

## **Working in partnership towards recovery**

### **Room 2**

**Facilitated by Julian Turner, Leeds Mind and Victoria Betton, Partnerships and Social Inclusion, Leeds Partnerships NHS Foundation Trust.**

People with mental health problems use different services in their time within the mental health system. Can people recover in these different settings? How can we collaborate to enhance the possibilities for recovery?

Julian and Victoria began by sharing some personal and though provoking views of recovery. Julian stated his view that mental health issues are located at the interaction between the individual and the world and suggested that in the future we will view mental health issues as far less of a mystery than they are viewed now because the direct impact of life events, circumstances and stigma will be completely acknowledged. He felt a belief that recovery is possible and can be complete and permanent is fundamentally important to the mental health field.

Victoria spoke of her strong commitment to recovery but also raised the danger of the colonisation of recovery, referring to Rufus May, and the risk of services offering a 'one size fits all' approach and acknowledged the fear some people have that recovery could be used as an excuse to cut services.

In small groups we discussed examples of collaboration and partnerships for recovery such as

- ✂ CAB offering advice sessions in mental health settings and how much the appropriate referrals and support to implement actions is a key to the input being a success
- ✂ Gym, drumming and other creative activities available on prescription
- ✂ East Leeds health for All working with individuals that mainstream services find harder to reach
- ✂ Realise (east Leeds pilot i3 day service) working with community and faith organisations and promoting access to mainstream services

Some of the important themes to emerge from discussion were around transitions between services with the vital 2-way street of communication; risk and recovery - whether mental health workers, by being risk averse, might at times limit opportunities for recovery and the fact that an individual relationship either with a worker, friend, partner or family member is frequently cited as absolutely key to recovery

Julian then talked us through Marius Romme's list of barriers and enablers for recovery.

The discussion opened out to thinking about how we can support recovery.

It was suggested that hope, aspiration and challenge to society will be key in working towards recovery but that it also boils down to “simple stuff like dignity and respect”

In response to some gloom about whether mainstream services are a barrier, an inspiring example of work done by Potterdale Day Centre with neighbourhood networks where outreach awareness raising work had completely changed attitudes was given.

The point was made that recovery and social inclusion are closely aligned and both require everyone taking responsibility and mental health becoming everyone's concern.