Recovery and Independent Living PEG Advisory Paper 9

Developing Recovery Oriented Practice

A guide to writing reports and letters

If we are to 'Put recovery at the heart of all we do' that includes our written communications and in particular those that we share with people who use services e.g. letters between practitioners about them and reports for managers hearings and Mental Health Review Tribunals.

But what does that mean in practice?

The Devon guide to recovery in practice describes **working to values** that include: hope, diversity, choice, meaningfulness, acceptance, inclusion, citizenship, partnership working, mutual respect, empowerment, person-centred and believing in people.

One of the **guiding principles of recovery oriented practice** states that:

'Words are important. The language we use and the stories we tell have great significance to all involved. They carry a sense of hope and possibility or can be associated with a sense of pessimism, both of which can influence personal outcomes.' And another that we are seeking to reduced the stigmatising sense of *'them and us'.*

The anthropologist Arthur Klienman observed that, 'Chronicity arises in part from telling dead or static stories.' In other words – how you say it is how you see it. Our letters and reports have to convey facts and information as we see and understand them but beyond that we need to ask ourselves, 'What else am I saying?', 'What else will someone read?', 'Does this letter / report give a sense of commitment, hope and opportunity or does it convey a sense of pessimism?', 'Does it support an awareness and expectation of recovery or chronicity?'

There has been a legal commitment to offering 'patients' copies of letters written about them since 2000 (DH) as part of a wider policy of involving patients in their own healthcare and was due to be fully implemented in 2004. Subsequent surveys have found huge variation in practice with between 8% and 87% of patients getting copies. The importance of this initiative is seen as a potential culture carrier for more openness, transparency, improved communication and progress towards partnership and collaborative relationships between healthcare providers and consumers (2008a) reaffirmed in the NHS Constitution (2008b). But what it is that we send people and how can it best meet these aspirations? Current guidelines describe the need for such letters to be clear, understandable, not containing unpleasant surprises or be overly full of confusing data, speculation or Jargon – but give little thought as to how such communications, as read by the people they are about, could positively contribute to health or otherwise and the need to consider what meanings we are making for people to live in relation to.

Recovery and Independent Living PEG Advisory Paper 9

A recovery oriented approach to the creation of our written communications is an application of recovery supportive values and principles to our letters, reports, notes and records which can increasingly be co-created with the people they are about. It does not avoid or confuse difficult truths but describes them such as to support recovery.

Some guidelines are:

1. Write about a person, with a problem, not about a disorder, diagnosis or case. (*Person-centred*)
2. Include a description of their strengths and resources alongside their difficulties. (*Hope / Empowerment*)
3. Explicitly own words and concepts such as diagnosis as e.g. 'from a medical perspective ...' rather than as pronouncements of universal truth. (*Diversity / Mutual respect*)
4. Record people's progress and their efforts and engagement with their own recovery as well as their continuing difficulties and struggle to 'take an active stance'.(*Acceptance / Believing in people*)
5. Where there are different and dissonant views between the person writing the letter / report and the person it is about, include recognition of that awareness and describe their viewpoint in their own words and how it contrasts with the author's, e.g., 'Whereas I think ... I'm aware that x takes a very different point of view and considers that ... ' (*Diversity / Meaningfulness / Acceptance / Empowerment*)
6. Express shortfalls as work or progress still be achieved. (*Hope / Believing in People*)
7. Record the person's own hopes or ambitions as well as those held by the clinical team and what needs to happen for such hopes to be realised (*Hope / Meaningfulness / Inclusion / Person centred / Partnership working*)
8. Seek to express issues of risk in terms of a need for safety and 'risk management' in terms of planning for safety and success. (*Hope / Meaningfulness / Partnership working*)
9. When actions are suggested that the person disagrees with, often related to continued detention and medication, give a clear reason and rationale for why these are considered necessary in terms of supporting someone's recovery and acknowledge their alternate view. (*Diversity / Meaningfulness / Acceptance / Inclusion*)
10. When there is opportunity, such as for Tribunal and Court reports, always offer a developed draft to the person and offer to review and response to their views on what you have written. Where there are significantly different viewpoints consider how these can be included either by changing what you have written if it is acceptable to you or else include a description of the person's alternate viewpoint. (*Choice / Meaningfulness / Inclusion / Partnership working / Mutual respect*)

11. Be aware that our letters and reports are constructions rather than objective descriptions, and take every opportunity to make such reports with the person they are about whilst preserving the integrity and authenticity of your own viewpoint.(*Choice / Meaningfulness / Partnership working / Mutual respect / Believing in people*)
12. Whenever there is a practice of offering people copies of letters written about them e.g. letters between practitioners for example a psychiatrist describing a review meeting to the GP and advising on medication – consider if the letter could instead be written directly to the person it is about as a record of the conversation and a reminder of decisions and copied to the other practitioners. This is identified already as good practice in DH guidance (2003).

Other forms of documentation e.g. Rio etc

The language and structure of our documentation does more than simply record our observations – it represents the meanings we have constructed from experience and prompts attitudes, expectations and practice. It follows that the desirability of putting recovery values into practice with respect to written communications, applies equally to other forms of documentation. A recent major research project at SLaM used the 'recovery orientation' of written care plans as the outcome indicator of how successful training on recovery attitudes and awareness had been for staff. There is an opportunity to similarly consider how a recovery orientation could be deployed in setting up the Rio framework for paperless notes – not only to catch such information about how we are putting principles into practice but to set up prompts and data fields as a guide and support for our care planning and practice developing so as to support people in their recovery.

References:

DH (2000) The NHS Plan. London: Department of Health

DH (2003) Copying letters to patients good practice guidelines. London: Department of Health www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4086054.pdf

DH (2008a) Patient and Public Involvement.
www.dh.gov.uk/en/Managingyourorganisation/PatientAndPublicinvolvement/index.htm

DH (2008b) The NHS Constitution for England. London: Department of Health

Glenn Roberts and Antony Thekkepalakkal 19.11.2009
Contact: Glenn.roberts@nhs.net
Endorsed by R&IL PEG 24.11.2009