IMHCN

Whole Person,Whole Life, Whole Systems *Recovery,Discovery into Practice*

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IMHCN
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Our purpose

The purpose of the IMHCN is to bring together places, services and practices that have been successful in developing good quality community mental health, based on a Whole Person,Whole Life-Whole System Paradigm, with those that are in the process of implementing change. With the support of a continuous learning collaboration, organisations and individuals can benefit from others' experiences and knowledge.

IMHCN charter of purpose and actions sets out the values and principles that support the work of the IMHCN in promoting the human rights of service users, the standards and actions required to develop a community mental health service that will improve the lives of people with mental health problems.

Our vision

Our vision is a world which respects and values the differences between individuals, enabling people who experience mental health issues, with appropriate supports, to lead fulfilling and productive lives using their strengths to contribute as full citizens and enrich our societies.

Our mission

The mission of the IMHCN is promote and advocate for the human rights of people with mental health issues; to understand and gather the experiences and knowledge of good practice in community mental health from its membership and to disseminate this rich resource throughout the world.

The IMHCN and its partners have been at the forefront of pioneering community mental health services for the last 30 years.We promote the development and sustainability of community mental health services founded on the whole person and their whole life needs. We believe services must be developed through A Whole PersonWhole Life – Whole Systems Community Approach.

The objective is to build an integrated and comprehensive system with widespread community ownership capable of meeting the identified whole life needs of individuals and local communities.

In most countries downsizing and closing the psychiatric institutions through a process of de-institionalisation as the main objective.

It is widely acknowledged that this will improve peoples quality of life and provide opportunities for *recovery, discovery from mental health issues and life experiences. However, closing institutions does not necessarly lead to ending institutional thinking and practice.If these reforms are to be effective we should start by changing the thinking and practices within institutions by creating and applying a whole life recovery, discovery approach.*

This work brings many challenges and opportunities for people with mental health issues, family members, mental health workers, services and communities.

We have designed programmes to assist people and organisations to make these changes which are being developed and have been implemented across the world.

You can read more about our work here.

We invite you to join us as members (services, individuals and communities) in promoting and developing our work in your country and internationally.

Whole Person,Whole Life - Whole Systems
Recovery, Discovery into Practice

Essential Objectives

- Change the thinking
- Change the practice
- Change the system

Emancipation = Equality = Responsibility

Whole Life - Whole Systems Recovery into Practice

CHANGE THE THINKING CHANGE THE SYSTEM

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CHANGE THE PRACTICE CHANGE THE PRACTICE

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CHANGE THE SYSTEM CHANGE THE THINKING

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Dehospitalisation Deinstitutionalisation

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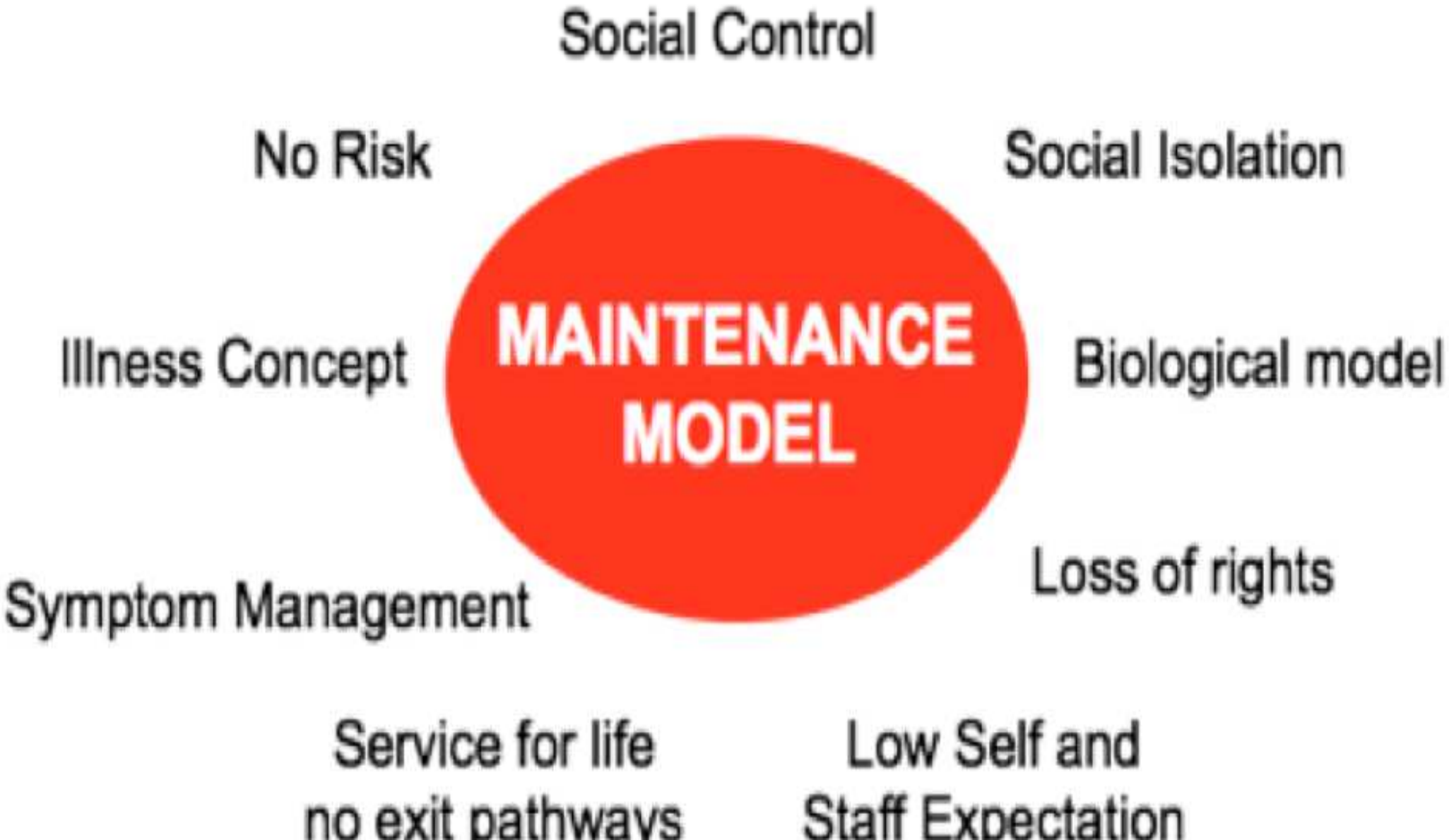
Change the Thinking

- Strategic political-healthcare only agenda vs.Community social determinants, population need, whole system focus
- Professionalism vs. the equal inclusion of all main stakeholders
- Clinicalised, specialised, centralised, hospital-based services vs. integrated, comprehensive, decentralised, small-scale, low-threshold community services
- A budgeting system based on individual services vs. a personalised integrated budget
- Institutional resources vs. energies of a community, if services are capable of capturing and activating them.
- Whole Life vs, episodic life approach
- Recovery and Discovery vs Maintenance
- The Organisation vs. the Individual

Maintenance Model



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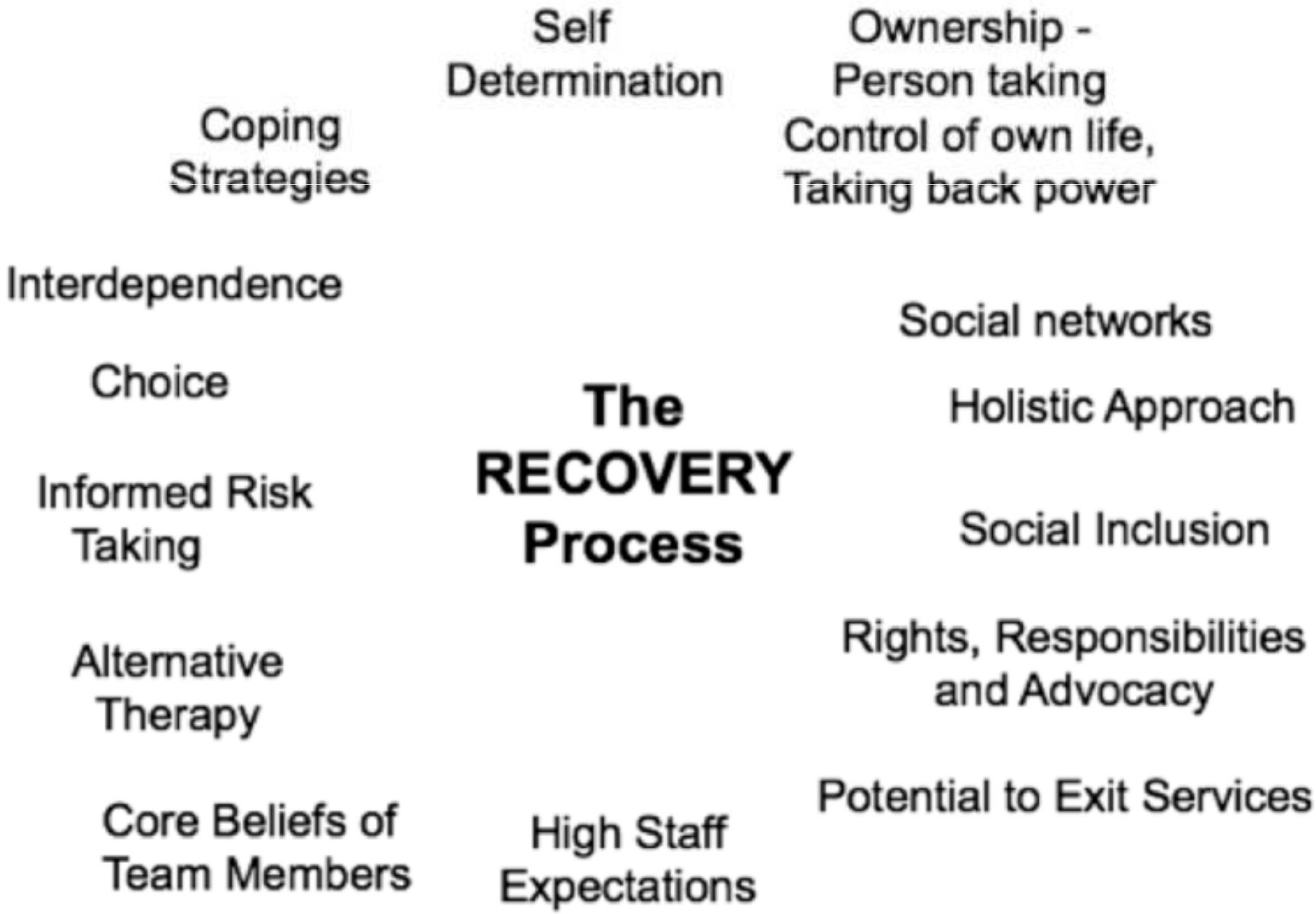
Self Determination
Ownership - Person taking Control of own life, Taking back power
Coping Strategies
Interdependence
Social networks
Choice
The RECOVERY Process
Holistic Approach
Informed Risk Taking
Social Inclusion
Rights, Responsibilities and Advocacy
Alternative Therapy
Potential to Exit Services
Core Beliefs of Team Members
High Staff Expectations

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Change the Practice

- The shift from mental illness to mental health should be seen as a movement from total institutional practice to organisations of human services.
- Featured by interventions and programs that are co-produced and valued by the service user, based on trusting relationships, provided by the whole communities resources.
- This defines the pathways for the person for their mental health and wellbeing as a complete circuit of whole life, that values all human experience and stories for themselves, families and social networks.
- Professionals and the community, is called upon to participate and contribute as a common purpose to this paradigm shift in culture and belief

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Change the System

Moving away from a “Mental Illness” system

= To a Whole Person, Whole Life-Community Whole System

How can a community’s human, economic, social and cultural resources be activated and sustained for the benefit of service users and families?

Thinking 1

>The Whole Life,recovery, discovery approach is founded in human values and their application by the service user, families and the community, professionals and the service itself.

>Recognition of the power of institututionalisation as reflected in stigma, practice and outcomes

>It requires a paradigm shift in thinking from pathology and illness

>It Believes in the power of individuals to self determine their whole life

>Peoples life stories, events and experiences are at the centre of the problems and solutions

Thinking 2

>The fundamental importance of trusting relationships

>A Whole Life and Recovery, Discovery is possible for everybody

>Mental health belongs to and needs to be addressed through a community whole life - whole system approach

>Peoples whole life domains can only be fully addressed by engaging with and building partnerships within identified local communities

Practice 1

Effective practice is founded on:

>the therapeutic alliance established on a mutual and reciprocal relationship, access to information, knowledge of and capacity to utilise best practices

>Its objective is to achieve health and well-being regardless of the degree of disability or distress of the individual.

How Practice is Practised ?

Practice 2

>the right to choose the worker, the form of recovery/discovery support and therapeutic intervention that best suits the stated needs of the individual

>continuity of a consistent trusting relationship and therapeutic approach across all parts of the services and communities

>the family and/or other significant people should be actively involved in the whole life program and the personal recovery, discovery journey

The Whole System 1

- Embrace and harness individual and community strengths, resources and opportunities
- Enable individuals to continue or regain a whole life in all domains:

wellbeing, health, social networks, education, work, housing, art & cultural, faith, sport and leisure, treatments and therapies

The Whole System 2

A health and social care system and services cannot achieve a Whole Person,Whole Life-Whole System approach on its own.

A community whole life system needs to be developed with a common purpose that is understood and agreed

The agreement must be formed with communities including family members, service users, community organisations and public bodies

The Whole System 3

System thinking is a discipline for seeing *wholes* not *holes*

The essential framework is:

> developing inter dependence and interrelationships rather than static and separate parts.

> Embracing all values and principles of the recovery, discovery approach

> All parts of the system have an important contribution in achieving the overall purpose.

A Persons' Life Domains

A whole life in all respects:

- Family, friends and community
- Health and wellbeing
- Education and skills
- Occupation
- Housing
- Sports and Leisure
- Art, culture and faith
- Treatments and therapy

Challenges for Services

Many people in mental health services have ***lost hope for the future***

The system has ***focussed on problems and disorders*** and has ***eroded aspirations***

There is a ***culture of low expectations*** that effects people who use services as much as those who provide them

How do we move forward?

- Move away from preoccupation with security and risk.
- Recognise that social determinants are key causal factors to a persons' mental health and the opportunities for their recovery, discovery.
- Therefore much of the answer is to be found in the social, economic and cultural context.
- Prioritise the common purpose of Whole Person, Whole Life-Whole Systems and its ownership by engaging with the community and its resources.

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Overcoming Barriers and finding solutions

> What are the main challenges for you as a service user, family member or worker in developing this approach?

> What advantages could the WP, WL-WS approach have for yourself or the people and the community you serve? How could this approach be developed

- Action Learning Sets
- Discovery Partners and Discovery Communities
- Whole Life-Whole System development and implementation

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Developing a Whole Person,Whole Life-Whole Systems Approach

- 1st Step - Engagement
- Start by asking the community the right questions
- What are the needs of people with a mental health issue?
- How are these needs being met and by whom in this Community?
- How could these whole life needs be better met by you in the future?
- An outline of the needs in whole life domains produced
- Formation of strategic development group

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Whole Life-Whole Systems Development

IMHCN has developed different processes for planning, facilitating and implementing a Whole Life-Whole Systems Strategy:

Plymouth

Cornwall

York

South and West Wales

Palestine

Malaysia

New Zealand

Australia

Brazil

Further details,


MANY WHO ENTER MENTAL HOSPITALS
CONFUSED · DEPRESSED · FRIGHTENED
LEAVE CONFIDENT · · · ABLE · · · HAPPY
RECOVERY IS POSSIBLE
FOR THE MENTALLY ILL

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Enablement & Recovery,Discovery Practice

Retain and encourage:

- Emancipation, Equality and Responsibility
- Hope
- Self esteem
- Self determination and control
- Sense of purpose
- Achievement and Productivity
- Citizenship and Sense of belonging
- Trusting relationships

Professional Reflections

- How do my beliefs, assumptions influence my practice?
- How does our practice enhance peoples lives
- What do we do to encourage self determination and empowerment
- How do we develop rapport, relationships and hope

Knowing the person

- Building a relationship, time and space
- Belief that the person can recover; self belief
- Common attainable goals, joint ownership
- Structure and summarise the conversation and jointly put it on paper or whiteboard
- Collaborative diagnosis, negotiate about it, mutual agreement

Knowing the person

- Personal life story, able and comfortable to tell own story
- Personal approach, start of a recovery journey, guiding the user on their journey
- Self determination and hope, taking responsibility, to regain responsibility for recovery journey
- What makes you survive; resources, allies?
- Trusting relationship, mutual understanding, mutual agreement
- To find personal strengths and resources for recovery

Knowing the person

- What does diagnosis really mean? Difference with/without labels, we need no labels in preventing stigma and discrimination
- What hinders and what fosters recovery, discovery in services; organisations?
- What the psychiatris/clinician can contribute to the recovery, discovery journey, pro’s and con’s, easy access, further information, discussion about responsibility of psychiatrist and user

Greater ***individual control*** of the resources & support needed to enable people to ***participate as equal citizens*** & pursue their own ambitions & aspirations rather than those determined for them by services and professionals

An emancipating ***culture*** of the organisation, practice and services offers people the ***opportunities to rebuild*** their lives through an ***individual journey*** that accepts what has happened and moves beyond it = Discovery

See the person not the illness

- end the ***dominance of just a clinical paradigm***
- reorient the system towards ***wider social outcomes***
- create opportunities to ***support recovery and discovery***

Rooted in self-determination and reclaiming the rights of full citizenship for people with lived experience of mental health issues

The power of language

Founded on the principle of harnessing the whole range of community resources and opportunities that improve the quality of life, citizenship and human rights of people with mental health issues

Developing , supporting & protecting sources of community assets such as peer support groups, advocacy, information & advice, cultural activities, education etc. makes economic sense.

Peer worker involvement is a powerful way of ***driving forward a recovery, discovery focussed approach*** by ***challenging*** negative attitudes of people, providing ***inspiration*** and facilitating a better ***understanding*** between the people providing services and those using them

What we want for the users and family members

- Diversity of experience not illness
- Meaning not symptoms
- Relationships not tools and processes
- Hope not Fear and hopelessness
- Emancipation not depersonalisation and control
- Freedom not Risk and institutional control

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Whole Person, Whole Life-Whole System Approach

Developed in 2000 in NIMH(E) to implement policies since 1975 and the National Service Framework

Approach to bring together;

Biological

Psychological

Social determinates of Health and Mental Health

Anthropological, Meaning and Culture

Philosophical, Critical Thinking. Dialogue

Whole Life, Recovery Paradigm

Whole Systems Thinking and Development

Education and Knowledge,Sharing and Learning from International best Practice

The social determinants of health (SDH)

- Are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.
- These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. (WHO)

Emancipation

- **The guiding principle and application of ‘Freedom First’ in mental health services, is not completed just by the process of deinstitutionalisation.**
- **It is an ongoing priority in community and hospital services and practices.**
- **For a persons freedom in services, a democratic process is a prerequisite for a therapeutic experience.**
- **Services must hold this as a central guiding principle for determining ways of working with and alongside the person and their social network.**
- **This has implications for thinking, culture and practice. "Nothing about the person without the person" is more than a statement of intent it needs to be Embedded in practice.**
- **This has implications for service organisations including how they enable the service user to have choice in treatments.**

Emancipation

- **This also has consequences for the way in which services work with the person and how information about the person is gathered, held and decisions reached.**
- **Inclusion and reintegration of people, who, because of their mental health problems, continually deal with exclusion mechanisms in society, is an ongoing process.**
- **Apart from the legal right to freedom, the restoration of social relations is essential for recovery and discovery.**
- **Isolation by locking people up counteracts this.**
- **In some enlightened services it is therefore a recurring, conscious decision not to lock up people, this is 'open doors' at all time.**
- **In our aim of reducing the hospital capacity and building a good support system in the community, another mission emerges: reducing coercion in treatment, stopping in-patient practices of locked doors, seclusion, restraint and over medication.**

Emancipation

- **Shaping good alternative acute and crisis services where people can have time and space for reflection in times of crisis is essential if we are going to address the whole life needs of people.**
- **The present services, outpatient clinics, acute units, community teams, and intensive treatment is no longer sufficient, We need a new Acute and Crisis Whole Life-Whole System based on the principles of freedom, choice, co-production, emancipation and self determination.**
- **A service user to be considered emancipated has to be independent, free and autonomous in their decision-making.**
- **Emancipation is linked to the process of self-reflection, to acquiring new knowledge, motivations, values and goals, which will free the individual from preconceived and impairing beliefs**
- **Emancipation involves setting the service user free from the control exercised by nurses, doctors, psychologists, occupational therapists, social workers, managers and organisations (acting as institutions). A person with a mental health issue needs to have greater knowledge and understanding of their whole life situation which can support individual emancipation and increases self-management.**

Equality

- **To attain social inclusion, the focus must be on equal citizenship.**
- **This concept combines classical human rights (such as liberty and equality) with civil rights such as the right to education, employment, social security, housing, etc.**
- **The problem with mental health law is that too many people have their liberty curtailed. This needs to be addressed by a fundamental review of the mental health legislation**
- **This is done in three ways: by strengthening the position of the individual (through knowledge, education, skills and social networks)**
- **By strengthening the 'social fabric' of the individual's environment, through social corporations, anti-stigma programs, Whole System development; and addressing the human rights of the individual.**
- **Because of the Whole Life-Whole System approach, these three ways are intertwined organisationally and in the daily practice of mental health professionals.**

Equality

- **The principle of ‘territorial responsibility’ means that a community mental health centre should offer prevention, education, social cohesion, adherence as well as basic and specialised mental health care.**
- **This makes it possible to tackle urgent and other issues and problems jointly, directly and integrated and interdependent with each other.**
- **It also ensures continuity of care and consistency of the therapeutic approach by teams and one coherent organisational system.**
- **Citizenship means to attain social inclusion, strengthening of the social fabric should be an integral part of mental health services along with individual support and creating personal networks.**
- **This requires a new vision on how personal support is organised and funded.**

Equality and Citizenship

This requires a new vision on how personal support is organised and funded.

- **Reciprocity: In cultural anthropology the principle of reciprocity is described as a way to create and perpetuate equal relationships of exchange.**
- **An active giver (professional) and a passive receiver (service user) have an unequal (power) relationship.**
- **The creation of situations where a service user who receives personal support through co-production works more effectively, and also provides opportunities for education, employment, housing, social support and is more likely to shape equal relationships and better outcomes.**
- **This will promote the empowerment, recovery and discovery of users and family members.**
- **Following this line of reasoning, the next step should be to swap the attitude of professional distance for a more personal relationship founded on connectedness, continuity and trust.**
- **This aligns with values and principles for supportive recovery and discovery approaches.**

Personal and Shared Responsibility

People have a responsibility for determining for themselves the lives they lead and their own wellbeing.

All too often services and professionals prevent people being responsible adults, in hospitals but also in community services. Mental Health Act in collusion with this.

This is particularly relevant when there are concerns about the persons mental health and well being.

The importance of shared responsibility (users, family members, professionals, organisations) in taking risks and being jointly accountable.

The services should encourage and support the important principle of self determination by providing services and practices that support and underpin this.

Choice: Service users should be able to determine their own recovery, discovery plan in collaboration and co-production with their workers, families and significant others.

Personal and Shared Responsibility

- **Service providers should accept that recovery/discovery is a process requiring every service user to be regarded as a unique individual and the course of this journey has its ups and downs**

- **Their wishes, needs and hopes should be at the centre of service provision and practice.**
- **Relationships: The service user should be able to determine the person they want to work with based on the importance of reciprocity in a trusting relationship.**
- **Ownership: Service providers should accept that the service users are experts in their own life experience and this should be the foundation of a therapeutic alliance with the expert by profession.**
- **Opportunities. The service user should have available whole life opportunities based on their unique needs.**

Therefore Policies,Legislation,Strategies, Campaigns,new service initiatives, public education, training etc are not enough on their own to bring about major change in the world.

Many national programs are piecemeal attempts of deinstitutionalisation.Small and isolated community services or softer programs

We need to change completely the thinking amongst professionals, users, carers,policy makers,NGO's,the public to a belief system that is contrary to the one that created the institution.THAT IS A BOTTOM UP AND TOP DOWN STRATEGY:

RECOVERY, WHOLE LIFE AND WELLBEING

Recovery and Discovery opportunity and self determination for the Individual Person

A Whole Life-Whole System Development in local communities

Today, institutions and institutional thinking and practice in the world is still “alive and well”.

We need to replicate and implement the good practices and innovations in more places

We need to identify existing and help find new reformers, champions,pioneers, advocates for leadership,change and reform. Can you identify them in your country?

We need to work more together through stronger networking, lobbying and influence policy,services, practice,research

We need to expose bad practice,abuse,neglect that is still widespread in institutions and communities in many places and countries

We need to promote a Whole Life-Recovery/ Discovery philosophy,concept, practice and action in all our work

We need to be aware of the dangers today of the market economy in health that leads to competition not collaboration

This we need to do, to overcome and finish off the powerful influence of the belief system(people cannot recover) that created and still perpetuates Asylumdom and its power over people.

IT IS ALL OUR RESPONSIBILITY

IMHCN

Thank You

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