

# **Social Inclusion and Recovery (SIR)**

## **Strategy**

**2010-2015**

## **South London and Maudsley (SLaM) NHS Foundation Trust Social Inclusion and Recovery (SIR) Strategy 2010-2015**

### **Executive summary**

A new Social Inclusion and Recovery Strategy was needed for the Trust and the SIRR Board hosted two events to assist in the development of a new fit for purpose strategy in the light of changes occurring within the local and national context.

The first event was held for the SIRR Board members and reviewed the progress of the SIRR Strategy 2007-10. The second event was facilitated by international service user consultant Mary O'Hagan and involved both Board members and wider stakeholders particularly service users and carers. It involved reviewing the new draft strategy and its recommendation set against the backdrop and focus of current recovery oriented principles.

The strategy outlines the progress made to date in the areas of shaping policy, co-ordinating changes within SLaM and knowledge dissemination.

It provides definitions of recovery, social inclusion and mental well-being as a way to set the scene about how the strategy will be the implementation tool for the realisation of the social inclusion and recovery principles in the Trust Strategy and Annual Plan.

There are five workstreams:

- Fostering relationships
- Promoting well-being
- Offering treatments
- Improving social inclusion
- Outcomes

The SIR Board will support the Clinical Academic Groups (CAGs) to develop relevant approaches for measuring and positively impacting upon these outcomes.

### **Introduction**

This is the SLaM SIR 2010-2015 strategy, which replaces the SLaM Social Inclusion, Rehabilitation and Recovery (SIRR) Strategy 2007-2010. At a workshop of stakeholders held in October 2009 it was recommended that the term rehabilitation be removed in order to focus on the more contemporary terminology of social inclusion and recovery.

The SIRR Strategy 2007-2010 was approved by the SLaM Board in February 2007, reflecting a desire within SLaM to expand on its position as a leading mental health service provider and to set the standard in terms of social inclusion, rehabilitation and recovery. The strategy identified priorities for the development of social inclusion, rehabilitation and recovery-focused SLaM services. A Recovery Charter and principles formed the cornerstone of the strategy, and the aim was to ensure SLaM had a coherent and systematic approach to supporting recovery and promoting social inclusion. Key aims identified in the strategy were:

- Adopting the Recovery Charter and Principles as the foundation of SLaM services and ensuring that staff are trained and supported to work in a recovery focused way.

- Building the capacity of SLaM and local communities to challenge stigma and reduce discrimination of people with mental health problems.
- Ensuring people who are using mental health services are supported to access a range of socially inclusive employment and vocational opportunities *i.e.* employment, training, education or voluntary work.
- Ensuring people have access to appropriate housing
- Ensuring people have the opportunity and are given support to obtain good health and well-being as part of their journey of recovery.
- Ensuring people have access to community resources and opportunities for participation.

The SIRR Board directly contributed to progress towards the strategy. The Board met quarterly and oversaw projects and pieces of work related to the above aims. Contributions made by the Board included:

#### *Shaping policy*

1. The SIRR Board worked with the Members' Council on the 'Make Me Smile' campaign, with the result that social inclusion is one of the key themes supported for members to apply for small amounts of money.
2. Projects such as the SLaM aim to gain Mindful Employer status were initiated by the SIRR Board. The current Mindful Employer initiatives being set up in conjunction with SLaM Human Resources are progressing towards SLaM being an employer of choice for people with lived experience.
3. SLaM Training and Education department has seen an increase in requests for recovery-oriented training. There is now a new session on the Trust induction for all staff, covering the Recovery Charter. Funding has been obtained to roll out a large comprehensive programme of recovery training for staff. And we are currently producing a trust-wide audit of recovery initiatives.

#### *Co-ordinating changes within SLaM*

4. The SIRR Board through the SIRR Project Manager activity has worked closely with individuals and services to successfully apply for funding to develop social inclusion and recovery oriented initiatives to SLaM Trustees, Guy's and St Thomas' Charity and other funding bodies.
5. The Employment Working Party has worked with the IT services to ensure PSA 16 (employment status information) is recordable on EPJS
6. The pan-Trust vocational services have expanded in their presence and profile in supporting people to engage in education, volunteering or employment opportunities.

#### *Knowledge dissemination*

7. There was a marked increase in awareness of recovery and social inclusion within SLaM. Anecdotally we can say that recovery principles and social inclusion has achieved a status in the psyche of SLaM. A concrete indicator is the inclusion of 'promoting recovery, social inclusion and mental well-being' in the SLaM strategy (see Appendix 1).
8. SLaM was one of the first Mental Health Trusts to produce a strategy for promoting recovery and social inclusion, and there was a great deal of interest from other organisations in us sharing the work involved in creating the strategy. The SIRR Board provided a focal point for receiving and responding to enquiries.

9. The SIRR Board co-ordinated the involvement of SLaM in the Sainsbury Centre for Mental Health national initiative around recovery. Authors from SLaM have contributed to all outputs.

The SIRR Strategy 2007-2010 included proposed outcomes and mechanisms for monitoring and evaluating progress. This aspect was less successful, with no systematic monitoring or evaluation of progress being undertaken.

Overall, the primary achievements following from the SIRR Strategy 2007-2010 were:

- a) Obtaining Executive approval for the strategy, which was an important way of legitimising and valuing subsequent efforts by many individuals within SLaM
- b) Making these ideas visible throughout SLaM, thus starting the process of developing an organisational identity around recovery and social inclusion
- c) Very actively encouraging and supporting the bottom-up development of local initiatives within SLaM services
- d) A specific area of progress has been in induction and training, due to active support from SLaM Education and Training department
- e) Developing skills in communicating about these ideas to organisations outside SLaM
- f) Positioning SLaM as a national leader in the development of a Trust-wide strategy
- g) Bringing resources into SLaM, both from local charitable funds and from national research funders.

The focus for the next strategy will be:

- Executive-level ownership and leadership of change, including both in relation to individual initiatives and organisational culture
- Increased co-ordination of activities
- A marked increase in evaluative research, harnessing the existing mental health services research expertise within SLaM / King's Health Partners
- An increased focus on performance indicators and outcomes

The environment has of course changed, with many new drivers. In developing this new strategy, we have considered the following (among others):

#### *New developments within the Trust*

- SLaM Strategy (see Appendix 1)
- King's Health Partners Academic Health Science Centre (see Appendix 2)

#### *Policy*

- Department of Health (2009) *New Horizons. Towards a shared vision for mental health. Consultation*, London: Department of Health.
- HM Government (2009) *New Horizons. A shared vision for mental health*, London: Department of Health.
- National Social Inclusion Programme (2009) *Outcomes Framework for Mental Health Services*, London: NSIP.

#### *Research*

- Foresight Mental Capital and Wellbeing Project (2008) *Mental Capital and Wellbeing: Making the most of ourselves in the 21st century. Final Project Report*, London: Government Office for Science.

#### *Guidance*

- Shepherd G, Boardman J, Slade M (2008) Making recovery a reality, London: Sainsbury Centre for Mental Health.
- Future Vision Coalition (2009) A future vision for mental health, Future Vision Coalition.
- Sainsbury Centre for Mental Health (2009) Implementing Recovery. A new framework for organisational change, London: Sainsbury Centre for Mental Health.
- Slade M (2009) 100 ways to support recovery, London: Rethink.

*Professional guidelines*

- Social Care Institute for Excellence (2005) Developing social care: the past, the present and the future. SCIE Adult Services Position Paper 04, London: SCIE.
- College of Occupational Therapists (2006) Recovering ordinary lives: The strategy for occupational therapy in mental health services 2007-2017, London: College of Occupational Therapists.
- Department of Health (2006) From values to action: The chief nursing officer's review of mental health nursing, London: HMSO.
- Royal College of Psychiatrists (2008) Fair deal for mental health, London: Royal College of Psychiatrists.
- Kinderman P, Tai S, (eds) (2009) Psychological health and well-being: A new ethos for mental health, Leicester: British Psychological Society.
- Royal College of Psychiatrists (2009) Mental Health and Social Inclusion: Making Psychiatry and Mental Health Services Fit for the 21st Century, London: Royal College of Psychiatrists.

The new strategy will build on the achievements of the SIRR Strategy 2007-2010. The aim is to identify ambitious and achievable goals for SLaM over the coming five years.

## SLaM Social Inclusion and Recovery (SIR) Strategy 2010-2015

The aim of the SIR Strategy 2010-2015 is to support progress towards the goal identified in the SLaM Strategy to *Promote recovery, social inclusion and mental well-being*. What do these three terms mean?

### What is recovery?

The most widely used definition of recovery is<sup>1</sup>:

*A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful and contributing life, even with the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.*

In New Horizons<sup>2</sup>, recovery is described as “*living a life beyond illness*”. The process of recovery involves “*building a meaningful and satisfying life, as defined by the person themselves, whether or not there are ongoing or recurring symptoms and problems*”.

Key building blocks which emerge from people's stories of their own recovery in and with mental illness are<sup>3</sup>:

1. Finding and maintaining hope – believing in oneself; having a sense of personal agency; being optimistic about the future
2. Re-establishment of a positive identity – finding a new identity which incorporates illness, but retains a core, positive sense of self
3. Building a meaningful life – making sense of illness; finding a meaning in life, despite illness; being engaged in life
4. Taking responsibility and control – feeling in control of illness and in control of life.

Within SLAM we have developed the simple definition that<sup>4</sup>:

*Recovery involves living as well as possible*

A mental health service which promotes recovery will help service users feel that, with support, they can work out coping strategies to deal with their difficulties and to gain a sense of control over their lives. They do not have to be passive recipients of the mental health system.

### What is social inclusion?

Social inclusion refers to the extent to which individuals are able to participate in key areas of economic, social and cultural life<sup>5</sup>.

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<sup>1</sup> Anthony WA (1993) *Recovery from mental illness: the guiding vision of the mental health system in the 1990s*, Innovations and Research, **2**, 17-24.

<sup>2</sup> HM Government (2009) *New Horizons. A shared vision for mental health*, London: Department of Health.

<sup>3</sup> Andresen R, Oades L, Caputi P (2003) *The experience of recovery from schizophrenia: towards an empirically-validated stage model*, Australian and New Zealand Journal of Psychiatry, **37**, 586-94.

<sup>4</sup> South London and Maudsley NHS Foundation Trust (2007) *Social Inclusion, Rehabilitation and Recovery Strategy 2007-2010*, London: SLaM.

<sup>5</sup> Boardman, J., Currie, A., Killaspy, K., Mezey, G. (2010) *Social Inclusion and Mental Health*. London: RCPsych Publications

Exclusion can be seen as ‘a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown’<sup>6</sup>. The emphasis here is on non-participation arising from constraint, rather than choice. People with mental health problems, particularly those with severe and enduring problems are at high risk of exclusion and face a range of daunting barriers to participating in wider society. Social exclusion can be both a cause and consequence of mental illness. Poverty, lack of social networks and community resources, and prejudice and discrimination are key drivers of social exclusion in people with mental health problems. Social Exclusion can be transmitted both within and across generations. Many of the risk and vulnerability factors for social exclusion also affect health and wellbeing and are also associated with barriers to recovery.

Whilst many of the means of increasing social inclusion for people with mental health problems are related to broader government policies and initiatives, mental health services do have a role in promoting inclusion.

For mental health practice and services, ideas of recovery are integral to the notion of socially inclusive practice. Hope, a sense of personal control, and opportunity are key ideas relating to recovery. Recovery and social inclusion are linked through the provision of opportunity: recovery both requires and allows social inclusion, and social inclusion helps to promote recovery.

### **What is mental well-being?**

The Foresight report into mental capital and well-being<sup>7</sup> defined mental well-being as:

*a dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society.*

It is often assumed that mental health exists along a spectrum with mental well-being at one end and mental illness at the other, but research indicates that measures of mental illness and measures of (positive) mental health form two distinct, but correlated, continua in populations<sup>8</sup>. This model suggests people with mental health problems can also experience mental well-being and likewise people with an absence of mental illness can have low levels of mental well-being, as shown in Figure 1<sup>9</sup>.

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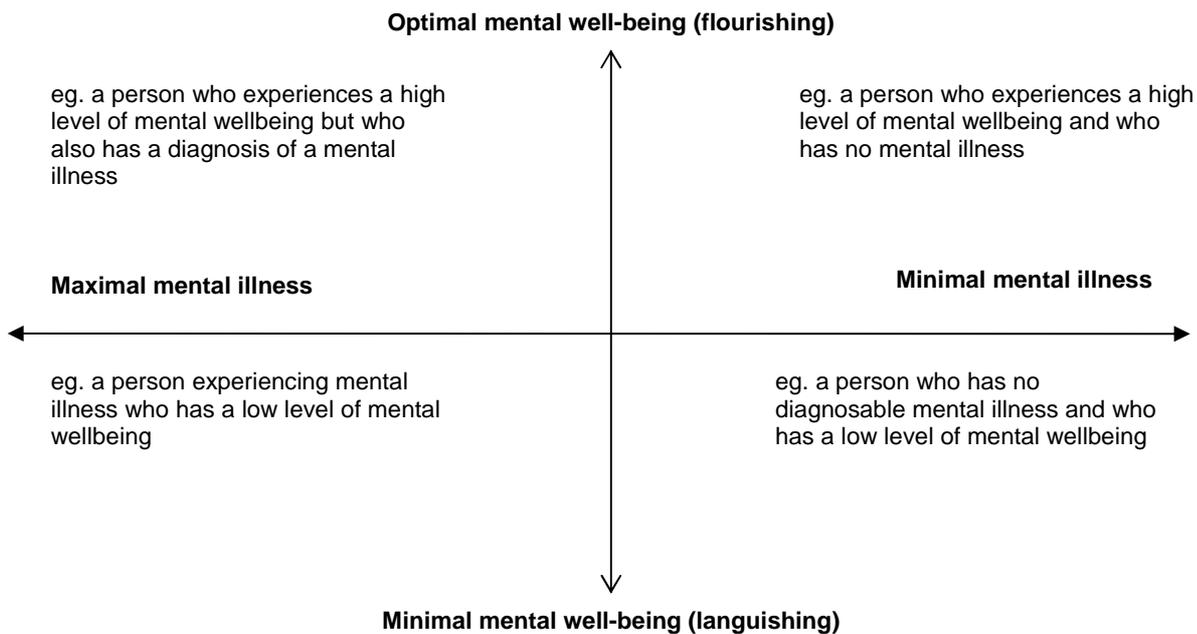
<sup>6</sup> Social Exclusion Unit (2001) *Preventing Social Exclusion*. Social Exclusion Unit, London: Stationery Office.

<sup>7</sup> Foresight Mental Capital and Wellbeing Project (2008) *Mental Capital and Wellbeing: Making the most of ourselves in the 21st century. Final Project Report*, London: Government Office for Science

<sup>8</sup> Keyes, C.L.M. (2002) *The mental health continuum: from languishing to flourishing in life*, *Journal of Health and Social Behaviour*, **43**, 207-22

<sup>9</sup> Reproduced from Directorate General Health and Well-Being (2007) *Towards a Mentally Flourishing Scotland: The Future of Mental Health Improvement in Scotland 2008-11*, Scottish Government.

**Figure 1**



Evidence suggests that a small improvement in well-being can help to decrease some mental health problems and also help people to flourish. Foresight distilled the evidence and research around what promotes and protects mental well-being into 5 key messages for individual action:

*Connect...*

Connect with the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

*Be active...*

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercise makes you feel good. Most importantly, discover a physical activity you enjoy and one that suits your level of mobility and fitness.

*Take Notice...*

Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

*Keep Learning...*

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you enjoy achieving. Learning new things will make you more confident as well as being fun.

*Give...*

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and

your happiness, as linked to the wider community can be incredibly rewarding and creates connections with the people around you.

We know that good mental health and well-being is fundamental to all our lives. It underpins everything we do, how we think, feel, act and behave. It is an essential and precious individual, family and community resource that needs to be protected, promoted and improved. There is increasing evidence and understanding of the importance of good mental health and well-being and more is now known about what can be done to improve, protect and sustain mental health and well-being for communities, families and individuals of all ages.

## Core values

SLaM will continue to adopt the Recovery Charter (shown in Appendix 3) as the foundation for SLaM services.

## How SLaM will incorporate these principles

Promoting recovery, social inclusion and mental well-being for the benefit of service users and the wider population are key priorities in both the Trust Strategy and the Annual Plan. The SIR strategy will be the vehicle for implementing these priorities across the entire Trust. Each Clinical Academic Group will identify outcomes related to recovery and social inclusion for their specific area in line with the SIR Strategy, and will develop relevant approaches for measuring and positively impacting on these outcomes.

## Implementation workstreams

There are four ways in which mental health services can support personal recovery<sup>10</sup>:

- Fostering relationships
- Promoting well-being
- Offering Treatments
- Improving social inclusion

The SIR Board will co-ordinate work-streams relating to these four support tasks.

The **Fostering relationships work-stream** will be focussed on how SLaM can support the development of key relationships identified in recovery narratives. These will include:

- a) Relationships with professionals: shaping the way SLaM mental health professionals interact with people using SLaM services. This will include the widespread dissemination of, and support for, the 'Ten Top Tips' for recovery oriented practice<sup>11</sup>:

After each interaction, the mental health professional should ask her / himself, did I...

- actively listen to help the person to make sense of their mental health problems?
- help the person identify and prioritise their personal goals for recovery – not professional goals?
- demonstrate a belief in the person's existing strengths and resources in relation to the pursuit of these goals?
- identify examples from my own 'lived experience', or that of other service users, which inspires and validates their hopes?
- pay particular attention to the importance of goals which take the person out of the 'sick role' and enable them actively to contribute to the lives of others?
- identify non-mental health resources – friends, contacts, organisations – relevant to the achievement of their goals?
- encourage self-management of mental health problems (by providing information, reinforcing existing coping strategies, etc.)?
- discuss what the person wants in terms of therapeutic interventions, e.g. psychological treatments, alternative therapies, joint crisis planning, etc., respecting their wishes wherever possible?

<sup>10</sup> Slade M (2009) *Personal recovery and mental illness*, Cambridge: Cambridge University Press.

<sup>11</sup> Shepherd G, Boardman J, Slade M (2008) *Making recovery a reality*, London: Sainsbury Centre for Mental Health.

- behave at all times so as to convey an attitude of respect for the person and a desire for an equal partnership in working together, indicating a willingness to ‘go the extra mile’?
- while accepting that the future is uncertain and setbacks will happen, continue to express support for the possibility of achieving these self-defined goals

- b) Relationships with peers – this will recognise that personal experience of mental illness can be used to build hope and empowerment in others. We will aim to
  - a. make SLaM a place where lived experience in the work-force is valued, and staff are open about their own experiences
  - b. develop peer support workers as a valued and sizeable role in the SLaM work-force
  - c. improve links with the voluntary sector, including greater support for mutual self-help groups.
- c) Relationships with informal carers – this will recognise the contribution that people in the lives of service users can make to their recovery, and that supporting carers *is* supporting recovery and social inclusion.
- d) Relationships with a higher being – this will recognise the contribution that spirituality, religious and secular beliefs can make to recovery, and that mental health services can do better in learning to support these aspects of development.

The **Promoting well-being work-stream** will seek to embed promoting mental well-being into the “way that we do things” in SLaM by:

- a) Ensuring promoting well-being is integrated into Clinical Academic Groups and care pathways
- b) Supporting staff learning around the latest developments in the field of mental well-being
- c) Working with Human Resources to ensure a flourishing work force
- d) Incorporating the five ways to well-being into our services
- e) Using Mental Well-being Impact Assessments (MWIA) to identify and maximise the positive and minimise the negative impacts of our services on the mental well-being of people using them. The MWIA toolkit provides a structured analysis of how policies, proposals, programmes and projects might influence mental health and well-being. MWIA is based on a review of the evidence about factors promoting and protecting our mental well-being. In particular, it focuses on the social determinants of health and four factors identified by the Department of Health (2001) that are strongly associated with a positive impact on mental well-being: Enhancing control; Increasing resilience and community assets; Facilitating participation; and Promoting inclusion.
- f) Using the dedicated mental health promotion team whose departmental goal is to improve the health and wellbeing of SLaM staff and also the wider public.

The **Offering treatments work-stream** will link with existing CAG activity, with a specific focus on developing approaches which as far as possible position SLaM services *on tap, not on top* in the lives of people using our services. This will include co-ordinating the development of risk management policy which considers the risk of creating dependency and the need for positive risk-taking, approaches to supporting partnership relationships which value both expertise-by-training and expertise-by-experience, and the development of coaching skills training.

The **Improving social inclusion work-stream** will focus on these three actions:

1. SLaM will develop a range of effective partnerships with external organisations within and beyond the local health community to support individuals in building a life for themselves independent of formal mental health services. These partnerships will ensure people using mental health services:
  - Are supported to access a range of socially inclusive employment and vocational opportunities i.e. employment, training, education or voluntary work.
  - Have access to appropriate housing and settled accommodation.
  - Have access to good physical healthcare and opportunities to gain good physical health and well being.
  - Have access to community resources and opportunities for participation.
  - Develop peer support networks to sustain community inclusion.
2. SLaM will develop a strategy to employ more people within the organisation who have lived experience of mental health problems and the employment of peer support workers within clinical teams.
3. SLaM will support social inclusion through a comprehensive range of targeted anti-stigma work in the communities that it serves. These projects will involve suitably trained service users and will involve active follow-up.

### **Outcomes**

The most important outcome of this strategy is a better experience of recovery and social inclusion by people using SLaM services. We propose that progress towards this goal be evaluated in two ways:

1. The proportion of people obtaining valued social roles and normal citizenship expectations. This includes employment, housing, relationships, friendships, spiritual identity, sexual identity, cultural identity and the experiences needed for well-being (giving, learning, noticing, being active, and connecting).
2. The proportion of people meeting personally valued goals. This will involve the development of approaches to identifying the individual's (rather than the clinician's) goals, recording these goals, focussing clinical efforts on supporting these goals, and recording success.

Intermediate indicators of success may include:

#### *Service users*

- Increase in number of people who would choose to receive services from SLaM when experiencing severe mental health problems
- Increase in service users actively engaged in, or leading, the writing of their care plan
- Increase in take up of the PPI Register and other opportunities for involvement – not just care plan e.g. attending meetings, delivering training sessions, undertaking service user research, user focussed monitoring etc.

#### *Staff*

- Number of staff trained and supported to deliver recovery services
- Increase in percentage of staff employed in SLAM who talk openly about their own experience of mental health problems
- Increase in job satisfaction among staff

### *Organisational*

- Number of SLaM teams with social inclusion and recovery-focused operational policies.
- Percentage of care plans which contain items which are either the service user doing something for themselves or jointly doing with staff (rather than staff doing to the service user)
- Percentage of risk management plans including positive and managed risk-taking (rather than risk avoidance)
- Recruitment strategy actively values personal experience of mental health problems

The SIR Board will co-ordinate a fifth work-stream – the **Outcomes work-stream** – to co-ordinate, initiate and evaluate progress in this area.

### **Meeting the organisational challenge**

Ten key organisational challenges have been identified<sup>12</sup>. These represent the key areas of change that are required in the practices of mental health workers, the types of services provided and the culture of organisations if SLaM is to become a recovery-orientated organisation. The challenges are:

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 Unit' 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*'

Each of these 10 organisational challenges represents a substantial amount of work and it is unlikely that they will all be addressed at once. The SIR Board, in association with other local stakeholders including all the Clinical Academic Groups, will develop a five year plan for initiating, promoting and assessing change in the 10 areas<sup>13</sup>. This plan will involve:

- Assessing the current level of progress in the 10 challenges. Providing a summary of the current situation for benchmarking and to developing an understanding of the concepts and the implications for organisational change.
- Agreeing the priorities for organisational change. Identifying a small number of the challenge areas that will be given priority, and agreeing a number of clearly defined goals to define the targets and monitor progress.
- Implementing the process to reach the goal. The progress will be monitored and the goals will be reset and then further monitored in an iterative cycle. Further challenges will be addressed as the process progresses.

SLaM will appoint an Executive-level lead for this process of organisational transformation, who will liaise with other stakeholders (including Commissioners) and the SIR Board.

### **SIR Board**

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<sup>12</sup> Sainsbury Centre for Mental Health (2009) *Implementing Recovery. A new framework for organisational change*, London: Sainsbury Centre for Mental Health.

<sup>13</sup> Shepherd, G., Boardman, J. & Burns, M. (2010) *Implementing Recovery. A methodology for organisational change*. London: Sainsbury Centre for Mental Health.

A new SIR Board will be constituted, and will identify a lead for each of the five work-streams. The SIR Board membership will reflect the priorities in this strategy, in particular the importance of:

- Partnership between people with professional expertise and lived experience
- Work-streams (Fostering relationships, Promoting well-being, Offering treatments, Improving social inclusion, Outcomes)
- Commitment throughout the organisation, including for example Human Resources and IT
- Partnership with voluntary sector agencies
- Existing initiatives within SLaM, such as the development of Clinical Academic Groups
- Cross-professional and multi-level ownership of the process of change within SLaM.

The SIR Board will meet quarterly, and will receive reports from the five work-stream leads. It will formally report on progress to SLaM Executive annually, and will actively liaise with, and inform developments within, Clinical Academic Groups.

## Appendix 1

### SLaM Strategy

The new SLaM Strategy recognises the principles and developments outlined above. Its core value is

“Everything we do is to improve the experience of people using our services, and to promote mental health and well-being for all”.

Five headings describe “what we want to do”:

- Provide high quality clinical care and treatment, delivered sensitively, consistently and based on evidence that it works
- Promote recovery, social inclusion and mental well-being
  - Which means ...
    - Moving beyond a service that merely reacts and responds to illness to one which contributes more widely to helping the community stay well
    - Providing services which are focused on recovery – rather than simply containing or treating the symptoms of illness – and which offer choice and promote independence
    - Providing help back into education or employment for those people who want it
- Translate research into practice
- Create a supportive environment which enables people to flourish and achieve excellence
- Provide leadership and management which inspires, directs and drives the organisation
- Develop and grow an organisation in order to respond effectively to the changing environment within which we operate.

While only the second heading has been expanded above to include its more detailed points, in the Strategy itself each heading includes at least one point that can be mapped to the promotion of social inclusion, recovery and well-being.

## Appendix 2 Kings Health Partners (AHSC) Strategy

SLaM's position within the Kings Health Partners academic health sciences centre places it in a strong position to promote social inclusion and recovery within the wider community served by the AHSC partners, particularly through the second of the five proposed components of its Vision:

... a radical shift in healthcare to improve patient healthcare and outcomes and public health and well-being by integrating world-class research, clinical care and education to deliver:

- Decreasing translational research cycle times – enabling patients to benefit more quickly from what is discovered
- **Clinical care which addresses the whole person – attending to people's physical and psychological needs in parallel**
- A shift in the balance of care – enabling patients to access services as close to their homes and local communities as possible
- Improving public health and well-being – recognising the health inequalities among the local population and addressing these by
  - Moving from treatment towards population screening and disease prevention and focusing on earlier intervention and personalised medicine
  - Supporting local people to maintain, improve and enhance their health
- The workforce to transform healthcare – delivering innovation through education

A specific important development is the organisation of SLaM services into Clinical Academic Groups.

## Appendix 3 Recovery Charter

***Vision:** To reduce illness and promote social inclusion – “to keep people in their lives” including supporting them when they choose to change their lives*

### **Recovery Principles**

1. Recovery is something the individual defines and experiences. A mental health service cannot make someone recover, though it can support the process. **The primary aim of SLAM in its work with service users is to support them in their recovery.**
2. Care planning will be based on the goals and priorities of the service user. SLAM will support each service user in making choices about their own life, within the limits imposed by statutory requirements.
3. Hope (a desire accompanied by confident expectation) is a key element of recovery. Staff will promote hope in their work with service users and their carers, recognising that recovery takes time and can involve set-backs. SLAM recognise that staff need to have adequate resources and to feel hopeful about their own jobs if they are to promote hope in others.

***Vision:** To offer the people we serve the best mental health services possible*

### **Recovery principles**

4. Culture, ethnicity, sexuality, spirituality, relationships and lifestyle (e.g. exercise, diet) are important elements of many people’s recovery. SLAM will value and actively support these elements.
5. Medication is an element of many (though not all) people’s recovery. Other important elements are psychological and social interventions. SLAM will provide access to competent psychological and social interventions as comprehensively as to medication.

***Vision:** To implement, rapidly and systematically, improvements in care based on evidence of the best that is possible*

### **Recovery principles**

6. Support from peers, family, friends and mental health professionals can be essential for recovery. SLAM will recognise the essential role and expertise of family and friends, and will foster the development of peer support groups.
7. Stigma and discrimination inhibit recovery. SLAM will engage with external agencies and organisations to ensure that the rights and interests of service users are protected.

***Vision:** To attain the highest standards in the management and professional leadership of mental health services*

### **Recovery principles**

8. SLAM will develop risk management systems which recognise the tension between types of risk which are to be avoided (e.g. of harm to self or others) and types of risk which are essential for growth and recovery (e.g. of trying something new). These systems will foster defensible decision-making in relation to risk.
9. SLAM will ensure that its documentation and language encourage recovery-focussed and empowering practice, rather than dependency-inducing practice. This will include communication with other agencies, SLAM policies and procedures, and information given to people using our services.

***Vision:** To go beyond the limits of health services to promote mental well-being in our local communities*

### **Recovery principles**

10. People who use mental health services are members of local communities and should be viewed within this context
11. Having social roles beyond the 'illness' role and access to meaningful activities (whether paid, voluntary, educational or leisure) both contribute to the development of a positive identity. SLAM will promote social inclusion, access to community resources and activities, and develop supportive pathways to meaningful employment and financial stability.
12. SLAM is committed not only to addressing mental illness but also to promoting mental wellbeing for people who experience mental health issues.