Restoring the relevance of service provision to people's lives: a personal and professional reflection.

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> *When mental health services played a central role in my life I was not aware of, let alone involved in, any planning conversations around my mental health needs. This was a foreign concept and one that was left to the domain of professionals who considered they knew best. I couldn't tell you what the focus of treatment was, it all seemed reactive and disconnected to any purposeful direction. Years later I accessed my file under Australia's Freedom of Information legislation. I was surprised to find that my file contained a number of plans including treatment plans, relapse preventions plans, and crisis plans. I did not know these existed, let alone have any involvement in their formation. Looking closer I could see that all the boxes were filled in, but I did not recognise these plans as mine. The goals in these plans seemed driven by other peoples' agendas. Medication compliance, developing insight and reduction in absconding behaviour seemed to be the central focus. There was a major mismatch between the intent of these plans, and what I wanted to be different in my life. Had I been involved, I doubt that I would have articulated these so called 'goals' as the very things that I wanted to achieve and develop competency around.*

I often reflect had people taken the time to include me, to enquire as to what I thought I needed to make different in my life, then my experience of mental health services may have been (i) significantly shorter, and (ii) personally relevant, inviting me to be much more active and engaged in the process. I also imagine that the mental health providers may have experienced their efforts as being more relevant, purposeful and useful.

My story, sadly, is not an isolated one. This paper draws on professional and personal reflections on the importance of negotiating service relevancy with people, being clear as to why we are in each other's spheres, committing to the nature of our work together, and knowing when our work is finished and it is time to exit a person's life. This inquiry requires us to go beyond a singular focus on goals, and to rethink the relevance of services in people's lives.

Refocussing from Goal Attainment to Making a Service Commitment to people

"Begin with the end in mind". (Covey, 1989) is a useful reminder when walking alongside people who experience serious mental illness. If mental health services hold a vision for people's lives beyond illness management and maintenance, thereby extending support to people to reclaim and master a full life in spite of any symptomology, then services must engage with people with this end in mind. Realigning practices to a recovery orientation requires a significant 'paradigm shift' (Davidson, 2005, Zucconi, 2008, Glover, 2012) from how services have traditionally been provided. This shift resists a provider determined, managed and monitored approach and upholds polices, practices, processes and programs that have a strong focus on self-determination, self-mastery, learning, citizenship and ultimately serving people in reclaiming a full life beyond the impacts of illness. This level of service transformation is a challenging process, inspiring all of us to address those practices that have become comfortable, routine and ultimately irrelevant to the end desire.

Historically mental health services have adopted a powerful 'whole of life' responsibility for people, encasing and entrapping them within institutional structures and processes, in both residential and community environments. In a recovery oriented era, services should acknowledge that they are invited guests in a person's life, and are there for a specific purpose and limited time, after which they should know when and how to exit. Services striving to uphold these principles would acknowledge they are only one of many resources available to people, and would resist adopting a central role in people's lives. Many of people's life aspirations do not belong in the domain of mental health services, but sadly have become the major business of many modern mental health programs.

As 'helping' services have grown their presence in people's lives, so have the routine practices that risk a 'conveyer belt' experience for people. One of the very early experiences that most people have is to surrender their dreams and aspirations to services. They risk being asked, "what are your goals", making this the automatic business and focus of any ongoing service intervention, support or treatment. These precious thoughts get written down, sometimes watered down, and then somehow enter the public domain, to be scrutinised, actioned and monitored by others. The achievement, or not, of these very personal aspirations then becomes the domain and satisfaction of the worker and service. Often the credit for the achievement of such goals is taken by the service and utilised as evidence of their 'good recovery work'. The person is often relegated to being an observer or passenger in their own life, and not an active protagonist. There is a strong risk that the actions, by services, of attaining people's goals will result in a sense of hopelessness and passivity as opposed to the intended sense of hope and personal agency. One provider's reflection of this process said that *'we simply steal people's initiatives and aspirations and make them our own'*. This practice aligns more to being one of managed-care and person-centred practice than that of upholding a self-directed, self-mastery recovery orientation. Practitioners who seek regular feedback from people will hopefully ensure a strong fit and relevance of the services they provide to the specific areas that people have a desire to master. Without this it is extremely unlikely that people will actively engage meaningfully in any service provision. (Duncan, 2008)

There is a clear distinction therefore between a person's own life plan and that of a mental health service plan. [Figure 1] Both are relevant but have different purposes. A service plan is a commitment by the service to the support they are able to provide a person to assist them overcome what currently stands in their way. It is not focussed on attaining a good life for people per se, but creating an active learning environment where a person has opportunities to overcome and master what stands in their way of creating the life they wish to live. To confuse a person's life plan with a service plan only reinforces a sense of service responsibility and ownership of the person's life.

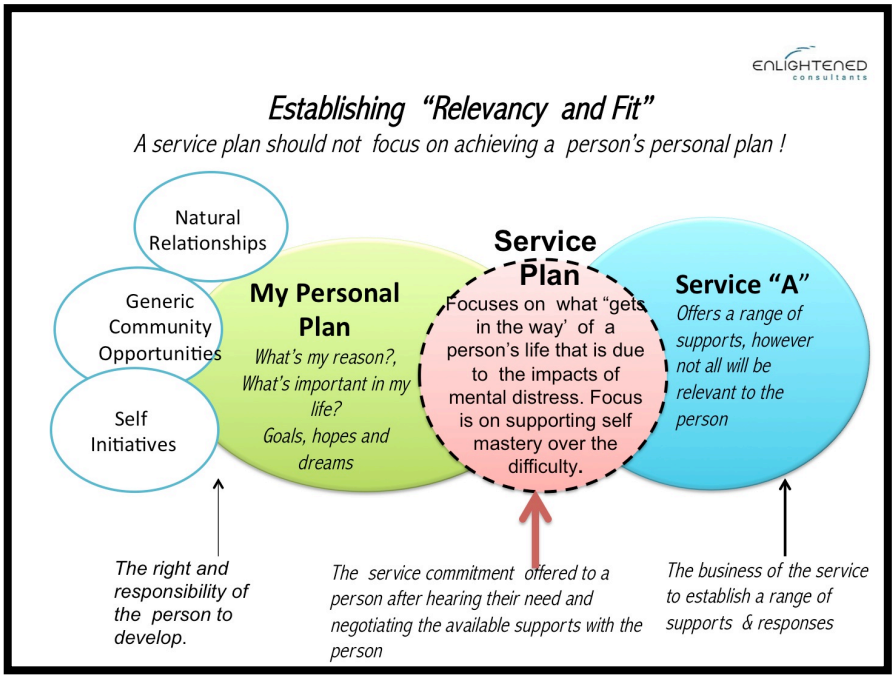

Figure 1 Differences between a service plan and a personal plan (Glover, 2013)

But how do you 'motivate someone'?

Having facilitated many workshops on recovery and recovery oriented practice to service providers over the last couple of decades, there are a number of questions that repeatedly arise, most of them leaving the impression that maybe the vital focus in planning supports are being overlooked when negotiating support and treatment with people.

These repeated questions from providers, regardless of their professional backgrounds or experience, centre around: '*How do you motivate a person who doesn't want to do anything*'; '*How do you get people to follow their plan*'; '*How do you get people to engage with you'*; and '*What do you do with people who are resisting your support*?' There is a common theme to these questions that requires further enquiry.

All these questions evoke an image of good intentional workers trying to create, stimulate, shift, and even manipulate change in people who may share their agenda. Instead of answering these passionate pleas head on (*I have learnt not to do that!),* I find myself enquiring in other ways. I enquire as to the worker's understanding of the original reason a person has come to them for assistance, for without knowing this I am not sure services can even begin to understand their role and purpose in another's life.

I usually find myself asking questions like; '*what has this person asked you for help with*'? '*What is it that they want to get spectacularly good at'?* '*What is it that they hope to be different'? 'What do they find challenging that they believe you can help them with"*? This enquiry usually is met with either blank stares or comments such as '*I don't know*', or *' I will have to go back to the original referral to find out*' or '*I don't think we have ever asked that question*'. The referral, or any third party input, will not tell us the answers to these vital questions, only the person seeking something to be different can provide this direction.

The focus on enquiry is not about goals, but more about what and why a person wants to invest in creating a difference. No one would be accessing a helping service of any description, if (i) they wanted things to stay the same, (ii) they already had the ability to make the change within their own resources, or (iii) nothing was standing in their way from achieving that.

We do nothing without a reason.

> *"…And perhaps most importantly of all, when I got out of bed in the morning I always knew the reason why - I had a purpose in life, I had been called, I had a vocation and I kept saying yes to it."(Deegan, 2001)*

Be curious about the "Why"

Exploring the 'Why'; our reason for desiring something different, creates a natural motivating force. Real motivation is deeply connected to our purpose we organise our life around. It provides hope, meaning, engages and energises us to action. If our reason is not clear, or we are not joined in our reason with others, we become stuck and / or experience conflict with others. The ultimate outcome will be either our passivity, or our resistance. The 'helping' industry usually interprets this negatively, seeing it as a red flag, requiring a refocus on the reason for engaging in services, or the reason for providing services.

Many people who access services are not clear about why they are engaging with the service, or what they specifically want support to master. This conversation has not been afforded to them in any depth. When asked, people who access services tell me many differing understandings of the role of services in their life: *'to monitor and watch me take my medication', 'to take me shopping', 'to do the things for me', 'to be my companion', 'to buy me coffee', 'to drive me places because I don't have any transport'* etc. I am yet to hear anyone explain their reason for engaging in services is so that they can master the things that they are struggling with, thus enabling them to live a full life. Our role in a person's life is often understood by what we do, and not necessarily by what we think we are assisting people to achieve, create, or experience differently.

The story of Jason and Jack[1]

I recall a situation that may be familiar to many of you, either as a provider or someone who has accessed mental health services.

Jason had been coming daily to a service for the last five years. He participated in a workshop I offered and after completing a self-assessment on his self-determination, discovered that he had more things in his life that he had determination over than he thought, and as a result was not the no-hoper that he believed. Taking this opportunity, I asked him if there was something he wished to experience differently about his self-assessment. He wished he could, but said he had resigned himself to not being able to change the things he currently had no self-determination over.

You could be forgiven to want to encourage him to 'have a go', to take small steps but I resisted this urge and took a different path. Looking to highlight his existing agency, I reflected that he must have tried lots and lots of things to come to the conclusion that he could not change this situation. This appeared to be news, as he himself recognised the things he had been doing to overcome whatever the challenge was. I enquired further as to whether he had done this himself or with others support? He acknowledged he had only drawn on himself, as it was 'shame business'. I became curious with him as to his understanding of the role of the mental health service he had visited daily for the last five years, and whether they had anything to offer him. The workshop ended with Jason reflecting on the questions I offered him.

The next day, in a provider workshop, Jack, his mental health worker declared that Jason had come to ask him if he would be willing to work with him on four specific areas. Jack said he was shocked at what seemed to be Jason's new found motivation and engagement as he had Jason on his 'maintenance list' and that really he was a bit of a 'no-hoper'. Jason had picked up what others believed of him quite accurately. Jack seemed pleased that at last Jason was ready to engage with him. My reply to Jack was challenging, stressing that while he was identified as a person to help Jason, what had he been doing in the name of support for the last five years?

Jack realised that he had not had these types of conversations with Jason, or anyone else that he provided support to, and maybe this was not a sudden change in Jason but something that he had within him all the time. In hindsight he recognised that he had left people 'blowing in the wind' because he hadn't clearly established and identified the very thing that Jason wanted a service to help him develop competency and mastery with.

> *"…people cannot progress in their recovery while others are in control of their lives, …(we) may need to think how to 'let go' a bit, share authority and power, have a greater openness to what patients(sic) say and wish, and be more trusting and supportive of their personal priorities. Recovery oriented services will see a shift in our role towards becoming coach, mentor, educator and facilitator"*. (Roberts, 2007)

Changing the service invitation not the person

In our recovery oriented era there remains a strong fixation of changing the person as oppose to rethinking and transforming the service environments that create opportunities for people to realise their potential. As an example, a clinical mental health team was working hard to review and reform its service relevance in people's life by asking people, "how do you understand our role in your life"? They were somewhat shocked to hear that most people understood their role as (i) keeping them compliant with medication and (ii) keeping them under the Mental Health Act.

The team were shocked to hear this as they had never told people, nor did they believe that this was their role. They thought their role was so much more than that, to help people to 'self-right' (Glover, 2012) and eventually lead a full life where mental health services were not dominant. As a team they reflected on how people could

[1] Jack and Jason are pseudonyms

have got this so wrong and realised a number of things; (i) they had never been explicit about their purpose in people's lives, (ii) the Mental Health Act was the elephant in the room, never explicitly being discussed, and (iii) their time with people had a strong focus on medication adherence, monitoring mental status, and treatment compliance, with little focus on assisting people to reclaim a life beyond the mental health system. It had become routine.

They reflected that people had not got it 'wrong' in how they understood the role of providers, as they themselves had not been clear about their role, relevance and purpose in people's lives. Consequently, a systemic protocol was developed to remedy this, with the hope that it would transform their work, and people's experiences of their work.

They brought the focus of the mental health act to the centre of their negotiations with people. Most people did not want to be receiving services, and were very engaged and motivated to get off the order, creating a reason for engaging. Having providers who also wanted to support them in this was encouraging and hope giving.

They fostered conversations that conveyed messages of future, personal agency and expectation, such as, *"What do you know about yourself that can master the things you need to be successfully supported off the mental health act?*" *"What would your life look like if the mental health act did not play a role in it?", " What does the mental health act not stop you from doing achieving?", "What do you think you may need to get good at in order to meet the conditions of the act?"* "*From your experience of using services, what will help you; what will get in your way?",* "*What role could we play in helping you to get good at the things you need to?*", "*How will we recognise if our work together is not useful?" etc.*

As a result of the redefining and renegotiation of supports, everyone has successfully mastered their way off the mental health act. Whilst this is an exciting outcome, what is more exciting is that both the people providing and receiving support are aligned and focused in their work together, as well as experiencing a greater sense of self mastery and self direction over their lives and their work. One of the greatest appreciations from the team was that it was not about changing people they support, but changing how they provided support. Suddenly planning and review processes that had once seemed somewhat obsolete and not useful to either the person or the provider became relevant, useful and alive to both.

These stories highlight some important assumptions, principles and practices, that as service providers we need to honour in order to remain relevant to people's lives.

1. Someone coming to a service wants to invest in change; otherwise they would not be there. Respond to and respect people as adults who know what they need.
2. Begin with the end in mind. Invite a conversation that helps a person connect to their reason and meaning. Establish a reason for the work you are doing together.
3. If nothing was stopping people from leading the life they wanted, they wouldn't be approaching a service. Establish with people what they want to get spectacularly good at influencing over?
4. The person's life plan is not the service plan. Not everything is relevant to a service or should be responded to from a service stance.
5. Don't waste people's time - know the start and finish of your work together.
6. Follow through with commitments made to people's live. They are important.
7. Review and monitor the service commitment not the person.
8. Work "as if" people are already active in their initiatives to overcome and master challenges. Be a witness to and curious about people's personal efforts to make shifts in their own life. Look for them. They are there.
9. Be vigilant of services practices and approaches that have become routine and mundane and are no longer relevant.
10. Be aware of your agenda. Trying to shift, change, modify someone else will usually only invite resistance or disengagement.

11. "Nothing about us without us " is an essential ethical principle to guide every interaction you undertake with people.

I often comment that practicing from such a life-giving stance is not rocket science. These things may appear common sense and yet for many they are challenging requiring us to bring our whole selves to be fully present with another. On hearing this, one mental health leadership team reflected, *'No, practicing like this is not rocket science; it is much, much harder than that. It asks us to relinquish our safety net of routines and tick boxes and to reclaim the art form of being with another.'*

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