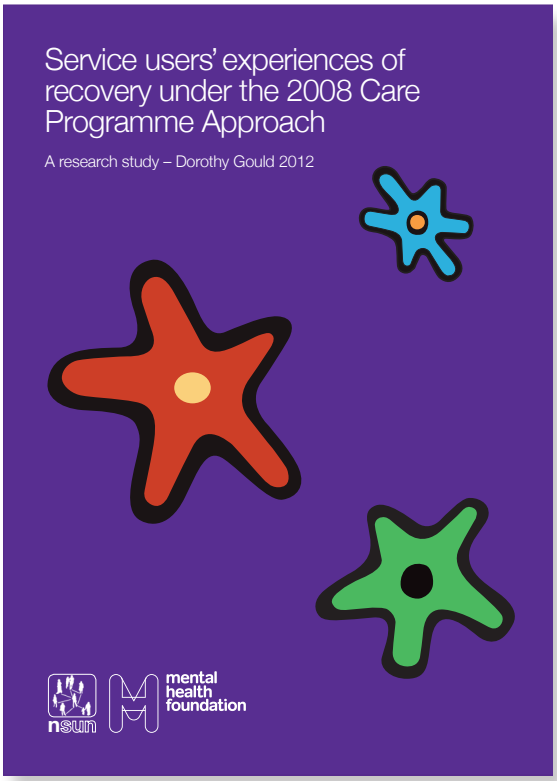
A Checklist of Good Practice from service users
The Care Programme Approach and Recovery



Introduction and explanation

During 2011 and 2012, mental health service users with direct experience of the 2008 Care Programme Approach (CPA) contributed to a research study about the effectiveness of the CPA in promoting recovery.

As well as highlighting good practice, the 81 research participants recommended improvements in CPA services. They underlined the need for mental health professionals to show an increased respect for service users' concepts of recovery and to draw more effectively on anti-discriminatory and holistic approaches. They wanted professionals to move away, too, from unhelpful emphases on risk and compulsion and to put a stronger focus on rights and control for service users.

Participants suggested points which they thought should be included in a Checklist of Good Practice for professionals involved in the CPA. (See overleaf.) The Checklist is based on the types of attitudes and practice which participants found most useful for their recovery. It is designed to act as a guide from service users, not as a tick box list.

The study was funded by the London Development Centre/National Mental Health Development Unit. It stemmed from a partnership between the Mental Health Foundation and the National Survivor User Network and was service user-led.

Website links for the report

www.mentalhealth.org.uk/publications/CPA_report/

www.nsun.org.uk/about-us/what-we-do/cpa-and-recovery/

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The Checklist of Good Practice

Are you:

1. Drawing on service users' personal descriptions of recovery?
2. Taking special account, too, of recovery concepts that service users from particularly disadvantaged groups and communities find meaningful and valid?
3. Helping service users to find the ways of understanding mental distress that make most sense to them, rather than offering medical explanations alone?
4. Putting as much emphasis on the warm, human qualities that service users want from professionals as on skills and knowledge that service users find support their recovery?
5. Recognising in practice that medical treatment is useful only insofar as it assists service users with leading lives that they find meaningful and offering treatment accordingly?
6. Employing the full range of holistic approaches that are important to a particular service user?
7. Allowing for drawbacks that set recovery tools can have and varying tools to meet differing service user wishes?
8. Having adequate discussion with service users when medication is prescribed, acknowledging service users' concerns about distressing side effects and working actively with service users to keep these to a level that service users find acceptable?
9. Tackling any staff discrimination towards people with mental health problems, including the additional discrimination which may be experienced by service users from marginalised groups and communities?
10. Helping service users to feel safe, whilst avoiding a focus on risk that service users say is counterproductive to recovery?
11. Making active use of positive risk-taking?
12. Addressing the tension highlighted by a number of service users: between the use of compulsion under the Mental Health Act 2007 and the exercise of choice, control and citizen rights that is fundamental to most service users' concepts of recovery?
13. Making sure that service users have involvement, influence and control in relation to their individual care plans?
14. Acknowledging peer support in practice when service users find that this helps to promote their recovery?
15. Providing opportunities for service users to influence the Care Programme Approach at a strategic level?
16. Employing resources as effectively as possible by listening to service users' expertise about useful recovery services, not to professionals alone, and by providing consistent and reliable support?

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