

## Module 2: The Ten Essential Shared Capabilities

Welcome to Module 2. This module introduces you to each of the Ten Essential Shared Capabilities.

After completing this module, you will be able to:

- Describe the Ten Essential Shared Capabilities and how they relate to mental health work

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## Introduction

The Ten Essential Shared Capabilities (ESC) framework provides the basic building blocks for the education, training and continuing development of all mental health workers. They are designed to be applicable to all people connected with delivering mental health either in a practice or support role and regardless of setting, primary care, voluntary community and through to secure care settings. The full report is available on the CCAWI website. A paper copy can be obtained from the Department of Health Publications order line on 08701 555 455 or by email at [dh@prolog.uk.com](mailto:dh@prolog.uk.com) quote:40339/The Ten Essential Shared Capabilities.

You can also download a copy from [www.lincoln.ac.uk/ccawi](http://www.lincoln.ac.uk/ccawi), [www.doh.gov.uk](http://www.doh.gov.uk) or [www.scmh.org.uk](http://www.scmh.org.uk). This module in particular uses lots of direct quotes from the ESC document.

The Ten Essential Shared Capabilities are:

1. **Working in Partnership.** Developing and maintaining constructive working relationships with service users, carers, families, colleagues, lay people and wider community networks. Working positively with any tensions created by conflicts of interest or aspiration that may arise between the partners in care.
2. **Respecting Diversity.** Working in partnership with service users, carers, families and colleagues to provide care and interventions that not only make a positive difference but also do so in ways that respect and value diversity including age, race, culture, disability, gender, spirituality and sexuality.
3. **Practising Ethically.** Recognising the rights and aspirations of service users and their families, acknowledging power differentials and minimising them whenever possible. Providing treatment and care that is accountable to service users and carers within the boundaries prescribed by national (professional), legal and local codes of ethical practice.
4. **Challenging Inequality.** Addressing the causes and consequences of stigma, discrimination, social inequality and exclusion on service users, carers and mental health services. Creating, developing or maintaining valued social roles for people in the communities they come from.
5. **Promoting Recovery.** Working in partnership to provide care and treatment that enables service users and carers to tackle mental health problems with hope and optimism and to work towards a valued life-style within and beyond the limits of any mental health problem.
6. **Identifying People's Needs and Strengths.** Working in partnership to gather information to agree health and social care needs in the context of the preferred lifestyle and aspirations of service users their families, carers and friends.
7. **Providing Service User Centred Care.** Negotiating achievable and

meaningful goals; primarily from the perspective of service users and their families. Influencing and seeking the means to achieve these goals and clarifying the responsibilities of the people who will provide any help that is needed, including systematically evaluating outcomes and achievements.

8. **Making a Difference.** Facilitating access to and delivering the best quality, evidence-based, values-based health and social care interventions to meet the needs and aspirations of service users and their families and carers.
9. **Promoting Safety and Positive Risk Taking.** Empowering the person to decide the level of risk they are prepared to take with their health and safety. This includes working with the tension between promoting safety and positive risk taking, including assessing and dealing with possible risks for service users, carers, family members, and the wider public.
10. **Personal Development and Learning.** Keeping up-to-date with changes in practice and participating in life-long learning, personal and professional development for one's self and colleagues through supervision, appraisal and reflective practice.

As you work through this module you will look at each of these capabilities in turn and think about how they apply to the work that you do.

### Please note:

The Ten ESC are the foundation on which good mental health practice is set. On a surface reading all capabilities may seem sensible and reflect your current attitude and practice. Based on our data from the pilot programme, we have evidence that by reflecting on your role and practice the ESC can be challenging and provide a greater insight into mental health work and fundamentally challenge the basis of 'care'.

We use the word 'care' in its widest application. We care for each other as 'persons' whatever role we perform either in work or at home and in social settings.



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Is what you have written easy to understand? Could you change anything to give people you come into contact with a better understanding of your role?

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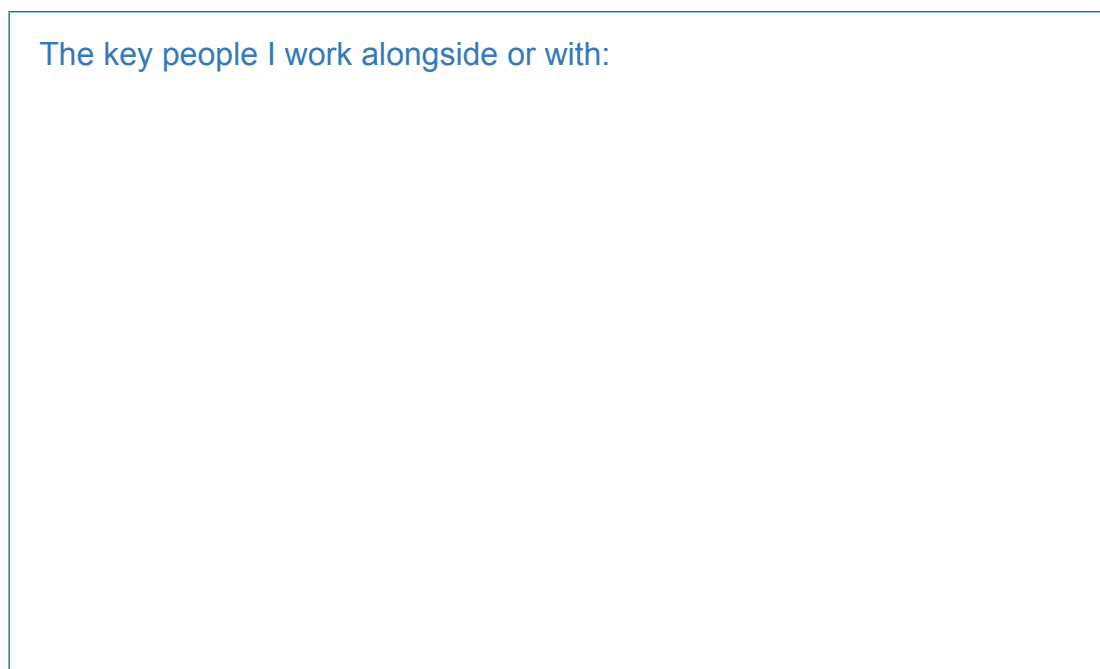
In order to work in partnership you need to:

- understand your role and that of others within a (multidisciplinary) team setting

### ➡ Activity 2.2

Draw a diagram of the key people you work alongside or with. Use their job titles or roles rather than their names.

The key people I work alongside or with:



Do you understand the roles of all these people and how these fit with your role? If not, arrange to talk to them about this. Use this opportunity to check that they understand your role.

To work in partnership you need to:

- engage service users in a collaborative assessment process
- listen appropriately and attentively to understand what people require

'My mental health nurse suggests (does not tell me) what to do and most of his suggestions have done a lot to move me forward'.

'I am listened to. My views and opinions are taken into account'.

'CPA (Care Programme Approach) works well when meetings are well organised..... realistic goals are set.....care plans are positive action plans.....the approach is holistic.'

From Service User Consultation Session (2005) – CAPITAL, West Sussex

(The Care Programme Approach is a national framework for assessment, care planning and review for adults with mental health problems. For detailed information on CPA – see 'Effective Care Co-ordination in Mental Health Services – Department of Health 1999. This document is available on the CCAWI website.)

### ➡ Activity 2.3

Record some key things workers can do to work more effectively with service users:

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To work in partnership you need to:

- acknowledge the positive part that families, friends and carers can play in the service user’s support network and be able to engage them as partners in care in a way in which both carers and service users are comfortable.

‘Carers want to be involved, want to be valued and want to secure the best care as early as possible for the person they care for. Too often they are left out of the loop by professionals. They feel undervalued and are left to fall back on family and friends for support.

Things are getting better for many, but quality services, easily accessible round the clock support and open access to professionals are still at a premium.’

From Who Cares? – The experiences of mental health carers accessing services and information – Rethink (2003)

### ➡ Activity 2.4

Consider how carers are involved in care planning in the organisation you are involved with.

Active Partners in care planning       Left out of care planning

Carers play a very important and often overlooked role in mental health services. Think about when you cared for someone who was ill (with flu or some other complaint) was it difficult, did you feel under pressure? How might the carers feel when they perform this role with someone you are working with?

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## 2. Respecting diversity

Respecting diversity. Working in partnership with service users, carers, families and colleagues to provide care and interventions that not only make a positive difference but also do so in ways that respect and value diversity including age, race, culture, disability, gender, spirituality and sexuality.

'If partnership working is to be a reality then education and training programmes will need to provide a learning environment, where existing beliefs about age, race, culture, disability, gender, spirituality and sexuality can be examined and challenged. Any therapeutic interventions need to be set within a framework that acknowledges and respects diversity.

Although all of the areas within this capability are important, and it has been acknowledged that there is discrimination in many services, issues of race and culture require particular attention.' Dept of Health 2004

What this means is: Working with service users, carers, families and other workers to provide care and treatment that helps people, accepting each person for what they are and treating them well whatever their age, race, culture, disability, gender, spirituality or sexuality.

To respect diversity you need to:

- understand and acknowledge diversity relating to age, gender, race, culture, disability, spirituality and sexuality

### Black people and the mental health system

'A summary of research highlights the following key issues:

- An over-representation of Black people in the psychiatric system
- Increased likelihood of Black people coming into the system through a compulsory route
- Lack of preventative and after-care mental health services which are appropriate for Black and ethnic minority communities
- Over-use of drugs and physical treatments with Black service users rather than talking therapies
- Increased diagnosis of psychosis for Black people, particularly schizophrenia
- Increased likelihood of being racially stereotyped by professionals in decisions about 'dangerousness'
- Poor access to interpreter services
- Greater research
- Older people suffering poorer services

Ferns P (2005) in Social Perspectives in Mental Health – Tew J (ed)

## ➡ Activity 2.5

It is acknowledged that Black and other minority ethnic groups have had a poor deal from mental health services in the past.

What is happening in your local services to ensure that Black and other minority ethnic people get a better deal in the future?

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What else do you think should happen?

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What can you do to help to improve services for Black and minority ethnic people?

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To respect diversity you need to:

- Understand the impact of discrimination and prejudice on mental health and mental health services

‘There is mounting evidence of the discrimination experienced by people with mental health problems in Britain. This discrimination results in their systematic exclusion from society. Social exclusion operates in all areas of life – daily living, work and training, and access to services...’ Dunn (1999) Creating Accepting Communities

### ➡ Activity 2.6

Record an example of discrimination experienced by a service user with whom you work or have worked:

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What did you do (or could you have done) to address this:

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### ➡ Activity 2.7

Give an example of how you have helped a service user from a disadvantaged or potentially excluded group, to participate actively in their care:

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## 3. Practising ethically

Practising ethically. Recognising the rights and aspirations of service users and their families, acknowledging power differentials and minimising them whenever possible. Providing treatment and care that is accountable to service users and carers within the boundaries prescribed by national (professional), legal and local codes of ethical practice.

‘There is a concern that many mental health professionals understand neither the legal rights of service users under their care nor their own legal and professional obligations to service users. Under this capability would come issues of informed consent, effective communication, de-escalation and control and restraint.’  
Dept of Health 2004

What this means is: Recognising the rights and hopes of service users and their families and treating people as equally as possible. Keeping to good practice guidelines and working within the law.

To practise ethically you need:

- The ability to respond to people in an ethical, honest, non-judgemental manner

### ➡ Activity 2.8

Give an example of how you have practised ethically in your recent work:

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Make a list of guidelines that would help you to ensure your approach is ethical, honest and non-judgemental:

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4. ....  
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Discuss these guidelines with a colleague and/or your supervisor or mentor and ask them for feedback. Record their comments below.

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To practice practise ethically you need:

- Knowledge of policies, practices and procedures concerning the local implementation of mental health and related legislation

### ► Activity 2.9

How aware are you of the policies, practices and procedures that underpin your work?

Very                      Not

Make a list of any policies or legislation you feel you should have a better understanding of:

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3. ....  
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How will you find out more about these?

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## 4. Challenging inequality

Challenging Inequality. Addressing the causes and consequences of stigma, discrimination, social inequality and exclusion on service users, carers and mental health services. Creating, developing or maintaining valued social roles for people in the communities they come from.

'It is particularly important to understand the nature and consequences of stigma and discrimination. Social inequality and exclusion have a potentially devastating effect on the recovery process and will make it difficult for service users to achieve their potential or take their rightful place in society.' Dept of Health 2004

What this means is: Helping to overcome unfair treatment and unwelcoming attitudes that affect service users, carers and mental health services. Helping people to play an active part in their own community and to be accepted rather than shut out.

To challenge inequality you need to:

- Understand the effects of exclusion and discrimination

The Social Exclusion Unit, in their report 'Mental Health and Social Exclusion' (2004) presented the problem as:

1. Adults with long-term mental health problems are one of the most excluded groups in society. Fewer than 25% of adults with long-term mental health problems are employed.
2. Mental health problems cost the country over £77 billion a year.
3. Social isolation is an important risk factor for deteriorating mental health and suicide.
4. Severe mental health problems affect 1 in 200 adults a year.
5. More common mental health problems affect 1 in 6 people, with the highest rates in deprived neighbourhoods. GPs spend a third of their time on mental health issues. Costs for anti-depressants have risen and there are variations in access to talking therapies.
6. Over 900,000 adults in England claim sickness and disability benefits for mental health conditions.
7. Mental health problems can have a strong impact on families – both financially and emotionally.
8. Creating sustainable, inclusive communities is about everyone having a stake. Being in work and having social contacts is strongly associated with improved health and well-being. People with mental health problems have much to offer. If they can fulfil their potential, the impact of mental health problems can be significantly reduced.

The report presented the causes of the problem:

- Stigma and discrimination against people with mental health problems is

- pervasive throughout society.
- Professionals often have low expectations of what people with mental health problems can achieve.
- Lack of clear responsibility for promoting vocational and social outcomes for adults with mental health problems.
- Lack of ongoing support to enable people to work.
- People face barriers to engaging in the community.
- Groups that face particular barriers are ethnic minorities, young men, parents with mental health problems and adults with complex needs.

### ► Activity 2.10

Think of a service user with whom you work or have worked. What barriers did this person face from stigma and discrimination in trying to fulfil their potential?

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To challenge inequality you need to:

- Understand the role that services have to play in fighting inequality and discrimination

### **Women's Mental Health: Into the Mainstream (Department of Health 2002)**

This report looked at the current state of mental health care for women. Some key messages were:

- Most mental health care for women is provided in mixed-sex environments
- There is significant variation across the country in the provision of women-only sessions/services
- There has been serious criticism of mixed-sex in-patient care in relation to women's safety from violence and abuse.
- Women who have used women-only services speak highly of them.
- Women express an overwhelming sense of 'not being listened to'.

The report also gave guidance on developing gender sensitive services. Some key messages are:

- Gender is a key issue that influences an individual's experience of the world and therefore gender issues should be incorporated into research, service planning, delivery and evaluation.
- To turn these aspirations into action, organisational and individual values and behaviours need to be addressed and challenged.

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- It is also important to continue to recognise the uniqueness of the individual.
- To ensure that service planning and delivery are sensitive to gender, there is a need to provide single-sex services in some instances.
- Involving and listening to women should be fundamental to all service planning, delivery and evaluation.
- Leadership in organisations should make a clear commitment to address gender issues.
- An aware and informed workforce is essential.
- The importance of the voluntary sector in provision of mental health care for women should be reflected in robust commissioning arrangements that ensure the financial sustainability of voluntary sector services.
- Access to women staff, women-only interventions and an acknowledgement of women's caring responsibilities, need to be addressed in all settings providing mental health care.
- Individual assessment and care plans should address gender difference and include the following: experience of violence and abuse, caring responsibilities, social and economic situation, physical health care, ethnicity and culture, dual diagnosis with substance misuse, risk assessment and management.

### ► Activity 2.11

How have mental health services in your area set about providing gender sensitive services?

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Are there other things that your local services are planning to do in the future?

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Is there someone in your service that takes the lead in improving mental health services for women?

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To challenge inequality you need to:

- Challenge inequality and discrimination within your role

### Returning to The Social Exclusion Unit report 'Mental Health and Social Exclusion' (2004)

The report feels that progress has been made in areas such as:

- Pathways to work
- National Service Framework for Mental Health
- Disability Discrimination Act 1995
- Employment initiatives
- Tackling social inclusion

The report also outlines an Action Plan – (a 27-point action plan in 6 categories):

1. Stigma and discrimination – a programme to challenge negative attitudes and promote awareness of rights.
2. The role of health and social care – implementing evidence-based practice in vocational services and enabling re-integration in the community.
3. Employment – giving people with mental health problems a real chance of paid work.
4. Supporting families and community participation – enabling people to lead fulfilling lives.
5. Getting the basics right – access to decent homes, financial advice and transport.
6. Making it happen – arrangements for leading this programme and maintaining momentum.

#### ► Activity 2.12

These are large-scale plans and programmes and mental health workers will have a role in many of these initiatives.

On a more individual level, think of a situation where you have been able to challenge inequality and discrimination within your organisation. Describe the situation briefly:

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What key strengths did you need to draw on to act in this way?

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Looking back on this now is there anything you would do differently?

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### 5. Promoting recovery

Promoting recovery. Working in partnership to provide care and treatment that enables service users and carers to tackle mental health problems with hope and optimism and to work towards a valued life-style within and beyond the limits of any mental health problem.

Promoting recovery is the capability that defines the process that service users and providers engage in to enable self-empowerment and self-determination. Recovery is about recovering what was lost: rights, roles, responsibilities, decision-making capacity, potential and mental well-being.

Recovery is what people experience themselves as they become empowered to achieve a meaningful life and a positive sense of belonging in the community.'

Dept of Health 2004

What this means is: Helping service users and carers to deal with their mental health problems and to keep a sense of hope for the future. Helping them to find a way of life that is rewarding to them whether or not they continue to have mental health problems.

To promote recovery you need to:

- Understand that recovery is a process that is unique to each person.
- Understand the essential role of hope in the recovery process
- Accept that recovery is not about the elimination of symptoms or the notion of cure
- Understand that the key element to the recovery process is that the service user is both the driver and co-ordinator of services

Consider this brief quotation from Repper and Perkins (2003):

"In the mental health services we are used to thinking about people's experience in terms of the supports and interventions that mental health workers provide. We think in terms of in-patient facilities, outreach services, medication, occupational therapy, art therapy, and 'psychosocial interventions'. We think of symptom reduction and discharge as indices of success. This is the wrong place to start. Everyone who experiences mental health problems faces the challenge of recovery, i.e. rebuilding a meaningful and valued life. Whether a person's problems are time-limited or ongoing, whether or not their symptoms can be eliminated, they face the task of living with, and growing beyond, what has happened to them. The help offered by mental health workers needs to be considered in terms of the extent to which they facilitate, or hinder, this process of recovery."

### ► Activity 2.13

Note down your immediate reactions to this quotation:

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Defining the term 'Recovery' is important as the term may mean different things to different people. How would you define 'recovery'?

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NIMHE (National Institute for Mental Health in England) in their 'Guiding Statement on Recovery' (2005) say:

Recovery has a number of different meanings within the mental health and substance misuse communities. There is no one definition of the term acceptable to all parties involved. We define recovery to include the following meanings:

1. A return to a state of wellness (e.g. following an episode of depression)
2. Achievement of a personally acceptable quality of life (e.g. following an episode of psychosis)
3. A process of recovering (e.g. following trauma)
4. A process of gaining or restoring something (e.g. one's sobriety)
5. An act of obtaining usable resources from apparently unusable sources (e.g. in prolonged psychosis where the experience itself has an intrinsic personal value)
6. To recover optimum quality of life and have satisfaction with life in disconnected circumstances (e.g. dementia)

NIMHE also state twelve guiding principles for the delivery of recovery-focused mental health services, including:

Principle I:

The user of services decides if and when to begin the recovery process and directs it; therefore, service user direction is essential throughout the process.

Principle II:

The Mental Health System must be aware of its tendency to promote service user dependency. Users of services need to be aware of the negative aspect of co-dependency (this is where they behave in ways that lead them to become dependent on services).

Principle III:

Users of service are able to recover more quickly when:

- Hope is encouraged, enhanced and/or maintained
- Life roles with respect to work and meaningful activities are defined
- Spirituality is considered
- Culture is considered
- Educational needs as well as those of families/significant others are identified
- Socialisation needs are identified
- They are supported to achieve their goals

(for the remaining principles visit [www.nimhe.org.uk](http://www.nimhe.org.uk))

### ➡ Activity 2.14

Think of someone you are currently working with. Make a list of things you might do to work with this person in a recovery-focused way:

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2. ....  
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3. ....  
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4. ....  
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The process of recovery and the importance of hope within recovery are explored further in the next module (Module 3: involving service users and carers)

## 6. Identifying people's needs and strengths

Identifying people's needs and strengths. Working in partnership to gather information to agree health and social care needs in the context of the preferred lifestyle and aspirations of service users their families, carers and friends.

'The focus of this capability is on helping the service user and those involved with them to describe their experiences in such a way as to identify their strengths and formulate their needs. In order for this to be meaningful this must take a whole systems approach and take account of every aspect of the person's life.'  
Dept of Health 2004

What this means is: Working with others to agree what someone's needs are in all areas of their life keeping in mind the way that they like to live and things that they, their family, carers and friends hope for.

To identify people's needs and strengths you need to:

- Carry out (or contribute to) a systematic, whole systems assessment that has, as its focus, the strengths and needs of the service user and those family and friends who support them.
- Work in a way that acknowledges the personal, social, cultural and spiritual strengths and needs of the individual.
- Work in partnership with the individual's support network to collect information to assist understanding of the person and their strengths and needs.

This capability lies at the heart of the Care Programme Approach.

### ➡ Activity 2.15

Think about your own strengths and talents and list the three or four that you are most proud of:

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Think of a person who uses the mental health services with whom you are associated - preferably someone you are working with. Write a short positive description of them (focus on their needs and strengths not on their problems):

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What needs does the person have? (be descriptive and positive rather than prescriptive in answering this question)

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2. ....  
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3. ....  
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4. ....  
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What strengths does the person have? (consider all the person's abilities, interests and talents – everyone has strengths and talents)

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What about the person's support network? Draw a simple diagram below to illustrate this:

(To help with this task, perhaps spend some time talking with the person and other members of their support network)



The 10 Essential Shared Capabilities are about noting, encouraging and aiding the support structures for Service Users and their carers to promote recovery.

It may be helpful to think about your own support networks (friends, families, colleagues) when answering the above question.

## 7. Providing service user centred care

Providing service user centred care. Negotiating achievable and meaningful goals; primarily from the perspective of service users and their families. Influencing and seeking the means to achieve these goals and clarifying the responsibilities of the people who will provide any help that is needed, including systematically evaluating outcomes and achievements.

”This capability is concerned with helping the service user to set goals that are realistic, achievable and meaningful, so that the service user and others involved in the person’s care will be able to recognise when a particular goal has been achieved.”  
Dept of Health 2004

What this means is: Agreeing on goals that fit with what the service user and their family / carers want and which can be reached. Helping to work out what needs to be done, who will do what and how progress and success will be measured.

To provide service user centred care you need to:

- Work alongside the service user to help them to describe their goals as precisely as possible in a way that is meaningful to them.
- Help the service user to identify and use their strengths to achieve their goals and aspirations.
- Identify the strengths and resources within the service user’s wider network which have a role to play in supporting goal achievement.

### ➡ Activity 2.16

Make a list of anything or anybody that you found helpful or supportive at a time in your own life when you were distressed:

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3. ....  
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The 'Strategies for Living' team at the Mental Health Foundation asked a similar question to service users to find out about their strategies for living with mental distress. (Faulkner and Layzell 2000)

Compare your list with the table below. This gives an overall picture of the different strategies and supports people found to be 'most helpful'. Many people identified two or three supports (people or activities), whilst a few found that one factor - or person – stood out for them.

'Most helpful' strategies and supports	
Relationships with others <ul style="list-style-type: none"> <li>• Friends, partners, family</li> <li>• Other service users/people with similar problems</li> <li>• Mental health professionals</li> <li>• Counsellors/therapists</li> <li>• People encountered in day centres, drop-ins, voluntary sector projects</li> </ul>	Medication
	Physical exercise
	Religious and spiritual beliefs
	Money
Personal strategies <ul style="list-style-type: none"> <li>• Peace of mind</li> <li>• Thinking positively, taking control</li> </ul>	Other activities <ul style="list-style-type: none"> <li>• Hobbies and interests</li> <li>• Information</li> <li>• Home</li> <li>• Creative expression</li> </ul>

(Faulkner and Layzell 2000)

From this table you can see the variety of people, activities and strategies that were seen to be helpful. Some are offered by mental health services but very many are much wider than that.

Remember to think broadly when working with a service user to help them to describe their goals, identify their strengths and develop their own recovery strategy.

## 8. Making a difference

Making a difference. Facilitating access to and delivering the best quality, evidence-based, values-based health and social care interventions to meet the needs and aspirations of service users and their families and carers.

“This capability is concerned with ensuring that people have access to interventions and services that have proven efficacy in addressing specific needs. It is essential that people are able to utilise services that value them and those that support them and that will help to make a positive difference.” Dept of Health 2004

What this means is: Making sure that service users, their families and carers have access to a range of high-quality care and treatments that work well, are delivered appropriately and meet their needs and hopes for the future.

To make a difference you need to:

- Understand the notions of evidence-based and values-based ‘best practice’ (e.g. as included in NICE guidance and Psychosocial Interventions training).

“NICE (the National Institute for Clinical Excellence) is commissioned by the Department of Health to provide clinical guidance to support the National Service Framework for Mental Health. NICE has produced two types of guidance relevant to mental health services: technology appraisals and clinical guidelines.

Technology Appraisals consider the evidence that a particular treatment is effective or cost-effective for a specific condition.

Clinical Guidelines consider all treatments and services that could be used for a condition or group of conditions.”

(from The National Service Framework for Mental Health – Five Years On. Department of Health – 2004)

Clinical Guidelines that have been published by NICE include:

- Schizophrenia – Core interventions in the treatment and management of schizophrenia in primary and secondary care (2002)
- Eating disorders – Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders (2004)
- Self-harm – The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care (2004)
- Depression – its management in primary and secondary care (2004)
- Obsessive compulsive disorder - core interventions in the treatment of obsessive compulsive disorder and body dysmorphic disorder (2005)
- Bipolar Disorder - the management of bipolar disorder in adults, children and adolescents, in primary and secondary care (2006)

### ► Activity 2.17

Looking through the above list, make a note below of ONE of these publications which you haven't read but which is of direct interest to you:

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You will find copies of the publication on the NICE website [www.nice.org.uk](http://www.nice.org.uk)

Looking briefly at outcomes for people with severe mental illness, the British Psychological Society (2000) states:

“The course and outcome of psychotic experiences are highly unpredictable. Some people recover completely after only one episode, some people suffer from multiple episodes separated by periods of complete or partial recovery, and some remain continuously affected. Long-term follow-up studies indicate that as many as a third of all people who have psychotic experiences completely recover, and that less than a quarter remain permanently affected. Most people might reasonably hope to recover either completely or partially after a psychotic episode. Many mental health workers, who by definition only come into contact with people who continue to need their help (or for those who need help only occasionally, at times when they need it) fall into the trap known as the ‘clinician’s illusion’. They assume that recovery is rare and that most service users are likely to be dependent on services for the rest of their lives. Likewise, although there are thousands of former service users who either no longer have psychotic experiences, or have found effective ways to cope with them and no longer need help from services, current service users rarely have the opportunity to meet them. Because of this both staff and service users are in danger of developing over-pessimistic views about the future.”

(The British Psychological Society publication ‘Understanding Mental Illness – recent advances in understanding mental illness and psychotic experiences’ (2000) has much useful evidence about causes, help and treatment. It is available at [www.bps.org.uk](http://www.bps.org.uk))

### ► Activity 2.18

Consider the ‘Clinician’s Illusion’ that is referred to above. Reflect briefly on how much contact you have with people who have completely recovered after a psychotic episode. If you have very little contact, identify somebody you could talk with who does have contact or search for an article, book or website that could give you this perspective:

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Think of a time when you have successfully provided some form of health and/or social care to a service user. What evidence do you have to show the success of what you did?

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## Activity 2.19

Making a difference also means the delivery of best practice/quality. Think about your work/role and consider how best quality can be introduced reinforced? Who decides on 'quality' and who for? Do you and your colleagues agree on what best practice is?

Suggest ways in which best quality and continuous improvement can be introduced in your work setting:

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### 9. Promoting safety and positive risk taking

Promoting safety and positive risk taking. Empowering the person to decide the level of risk they are prepared to take with their health and safety. This includes working with the tension between promoting safety and positive risk taking, including assessing and dealing with possible risks for service users, carers, family members, and the wider public.

“This capability focuses on the issues of risk to the individual and society and how this can best be addressed in a manner that values all those concerned.”

Dept of Health 2004

What this means is: Working with someone in a positive way to decide how much risk they are prepared to take with their health and safety. Making sure that there is safety has to be balanced against letting them take risks that might improve their life. This capability involves assessing and dealing with possible risks to service users, carers, family members and the general public.

Promoting safety and positive risk taking lies at the heart of all mental health work. Services will have risk assessment and risk management strategies, which will link closely to their policy and practice in relation to the Care Programme Approach.

Getting the risk/safety balance right is central to this work.

Risk should be considered broadly. Categories of harmful risk for service users may involve:

- A risk of harm to self
- A risk to harm to others
- A risk of being harmed by services/treatments
- A risk of being harmed by others (through exploitation/discrimination)

There is often a tension between promoting safety and positive risk taking. It is through taking positive risks that people develop and grow but this needs to be managed carefully and consistently.

Now we will focus specifically on safety and risk in relation to service users with whom it is hard for services to engage. But do remember that these principles apply to working with all service users.

To practice in a way which promotes safety and positive risk taking you need to:

- Demonstrate the ability to develop harmonious working relationships with service users and carers particularly with people who may wish not to engage with mental health services.

The Sainsbury Centre for Mental Health published ‘Keys to Engagement – review of care for people with severe mental illness who are hard to engage with services’ in 1998. They looked at the personal characteristics of staff who are most successful in working with service users who are hard to engage with services. The characteristics were:

## The Ten Essential Shared Capabilities

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- Ability to use a needs-led approach and allow the service user's priorities to set the agenda
- Ability to use the right style for the service users – it may help if they come from a similar ethnic group or have had experience of using mental health services
- Ability to show 'low expressed emotion' in their work – being broadly positive in their outlook and not overly critical when things go wrong
- Ability to have realistic expectations about the scope for improvement and be committed to long-term therapeutic relationships

### Activity 2.20

These 'hard to engage' service users are often the ones that are felt to pose the greatest risk either to themselves or to others. The aim of modern mental health services is to reach out to them through 'Assertive Outreach Teams'. The success of this capability is reflected in the 'Keys to Engagement' bullet points above. Think about your work and consider how well you deliver on those 'engagement points with Service Users and Carers'

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Now turning to safety and positive risk taking across all mental health services in your area. Are you aware of a risk assessment and management policy across your local services? What are the key elements of this policy?

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How do you promote safety in your own area of work?

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## The Ten Essential Shared Capabilities

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Identify anything you feel you need to know more about and raise this at your next team meeting or supervision session:

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### 10. Personal development and learning

Personal development and learning. Keeping up-to-date with changes in practice and participating in life-long learning, personal and professional development for one's self and colleagues through supervision, appraisal and reflective practice.

“This capability focuses on the need for the practitioner to take an active role in their own personal and professional development. In the same way that service users should be viewed as active partners in their care, not passive recipients, practitioners should be active participants in their own development.” Dept of Health 2004

What this means is: Keeping up to date with changes in the way that services are delivered. Taking part in learning throughout the whole of your life. Making sure that you (and the people you work with) get advice and support through supervision, regular reviews of progress and opportunities to think about the way that things are done.

To promote your personal development and learning you need:

- Access to education and training based on the best available evidence
- A personal / professional development plan that takes account of your hopes and aspirations and that is reviewed annually.
- To understand the responsibilities of the service in supporting you in meeting the goals set in the development plan
- To understand your personal responsibility to achieve the goals set in your development plan
- The ability to set personal / professional goals that are realistic and achievable
- To recognise the importance of supervision and reflective practice and integrate both into everyday practice
- To be proactive in seeking opportunities for personal supervision, personal development and learning

Personal development and learning is a key part of supervision for practice through:

- Demonstrating a commitment to active participation in supervision and life-long learning

Supervision is a term that is used to describe regular meetings with a supervisor or line manager in which mental health workers are able to discuss and reflect on the work that they do and their own learning and development needs. The person supervising the worker advises them and helps them to develop their practice. In some settings other forms of support such as mentoring, coaching or group meetings with colleagues are provided in addition to, or instead of individual supervision sessions.

The supervision process includes monitoring of specific pieces of work with service users and carers. This provides an important safeguard and links with annual appraisal (assessment and review) of the worker's role. This helps to ensure that mental health workers are using effective, evidence-based approaches and have the skills, knowledge and

experience that they need to cope with changing demands.

Life-long learning is a term that describes a continuing process of personal and professional development over the course of a whole career. It covers training workers are required to do by law (e.g. health and safety), learning their organisation requires them to do (e.g. good practice in assessment; use of a specific therapeutic technique) and learning they choose to do themselves (e.g. an IT or management qualification).

### ► Activity 2.21

When will your next supervision, mentoring or support session be?

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What do you plan to discuss in this session in relation to this learning programme?

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If you do not receive support or supervision you should talk to your manager or a senior person in your organisation as soon as possible. It is very difficult to put new learning into practice without the help of a supervisor. And you need the opportunity to discuss any difficult issues that arise from the work that you do. If you work in a less-structured organisation you may receive support and supervision from more experienced colleagues. Everyone working in mental health services needs advice and support including volunteers, service users and carers.

You have now completed all the activities for module 2.

### 11. Links to further learning

British Psychological Society (2000) *Understanding Mental Illness - recent advances in understanding mental illness and psychotic experiences*. Leicester, British Psychological Society.

Department of Health (1999) *Effective Care Co-ordination in Mental Health Services – modernising the care programme approach – a policy booklet*. London, Department of Health

Department of Health (2004) *The National service Framework for Mental Health – Five Years On*. London, Department of Health

Department of Health (2004) *The Ten Essential Shared Capabilities – A Framework for the Whole of the Mental Health Workforce*. London, Department of Health/NHSU/Sainsbury Centre/NIMHE).

Department of Health (2002) *Women's Mental Health: Into the Mainstream – strategic development of mental health care for women*. London, Department of Health

Dunn (1999) *Creating Accepting Communities*. London. MIND publications

Dutt R, Ferns P (1998) *Letting Through Light*. London, Department of Health/Race Equality Unit.

Faulkner A, Layzell S (2000) *Strategies for Living*. London: Mental Health Foundation

Ferns P (2005) 'Finding a Way Forward; A Black Perspective on Social approaches to Mental Health' in *Social Perspectives in Mental Health – Tew J (ed)*. London, Jessica Kingsley

NIMHE (2005) *Guiding Statement on Recovery*. Leeds: NIMHE

Repper J, Perkins R (2003) *Social Inclusion and Recovery*. London, Bailliere Tindall

Rethink (2003) *Who Cares? – The experiences of mental health carers accessing services and information*. London, Rethink.

Sainsbury Centre for Mental Health (1998) *Keys to Engagement – review of care for people with severe mental illness who are hard to engage with services*. London, Sainsbury Centre for Mental Health.

The Social Exclusion Unit (2004) *Mental Health and Social Exclusion*. London, Office of the Deputy Prime Minister

### Websites

The British Psychological Society, see [www.bps.org.uk](http://www.bps.org.uk)

Department of Health, see [www.doh.gov.uk](http://www.doh.gov.uk)

Mental Health Foundation's website: [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk). Spend some time looking at the resources available at this website including the 'one in four' forum.

NICE (National Institute for Clinical Excellence), see [www.nice.org.uk](http://www.nice.org.uk)

NIMHE (National Institute for Mental Health in England), see [www.nimhe.org.uk](http://www.nimhe.org.uk)