Engagement, Risk and Recovery in Mental Health Care:
9th Shared Learning in Clinical Practice Symposium

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The 9th Shared Learning in Clinical Practice Symposium was held at the University of South Australia’s City East Campus on 19th September 2017. The event was a joint initiative between the Mental Health and Suicide Prevention Research Group and the Links to Wellbeing Consortium, which comprises Neami National, Mind Australia Limited, Skylight Mental Health and Uniting Care Wesley Bowden. The Symposium was also supported by partners Adelaide Primary Health Network and Northern Health Network.

Titled ‘Engagement, Risk and Recovery in Mental Health Care’, the Symposium explored the themes of therapeutic engagement, autonomy, self-direction, choice and risk within a mental health recovery framework. With an excellent range of presenters, participants worked through these themes and considered perspectives from consumer, carer and provider experience. It was a significant day for learning from each other and understanding of complex aspects of risk and recovery and how we can work with the dilemmas and opportunities involved.

Over 110 participants attended, including consumers, carers, students and workers from public, private and non-government sectors from across South Australia. The organising group received robust positive feedback from participants via the evaluation process.

Speakers and Presentations

The Symposium was designed to deepen our understanding of both experience and practice regarding risk and recovery, and engagement. To achieve this, the event included a diverse range of speakers, representing different points of experience and various life roles. Another priority for the organising group was to explore the themes of risk and recovery across diverse areas of mental health practice, including primary care, non-government services and acute care. We felt this would help participants to identify the range of risks and opportunities that are experienced by consumers, carers and providers, and also provide a significant basis for how mental health care can respond to the interests and challenges involved. Over the day, we had four keynote speakers and three groups of panellists to help us explore these ideas.

The context of mental health care is undergoing substantial change in South Australia. To help participants consider the scope of change, Ms Deb Lee, Chief Executive of the Adelaide Primary Health Network, opened the Symposium. Deb spoke about the extensive mental health reform occurring in the state, whereby primary mental health care is becoming better integrated across general practice, referral networks and non-government providers. Part of this is development of improved information systems, which support referral processes, accessibility and the consumer journey across services. Deb also spoke about improvement in the way service outcomes and consumer experience are understood. Person-centred care and effective service design is supported by evaluating outcomes in light of consumer and carer experience.
Keynote Speakers

Emma Willoughby – *Flourishing – a tale of connection, courage and compassion*

The first address was provided by Emma Willoughby, Principal Project Officer – Stakeholder Engagement with the SA Mental Health Commission. Emma is a well-known lived experience practitioner and engaged participants with a very touching presentation on help seeking and recovery-based care. Titled *Flourishing – a tale of connection, courage and compassion*, Emma spoke about each of these three themes, using quotes to explore key meanings from a consumer perspective and how lived experience sees risk and opportunities in particular ways. An example was the significant risks to identity in asking for help and grappling with a stigmatised identity or loss of self-reliance. Also, a risk of losing rights. Another was the risk involved in meeting a therapist and whether they would turn out to be the ‘right one’. Should we risk self-disclosure and vulnerability, if we are uncertain about this? Emma’s keynote produced great depth as participants recognised or were reminded of the importance of these experiences for consumers, as well as other safety risks that might be involved for them. We noted how the context of a consumer’s life shapes how they approach and respond to risk-taking and help seeking, with this context also influencing the engagement and care response of the helper.

Emma moved on to explore the opportunities associated with connection and courage, and how authentic helping relationships can have so much meaning for the person seeking help. Courage occurs in facing the consequences of telling our story, and defining opportunities for change, even though we feel reticence for change. In these relationships, our experiences of growth become known to our self and our helper. Lastly, Emma spoke about compassion as a cornerstone of the relationship, and how compassion occurs in a relationship of ‘equals’ and recognition. She asked the audience to consider this question for practice – What would love do?

Brett Bridges – *Managing Risk – Promoting Recovery*

Our second keynote address was provided by Brett Bridges, who presented on *Managing Risk – Promoting Recovery – Integrating Recovery Orientated Risk Management*. Brett is a mental health nurse and complex care specialist with consultancy group Our Curious Minds. Brett started by outlining the two concepts of risk and recovery, noting the various values involved. He defined risk as ‘uncertainty that matters’ and raised how the mental health sector often had a preoccupation with the negatives of risk, as compared with the positives of opportunity and growth. Given the various values involved in risk and recovery, Brett asked participants whether these values can be reconciled – whether risk/ opportunity are mutually informed and interdependent: “Why should risk offset client centred recovery?” Part of this analysis is recognising that risk is central to psychological growth and recovery values. Connectedness, hope and empowerment all imply actions which involve risk, choice, learning and mistakes.

Next, Brett’s address highlighted how relationships are central to mental health care, and provide a key context of safety as a guiding ethic. Through building a therapeutic alliance, trust is generated. Through providing time and listening, the consumer’s interests and narratives are understood. For clinicians, shared understanding with
the consumer should sit alongside the theory, knowledge and evidence that can inform the situation. A trauma informed approach reminds us that all behaviour is meaningful and has some value for consumers. Rather than seeing self-harming behaviours as symptomology, we should be seeing them in the context of meaning they have for consumers. In this approach, lived experience of triggers, of service experience, of medicine use, etc., are also significant areas which need to inform practice. From Brett’s perspective, reconciling risk and recovery involves facilitating a structured risk assessment within a collaborative planning/recovery process. This requires a rich engagement and partnership between clinicians and consumers, which understands the present context of risk and which values historical factors specific for the consumer. "History is essential for individualised care: it helps to show what will be most relevant to improving future outcomes"; “Trauma informed care is predicated on recognition of history and its impacts.”

This work involves covering multiple areas of risk, not those only about violence, or self-harm but also harms related to recovery actions. The conversation engages consumers on the level of working through issues of self-responsibility for their own risk. In facilitating positive risk taking in recovery, workers can facilitate a shared decision making model. This involves 1) helping to identify evidence for common risk outcomes, 2) raising awareness of the relevant values at play, 3) considering the capacities of the consumer to engage in actions and 4) weighing up these factors and making a decision together. Brett concluded by noting the value for practice that occurs from bringing together risk and recovery values. This enables a clearer understanding of tensions, and provides “strategies for managing dilemmas and challenges”.

Our Curious Minds offers a variety of training options for Recovery Orientated Risk Management for Mental Health Practitioners. Details available at www.ourcuriousminds.com

Further reading on Brett’s presentation:


Monique Williamson – Negotiating service provider and practitioner interests and needs

Monique Williamson, CEO of Mental Illness Fellowship of WA, provided the third keynote presentation which focused on Negotiating service provider and practitioner interests and needs. Monique spoke about the importance of person centred engagement and how provider assumptions can often create a barrier for good quality engagement, and understanding the unique experiences and understandings of consumers. She opened by asking the audience to consider that many consumer behaviours are responses to trauma and distress, but also set them up as ‘at risk’ from a provider perspective. She asked if providers can maintain an openness towards learning about the
individual situations and self-understandings of consumers. Sometimes providers work on assumptions about risk which need closer exploration – if providers are to decide on the basis of assumptions then these should be critically explored to ensure that professional actions do not have negative outcomes for consumers.

Assessments of risk and service responses often inform the relationships between services that are each working with a consumer and carer. This is commonly felt between NGO providers, public specialist mental health services and the consumer and carer. Monique spoke of an example whereby her team were able to engage successfully with a consumer seen as a violence and safety to self/others risk by specialist mental health services, who had protocols and limits of service in place due to this assessment. The process of engaging happened because her team were able to see this consumer’s side of the situation, and provide some roles which the consumer valued. This meant a different relationship was formed as lines of communication became easier. Part of Monique’s interpretation of this example was that providers can forget to see the consumer’s autonomy and self–understood interests, and losing this focus has an impact on the communication and relationship established. This makes the assessment of risk more likely to be based on assumptions rather than on dialogue and shared understanding.

The keynote then outlined a number of principles for a deeper level of engagement. These included the need to respect the natural authority of consumers and their families, understand the consumer’s perspective and negotiate from this point of view. This can best happen when providers position themselves alongside the consumer. Also, it is important for providers to have high expectations of engagement and the relationship. Part of this is ‘listening to what isn’t said’ and understanding deeper levels of need. A consumer’s needs include those expressed, what is meaningful and what relates to developmental theory and medicine.

Monique also argued that these practices are enhanced by managing limitations and boundaries in an honest and respectful way. Practice can be supported by managing safety considerations and having good quality processes in place within agencies and between them. These aspects help to create safety, and clear expectations – from this a space emerges for co-design of care with the consumer and carer.

**Conrad Newman – Negotiating service provider and practitioner interests and needs**

The Symposium’s fourth speaker was Senior Consultant Psychiatrist, Dr Conrad Newman. As a UniSA PhD candidate in the area of suicide prevention, Conrad focused his presentation on person-centred assessment and safety planning for consumers’ experiencing suicidal crisis. The focus also included the service context and the influences that time and resource pressures can have on practice. Conrad’s message was that specialist mental health services operate under multiple pressures, which create a focus and preoccupation with risk assessment and prediction whilst other essential aspects of care, e.g. building the therapeutic relationship, safety planning and crisis management, are less resourced. Part of negotiating service provider interests was for practitioners to acknowledge this context and work towards practices which broaden the scope of responding to suicidal crisis. This entails recommitting to a person-centred approach, where assessment and safety planning take place within shared dialogue between clinicians and consumers. Practice needs to be centred on questions such as: what is the person’s experience? What is their history? What are key meanings in that experience? What does the person need? These questions help to generate engagement specific to the consumer and remind that assessment forms and tools need to support and encourage this process. To this end Conrad raised the work of the Aeschi Group, which is a movement of clinicians emphasising the centrality of the therapeutic relationship in suicide prevention. Readers can learn more about Aeschi here: [http://www.aeschiconference.unibe.ch/new_perspectives.htm](http://www.aeschiconference.unibe.ch/new_perspectives.htm).
Through relationship, a clinician seeks to understand the range of difficulties and disappointments that have been experienced, how consumers have come to this point of understanding themselves and their life context, and how their feelings and the intensity of feelings has developed over time. This also enables an understanding of protective as well as risk factors, as the clinicians learns of what has been important to the consumers life, or what still is important. Understanding ‘significance’ is something that can only occur via dialogue and trust. Together, these factors provide a foundation for practice that enable clinicians and consumers to work through crisis management, safety planning and on towards recovery activities. Conrad ended his presentation by asking practitioners to reflect on their autonomy and to find and share ways in which they can work towards person centred practice whilst experiencing the constraints found in service settings. The movement of Hearts in Healthcare can provide inspiration and connection on this theme: https://heartsinhealthcare.com/.

Panel Discussions

Therapeutic engagement and the complexity of risk

The first panel of the day was facilitated by Ms Natasha Miliotis, CEO, Skylight Mental Health and featured, Mr Brett Bridges, Ms Emma Willoughby (key note speakers), Ms Bethany Caldeira, Assistant Public Advocate, Office of the Public Advocate and Ms Rosie Maeder, Community Worker, Skylight Mental Health. The panel focused on identifying the key areas of risk amongst diverse community groups, in the context of exploring important aspects of engagement and understanding key issues. Here, speakers engaged with key themes emerging from the earlier presentations, including the need to understand common issues regarding language, identity and access to services for members of diverse groups. Understanding risk issues should occur alongside of understanding capacity and the person’s self-agency. Providers also need to be aware of how legal requirements shape practice and organisational responses, and use creativity to promote opportunities for consumer recognition and growth within these requirements.

Tensions, challenges and complexities in service delivery

Our second panel was facilitated by Ms Kim Holmes, SA State Manager, Neami National. Guest speakers included Dr Conrad Newman (keynote presenter), Ms Tamara Sequeira, Acting Metro 1 Regional Manager, Way2Home, Neami National Sydney, Ms Liz Prowse, Director Mental Health Strategic Operations, Child and Adolescent Mental Health Services and Ms Cindy Antony, Caseworker – Migration Support Programs, Australian Red Cross. The themes of this conversation identified various challenges and dilemmas involved in service delivery to diverse populations. Speakers noted that practice experience lead to knowledge and skills in both engaging with consumers and then understanding specific life experiences associated with community
groups. This included working with young people under Guardianship of the Minister, homeless groups, refugees and asylum seekers, and gender and sexually diverse groups. From this positioning, and learning it is important for services and practitioners to promote effective ways of engagement that support personal identity, including helping other agencies to provide useful services for consumers. Mentoring and teaching roles are also important as new practitioners need to learn ways of supporting consumers through common dilemmas involving risk and opportunity. Staff development and consultancy roles help to improve the responses of the sector and reduce isolation for diverse groups.

**Working through and reconciling the challenges: key learnings from our discussions**

Convened by Dr Mark Loughhead, Lecturer in Lived Experience, UniSA, the third panel focused on possible ways to reconcile the challenges involved with risk and recovery. Panellists included Ms Monique Williamson (keynote speaker), Ms Gabrielle Harkin, Family Liaison Officer & Carer Consultant, Mind Australia Limited, Ms Karen McCulloch, Peer Worker, Neami National and Dr Rebecca Wheatley, Senior Medical Practitioner, Older Persons Mental Health Services, Northern Adelaide Local Health Network. This discussion had a strong theme of partnership with lived experience, and ended the Symposium by returning to consumer and carer perspectives in negotiating risk and working on recovery. Conversations included the nature of crisis and opportunities and the range of needs that family members and carers can experience and live with daily. From this, reconciling risk discussed as having clear channels of communication between consumers, carers and service providers and respect for the perspectives they bring. It was also about ensuring that services continue to develop safety and quality measures to support practice. Communicating and being guided by safety is a key way of responding to risk/growth issues and meeting diverse needs.

**Evaluation and Feedback**

Participants were invited to provide feedback about the contribution of the event to their learning. The evaluation form included four rating scale questions and five open questions about the event and facilitation. Sixty forms were completed, providing an excellent range of feedback and information. The responses were very positive.

**Rating scale questions**

- When asked whether the symposium was ‘relevant to my role’, 67% of participants strongly agreed with a further 27% checking agreed.
- When asked if ‘the symposium made a positive contribution to my professional development’, 55% of participants strongly agreed with a further 38% checking agreed.
• When asked if ‘the symposium held my interest’, 57% of participants strongly agreed with a further 40% checking agreed.
• When asked if ‘the symposium was of a good standard’, 67% of participants strongly agreed with a further 30% checking agreed.

These results are very positive for the organising team and help to confirm the key purpose of the Symposia and the quality of speakers. Additional comments included:

What was most beneficial to you about Symposium?
• “Sitting with risk and creating a space of empowerment for consumers – creating plans with consumers around them managing risk”
• “Divergent thinking and opportunity to unpack this, particularly around humane and compassion practice”
• “Discussion around the nuances of risk and complexity”
• “Connecting with like-minded people – broadening my outlook beyond where I work, especially community, NGO’s, CAMHS, LGBTIQ populations. Having compassion for services”.

Choose five words that best describe the necessary leadership required in your workplace to enable the (your) take home messages to be put into practice
• “Listen, trust, connect, compassion and grow”
• “Compassion, risk, training, support and mentoring”
• “Client centred, flexible, hope, meaning and empowerment”
• “Open, engaged, compassionate, reflective and thoughtful”

The Shared Learning in Clinical Practice Philosophy

Shared Learning in Clinical Practice is a policy relevant and service delivery focussed collaboration to promote best practice in mental health and develop professional skills. The strategic purpose of the initiative is to demonstrate through research and practical example how much consumers, clinicians, policy makers and academic faculty can achieve working together. Deep discussion, deep connectivity and diffusion of the insights are central to its philosophy. Multidisciplinary in composition, the aim of each publication, podcast, film, social media communication and symposium is to capture and spread new ideas and know-how in mental health practice and challenge traditional ways of thinking.

Further information is available from:
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