

How do we lead a recovery based service?

Transformation or incremental steps? A leadership workshop

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Are there any special challenges?

Autonomy

Dignity

(EM) Powered

Can organizations recover?

In the active voice

Short background: Backwards:



- Using 9 months' study leave to learn about how to implement recovery based services. Create an implementation plan for becoming a recovery based service in Stavanger and possibly throughout Western Norway Health Trust – in Bournemouth to learn
- Last 14 years/today: Director of all mental health services in specialized health care for 330.000 inhabitants, all age groups, in Stavanger University Hospital, Norway. 1150 employees, 5 district centres, 16 sites in all. Housing First, Job Prescription, Early Intervention (TIPS), relational training, research. Leadership school. looking for solutions..
- CEO and Vice CEO of all specialist health services in Rogaland County, 6 years. Implemented NPM in Rogaland
- Project leader for telemedicine in Rogaland County etc..

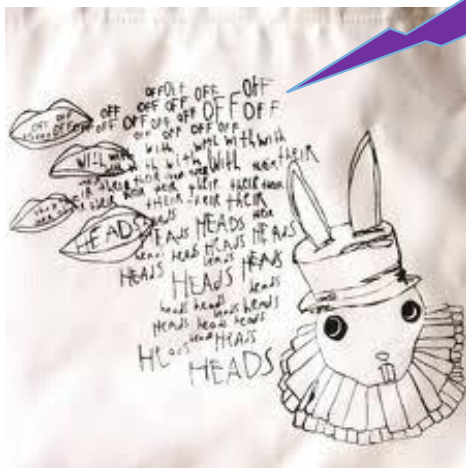
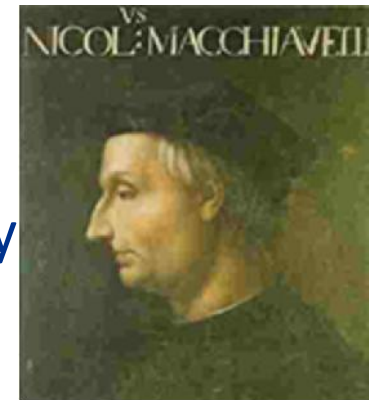
A biased story: The status on service leadership from a NPM leader

- Hospitals/health services have evolved into quasi businesses. Varieties of «Deliver or die». The departments, however, lack the resources a professional business would have had to deliver.
- The yearly contract with the authorities may be based on users' wishes, but often translates into sub-optimal solutions for the individual patient.
- The professionals' input in planning and budget processes are very often dismissed by seemingly unfounded single sentence arguments from the bureaucratic level or the finance guys
- «The health service crisis would be solved with better leadership».
- Often, we see that fear rules from the top down to the ward, or is countered by taking sides for patient focus against business focus



A biased story: The status on service leadership from a NPM leader

- Leadership theories abound to support the right focus in the service: Quality based theories, value based theories, team/person based theories – and the old goat surprisingly often wins over do good, feel good, be ethical, give quality help always: “People can accomplish things in the public sphere in the face of opposition through either power, strategy, or ideally, some combination of the two.” Accountability has come to mean



- Surprising efforts are made to give good quality treatment and diagnostics, to improve quality and efficacy, to serve and household with public resources.
- Surprisingly often, it is in spite of the top leadership, not inspired by them/us.

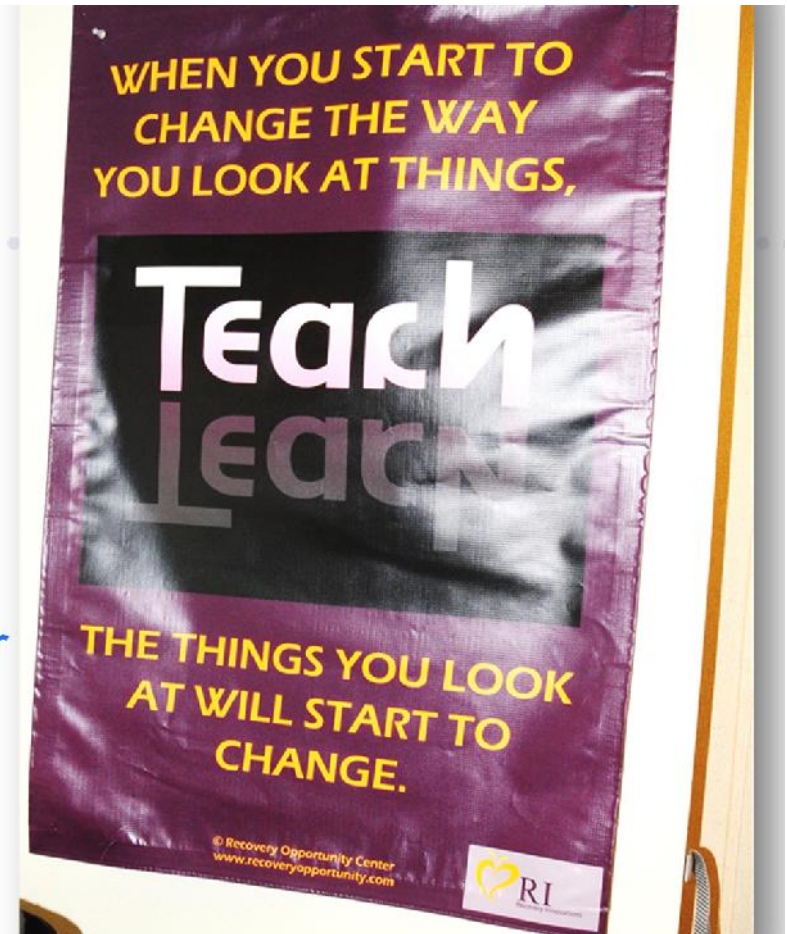
Working definitions:

- Recovery is remembering who you are, and using your strengths to become all that you were meant to be.

Lori Ashcraft, Recovery Innovations, 2005

- Recovery is about building a meaningful and satisfying life, as defined by the person themselves, whether or not there are ongoing or recurring symptoms or problems.

Geoff Shepherd, Jim Boardman, Mike Slade, 2008



How does a recovery based service change people?



- The creation of an I-YOU culture in the relation between the help-seeker and the helper/professional
- By repeatedly using methods and concepts that will change both parties' wiring
- Which are based on true, authentic values that are deeply embedded in the health worker's ethos and universal human rights
- And which are repeatedly fueled by every day's small and immense life successes.

Menschenwürde? Did we lose something on the way?

- Human rights belong without exception to every human being. They are not earned through one's endeavours, nor can they be lost through loss of corresponding capacities or through conflict with the human rights of others. (Hans Joas, article in *Die Zeit* June 2013), see also *The Sacredness of the Person: A New Genealogy of Human Rights*, Washington: Georgetown University Press 2013
- How did we come to reduce this to user participation ?
- Why are there organizations called «we shall overcome» in mental health?



How does a recovery based service change people?



When the therapist, nurse/doctor/coach/ward kitchen helper/ ambulance driver enter into relationships in ways that truly are experienced as liberating for the individuals

- a fundamental change which again creates tremendous energy.
- Changes in actions
- Changes in reasons for actions
- Changes in values
- Changes in habits
- Changes in relation to help-seekers and carers

How does a recovery based service change people?



- a fundamental change in all the daily exchanges between personell and citizens, which again creates tremendous energy.
- This will spill over:
- Changes in relation to coworkers
- Changes in relation to managers/clinical directors etc
- Changes in self-definition: the autonomous employee

Challenges for leaders in recovery based organizations

- How do we as leaders further the individual recovery processes for our patients/help seekers/carers?
 - Do we stand our ground in budgetary discussions, when users' needs are threatened by macro decisions?
 - Do we listen to creative suggestions from users and carers for alternative solutions for individuals?
- The new energizing relationships our employees go into, with a focus on autonomy for the service user, will make our employees more autonomous, self secure, and better advocates for their clients/service users. They will
 - listen to their hearts, which is aligned with user's wishes.
 - want to walk the extra mile, because it gives them joy and purpose.
 - find new creative solutions and want to see them through.
- How can even the best of good old fashioned NPM leadership not stifle these processes?

The autonomous employee – an important change agent

What took us so long?



- Many people are doing a lot of the things recovery talks about, in their daily work.
- Somewhere along the road, many of them lost their focus, and at the same time the organizations developed into seemingly more “professional” businesses, -which still is necessary to do.
- Can we recover those values and put them to work? Can we harness energy and joy over good results and put them to work in our leadership?

The autonomous employee

- How does that translate into the leadership – employee dimension? When the liberated, recovered employee takes responsibility for our core values, how do we redefine accountability in the organization?
- What leadership qualities do we need at ward and outpatient clinic level, in community services, on

department and top levels?

- How do we synchronize our value systems for all these layers, aligned with the contract?
- And create an organisation which supports its clients, its employees in a joint venture?



20 years of small improvements: time for a change of tactics

- Lots of people have seen the light for twenty years! What took us so long? We need a critical analysis of the inhibiting factors, and of the factors which can make change happen.
- A solid critical analysis of the power differentials in health care is of great essence, they, among other things, have all played a part in keeping us in a state of small improvements.
- Theories of leadership which build on the employees' autonomy, commitment and mutual accountability in the workplace.

“In my opinion it is the psychiatric system that is in need of recovery and transformation.”
Chrys Muirhead, comment,
SNR February 22, 2013

«See it, Own it, Solve it, Do it.» Connors, Roger and Smith, Tom :How did that Happen? 2009

The autonomous citizen exercising choice and control is the most forceful factor in this change

- Without satisfied citizens, services should be closed.
- The power of change will come from the users, individuals and their organizations.
- The help seeking citizen will not go back to being a recipient of decisions others have made, decisions however benign, which are not their own.
- What role are we taking as leaders? Both feet on the brakes?
- Leaders and decision makers –
 - Whom are we asking for advice?
 - Whom are we listening to?
- Do we have the courage? The love? The stamina?

The IMROC sites and Recovery Innovations Inc. have systematically created learning and changing organizations.

- Learning from others who have gone before us will be crucial.
- A recovery oriented organisation needs leaders who are talking to every single individual in our service about values and expectations. Knowledge and heart, and the power to do it, from top and bottom! Clear and honest language, no gobbledeygook.
- Integrating
 - the experience of the citizens into all units in our 50 % user experience, combined with good training and practice for all employee groups.
 - high focus on research and development of good therapy and diagnostics with hands on empirical knowledge
- Courage to act, and a critical analysis, and the love and mutuality which fosters the good recovery process, must also be the chief characteristics of our organizations.

The road to recovered organizations

FOTO: COLOURBOX.COM

Creating an organization which has “Menschenwürde”, autonomy and accountability as key values is a large, encompassing culture change. What is the prime mover?

Should we begin by creating positions for Peers on our Board of Directors? Or do we begin with a large amount of Peer Support Specialists? And train all staff to work together?

Incremental steps? Or transformation?
Or both?



«I actually run better without shoes » ,
Stavanger Evening Standard, May 2013
-- a paradigm shift?

User participation? Pretty please? Or Recovery – walk the walk?

Dignity

Autonomy

- It is actually I who have the shoes on.
- I think I will wear boots today.
- No, I will be a Masai instead.



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I welcome any thoughts and reflections, suggestions etc on leadership in a new framework that you may wish to share with me