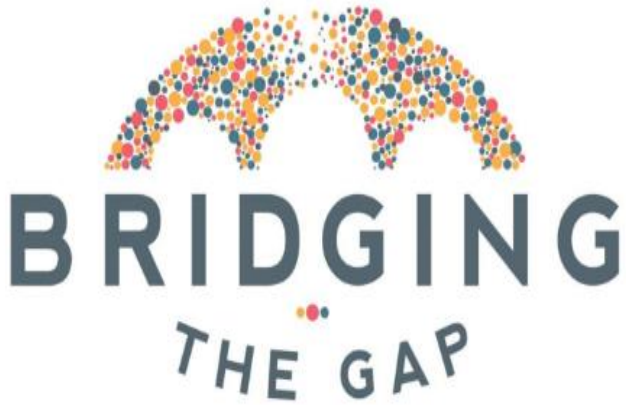
Community Work Responses to Mental Health & Well Being… A conversation.



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Recovery College Coordinator
Expert by Experience.

Community Work Responses to Mental Health & Well Being… a conversation starter.

Outline

- **How and why mental health and wellbeing is a community work issue.**
  - Brief history
  - Policy developments
  - Shifting Mental Health Landscape
  - Relevance to community work.

- **Community work responses**
  - Urban
  - Rural

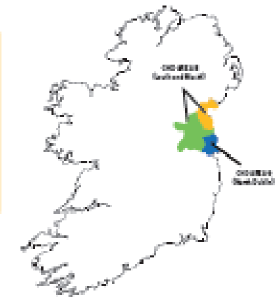
- **Group discussions**

An expert by experience… Really?

An **‘expert by experience’** is a term used in Irish Mental Health Circles to describe a professional that also has the experience of being a mental health service user. These professions include academics, advocates, and in my case Community Development. To get a sense of the project I’m presently working on see the next slide.

Dublin North, North East
RECOVERY COLLEGE

The Recovery college provides empowering and transformative recovery based education to anyone with an interest in mental health recovery. Taking a co-production approach, the work of the recovery college is informed by a combination of recovery adult education and community development principles



Our Mission

Providing community based mental health and wellbeing education, we aim to create an inclusive culture of mental health recovery in the community, through partnership working with key services.

Recovery

Recovery is about discovering or re-discovering our sense of purpose, connectedness and personal identity in the the presence or absence of illness or diagnosis.

Co-operative Learning

In the spirit of collaboration we work to ensure there is a good balance of students participating with either personal or professional experience. Our courses are open to

- People overcoming distress
- Supporters (family members & friends)
- Professionals
- Interested others

Co-Production

Using a 'co-production approach' to course and college development. People with personal experience work in respectful partnerships with professionals to co-design, co-deliver and co-evalaute all aspects of the college

trialogue · Mental Health Ireland · ARI · Feidhmeannacht na Seirbhíse Sláinte Health Service Executive · DCU Ollscoil Chathair Bhaile Átha Cliath Dublin City University · Dundalk Dhún Dealgan · lmetb · Respond

Mental Health in Ireland – a brief history

- **1871 Lunacy Act**: Defines “lunatic” as a person found to be "idiot, lunatic, or of unsound mind, and incapable of managing himself or his affairs.’
- Records show from **19th century through to 1960s** Ireland had the highest rate of people in asylums in the world. Generations of forgotten people.[2]
- **Since the introduction of pharmacology in 1954** in higher income countries, research indicates positive ‘recovery type’ outcomes for people with ‘severe mental illness’ has actually declined. Isolation and community exclusion major factors.2 **WHO reports** ‘recovery outcomes from ‘serious mental illness better in developing countries.[3]
- In the **1980s, de-institutionalisation occurred**, with a move from placing people in large psychiatric hospitals towards a more community-based model of service provision. Factors including **insufficient community resources, pervading stigma and limited mainstreaming supports result in continued marginalisation and poor personal outcomes.** [4]

Mental Health – A Human Rights & Equality Issue

- Poverty, unemployment, low educational attainment, housing and all major factors. Persons in unskilled occupations four times more likely to be admitted to Psychiatric hospitals the professional groups.[5]
- Alarmingly high levels of Suicide, self harm and mental distress among younger people and adults from marginalised groups including LGBT, Traveller, People living with Disability, Asylum seekers and people from disadvantaged areas.
- 2013: According to Amnesty International 'a social approach is needed in response to mental health that is focused on people's rights,' in particular the right to live a full life in the community and the right to choice in treatment.
- 2017: UN Human Rights Report highlights regardless of recent policy shifts, the ongoing dominance of the Biomedical (reductionist) approach is 'counterproductive' disempowering rights holders and reinforces stigma and exclusion.' Issues with power, over medicalisation, isolation, stigma. The need for recovery orientated (psycho-social) community based approaches identified as key.[6]

Recent Policy Developments

- **2001 Mental Health Act**: Introduces a human rights ethos into mental health law in Ireland. Principle of decision making **'in the best interest"** interpreted systemically in a paternalistic manner.[7]
- **2006 A Vision For change:** A framework of policy recommendations for building and fostering positive mental health throughout services and across the entire community.[8] (Highlighted as acutely relevant to social approach to mental health & platform for community work responses. AVFC presently under review October 2017)
- **2015 Assisted decision Making act**: passed , repealing lunacy act after 144 years. This focus moves from 'best interests' in2001 to a focus on the **"will and preferences"** and **"beliefs and values"** of the person.[9]
- **2017: Mental Health Bill** (yet to be enacted.) designed to support the right of people to make decisions about their own treatment. 'Everyone should be presumed to have capacity to make decisions.'
- **2017: UN Human Rights Report** highlights regardless of policy shifts, the ongoing dominance of the Biomedical (reductionist) approach does not adequately meet the needs of people. Issues with power, over medicalisation, isolation, stigma. The need for recovery orientated (psycho-social) community based approaches identified as fundamental. [10]

How Community Work responses can support the vision for change[8]

Community based Recommendations included in Vision for change:

- Identified need to formalise links between specialist MHS, mainstreaming agencies & community & voluntary Mental Health groups to support peoples care and integration into local communities.
- Support for community and personal development initiatives which impact positively on mental health status identified. Recognition here that these supports build social capital in the community
- Need for further support for service user run centres and peer-provided services identified. These services are particularly relevant to the users of rehabilitation and recovery mental health services. They offer opportunities for peer support, re-integration and independence in the community

The changing community based 'participatory' landscape of Mental Health Services – a very shortlist of potential allies

- **Community Mental Health teams** now established locally, though still in development. These sit within 9 regional Community Health Organisations (CHOs) to provide 'community based care.'[11]
- **Advancing Recovery Ireland**[12] now tasked with brining 'recovery culture to mental health services.' Community mental health teams throughout the country are looking to collaborate with progressive community groups, as they no previous culture of integration or participatory approaches. Recovery Orientated **Peer led groups** and Recovery Colleges held up as 'Beacons' of progressive new Mental Health Approaches. Funding constraints and bureaucratic development hurdles are set high. Questions arise…. Is this support simply lip service? Can pockets of change effect the monolithic status quo on their own??
- In 2016 office or **stakeholder engagement**[13] set up, to provide spaces for 'participatory decision making.' Nine area leads tasked with setting up and building capacity of local area and regional forums to inform local service development.
- **Service Reform Fund**[14] (Genio) presently carrying out nationwide consultations with stakeholders to asses how well mental health services are delivering on employment, housing, community based living, and recovery. Data here that could be utilised for critical social analysis if shared with external agencies.
- **Peer Support Workers** now being brought on board local CMHTs to provide emotional and practical support and establish mutual and reciprocal relationships with people accessing services. Limited uptake by services and questionable support structures in place for the few recruited thus far.

Lessons we might heed?
Shifting the paradigm (Nelson etal 2001) 15

- Between 1984-1998 Canada was seen by many to lead the way for mental health consumer/survivors and other mental health stake holders to play an active role in shaping mental health practice and policy.
- That said, the move from institutional-medical approach to community treatment-rehabilitation approach, continued to construct social relations in ways that maintain power and control in the hands of professional institutions.
- Mental Health Reform over these years amounted to a series of improved methods for social control, because the social classes and professionals who ultimately directed the change are the same people as those who created the problems in the first place.
- In short the Mental Health System in Canada, regardless of progressive 'empowering' approaches, remained very resistant to change with little progress being made in absence of a 'social movement.'

The Value of Community Work responses

- Research in the UK points to really positive outcomes for people participating in Recovery Colleges… The problem is nothing beyond those walls change and the benefits dissipate. (T.King:2016)[16]
- The paradigm shift towards creating an inclusive Culture of Mental Health Recovery in the community, is one that has to stretch beyond service provision and mental health specific settings.
- CW responses provide for collective rather than an individual approaches to tackling mental health issues including isolation, poverty, homelessness, inequality and social justice
- Community Work responses can support participation of marginalised people in collective decision-making which impacts on their health & wellbeing.
- Community Work practice can advocate and work for change in an outdated hierarchical health system (besieged with fragmented structures and slow to evolve policies) by collaborating with existing change agents involved with both practice and policy.

Two Community Work Response Case Studies

- 1. Urban - Gateway Mental Health Association (2004)
  - 2. Rural - Kerry Peer Support Network
    - (2015)

GATEWAY
Mental Health Association

Peer Led Project17

Project Aims: Integration, Socialisation and Wellbeing

Social Inclusion

- Gateway hosts: Twice weekly Drop in facility, Wellbeing & Leadership Training programmes, WRAP CAFÉ, Guest Speakers, Informal Education, Arts programmes.
- Average of 50 members attend drop-in weekly with a membership of almost 300

Peer leadership & support

- Monthly Members Meetings to inform decision making,
- Two member Reps sit on the Advisory Committee to guide the project.
- Members meet informally at the weekend and during the week
- Project workers recruited from membership, supported by committed volunteers.

Wellbeing initiatives

- Approximately 60 members take part in training annually
- Monthly WRAP CAFE
- Counselling is available to members at a reduced rate through My Mind.

Working for Change:

- Collaborate with Mental Health Reform, Mental Health Ireland & Amnesty international, informing work on human rights based policy developments including developments around capacity legislation.
- Lobbying to safeguard funding for community based mental health services,

Raising Awareness

Coverage with RTE, Irish Times Raising Awareness about the power of peer led community development approach to Mental Health.

Peer Mentoring in Kerry

A case study in Mental Health Recovery

(Healy, B Houlihan MA 18)

Partnership approach (2010-2015): Kerry ETB, UCC, Tralee Mental Health Association (MHA) Tralee CDP.

Step 1: Peer mentoring programme (co-operative learning) where participants retained 'personal power, learn to become an expert in their own wellness, take control in their lives.' Personal and Community Recovery Goals identified here.

Step 2: Peer leadership Programme followed, as participants identified that they want to take their learning out into the community to support other service users throughout Kerry.

Step 3: Further training provided including facilitation skills.

Step 4: The Kerry Peer Support Network (KPSN) was set up in 2015. Monthly peer support meetings organised and outreach support & training to other peer groups.

- Community Development approach critical: 'It's collective social purpose and inherently political agenda – to promote trust and tolerance between community members, and to break 'them and us' mentality that perpetuates stigma and self stigma.'
- Bottom up' response to recovery key here, elimination of hierarchy Doing 'with' not 'for.'
- Working in from neutral community based settings a key factor. Emphasis on working in partnership with community groups and statutory bodies to ensure inclusion.

Discussion Groups

- What's your initial response?
- Has the issue of mental health and wellbeing come up in your work – if so in what ways?
- How could you promote a community work approach to mental health in your work?

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