

LAURA LOVES, LAURA LOATHES

Laura Graham gives a personal perspective on the news, trends, people and events she meets across the country. In favour is “hope, agency and opportunity in psychiatry” while out of favour is bereavement and its consequences for carers...

LAURA LOVES... hope, agency, opportunity. *Recovery is for All: Hope, Agency and Opportunity in Psychiatry* is a position statement by consultant psychiatrists published at the end of 2010 to provide the “conceptual and practical framework for psychiatrists to turn the vision of recovery-focused services into reality”.

The statement was developed following a joint workshop on recovery by the South West London and St George’s Mental Health NHS Trust and South London and Maudsley NHS Foundation Trust. A smaller group of consultants were then tasked with developing a coherent view of recovery and of “summarising the key factors that support the relevance of recovery principles for the practice of clinicians”. The group included representation from the addictions field.

The document clearly explains recovery as a process, defined by three core concepts, as below.

- Hope – a central aspect of recovery essential to sustaining motivation and supporting an expectation of a fulfilled life
- Agency – supporting people to take control of their own problems, the services they receive and their lives; self-management, self-determination, choice and responsibility
- Opportunity – linking recovery to social inclusion and participation in wider society with access to all that life has to offer.

The statement emphasises the need for professionals to look beyond clinical recovery and to consider treatment effectiveness in terms of the impact on goals which are meaningful to the individual service user and their family. This requires a paradigm shift in the professional/patient relationship so that a partnership develops with joint decision making, and a shift in focus towards goal development.

The document highlights that professionals can influence recovery – both positively and negatively – but it is the service users who “do recovery”. The professional is a key source of advice and support with the potential to be the most important “holder of hope” to coach patients through creative risk taking in order to encourage

growth and learning with a future focus, freeing them from living in the past.

The benefits to the professional in embracing a recovery-focused approach are numerous. They include learning from the partnership with the service user as an “expert by experience”.

This includes employing evidence-based practice but also practice-based evidence whereby both the professional and service user learn from what they are doing together.

This approach requires that service users and their families become part of a multidisciplinary team working alongside the professionals so that all are respected for their input in individual care planning, developing services (including staff training), and as active participants in research.

The statement acknowledges the important role that recovering addicts have in supporting others in their recovery journeys and recommends assertive linkage to peer support outside of the professional relationship.

Overall, the statement is a very positive and optimistic development for psychiatry. Well considered, well written, and hopefully well received and implemented. Well done!!

LAURA LODGES a note of caution... Laura will Loathe it if all this discussion of “recovery” and “recovering” leads to implementation which excludes addicts getting classic recovery and substance-free goals, and turns out to be camouflaging language to hide “more of the same” failure – for example, redefining “abstinence” to mean being on a psychoactive script rather than facilitating behavioural or emotional improvements.

LAURA LOATHES... bereavement.

The loss of a loved one is probably one of the most traumatic experiences that life chucks at us. Death is an inevitable part of life yet remains a taboo subject for discussion in western culture. The bereaved suffer as a result.

The situation is worse if the death is the result of unnatural causes. There is a huge stigma

attached to deaths as the result of murder, suicide or related to drugs. All of these can attract the opinion that, in some significant way, the person who died irresponsibly caused the death.

The people who loved them are left behind to deal with similar judgements of blame, whether it is spoken directly or felt indirectly.

When parents lose their children as the result of substance misuse they and others question if their parenting led their children to take drugs to the point of death. When children lose their parents in similar circumstances, they question their role in that parent’s drug use. All question whether they could have done more to prevent the death.

Where is the support for these people? The situation is bleak. There is generally a paucity of support for families affected by substance misuse within the drugs services.

Mostly, support is available only if there is a service user attending treatment, in order to prepare families for a supportive role in the service user’s life or to limit the chances of inter-generational transmission. Very few services provide support to family members independent of their drug user. Even fewer provide a welcome reception for families whose drug user has died.

In recent years, we have seen the development of vigils – in Liverpool and Bristol – to remember loved ones who did not make it as the result of a substance-related death. They are well attended and provide a useful forum for bereaved families to share their grief with others who, through experience, understand their pain. Their grief can be publicly accepted. However, these people need more. The consequences of such deaths can be felt for many years and, where children are left behind, for generations to come.

There is the loss of their parent to deal with, along with the possible upheaval of living somewhere unfamiliar with strangers.

For others, it can mean being fought over in a custody battle for guardianship. Many are raised by other family members – “kinship carers” – but even this scenario can be fraught with difficulties.

Kinship carers in England are not entitled to the same financial or other support as foster carers yet they provide a similar role. They can apply to their local authority to be considered as foster parents but many kinship carers are reluctant or unable to do so.

Many kinship carers are the grandparents of these children and do not fit the criteria to be foster parents. This could be the result of their age, health, accommodation, support network, etc. By applying to become foster parents, they could risk losing the children to approved foster parents or the care system. By not applying, they are not entitled to any support other than a payment at the discretion of the local authority.

These are grieving parents attempting to support their grieving grandchildren without any support of how to do this, with no respite and with very little financial support.

There are other issues to consider within this generation gap, in particular how to deal with discussions about drugs. This is important in this scenario but, as stated earlier, where is the help? The treatment services could be useful in supporting these discussions, in helping families to make sense of their trauma, to provide some hope that the loss ends there. These families are suffering – do not turn your back on them.



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