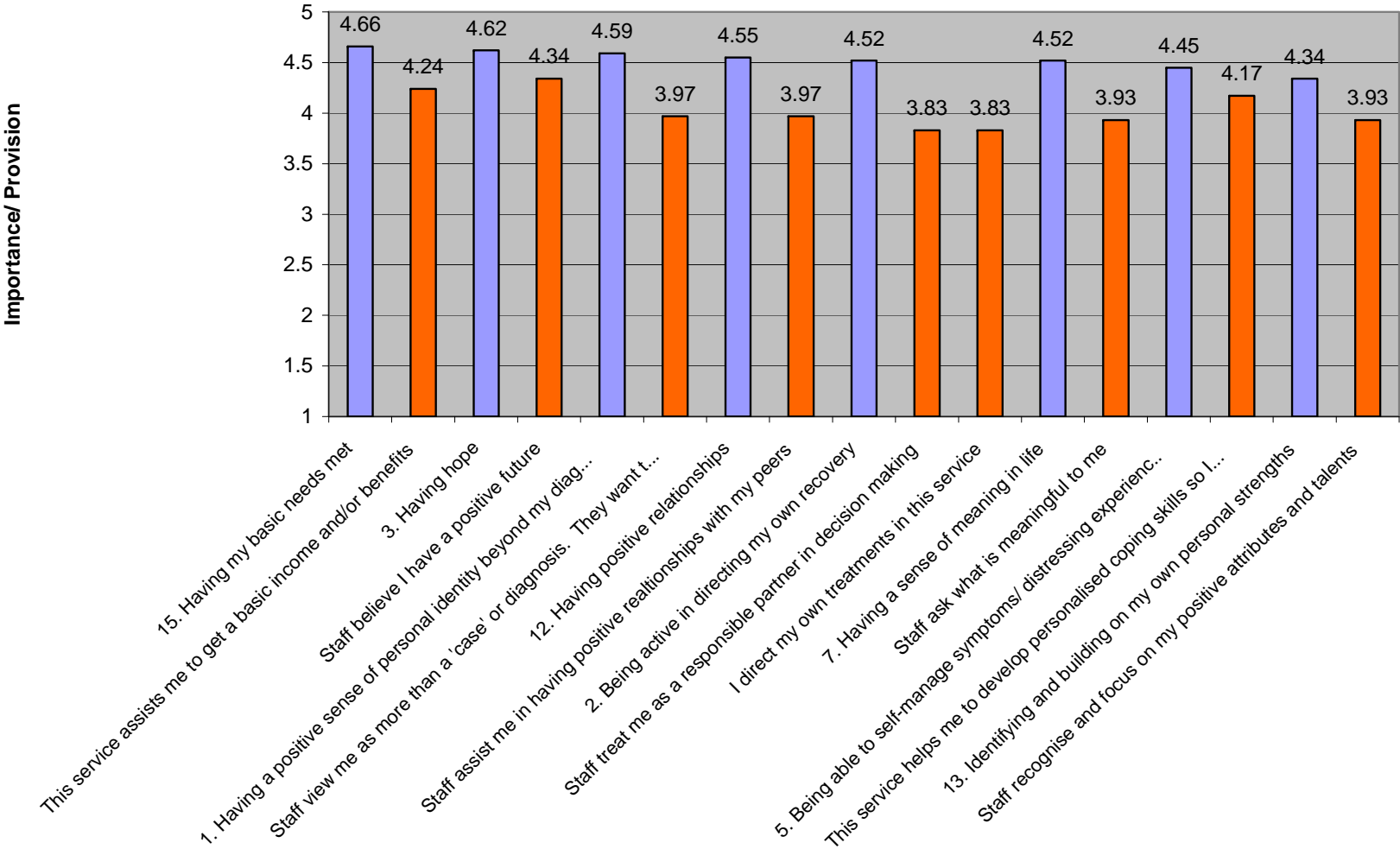
Positive results were achieved for the most valued areas of recovery. Scores of 4.24; 4.34 and 3.97 in terms of service provision were achieved respectively for the three most important Elements of Recovery. None of the top 15 most important areas to service users show provision rated as below 3.5. In several areas the service provision exceeded the perceived importance to service users.

The findings show not only a strong set of results for the Trust, but also reinforce the degree to which the measure itself captures those things which are of importance to service users. With each of the 24 Elements of Recovery scoring at least 3.83 it shows that service users value even the 'least important' elements. This is not surprising given that it is based upon what is probably the best validated measure of recovery currently available.

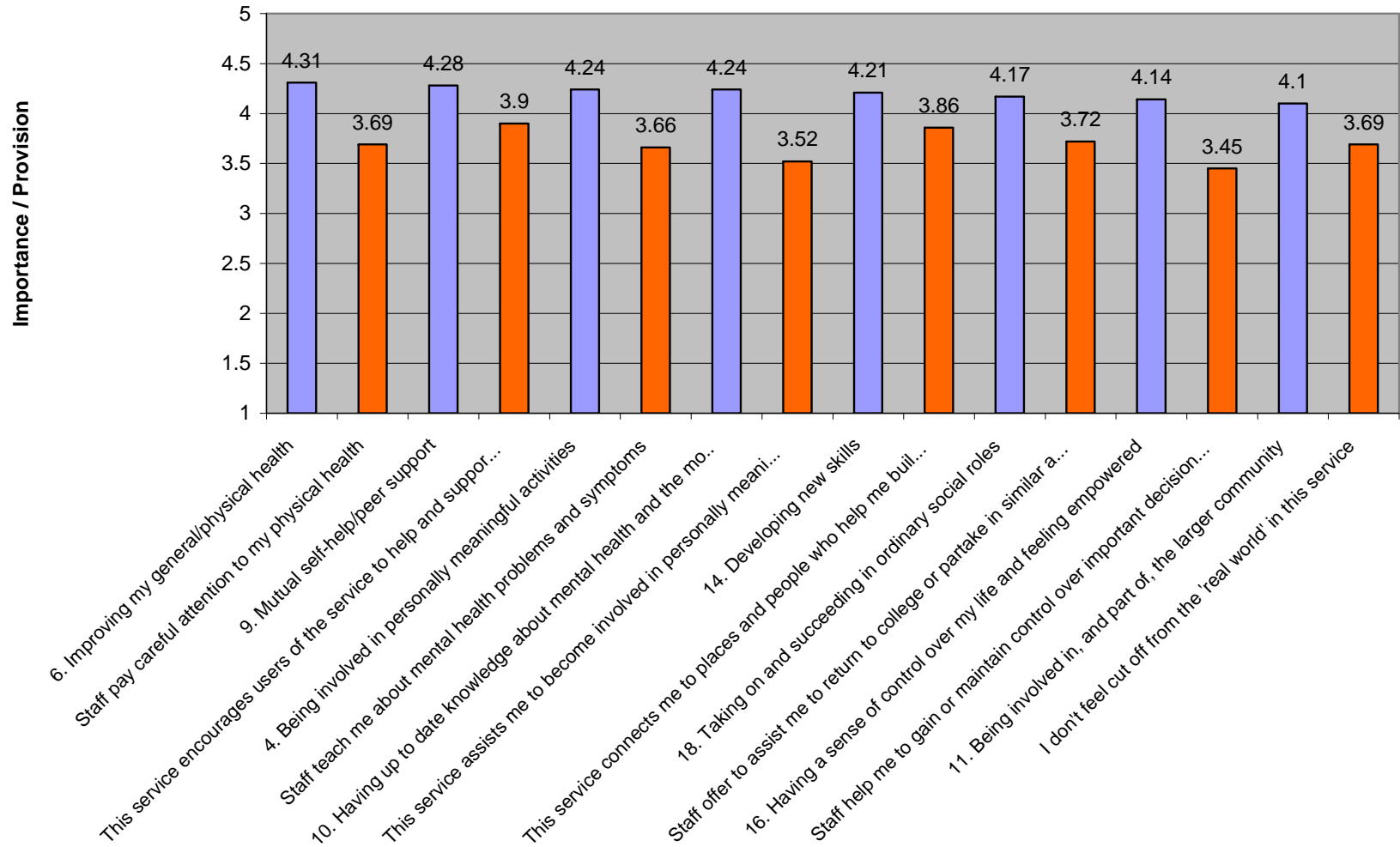
The results provide staff with a measure of their achievements while also highlighting where improvements or changes in emphasis could be made. The principle benefit though, comes from the discussions between service users and staff which this questionnaire has prompted and the consequent development of our shared understanding of what recovery in practice means.

The following pages show the above information in a graphical presentation and include the linked statements which act as performance indicators for the provision rating.

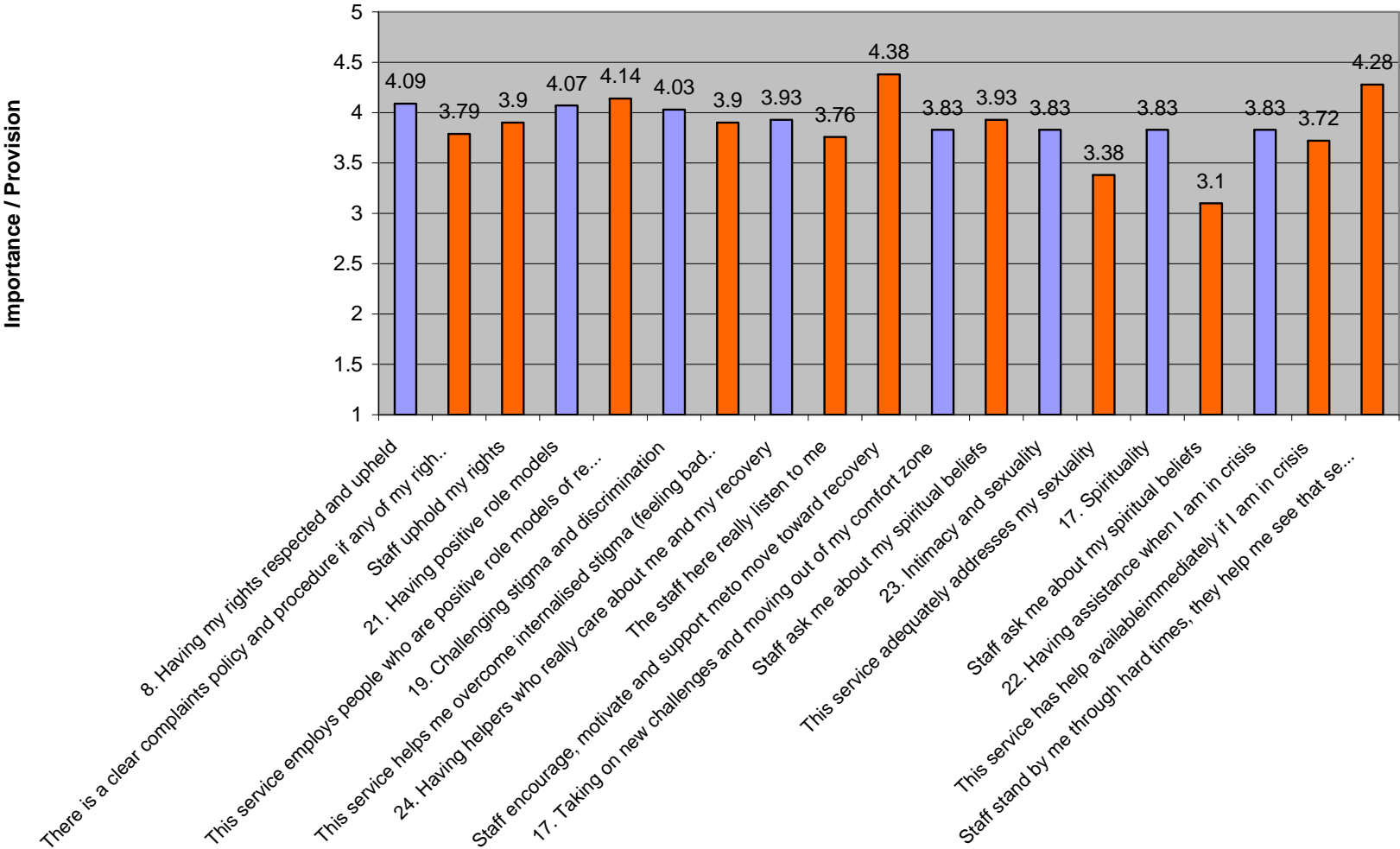
Elements of Recovery - Importance compared to Provision



Elements of Recovery - Importance compared to Provision



Elements of Recovery - Importance compared to Provision



ERRES Scores for each residential unit

The figures from the residential units show where each service has strengths and weaknesses. The variation between units in terms of the overall score for service provision was only slight; these have been looked at by the Senior Management Team as well as debated by service users and staff together.

The Elements of Recovery results show several areas of similarity and disparity between CCT's residential units. The following tables show the three areas where the Trust as a whole and each of the residential units have achieved their highest scores as well as their lowest.

A full breakdown of the figures by unit is attached in *appendix 3*.

CCT overall:

Highest scoring areas	Importance	Provision
Staff encourage, motivate and support me toward recovery	3.93	4.38
Staff believe I have a positive future	4.62	4.34
Staff stand by me through the hard times, they help me see that setbacks are part of recovery	3.83	4.28
Lowest scoring areas		
Staff ask me about my spiritual beliefs	3.83	3.1
This service adequately addresses my sexuality	3.83	3.38
Staff help me to gain or maintain control over important decisions in my life	4.14	3.45

Cypress:

Highest scoring areas	Importance	Provision
I don't feel cut-off from the 'real world' in this service	4.08	4.33
This service helps me develop personalised coping skills so I can manage stress well	4.17	4.17
This service assists me to get a basic income and/or benefits	4.58	4.17
Lowest scoring areas		
Staff ask me about my spiritual beliefs	3.58	3.17
This service helps me to overcome internalised stigma (feeling badly about myself because of my label of mental illness/distress)	3.58	3.25
This service adequately addresses my sexuality	3.62	3.42

Granvue:

Highest scoring areas	Importance	Provision
This service assists me to get a basic income or benefits	4.8	4.6
Staff believe I have a positive future	4.8	4.6
This service helps me develop personalised coping skills so I can manage stress well	4.6	4.6
Lowest scoring areas		
Staff ask me about my spiritual beliefs	3.9	2.8
Staff teach me about mental health problems and symptoms	4.4	3.3
This service adequately addresses my sexuality	4.3	3.3

St Maur:

Highest scoring areas	Importance	Provision
This service helps me to overcome internalised stigma (feeling badly about myself because of my label of mental illness/distress)	4.4	4.6
Staff stand by me through hard times, they help me to see that setbacks are part of recovery	4	4.57
Staff encourage, motivate and support me toward recovery	3.29	4.57
Lowest scoring areas		
This service assists me to become involved in personally meaningful activities (such as working, furthering my education, creativity)	4.14	2.71
Staff help me to gain or maintain control over important decisions in my life	4.57	3.29
Staff treat me as an important partner in decision-making	4.57	3.36

Comment

We can see from these results that; overall, those things which are most important to the residents on each unit appear in the top three areas of effective support (provision). Granvue for example, has the two highest areas in terms of importance as its highest performing areas of service provision.

There are areas of concern. The most obvious is the poor evaluation of St Maur as a unit which promotes meaningful activity and low ratings for control over and involvement in decision making which are both rated as important. With knowledge of the unit's particular way of working (which has its roots in the therapeutic community model) it is clear that the challenge of introducing recovery supportive practice whilst retaining the boundaries and structures which allow the unit to work with some very troubled people has not yet been fully resolved.

Open-ended questions summarised

The Elements of Recovery questionnaire allowed the collection of both quantitative and qualitative information and the former has been summarised in the earlier part of this section. This section summarises the findings from the open-ended questions which were included to allow participants to discuss areas that were not necessarily covered earlier in the questionnaire, or to emphasise the importance of some of the areas that were covered.

The following paragraphs summarise the key themes from each of the four questions and the full list of comments is attached at *appendix 4*.

Question 1: *What are one or two of the most important things a mental health service and its staff can do to support people with mental health problems in their recovery?*

This section received a fairly even spread of answers covering three main areas of recovery. The quality of personal communication and the need for treatment as an individual were mentioned as being key to supporting recovery on sixteen occasions. Personal communication and relationships are central to recovery. This was measured in the quantitative part of the evaluation by statements such as *'staff recognise and focus on my positive attributes and talents'*, *'The staff here really listen to me'*, and *'staff encourage, motivate and support me towards recovery'*. One particularly important measure was the statement *'staff view me as more than a 'case' or diagnosis. They want to know me as a person'*. This area scored 3.97.

A second important area was the need to be guided in the recovery process. This was identified on eleven occasions as key to recovery. The linked statements in the quantitative part of the evaluation are *'This service helps me develop personalised coping skills so I can manage stress well'*; *'Staff teach me about mental health problems and symptoms'*; *'Staff assist me in having positive relationships with my peers'*; *'Staff help me to gain or maintain control over important decisions in my life'* and *'Staff offer to assist me to return to college or partake in similar activities'*. The two key indicators for this area are *'This service connects me to places and people who help me build important skills'*, which scores 3.86, and *'Staff encourage, motivate and support me to move toward recovery'*, which scored 4.38. Further to this, *'I feel supported when I try new things that seemed out of my reach before'* scores 3.93 and indicates that the service effectively supports people to make positive steps in their lives.

The third most prominent area was inclusion and involvement in decisions relating to personal recovery. Nine people identified this as one of the most important things a mental health service and its staff can do to aid recovery. The statements that relate to this are *'I direct my own treatments in this service'*, and *'Staff help me to gain or maintain control over important decisions in my life'* and *'Staff treat me as a responsible partner in decision making'*, which achieved a mean score of 3.83.

A final area mentioned five times is that of providing intervention, treatment and services to help aid recovery. *'Staff pay careful attention to my physical health'*; *'This service assists me to get a basic income and/or benefits'*, and *'This service helps me overcome internalised stigma (feeling badly about myself because of my label of mental illness/distress)'* are all key indicators. *'This service has help available immediately if I am in crisis'* is also important - achieving a score of 3.72.

Question 2: *What are one or two of the most important things you have learned so far on your journey of recovery?*

The response to this question was overwhelmingly about people acquiring self-management tools and an understanding of what helps to assist their recovery. This response was mentioned twenty-two times in various ways and shows the value placed on acquired skills and self-knowledge to help improve and maintain wellbeing.

Two other areas achieved notable mentions in response to this question. Learning personal worth and value along with self-esteem and the ability to look after oneself was mentioned five times in response to this question. Re-framing one's perception of the outside world and of others also appeared five times.

Question 3: *What are one or two things you would want to say to a person who is just beginning his or her journey of recovery from mental health problems?*

This question has two main response areas, which represent the majority of the overall response numbers. The most common answers are messages of hope for other service users. Fourteen people felt the most important message to get across to others was that there is hope and to give hope to others.

The second major area of response was where service users offered practical tips from their experience. Thirteen service users gave tips on what helped them in their journey of recovery.

In addition to this, and less prominent were answers stating that 'you are not alone' with two responses, and two people said 'don't limit yourself'.

Question 4: *Are there any other comments or ideas that could improve the service that you want to include in the survey?*

The answers to this question are broad and varied. Several people mentioned that they would like certain facilities or changes to their environment to make everyday life more comfortable or interesting. This sometimes led to mention of where smoking is allowed on the Trust's premises and the issue around having to go outside to have a cigarette.

Some people found the times of day without a structure to be an 'empty space' which should be filled with activities and highlighted the fact that the day was

organised to suit the staff which meant that mornings are filled with activities, often afternoons can seem long.

Relationships were mentioned as an important aspect of recovery and service users were keen to get support from the people around them (not just staff). Others mentioned that they would like more activities and more prompts to engage with each other and the outside world

Content and process – review of ERRES

The questionnaires achieved what they intended to do, which was to discover what the most important areas of recovery are for the service users and how well the Trust is supporting service users to meet their needs. Questionnaires took anything between 10 minutes and an hour and a half to complete, and were mostly straightforward to administer. The time each questionnaire took varied for several reasons, sometimes because it was necessary to run through them quickly to maintain the interest of the participant, and on other occasions each question could lead to a discussion on its content. Whilst this would be questionable in a formal research project it was considered acceptable in this more informal evaluation and feedback process

Certain questions proved more difficult than others to explain, and in particular the first question: 'Having a positive sense of personal identity beyond my diagnosis/mental distress is important to my recovery'. A concern with this is that service users may see the question in a different way to others and although an attempt is made to explain the question in the same manner each time this may not happen in practice. The item which asks to what extent 'having my basic needs is important to my recovery' is also subject to differences in what people understand the question to ask. Basic needs in this context refers to having enough income to provide the day-to-day necessities of life, and the statement has been altered since the end of this report period to state this more clearly.

A further question that is a cause for concern is that concerning spirituality. This means something different to many people, and as a result can be viewed in many different ways. Some service users asked if it is about God, and the response was always that it could be, but did not have to be. It could be about any spiritual belief. Despite an explanation the question causes a concern that people can see it in several different ways. Finally, the item that asks 'challenging stigma and discrimination is important to my recovery' assumes stigma is part of the experience of mental illness. Several participants have said that they do not consider stigma and discrimination to be part of their experience of recovery.

The CCT senior management team are considering these comments and will look at ways of reducing ambiguity and making questions as straightforward as possible to ensure each participant understands the questionnaire in the same way.

Section 2: Marking Recovery

Questionnaire Content

Marking recovery is adapted from a subscale of DREEM that was designed to measure how people rate their current situation in relation to predefined recovery markers, eg, 'my distressing experiences are under control'. The items were developed based on common quality of life indicators identified as relating to recovery. Respondents were asked to rate the degree to which they agreed or disagreed with the following statements.

1. Where I live feels safe.
2. Where I live feels like home.
3. There are people who I trust and to whom I can turn to for help.
4. I have at least one close friendship or relationship.
5. I am involved in activities which I value.
6. I can manage my problematic symptoms.
7. I am learning new things that are important to me.
8. I am in good physical health.
9. I like and respect myself.
10. I am using my own personal strengths, skills and talents.
11. I have goals which I am working to achieve.
12. I have reasons to get out of bed in the morning.
13. I have more good days than bad.
14. I am happy with my quality of life.
15. I feel in control of the important things in my life.
16. I feel I play a part in the neighbourhood or community in which I live.
17. I am developing as a person.
18. I have a sense of belonging.
19. I feel alert and alive.
20. I feel hopeful about my future.
21. I am able to deal with stress.
22. I believe I can make positive changes in my life.
23. I feel able to pursue my own personal beliefs and values.
24. I think I am being treated fairly and as an equal.

The scores were on a scale of 1-5 where 5 is strongly agree and 1 strongly disagree. The questions were set so that a higher score always indicates a positive outcome and a lower **score** a negative one.

The Marking Recovery questionnaire is attached at *Appendix 1*.

Findings (all questions)

In total, 83 people completed the first marking Recovery questionnaire, 53 the second and 34 the third. The mean scores for each question are shown below. Questions that showed an increased mean score are marked in green, and those that showed a reduced mean score are in red.

	Inception	3 Months	6 Months	Overall
Where I live feels safe.	3.93	3.75	3.82	-0.11
Where I live feels like home	3.85	3.72	3.97	+0.12
There are people who I trust and to whom I can turn to for help	3.93	3.12	4.21	+0.28
I have at least one close friendship or relationship.	3.92	4.11	4.21	+0.29
I am involved in activities which I value.	3.02	3.42	3.76	+0.74
I can manage my problematic symptoms.	3.81	3.09	3.18	-0.63
I am learning new things that are important to me.	3.24	3.38	3.62	+0.38
I am in good physical health.	2.9	3.02	3.41	+0.51
I like and respect myself.	2.62	2.87	3.24	+0.62
I am using my own personal strengths, skills and talents.	2.79	3.04	3.38	+0.59
I have goals which I am working to achieve.	3.66	3.66	3.62	-0.04
I have reasons to get out of bed in the morning.	3.39	3.49	3.82	+0.43
I have more good days than bad.	2.69	2.87	3.53	+0.84
I am happy with my quality of life.	2.45	2.64	3.32	+0.87
I feel in control of the important things in my life.	2.78	3.25	3.29	+0.51
I feel I play a part in the neighbourhood or community in which I live.	2.54	2.58	2.95	+0.41
I am developing as a person.	3.14	3.32	3.53	+0.39
I have a sense of belonging.	2.8	3.08	3.09	+0.35
I feel alert and alive.	2.46	2.6	3.09	+0.53
I feel hopeful about my future.	2.85	3.19	3.32	+0.47
I am able to deal with stress.	2.1	2.68	2.76	+0.66
I believe I can make positive changes in my life.	3.28	3.32	3.62	+0.34
I feel able to pursue my own personal beliefs and values.	3.08	3.32	3.59	+0.49
I think I am being treated fairly and as an equal.	3.47	3.55	3.79	+0.32

Five Most Improved Areas

Statement	Score at Inception	Score at 3 months	Score at 6 months	Total Change
14. I am happy with my quality of life	2.45	2.64	3.32	+0.87
13. I have more good days than bad	2.69	2.87	3.53	+0.84
5. I am involved in activities which I value	3.02	3.42	3.76	+0.74
21. I am able to deal with stress	2.1	2.68	2.76	+0.66
9. I like and respect myself	2.62	2.87	3.24	+0.62

Five Least improved Areas

Statement	Score at Inception	Score at 3 months	Score at 6 months	Total Change
6. I can manage my problematic symptoms	3.81	3.09	3.18	-0.63
1. Where I live feels safe	3.93	3.75	3.82	-0.11
11. I have goals which I am working to achieve	3.66	3.66	3.62	-0.04
2. Where I live feels like home	3.85	3.72	3.97	+0.12
3. There are people who I trust, and to whom I can turn to for help	3.93	3.12	4.21	+0.28

Five Areas which scored most negatively in the beginning

Question	Score at Inception	Score at 3 months	Score at 6 months	Total Change
21. I am able to deal with stress	2.1	2.68	2.76	+0.66
14. I am happy with my quality of life	2.45	2.64	3.32	+0.87
19. I feel alert and alive	2.46	2.6	3.09	+0.53
16. I feel that I play a part in the neighbourhood or community in which I live	2.54	2.58	2.95	+0.41
9. I like and respect myself	2.62	2.87	3.24	+0.62

Comment

The results of the Marking Recovery questionnaires show a broadly positive outcome over the six-month period.

- Twenty-one out of twenty-three areas showed improvement.
- There was a mean improvement of 0.39
- Eight areas showed a positive shift of over 0.5 which equates to a minimum 10% positive change
- Only three of the twenty-four areas show a negative trend at the end of the evaluation period.

A high proportion of Marking Recovery responses were from service users of the primary care Support, Time and Recovery Team. The five areas which scored most negatively in the beginning are consistent with referrals for people categorised with 'mild to moderate common mental health problems'. It is encouraging that three of these areas also appear in the most improved list.

Content and Process: Review of Marking Recovery

After eighteen months of administering Marking Recovery questionnaires the response from service users has been encouraging. 69% of service users who were sent the first questionnaire by post returned it, with 59% replying at three-months and 43% at six months. This indicates that service users are sufficiently engaged to wish to contribute to evaluation.

It was important that the evaluation was well introduced to service users. Residential service users were asked if they were willing to take part in the evaluation either on the telephone by the questionnaire administrator or by members of staff. They were informed about the purpose and length of the questionnaire, and were usually happy to contribute. Marking Recovery questionnaires took between five minutes and half an hour to complete with service users, most of whom appeared to be very positive about the process.

Capturing service user evaluation about the 24 markers of recovery at three points in their recovery journey indicates changes in general quality of life and in certain, broadly described areas within this. The questionnaires are brief and simple to understand and can be easily administered across large groups. It is a 'broad brush' measure which will gain in usefulness as the numbers of participants increases.

The questionnaires were asked to both residential and non-residential service users so it is possible to look at areas that are likely to result in different response levels for people in different situations, for example:

Question 2: 'Where I live feels like home'. Non-residents' results remained broadly stable, varying only from 3.93 at inception to 3.73 at three months and 3.96 after six months. Residential service users recorded a marked improvement over the six-month period. A score of 3.5 was recorded at inception, 3.69 at three months and 3.97 at six months. This probably reflects the process of each resident 'settling in' to a residential placement rather than a recovery outcome per se but it does indicate the sensitivity of this outcome measure even with these small numbers.

Our concern has been to ensure that the importance of each area of recovery to each individual is also measured, so these questionnaires are used in conjunction with the Elements of Recovery questionnaires to provide the evaluation with more depth.

Summary and next steps

This outcomes evaluation has enabled the Community Care Trust to explore the degree to which its activities enhance the quality of life of those who look to it for support. It has also begun to find out what is important to its service users and how well people are supported to meet these needs. This has prompted discussion at all levels of the organisation which has led to positive action by teams and individual services. The markedly positive overall response provides a strong indication that CCT is succeeding in providing recovery supportive services.

It is important that we can provide evidence that we can support service users to identify their needs and enable them to meet them. This evaluation project has proved to be a manageable way of beginning to do this. The resources required have however, been significant for a small organisation - one person has been contracted for ten hours per week.

The Trust will continue with the evaluation in its current form for the next year although some adaptation will be made to the questionnaires. Reports will be produced every six months for internal and commissioning monitoring. Responses will be reported on an organisation and unit basis and a project log will be maintained to track service changes and their effect on outcomes.

The Trust is working in conjunction with Devon Partnership NHS Trust and the commissioners to implement a range of consistent outcomes measures across the mental health and wellbeing networks. The lessons learned from this project will feed into that process and have already informed the debate.

Section 3: Stories of recovery

Recovery, what is that?

By Nick Hewling

Don't ever believe you're over it, or you'll not see it coming the next time. I'm a manic depressive. Been in and out of hospital for twenty years. Picked up on the street any times, held in police cells, sectioned half a dozen times, been on locked wards. I've had every sort of therapy; lost jobs and relationships over and over again. Long depressions, sometimes normal, short highs – then off my head seeing things, hearing voices, believing things I never would if I was right in the head. Drugs that just sedate you: lithium that flattens you out and takes away the good times. Soon after you get yourself straight, it all starts again.

Some staff are okay – they don't understand but treat you like a human being. But as soon as you get to know them, they're gone to another job. Not allowed to get too close to them though. It's a job. They get paid, trained to care. You tell them your thoughts and feelings and you see it in their eyes. You look mad to them and I suppose I am, sometimes. They want you to get involved, help out, volunteer. They don't realise you do it every day on the street, in cafes in pubs, on buses. You can't be in towns at night anymore, not if you need to be outside. We're on the edge of towns, the edge of the countryside, like we're on the edge of our own minds. We're where the roads meet and divide again, making a connection for an hour or two. Walking forever, keeping a steady rhythm, eyes straight ahead – resting on the horizon, if only we could see it. Just wanting to be in control of our thoughts.

You've got it for life. You just have to learn to endure and sooner or later the worst goes away – until it starts all over again.

Or Maybe I'm wrong?

Maybe I let them label me; went along with the ways others told me I was ill? Perhaps they don't know? Was I crazy when I went into hospital, or did the hospital make me mad? Did they treat me badly because they don't know how to do it well? I know some of them were scared of me. The medication is sometimes all they have to control the zoo. We do their heads in, we cope with it twenty-four hours a day, they leave after eight hours. Do they know how to stop a friend from being psychotic for an hour or two, by the way you talk to them, look at them, sit with them, walk with them?

The illness makes you scared to do things, to try to get close to people again, expecting everything to go wrong. Do I set myself up to fail? How do I learn to have normal relationships if not from normal people? How do I learn to give, unless I also learn to receive? I can't recover what I once had if the people caring for me remain strangers. I don't know what's best for me any more than the staff do – otherwise I wouldn't have been like this for so long. Unless I like and respect them I take no notice of what they say. It's all about fear, fear of the wrong things and the wrong people.

My Personal Story of Recovery **By Craig Woodward**

At some point I discovered that my breakdown at the age of 17 was described as 'schizophrenic'. Over the years I have read about schizophrenia and have tried to see how much of it applies to myself. I am now 55.

Looking at this illness and its symptoms requires some degree of insight of self-honesty. To my mind, madness is simply an exaggeration of tendencies that we all share. I don't believe that anyone is rigidly normal (and if they are that is probably an illness in itself)! I have found that some degree of medication is important in keeping well, as is eating properly, washing oneself, exercise and proper sleep. I believe self-medicating with street drugs or alcohol (in undue amounts) is often detrimental to one's general health.

I have relied on other people to create work and social structures for me, as often I cannot create structures for myself. Ideally I would be able, but I recognise that I often let things drift and fail to sort them out (things like tidying the flat; answering letters; filling in forms; cooking; budgeting properly and so on). If one feels strange it is important to re-centre oneself and this I do by singing aloud; having a wash; listening to gentle music; or reading aloud one of the psalms. Talking and laughing with others are also important.

I don't believe in boring others with one's mental health problems. However, I have been open in admitting to having had several mental breakdowns. The more I know of people, the more I discover that many people hide real problems of depression, mental pain and often debt in buying colourful clothing; body care essentials; or clever and complicated gadgets, perhaps in the hope that this will bring them happiness or success. The same applies to alcohol. It brings relief but often only in a temporary way. I smoke cigarettes, and perhaps the same could be said about that.

I am again surprised by the number of people who chase after the latest piece of news, or tittle-tattle in the media; and who think that this discovery or that piece of news directly affects them (that is, people who have exaggerated perceptions of changing the world). They have one idea one week, a new idea the following week, and so on. Finally, Shangri-La doesn't exist, and nobody is perfect. Most people have some degree of 'mess' in their lives, destructive action due to one's altered thoughts and perceptions.

My Way By Rosemary Leonard

I woke in the morning to a sunny morn. My happiness is to open my window, lie on my bed and listen to the birds sing, and be in no pain. The pain that troubled me for so long. I never thought I would get this far, be this well. I managed my illness with its limits. Sometimes I don't feel the limits and go too far – then the relapse hits, but you cannot wait for this to happen. You have to go through the pain barriers again and again to get stronger.

For all this you need good professional support. Quality to the full, not quantity. I found support through activities - mainly snooker; board games and jigsaws. Snooker enabled me to have fun. That heals. Board games helped my mind to come back to life, after being stagnant for so long, and jigsaws helped me to focus.

Instead of talking about the way I was feeling with my illness all the time, I found I was making more proper conversations. Life became more real. I learned social skills. I still cannot watch TV because of my vulnerability. So what?! There's still a lot more to life.

It's to get help doing your dream things that heal. Things you have never had the opportunity or know how to do. I still need help to learn to swim, have company to go on walks or to the theatre. Things I do not get from anyone, to share these within my own circle.

It's a long road to get the understanding from those close to me who just don't know what to do because unless you have been there yourself, I still say you don't really have much of a clue. There are workers out there who you can trust – be it at times, it feels, with your whole life.

I found that people would meet me 50% of the way, but when I needed 60% I was shouting for help from the highest level, but it would have been so simple for someone to have helped, just cared, made a cup of coffee, had a smile and offered some company, all in the right way. Sadly it's too much for a lot of people to give or to know how to do so.

I have turned myself inside out through my years – all the pain inside has gone – I've reached my soul and have peace of mind. With happiness most times is now inside me.

My main help came from clear boundaries, trustworthy people, clear communication, people being able to meet my needs, treat me as a worthwhile person and equal, then making me feel secure and *someone*. Seeing the person and not the illness is what helped me to move on, also being able to share all those problems I carried so heavily because I did not have the strength to carry them on my own.

Recovery to me means freeing yourself up as much as possible from past pain, accepting where you are and enjoying the present moment. My family and friends feel closer to me now, and even though I would like to see them more, I accept though where *I am*. I enjoy my own company more and get strength from within. Thank you, CCT for helping me to bring out the person in me that I really am, which enables me to enjoy the part of life that I can.

What 'Recovery' means to Me! Anon

Have I come through a difficult time in my life? I think I have. However, my life has been many difficult times, not just a singular event! Regardless, I do now feel I am in a better place mentally than I have ever been.

Is that RECOVERY?

What does RECOVERY mean?

"Generally, the return to or re-establishment of the normal or original state of the person"².

I have not returned to normal (whatever that is!) or original state I was and THANK GOD!! Be who I was then – I don't think so! I am older, more mature (most of the time!) and have a life. Is my journey interesting? Who knows?

Here goes:

I could bore you with my past but that would take too much paper and time and time is much too precious! I look back and feel my journey began with my deciding to LIVE not DIE! All my life until that point death was my get out. It was there, not LIVING just death or nothingness, worse than death!! Once I decided I wanted to LIVE things moved forwards, so quickly it seemed too easy or simple. Was it really this easy or was I going to fall again?

However people try to help, until YOU decide YOU want that help, REALLY want that help, not just take it because you should or because that's the thing to do at the moment YOU WON'T CHANGE!! It can't until you want it BADLY, and badly it has to be because if it's only a bit of you, you will climb the hill only to roll down again!

After a major suicide attempt (another one!) I sat there in hospital again, couldn't even breathe without being watched (level 4 is great!) I decided enough was enough! I couldn't go on like this. I wasn't just screwing up those around me, I was screwing up ME!

² Penguin Dictionary of Psychology, Reber, A. & Reber, S. 2001.

ME who I'd tried hard to protect all these years from the baddies and the do-gooders out there! ME who thought hurting myself was preferable to talking to someone. ME who believed I had to do these things because deep down I deserved them and if I hurt me then whatever else others did wouldn't register!

I hadn't seen this all those years! I was responsible for holding onto the pain!! Okay, the initial pain in my life wasn't down to me but holding it, caressing it, protecting it was ME! So it grew with me, got bigger than me. I fed it willingly; scared if I didn't have it I would become nothing. Who would I be without it? Too scary! I was this pain. There wasn't anything else – without it I would be nothing and that would confirm the voices in my head I'd always had. So I held it and loved it and thought it was me.

How did I reach this point of realisation? Who knows? I don't! I wish I could write a list and say if you do this it will work for you, but I can't as we're all different; so different things will work for you. Just keep trying! Even the odd things leave their mark. I tried everything – medication; various therapies; diet; exercise (bygone for me!); healing and other alternative stuff.

Try it all with your heart in it!

Group work helped me although I didn't realise it at the time. At the time I hated every minute of it. It was painful and scary as hell hearing someone else say what is in your head. It helped me realise I wasn't unique! The mantra "*it must be me*" went out the window as it became obvious it wasn't just me who had experienced these things and felt like I did.

But I didn't want to hear that. I was unique. I had to be. I couldn't be like everyone else as that would make me normal and I couldn't be normal!! That would mean all the pain and suffering I had experienced was nothing! Pointless! Life was very bleak at that time. If I was 'normal' then I was obviously crap at coping as I hadn't realised earlier and changed it all so I must be crap!! I couldn't face the inner me so retreated to the me I knew.

Slowly over time I listened to those who I trusted and ignored those I didn't. I was worth saving (time and time again!) from the brink of death. I was worthy of the air I breathed and the food I ate. Worthy of the space I occupied and the time people gave me. It's taken a long time but I am worthy of living, not just existing. I have learned to like myself, laugh at myself and even love myself, but most of all be fair to myself!! Life is hard enough without giving yourself a tough time!!

Am I RECOVERED? No. I'm better than that.

I've grown.

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Appendices

Appendix 1

ELEMENTS OF RECOVERY AND RECOVERY ENHANCING SERVICES

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<p>For each of the following questions you should circle one of the answers; SA - if you strongly agree with the statement A - if you agree with the statement N - if you are not sure, or neither agree or disagree D - if you disagree with the statement SD - if you strongly disagree with the statement</p>					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Having a positive sense of personal identity beyond my diagnosis/mental distress is important to my recovery.	SA	A	N	D	SD
a) Staff view me as more than a 'case' or diagnosis. They want to know me as a person.	SA	A	N	D	SD
2. Having a sense of meaning in life is important to my recovery.	SA	A	N	D	SD
a) Staff ask what is meaningful to me.	SA	A	N	D	SD
3. Having hope is important to my recovery.	SA	A	N	D	SD
a) Staff believe I have a positive future.	SA	A	N	D	SD
4. Having up-to-date knowledge about mental health and the most effective ways of managing/improving mental health is important to my recovery.	SA	A	N	D	SD
a) Staff teach me about mental health problems and symptoms.	SA	A	N	D	SD

5. Being able to self-manage symptoms/distressing experiences and avoid setbacks is important to my recovery.	SA	A	N	D	SD
a) This service helps me develop personalised coping skills so I can manage stress well.	SA	A	N	D	SD
6. Improving my general/physical health and wellness is important to my recovery.	SA	A	N	D	SD
a) Staff pay careful attention to my physical health.	SA	A	N	D	SD
7. Being active in directing my own recovery is important to my recovery.	SA	A	N	D	SD
a). Staff treat me as a responsible partner in decision making.	SA	A	N	D	SD
b). I direct my own treatments in this service.	SA	A	N	D	SD
8. Having my rights respected and upheld is important to my recovery.	SA	A	N	D	SD
a) There is a clear complaints policy and procedure if any of my rights are violated.	SA	A	N	D	SD
b) Staff uphold my rights.	SA	A	N	D	SD
9. Mutual self-help/peer-support is important to my recovery.	SA	A	N	D	SD
a) This service encourages users of service to help and support one another.	SA	A	N	D	SD

10. Being involved in personally meaningful activities is important to my recovery.	SA	A	N	D	SD
a) This service assists me to become involved in personally meaningful activities (such as working, furthering my education, creativity).	SA	A	N	D	SD
11. Being involved in, and part of, the larger community is important to my recovery.	SA	A	N	D	SD
a) I don't feel cut-off from the "real world" in this service.	SA	A	N	D	SD
12. Having positive relationships is important to my recovery.	SA	A	N	D	SD
a) Staff assist me in having positive relationships with my peers.	SA	A	N	D	SD
13. Identifying and building on my own personal strengths is important to my recovery.	SA	A	N	D	SD
a) Staff recognise and focus on my positive attributes and talents.	SA	A	N	D	SD
14. Developing new skills is important to my recovery.	SA	A	N	D	SD
a) This service connects me to places and people who help me build important skills.	SA	A	N	D	SD
15. Having my basic needs met is important to my recovery.	SA	A	N	D	SD
a) This service assists me to get a basic income and/or benefits.	SA	A	N	D	SD

16. Having a sense of control over my life and feeling empowered is important to my recovery.	SA	A	N	D	SD
a) Staff help me to gain or maintain control over important decisions in my life.	SA	A	N	D	SD
17. Spirituality is important to my recovery.	SA	A	N	D	SD
a) Staff ask me about my spiritual beliefs.	SA	A	N	D	SD
18. Taking on and succeeding in ordinary social roles is important to my recovery.	SA	A	N	D	SD
a) Staff offer to assist me to return to college or partake in similar activities.	SA	A	N	D	SD
19. Challenging stigma and discrimination is important to my recovery.	SA	A	N	D	SD
a) This service helps me overcome internalised stigma (feeling badly about myself because of my label of mental illness/distress).	SA	A	N	D	SD
20. Taking on new challenges and moving out of my comfort zone is important to my recovery.	SA	A	N	D	SD
a) I feel supported when I try new things that seemed out of my reach before.	SA	A	N	D	SD
21. Having positive role models is important to my recovery.	SA	A	N	D	SD
a) This service employs people who are positive role models of recovery.	SA	A	N	D	SD

22. Having assistance when I am in crisis is important to my recovery.	SA	A	N	D	SD
a) This service has help available immediately if I am in crisis.	SA	A	N	D	SD
b) Staff stand by me through hard times, they help me see that setbacks are part of recovery.	SA	A	N	D	SD
23. Intimacy and sexuality are important to my recovery.	SA	A	N	D	SD
a) This service adequately addresses my sexuality.	SA	A	N	D	SD
24. Having helpers who really care about me and my recovery is important to my recovery.	SA	A	N	D	SD
a) The staff here really listen to me.	SA	A	N	D	SD
b) Staff encourage, motivate and support me to move toward recovery.	SA	A	N	D	SD

FINAL QUESTIONS

- | |
|--|
| |
|--|
- 1). What are one or two of the most important things a mental health service and it's staff can do to support people with mental health problems in their recovery?

 - 2). What are one or two of the most important things you have learned so far on your journey of recovery?

 - 3). What are one or two things you would want to say to a person who is just beginning his or her journey of recovery from mental health problems?

 - 4). Are there any other comments or ideas that could improve the service that you want to include in the survey?

Appendix 2

MARKING RECOVERY

About the 'Support, Time and Recovery' Audit

This questionnaire is part of an evaluation which the Community Care Trust is carrying out in order to find out the extent to which the support we are offering makes a difference to people who use our services.

The questionnaire aims to identify areas that have improved, or which have not improved for you. This information will be gathered in a database so that we can look at it as a whole and will be used to help us to identify how our service can be improved. Any information about you will remain confidential.

Thank you for agreeing to take part in this evaluation.

PART 1

Your ID number	Support, Time and Recovery Worker
Date	Team/Location

For each of the following questions, please put an 'x' in the box which best reflects where you are now and how you are now.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1. Where I live feels safe.					
2. Where I live feels like home.					
3. There are people who I trust, and to whom I can turn to for help.					
4. I have at least one close friendship or relationship.					
5. I am involved in activities which I value.					
6. I can manage my problematic symptoms.					
7. I am learning new things that are important to me.					
8. I am in good physical health.					

MARKING RECOVERY (Continued)

	Strongly Agree	Agree	Not Sure	Disagree	Strongly disagree
9. I like and respect myself.					
10. I am using my personal strengths, skills and talents.					
11. I have goals which I am working to achieve.					
12. I have reasons to get out of bed in the morning.					
13. I have more good days than bad.					
14. I am happy with my quality of life					
15. I feel in control of the important decisions in my life.					
16. I feel that I play a part in the neighbourhood or community in which I live.					
17. I am developing as a person.					
18. I have a sense of belonging.					
19. I feel alert and alive.					
20. I feel hopeful about my future.					
21. I am able to deal with stress.					
22. I believe I can make positive changes in my life.					
23. I feel able to pursue my personal beliefs and values.					
24. I think that I am treated fairly and as an equal.					

Occupation	Yes	No	Not sure
25. I have a full-time or part-time occupation.			
26. I hope to return to a full or a part-time occupation.			
27. I am not in a full-time or part-time occupation and I am happy with this arrangement.			

*Please use the attached envelope to return your completed questionnaire.
Thank you for taking the time to help us with our monitoring and evaluation.*

Appendix 3

ERRES Statistics Divided into Residential Units

Team	Time in serv	Item 1	Item 1a	Item 2	Item 2a	Item 3	Item 3a	Item 4	Item 4a
Cypress	2.083333	4.5	3.75	4.42	3.92	4.42	4.08	4.17	3.92
Granvue	3.4	4.7	4.3	4.6	3.9	4.8	4.6	4.4	3.3
St Maur	2	4.57	3.86	4.57	4	4.71	4.43	4.14	3.71
CCT Average		4.59	3.97	4.52	3.93	4.62	4.34	4.24	3.66
Item 5	Item 5a	Item 6	Item 6a	Item 7	Item 7a	Item 7b	Item 8	Item 8a	Item 8b
4.17	4.17	4.33	3.67	4.33	3.79	3.75	4.08	3.58	3.67
4.6	4.6	4.3	3.6	4.7	4.2	3.6	4.25	3.6	4.1
4.71	3.57	4.29	3.86	4.57	3.36	4.29	3.86	4.43	4
4.45	4.17	4.31	3.69	4.52	3.83	3.83	4.09	3.79	3.9
Item 9	Item 9a	Item 10	Item 10a	Item 11	Item 11a	Item 12	Item 12a	Item 13	Item 13a
4.08	3.75	3	3.92	4.08	4.33	4.42	3.75	4.08	3.67
4.2	3.8	4.6	3.6	3.8	3.7	4.6	4.1	4.5	4.3
4.71	4.29	4.14	2.71	4.57	3.43	4.71	4.14	4.57	3.86
4.28	3.9	4.24	3.52	4.1	3.69	4.55	3.97	4.34	3.93
Item 14	Item 14a	Item 15	Item 15a	Item 16	Item 16a	Item 17	Item 17a	Item 18	Item 18a
3	3.42	4.58	4.17	3	3.5	3.58	3.17	4.08	3.75
4	4.2	4.8	4.6	4	3.5	3.9	2.8	4.5	3.7
4.86	4.14	4.57	3.86	4.57	3.29	4.14	3.43	3.86	3.71
4.21	3.86	4.66	4.24	4.14	3.45	3.83	3.1	4.17	3.72
Item 19	Item 19a	Item 20	Item 20a	Item 21	Item 21a	Item 22	Item 22a	Item 22b	
3.58	3.25	3.5	3.75	3.58	3.92	3.58	3.5	3.92	
4.4	4.6	3.8	4.1	4.2	4.35	3.9	3.8	4.5	
4.29	4	4.43	4	4.71	4.21	4.14	4	4.57	
4.03	3.9	3.83	3.93	4.07	4.14	3.83	3.72	4.28	
Item 23	Item 23a	Item 24	Item 24a	Item 24b	Average Import'ce	Average Provis'n	Below 3	3 to 4	Above 4
3.62	3.42	4.08	3.58	4.08	3.93	3.76	0	23	5
4.3	3.3	4.2	4.1	4.6	4.34	3.98	1	12	15
3.5	3.43	3.29	3.57	4.57	4.35	3.88	1	13	14
3.83	3.38	3.93	3.76	4.38	4.22	3.85	0	22	6

Appendix 4

Answers to open ended questions

1) What are one or two of the most important things a mental health service and its staff can do to support people with mental health problems in their recovery?

- 1 Provide assertive care that isn't from a Dr or Hospital. Provide, or encourage, creative activities to help distract from voices.
- 2 Help provide friendship or help people get friendship. Provide safety; a safe environment.
- 3 Keep me focussed on recovery, grounded, as I have a tendency to go into my own thoughts too much.
- 4 Talking. Feeling part of a community. Having approachable staff, feeling safe.
- 5 Provide nudges to get me to meet people and do things I would otherwise do.
- 6 Understanding the way you think and act when your ill and when your well because sometimes you don't know when your ill and staff can help point it out so you can do something.
- 7 Treat the person not the illness.
- 8 Having good food! The food here is good, but in hospital it was rubbish and made me feel lethargic and depressed.
- 9 Get you a place to stay and some stability, you can't recover without a period of stability.
- 10 Provide staff that really listen and believe what I have to say
- 11 Talking. Helping to teach people ways of relaxing. Help provide opportunities to meet people. Provide groups.
- 12 Providing benefits to live on.
- 13 Offer more support for people after psychosis, I was discharged and very depressed with no support.
- 14 Talking with clients helps. Provide activities to help prevent sitting around thinking to much, which is not good.
- 15 Encourage contact with other people; it's very hard but also very rewarding.
- 16 Medicines the most important thing
- 17 Having groups as they help me realise I can talk to people and be accepted, they help build my confidence.
- 18 out reach to keep me going
- 19 Respect people's confidentiality, don't discuss private issues with out the consent of clients, don't make decisions without notifying clients, and don't keep people in the dark.
- 20 Promote real world involvement; therapy can be like avoidance; locking myself away and discussing the same problems over and over.
- 21 Listen. Staff should be normal, not extra kind, it's patronising.
- 22 A connections advisor put me in touch with a voluntary organisation that got me into working at a play group for kids with learning difficulties. This

- one of the most positive experience I have had, made me feel normal!
- 23 Prompting questions about recovery, helping you to achieve this.
 - 24 Having staff available 24 hours a day.
 - 25 Staff having knowledge about your illness so they may be able to prompt you into coping strategies.
 - 26 A good, strong community atmosphere. Making sure that there is good support when you get out of hospital (out-reach for example).
 - 27 Staff should be friendly and not shut themselves up in an office all day. They should interact with patients (Staff at Cypress don't shut themselves away).
 - 28 Provide a peaceful, restful atmosphere.
 - 29 Give good guidance and support in everyday tasks.
 - 30 Flexibility to allow people what they need, be it isolation or company. Don't treat people as 'special cases' but treat people normally.
 - 31 Rebuilding their life after the event happens.
 - 32 Allow a natural course of time/growing up.
 - 33 Helping me to live healthily, and give encouragement.
 - 34 Help you to gain more independence.
 - 35 Treat people as individuals, not one (as Surecare did).
 - 36 Be positive, normalise situations.
 - 37 Provide caring people with a positive attitude.
 - 38 Make service users happier and look after them.
 - 39 Voices and pictures can't hurt you.
 - 40 Connect to them on their level.
 - 41 Staff should know what they are talking about from personal experience or knowledge.
 - 42 Opportunity to do outreach/education.
 - 43 Rebuilding their life after the event happened.

2). What are one or two of the most important things you have learned so far on your journey of recovery?

- 1 I've learnt to look after myself better. I've also learnt to get on with people better and that this is important in making me feel better.
- 2 I've learnt that people are more understanding than I thought they would be.
- 3 You need your self confidence.
- 4 I've learnt that I can be valuable as a person and that I can trust people although I still struggle with trust.
- 5 Sometimes med's are good, I don't like them but they help. Talking to people helps, just having people listen to me is healing.
- 6 The importance of love; you need to give, receive and experience love, you can live without other things but 'love is all you need' (lol).
- 7 That you've got triggers and there are things you can do to change. You've just got to get on with it.
- 8 Try to be less lazy and more active because then you feel like you've achieved more and are more healthy and thoughtful.
- 9 Anything can happen in your mind; something's are unexplainable, it

- doesn't take certain events to make things happen in you mind, so don't always believe it all.
- 10 Drinking doesn't change things.
 - 11 Try not to worry excessively about things, I find listening to the radio helps, also watching TV or doing my hobbies.
 - 12 There's other ways of coping than self harm, listen to the Dr's, listen to friends.
 - 13 Don't sit around laying dormant because you'll believe your thoughts and voices, get up, play music, or mess around on the computer.
 - 14 I've learned how important good, positive relationships are, not to avoid things as I have surprised myself with facing stuff, getting hope back is very important.
 - 15 That I'm not a nuisance. People do care.
 - 16 Staff being positive about your recovery, and telling you so.
 - 17 Having something to live for (children, pets, family and friends) or just your right to live on this Earth in peace!
 - 18 It's not easy, it takes a long time, set-backs will come, but can be dealt with.
 - 19 Recovery is continuous. There is no point of arrival. You are always learning and changing.
 - 20 How to deal with mental illness if it happens again.
 - 21 Symptoms go away. Time helps.
 - 22 How to socialise more and be more relaxed.
 - 23 Try not to think too far in the future for fear of negative thoughts.
 - 24 Realise what I think is normal.
 - 25 Time is a great healer.
 - 26 Voices and pictures can't hurt you. You can't send voices and pictures to people and people can't send them back.
 - 27 How to deal with mental illness if it happens again.

3). What are one or two things you would want to say to a person who is just beginning his or her journey of recovery from mental health problems?

- 1 Good luck. I'd share my experiences so they know they're not on their own and so they can talk to someone who is not a Dr or nurse. I would try and be a friend to them.
- 2 Seek support no matter how your feeling, or how strange you think you might sound.
- 3 Calm down. It's ok to get help.
- 4 Check out what meds your offered, get someone to fully explain what they are so you can make an informed choice.
- 5 Be strong you've got to just keep on going, work with the mental health staff.
- 6 Get it all down on paper; what your illness and problems are and what your going to do about it to recover. It can be very confusing so it helps to have a plan. Talking with people about problems will help with this.
- 7 Good luck.
- 8 Be as open as you can; people can't help you if they don't know your

- suffering.
- 9 Keep faith; never stop hoping.
 - 10 Keep your chin up.
 - 11 Even if you're insane, act sane!
 - 12 You're not the only one, you're not alone. Talk to other people who have similar problems, try not to feel bad about what's going on.
 - 13 Don't think your illness will stop you from achieving things and don't use it as an excuse as 4 years down the line you'll be at square one. Think about what you want to be able to live a fulfilled life, then set goals and plan how to get there, I ended up sulking for three years. Remember to keep things in perspective because there's always hope.
 - 14 Don't eat hospital food!!
 - 15 It is not impossible to feel better, it feels impossible but there is hope, I wouldn't have believed it, finding the right place/people/program helped me believe it.
 - 16 Hold on to hope.
 - 17 I never thought I would get on the recovery road. I lost so many years of my life. Don't let this happen to you. Seek help and talk (even if you think your problems are insignificant). Just talk and ask questions for reassurance. Write things down or draw pictures to try and explain how you feel.
 - 18 Never give up trying. There is always hope. Get out walking, get lots of rest, find someone to help you develop friends and support.
 - 19 Stay positive, and it will get better.
 - 20 Remember a time when you were happy. You were no different to anyone else then...
 - 21 Don't drink alcohol or take drugs.
 - 22 Take it at your own pace. Don't rush your recovery.
 - 23 Be patient with yourself. It may take years.
 - 24 No point in beating yourself up.
 - 25 Give it some time and hopefully you'll get better.
 - 26 The medication is a bandage for the poorly part of the brain.
 - 27 Keep an open mind. It's not the end of the world.
 - 28 Being out and around – being able to socialise is good.
 - 29 Stay positive and it gets better.

4). Are there any other comments or ideas that could improve the service that you want to include in the survey?

- 1 There's a good sense of community here, friendships/relationships are equal and encouraged.
- 2 More groups; less cooking, more talking (laughs).
- 3 Pool table, digital TV. Encourage more group activities within the unit to help people make more friendships and conversations. Going out as a group for coffee, walks or just days out. More attractive nurses
- 4 CBT gets me down, I wish I had more choice and didn't have to do it but I realise I have to get better.
- 5 Being busy is useful, too much time with nothing to do is bad.

- 6 Nope
- 7 Provide more opportunities to get out of town; there's a lady who works here that gives us a lift to the woods sometimes and I really enjoy this, it'd be nice to do more of this.
- 8 Hugs; I hug with other residents here, we've been here together for quite a long time, but we don't hug in front of staff as I think they might think it inappropriate. I would like to think it would be considered acceptable as I feel it's important to some people (not everyone).
- 9 More sympathy with people's problems, mental health staff have bullied me in the past (not here).
- 10 More activities, more holidays, more games.
- 11 More assertive nudges from staff as sometimes I lack the confidence/motivation to ask for help.
- 12 Its quite good here, maybe do more cooking.
- 13 No smoking indoors please, there should be more provisions for smokers outside.
- 14 nope
- 15 I don't think you can fault Cypress. It has helped me so much. All the staff are kind, friendly and approachable. I never knew places like this existed. Respite is tailor-made, and it works. Having little trips out is useful and breaks up the day.
- 16 Maybe setting up a 'hearing voices' group or just a group so we could all meet (with an agenda to discuss) on a weekly basis, not just the residents meeting.
- 17 Film nights are a good idea. So are parties!
- 18 Making close friendships has helped me, knowing I'm not on my own.
- 19 Having somewhere cosy that I can smoke in and have a chat (lots of problems are sorted out in smoking rooms!).
- 20 I know a complaints policy exists, but would like to know what to do and where to find it.
- 21 Possibly the day could be rearranged as the morning is cramped, and the afternoon is long and empty. If we had lunch later and an optional group in the afternoon it might be better.
- 22 People should be encouraged more to do activities, return to work etc
- 23 People should be encouraged to build stronger relationships; initially in Cypress, and externally.
- 24 Friendships could somehow be encouraged more.
- 25 Appraisal for service users.
- 26 Ask if we are OK and mean it. Take time for inreach service users as just because they are not residents it does not mean their needs are any less.
- 27 Make service users aware of the complaints procedure.
- 28 Fine as it is.
- 29 They do a good job.
- 30 More activities outside.
- 31 More casual chats instead of taking notes.
- 32 Deeper conversations.
- 33 People should be encouraged more to do activities/return to work etc.
- 34 Build stronger relationships. Initially to Cypress, and externally.

The Community Care Trust (South Devon) Ltd
The Haven
8 Hanbury Buildings
Bradley Lane
Newton Abbot
Devon
TQ12 1LZ

Registered Office: 5 Orchard Gardens, Teignmouth, Devon TQ14 8DP
Company Number 2420393. **Registered Charity number** 1007781