The Recovery Journey In Scotland

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What was done

Why we did it

What we learned
Health inequalities

Males – 78.0 years
Females – 83.8 years

Males – 63.7 years
Females – 72.1 years
Pre-1998 Distant Government

A feeling of being done to
1998 Devolution

A feeling of optimism
Probably not:

Philosophical differences during the enlightenment:

**Scottish Enlightenment**
(Hutcheson, Hume, Smith)
‘Common sense philosophy’: democratising knowledge

Vs

**English rationalism**
(Bentham and Mill)
‘Specialisation of knowledge’

Smith (2012)
Philosophically different starting points?

‘...eighteenth century [Scottish] men exhibited the senses of connection, moral sensibility, attachment to others and to community....’ (Tronto 1994 p.57)1

Scottish Enlightenment had a ‘well developed sense of human mutual obligation’ (Paterson 2009 p.9)2

1,2 Quoted in Smith 2012
• The Human Rights Act woven in to the devolution of powers
• HRA 1998 incorporates ECHR in to UK Law
• Scotland Act 1998: laws made by devolved Governments that do not comply with the HRA are not law

Devolution settlement
This marked a significant change in direction

**Legislative and policy background**

<table>
<thead>
<tr>
<th>Year</th>
<th>Act</th>
<th>Notes</th>
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<tbody>
<tr>
<td>1968</td>
<td>Social Work (Scotland) Act</td>
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<tr>
<td>1990</td>
<td>NHS and Community Care Act (implemented 1993)</td>
<td>‘Deficit’ model</td>
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<tr>
<td>1995</td>
<td>Children (Scotland) Act</td>
<td>The state will provide (and decide...)</td>
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<td>1995</td>
<td>Carers (Recognition and Services) Act</td>
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<td>1996</td>
<td>Human Rights Act</td>
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<td>1996</td>
<td>Community Care (Direct Payments) Act</td>
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<tr>
<td>1999</td>
<td>Modernising Social Work -White Paper</td>
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<tr>
<td>2002</td>
<td>Community Care and Health (Scotland) Act</td>
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<td>2010</td>
<td>Equality Act</td>
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<td>2011</td>
<td>Christie Commission “nothing about us, without us, is for us”</td>
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Key actions

- Millan Committee report on mental health reform 2001
- National Programme for Mental Health and Wellbeing 2001
- Mental Health Care and Treatment Act 2003
Mental Health (Care and Treatment) Act 2003

- Reciprocity
- Least restrictive
- Compulsory care as a last resort
Core Principle

Consultation and engagement at the core throughout the process

Inclusion
We will identify and involve the people and organisations that are affected by the focus of the engagement.

Support
We will identify and overcome any barriers to participation.

Impact
We will assess the impact of the engagement and use what has been learned to improve our future community engagement.

Planning
There is a clear purpose for the engagement, which is based on a shared understanding of community needs and ambitions.

Methods
We will use methods of engagement that are fit for purpose.

Working Together
We will work effectively together to achieve the aims of the engagement.

Communication
We will communicate openly and regularly with the people, organisations and communities affected by the engagement.
2004

- The Scottish Recovery Network established by the National Programme for Mental Health and Wellbeing
Our Starting Point: Narrative Project

• To engage communities across Scotland in debate on how best to promote and support recovery from long-term mental ill health.

• Recovery is about more than the mere absence of symptoms and is a deeply personal process.

• Promoting and supporting recovery is one of the four key aims of the Scottish Executive's National Programme for Improving Mental Health and Wellbeing.
"Any one of us could be affected by an unexpected life event or illness where peer support will be vital to our recovery and wellbeing."

The power of peer

- A challenge to orthodoxy
- Permission to care
- Permission to share power
The Power of Wrap/The power of community

- Empowering: tools ‘self defined’
- Community
Recovery and professional training

Influence over professional groups

Rights, Relationships and Recovery

The report of the National Review of Mental Health Nursing in Scotland

Values base for mental health nursing

[A] The recovery approach should be adopted as the model for mental health nursing care and intervention, particularly in supporting people with long-standing mental health problems.
So, what happened?

- Services adopt the language
- Evidence of change \( ? = SRI/SRI2 \)
- Peer support becomes important
- Release of power from services comes slowly but the deficits dialogue remains
- And then……..
The narrative changes...

- Co-production becomes prominent and begins to be viewed as a means to deliver services
- Some services are rebadged as recovery without significant change
- Using tools allows services to meet the letter of Recovery but not the spirit
- Funding begins to dwindle....
The backlash...

- Recovery in the Bin 2014

"I am writing to let you know that Recovery In The Bin Facebook Group was created on 14 March 2014, a User Led group who are fed up with the way colonised 'recovery' is being used to discipline and control those who are trying to find a place in the world, to live as they wish, trying to deal with the very real mental distress they encounter on a daily basis. We believe in human rights and social justice!"
Sequestration

Coproduction sequestered as a means to ‘do more with less’. What about recovery?
Communities and Recovery

- Ecosystem
- Inter-relationships
- Importance of connection
- Learning from what works
- Creating diversity
- Creating sustainability
What happens when you turn off the traffic lights?

‘Behaviour was noticeably different. Most cyclists slowed down as they approached the intersection, and communicated to other cyclists and motorists using eyes, gestures, expressions, and voices. A lot more negotiation was taking place – but not without friction. In one incident, a mother carrying her child on a front seat slowly entered the intersection. When she was halfway across, a car approached from the right. Traffic signs indicate priority for the car driver but instead, the mother made eye contact with the driver, both smiled, and the car driver yielded.’

https://www.theguardian.com/environment/bike-blog/2017/sep/22/what-happens-if-you-turn-off-the-traffic-lights
Coproduction and Recovery

- Doing with not to
- Sharing experiences
- Normalising the experience of distress
- Creating sustainability
- Realising this is not new
Sustainable recovery communities

• Celebrate what works
• Democratise knowledge
• Empower communities and individuals
• Learn from the liberation movements
• Make SRN redundant
Help professionals reconnect with why they wanted to do the job

“The importance of relationships became subsumed behind increasing recourse to technical and managerial ways of working.”

(Smith 2012)
What are the lessons

- Legislation and values with Human Rights at the centre
- Investment MUST be sustainable
- Experimentation is risky, but worth it
- Vested interests are stronger than you think
- Anything set in stone will eventually crumble
What will the future bring?

“Knowledge emerges only through invention and re-invention, through the restless, impatient, continuing, hopeful inquiry human beings pursue in the world, with the world, and with each other.”

— **Paulo Freire** — Paulo Freire, *Pedagogy of the Oppressed*
References

Friere, P (1971), Pedagogy of the oppressed, New York, Seabury

Moore, D (2009), ‘Workers, ‘clients’ and the struggle over needs: understanding encounters between service providers and injecting drug users in and Australian City, Social Science and Medicine, 68, 6 pp1161-1168
SRN want to help the people of Scotland recognise that distress is common to 100% of human existence: it is something we share all too often. However, what we have in common binds us together. Recovery is for everyone, in every community, wherever they are.