

UNITED KINGDOM · CHINA · MALAYSIA





Creative Practice & Mutual Recovery



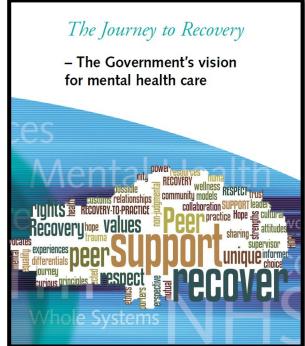
Elaine Argyle, Alex Barker, Brian Brown, Sandy Bywater, Paul Crawford, Tom Denning, Kate Duncan, Julie Gosling, Stephen John, Kirstie MacDonald, Nick Manning, Elvira Perez, Joe Pick, Victoria Tischler.

Dr Gary Winship – School of Education, University of Nottingham, Senior Fellow, IMH.

www.winship.info







The Journey to Recovery (Doh, 2001): "Services of the future will talk as much about recovery as they do about symptoms and illness. The mental health system must support people in settings of their own choosing, enable access to community resources including housing, education, work, friendships — or whatever they think is critical to their own recovery " (The Journey to Recovery DOH, 2001)





Winship, G (2016) A meta-recovery framework: positioning the 'New Recovery' movement and other recovery approaches. *Journal of Psychiatric & Mental Health Nursing*, 23, 66–73.



Published on Jun 10, 2014

Dr Gary Winship provides a lecture of Recovering Recovery: How TCs invented Recovery, and where it all went right.

Links to videos on www.winship.info from December 3rd

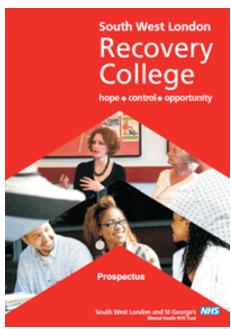
...the story of New Recovery, so far

"The principles of recovery are now central to mental health services in England as well as the United States, Canada, Australia and New Zealand. Recovery represents the next big transformational change for mental health services in this country - on a par with the closure of asylums and the move to care in the community" (Centre for Mental Health, 2012)



10 key indicators with which to gauge service re-focus (Boardman & Shepherd, 2009):

- 1. Changing the nature of day-to-day interactions and the quality of experience
- 2. Delivering comprehensive user-led education and training programmes
- 3. Establishing a 'Recovery Education Centre' to drive the programmes forward
- 4. Ensuring organisational commitment, creating the 'culture'
- 5. Increasing personalisation and choice
- 6. Changing the way we approach risk assessment and management
- 7. Redefining user involvement
- 8. Transforming the workforce
- 9. Supporting staff in their recovery journey
- 10. Increasing opportunities for building a life beyond illness



North East London Recovery College







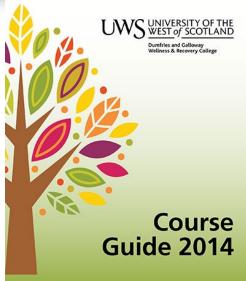


South West London Recovery College

Miles Rinaldi Head of Recovery & Social Inclusion













A therapeutic approach	An educational approach
Focuses on problems, deficits and dysfunctions;	Helps people recognise and make use of their talents and resources;
Strays beyond formal therapy sessions and becomes the over-arching paradigm;	Assists people in exploring their possibilities and developing their skills;
Transforms all activities into therapies – work therapy, gardening therapy etc;	Supports people to achieve their goals and ambitions;
Problems are defined, and the type of therapy is chosen, by the professional 'expert';	Staff become coaches who help people find their own solutions;
Maintains the power imbalances and reinforces the belief that all expertise lies with the professionals.	Students choose their own courses, work out ways of making sense of (and finding meaning in) what has happened and become experts in managing their own lives.

What about TCs that combine therapy and education? Eg Craig Watson at Toowoomba, Qu

[From: Perkins, R; Repper, J; Rinaldi, M & Brown, H (2012) Recovery Colleges – A Briefing Document. London. Centre for Mental Health] The difference between the Recovery model and Therapy.

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From Day centre	To Recovery College
Patient or client: "I am just a mental patient"	Student: "I am just the same as everyone else"
Therapist	Tutor
Referral	Registration
Professional assessment, care planning, clinical notes and review process	Co-production of a personal learning plan, including learning support agreed by the student
Professionally facilitated groups	Education seminars, workshops and courses
Prescription: "This is the treatment you need"	Choice: "Which of these courses interest you?"
Referral to social groups	Making friends with fellow students
Discharge	Graduation
Segregation	Integration

So Why MUTUAL RECOVERY, just another Recovery Fad?



Defining Recovery – A Meta Recovery Quadrant

NEW RECOVERY	TRADITIONAL RECOVERY
Recovery Colleges Education focused Low evidence	AA, NA, TCs, Correctional Institutions 12-Step, Milieu Therapy,
Where: UK, NZ, Australia, US	Minnesota Model, Concept Houses Where: Global
MUTAL RECOVERY	PSYCHIATRIC RECOVERY
MUTAL RECOVERY Arts focused, TC informed AHRC Funded Research Workshop based, led by artists	PSYCHIATRIC RECOVERY Psychiatric rehabilitation, TCs (principles & proper), social psychiatry, anti-psychiatry, PIPEs,

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A critical review of New Recovery - Where does it resemble and where does it depart from TC practices?

NEW RECOVERY	TCs
Experts by experience of therapy ad-hoc	Expertise by experience therapy often a pre-requisite of training
Assets based	Resource based
Individualism	Collectivism
Political rhetoric re user- involvement & co-construction of standards informal	Political action re user- involvement & co-construction of standards formalised
Soft recovery	tough recovery

Cf: Kate Jeffries, DV work at Communicare, WA, Tom Hopkins & David Lonnie at Serenity Lodge, Moral Reconation



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