

Recovery

The mental health recovery star



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Abstract

Purpose – *This paper aims to describe the origin, development and increasing application of the Recovery Star within the UK.*

Design/methodology/approach – *The mental health Recovery Star is an holistic and personalised outcomes measurement and recovery-focused key working tool and it was designed primarily for people of working age. The author describes its origin, development, and increasing application within the UK.*

Findings – *The paper finds that the Recovery Star has been instrumental in promoting social inclusion for many service users, their carers and families.*

Originality/value – *The paper discusses the Recovery Star as an innovative tool developed by Triangle Consulting and the Mental Health Providers Forum, one which has rapidly established itself as the recovery tool of choice for many service users and providers and fits in well with the personalisation agenda.*

Keywords *Mental health services, Recovery, Outcomes, Health, Social care*

Paper type *Research paper*

The “Recovery Movement” has gained significant momentum in the last four decades. A key feature is an emphasis on the uniqueness of every person’s experience of mental health problems or illness. Irrespective of the course, duration or severity of the problem, “*recovery is being able to live a meaningful and satisfying life in the presence or absence of symptoms*” (Scottish Recovery Network, 2006).

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There is therefore probably nothing more important than supporting an individual in their journey to recovery. However, how do service users, providers, carers and commissioners ensure that they have the means to ensure that support is effective, evidenced and the basis for self-management, reflective practice and service improvements?

The Mental Health Recovery Star

This is an innovative tool developed by Triangle Consulting and the Mental Health Providers Forum (MHPF). It is a holistic and personalised outcomes measurement and recovery-focused key working tool and it was designed primarily for people of working age.

- *Outcomes properties.* The tool enables individuals to plan, quantify and describe their progress and organisations to effectively capture, measure and summarise change and service effectiveness across a range of service users and projects.
- *Key working properties.* The tool supports the service user's recovery by providing them with linguistic descriptors and a visual map of where they are in their recovery journey. It enables them to plot their progress and to plan the actions required to meet their recovery goals. This structure supports communication and engagement with key workers, enabling joint planning of personalised support.
- *Holistic and personalised properties.* The tool brings ten areas of a person's life into focus at the same time ensuring that the assessment is holistic and with the flexibility of ten progress based steps for each area an individual picture is formed at each assessment.
- *Recovery properties.* For each area or dimension of a person's life, the Star describes a recovery-focused journey which motivates the individual to make progress, not be overwhelmed, and see even small steps as significant, achievable and hopeful.

Origins and development:

The Recovery Star is a version of the Outcomes Star which was developed to support and measure change for homeless people. Its development took place over a four year period, with the final version published in 2006.

In 2007, Triangle Consulting was commissioned by the Mental Health Providers Forum (MHPF) to develop a mental health version of the Outcomes Star. The work involved a strong collaborative approach with nine projects across five mental health organisations. The process involved working with service users, front line staff and managers to identify the adaptations required.

During the process, service users highlighted that two important concepts; hope and personal identity were missing from the Outcomes Star. This was in line with the essential components of recovery highlighted in an academic review of service user literature (Anderson *et al*, 2003). The authors of the Recovery Star (MacKeith and Burns, 2008) integrated findings from this review with comments arising from the above participative process to develop a draft version of the Recovery Star.

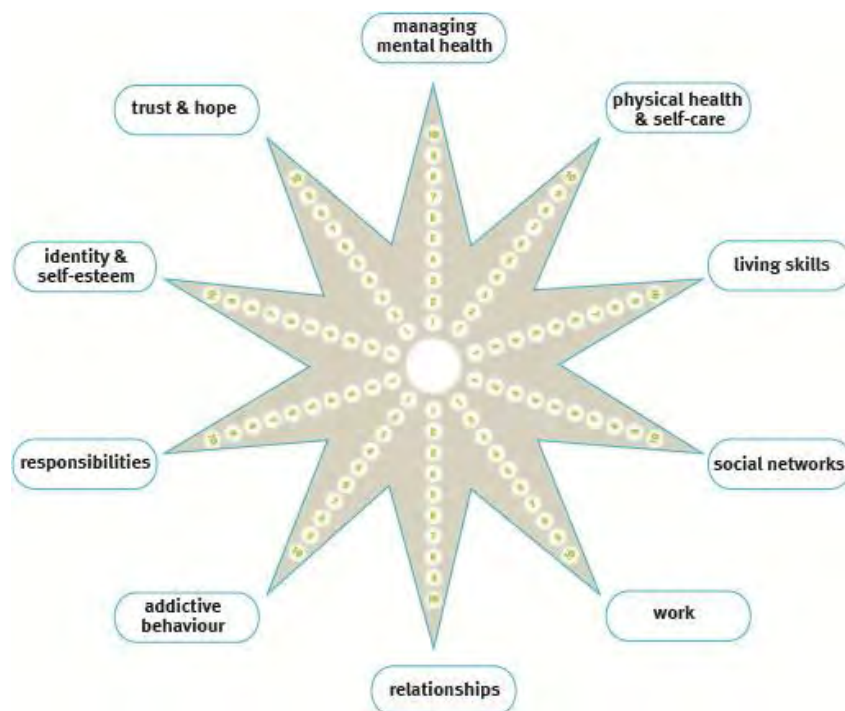
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This was piloted with 114 service users and the Star readings were fed back to participants for validation. It was highly rewarding to find that in all instances, both workers and managers considered that the picture painted by the clients within their project, reflected their own expectations.

The Model (ten-point star and ladder of change)

Imonioro (2010) succinctly describes the two elements that make up the Recovery Star Model. The first is the visual diagram in the form of a ten-pronged star mapping progress across ten life dimensions identified as core to recovery. These ten areas are shown visually in Figure 1.

Figure 1.



The second is the ladder of change that outlines a series of 5 descriptive steps each of which has two parts. These show the clients journey moving from stuck to accepting help, then on to believing that things can change, thereafter to learning new skills/approaches to maintain recovery and finally to self-reliance. In developing this element, (MacKeith and Burns 2004, 2008) drew upon the Transtheoretical model of change developed by Prochaska *et al.* (1994).

The recovery journey is a complex one. Change is not always linear, people move up and down, or stay in one place for a long time.

What is essential is that people are able to focus on the outcomes that are important to them. Therefore, the ladder of change should not be viewed as a hierarchical rating, but as a handy way of quantifying the mental health recovery journey (Figure 2).

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Figure 2.



Use of the Recovery Star

Many members of the MHPF introduced the Recovery Star to staff and service users after its initial launch. The first edition of the user guide was received with a lot of interest, and in 2009 it received national recognition through government endorsement in their mental health strategy New Horizons.

Since then, there has been increasing interest in its use, nationally and internationally and across all sectors. East of England NHS Trust included all the Recovery Star resources in their Recovery Toolkit launched in June 2010. Many strategic health authorities are implementing it and there has been a recent growing interest from the private sector. In the last year, MHPF trainers have delivered recovery training in England, Scotland and Wales.

In addition, there have been international enquiries from Australia, Canada and the United States. Triangle Consulting are currently working with Italian psychiatrists to translate the Recovery Star into

Italian, it has been translated into Danish and the forum recently received a request to approve its translation into Icelandic.

Its use has also been across a range of service provision which includes primary, secondary and tertiary care settings. Projects have been varied to include floating support, supported housing, residential care homes, advice, training, employment, drop in and day services. Within secondary care, it is being used in low, medium and high secure units, including those working with forensic clients.

Promoting Social Inclusion

In its ongoing development and implementation, the Recovery Star has been instrumental in promoting social inclusion for many service users, their carers and families. It has provided staff with an increased capacity which enables them to identify the resources required to facilitate the integration of service users within mainstream services.

A key development in this area was undertaken with support from the delivering race equality programme. The healthcare programme funded the forum to undertake research into the cultural competency of the tool. Through working with six specialist providers of Black, Asian and minority ethnic services (BAME), questions about the accessibility and cultural relevance of the tool were examined.

The findings were very encouraging and the journey of change and star dimensions were considered to have universal themes. However feedback from participants was that the tool needed to strengthen its concepts around spirituality, community support and communications. This led to a revised edition of the Recovery Star User Guide in which the language was changed to make it more client-focused.

In addition, illustrations that support the journey of change and dimensions were commissioned and these have been particularly useful in addressing language barriers. Providers have also been able to use the resources when working with clients presenting with learning difficulties and autistic spectrum needs.

Other successful outcomes are the use of paid service user trainers to deliver Recovery Star training. These include seven people trained by MHPF and employed as freelance trainers. Our partnership training course also ensures that service users are actively included in learning about the tool alongside staff, thereby ensuring that they are involved in the implementation process. These service users have subsequently been fully engaged in conference speaking and rolling out internal training within provider organisations.

In the last year, through the Future Jobs Fund government initiative, four service users were offered employment to undertake Recovery Star related work and one person has subsequently taken up full time employment as a Support Worker with an independent healthcare provider.

Challenges

There have been organisational challenges in implementing the Recovery Star. At a fundamental level, its use has highlighted that recovery-focused “practice” still represents a new way of working for many practitioners. It takes time to embed the cultural shift of “doing with” rather than “doing to or for” which highlights that recovery- focused practice can only properly sit within recovery-focused organisations.

More practical challenges are the time it takes to complete the Recovery Star and the need to invest in additional motivational interviewing training for staff. In day services, there is a high client to staff ratio and providers have developed creative implementation solutions. These include:

- Providing additional capacity through peer support and volunteers.
- The forum seconded mental health support assistants funded through the Future Jobs Fund to four charities. This has shown that when the time constraints are overcome, service users within day service settings do engage and work with all aspects of the Recovery Star.
- Some day services and in-patient settings have developed themed workshops across every area of the star. Individual service users plot their recovery journey with support from staff at the start and end of the workshops which may run from four to ten weeks. Another organisation is exploring the idea of having an aggregated group star reading at the start and end of each workshop.

Benefits to providers

Providers report that the holistic nature of the tool has helped them to address areas that they were previously unaware of. This provides a balanced scorecard approach where progress in one area is not driven at the expense of another. It also enables and provides language and concepts in areas that may previously have been difficult or sensitive to articulate, especially in the areas of relationships.

The Recovery Star on-line system enables electronic presentation of the data, provides information on how projects are performing and allows organisations to benchmark their services. It enables providers to establish where they are doing less well in supporting their clients which can lead to improved service outcomes and opportunities to collaborate with other service providers, for example to provide support on employment issues.

Benefits to service users

The statements below encapsulate what service users have said about why they like the tool [...]:

I love this, it is all about me.

You can see the progress you’ve made. It’s visual, powerful. Some people can’t understand from written reports, but can understand this.

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I did not realise I had made so much progress since I came here. I used to think that things had not really changed. Now I see that I am doing more things for myself, I've made new friends, and I've been more involved in activities. I felt a bit down about my progress with work, but I know what I need.

It helps me to see how far I have travelled. It keeps my mind focused on not dropping back. It reminds me to hold on to my coping mechanisms.

In every day language, the Recovery Star helps service users to conceptualise their recovery within a framework that helps them to articulate their achievements. Weleminsky (2010) describes this succinctly through the following outline:

- the journey of change provides previously unavailable insight into the steps involved in recovery.
- it shows small manageable steps in place of the daunting 'problem/sorted' dichotomy.
- it names and rewards steps such as recognising the problem, accepting help and believing which are significant, accessible and have real meaning.
- it shows empowering steps as they can only be done by the service user -they cannot be done to you.
- the descriptors provide service users with an internal communication support language with themselves
- it describes the previous journey thus accrediting the journey already travelled.
- the net outcome is an overall empowerment effect increases hope, identity and self-esteem, and a sense of personal responsibility for ones own recovery.

Recovery star outcomes

At the initial point of implementing the Recovery Star, its key working properties were rapidly established. However, it has taken longer to build up enough data that allows for comparisons across projects, services and organisations.

The Recovery Star on-line system was launched in April 2009 and a considerable amount of information has since been generated. Stanley and Weleminsky (2010) undertook a significant analysis of this data which highlighted the following:

- in total, 27 organisations are currently using the system. Within MHPF membership, small and medium sized members are more active in their use of the Recovery Star on-line system;
- in total, 159 projects are currently using the Recovery Star, involving over 2000 service users and over 4000 Recovery Stars completed;
- about 58% of service users are male;
- about 50% are aged 40-60; the next most significant group are those aged 20 – 40 and;
- about 20% are from Black, Asian and Minority groups (BAME);

It is also noteworthy that service users are making real progress in their recovery journey:

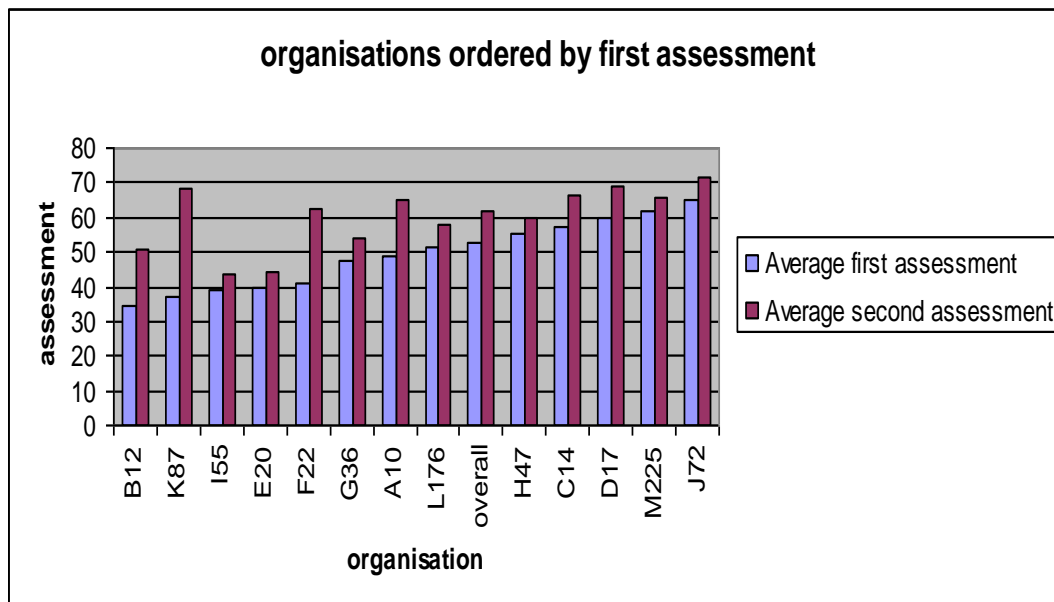
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- about 65% have made positive progress between the first and most recent assessment;
- there is an average increase of 0.9 steps across all users from the believing stage to the learning stage;
- men and women made their greatest progress in the areas of responsibilities and addictive behaviour respectively. The movement was from the “believing” to the “learning” stage and;
- both men and women had “work” as their lowest dimension of change, moving from “accepting help” stage to the “believing” stage.

Benchmarking information

Within this overall summary, it was interesting to see the differences within organisations. For example, in Figure 3, we see some organisations such as B12 and K87 who start from a lower base, but their service users appear to have made greater progress.

Figure 3.



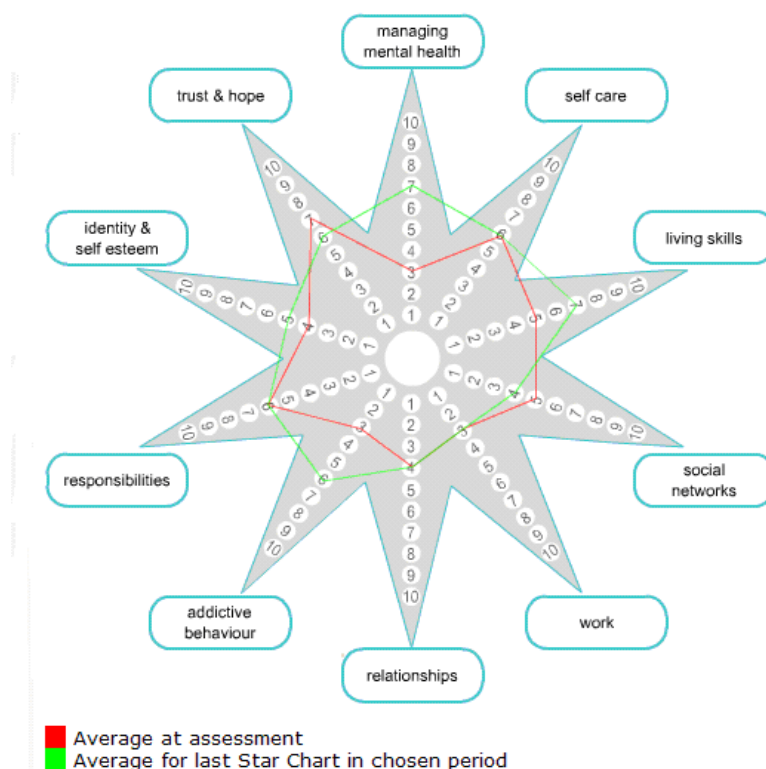
Although average progress is clearly linked to the level at initial assessment, there are clearly some organisations and service users who on average are achieving greater progress. However the data in this analysis does not differentiate the length of time between the first and the most recent assessment.

Uniqueness of recovery journeys

On-line case studies

The service users in Case Studies A, B and C shown below are all black women aged 40-60. Despite their shared demographic profile, they illustrate a range of different positions and journeys with the Recovery Star. The overall average for their assessments are very close to the averages across the whole database, but their individual profiles demonstrate the importance of looking at the unique experience of each person, as a very different story emerges for each one (Figure 4).

Figure 4.



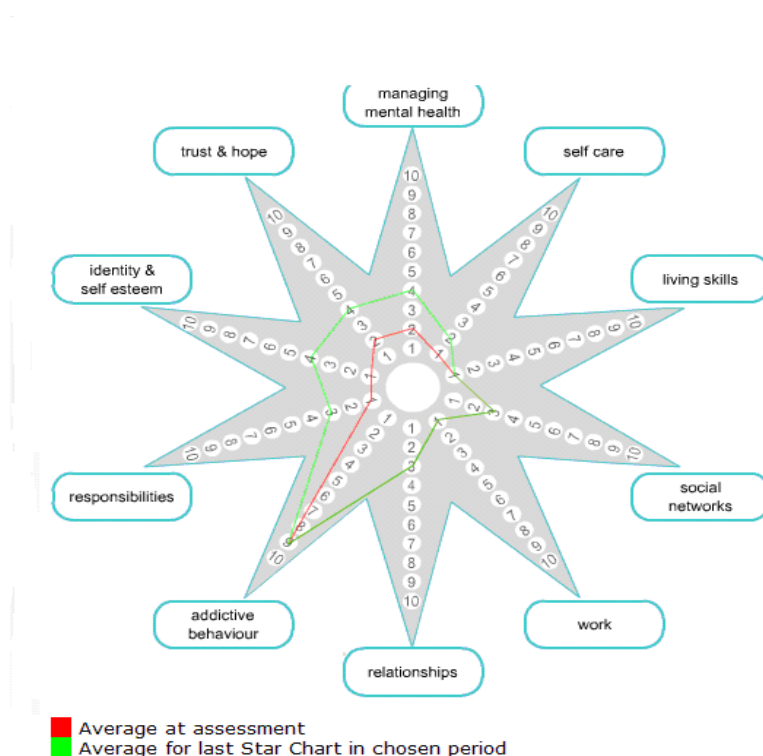
Case Study A: Making some significant areas of progress from a middle base

This service user has made significant progress in managing her mental health, moving from the first step of the accepting help stage up four steps to the start of the learning stage. She has also made significant progress on her addictive behaviour from accepting help to believing, and in her living skills from believing to learning. However she has dropped a step in social networks and, trust and hope, and made no progress in self care, work and responsibilities. Overall the change of 0.8 is close to average for all service users on the Recovery Star on-line system.

Case Study B: Making real progress from a low base

This service user has made significant progress in self esteem moving from being stuck - which is the first step of the journey - to step 4 where she is really engaging with help. In the areas of managing mental health, responsibilities and trust and hope, she has also made progress from being stuck to accepting help. She has also made progress with her responsibilities, her trust and hope, and managing her mental health from stuck to accepting help. Due to her initial low scores, there is almost no room for her to drop back on any of the dimensions; however she has not yet made any progress on her living skills, social networks, work or relationships. Clearly addictive behaviour is not an issue at this time for her as she is at the self reliance stage for this on both assessments. Overall the change of step 1 is close to average for all service users on the Recovery Star on-line system (Figure 5).

Figure 5.



Case Study C: self reliant in many areas - just a few significant areas of need

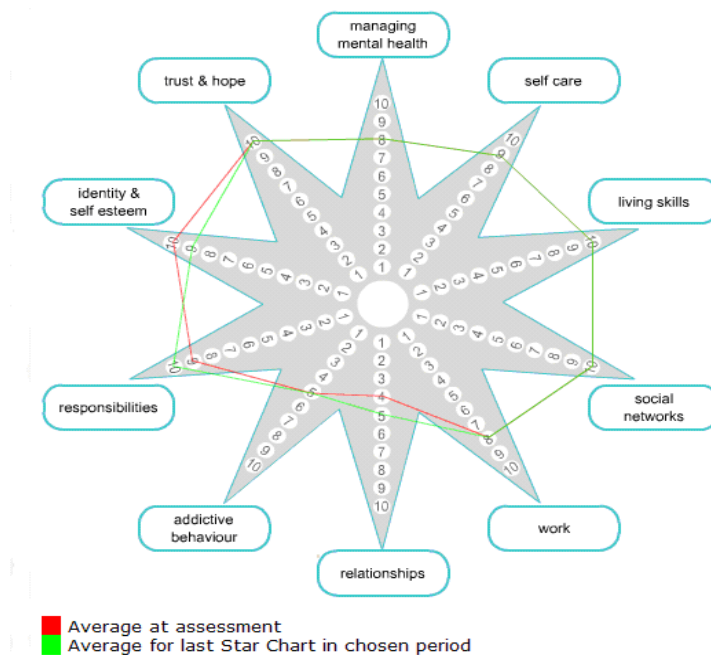
Service user C is at the believing stage and above for nine of her dimensions, and for six dimensions she is at the self reliance stage - step 9 or 10. Consequently, there is very little room for improvement in these areas. It is clear that relationships constitute a problematic area, and here she has progressed from accepting help to believing. Addictive behaviour is a second area of

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concern and here she has made progress of 1 step within the believing stage. She is on step 8 - the second learning step for managing her mental health and work. Her average change of 0.1 is small but going in the right direction (Figure 6).

In addition to the above, more in-depth analysis is being undertaken in partnership with St Andrews Healthcare. Early results reflect the findings from the on-line report and has further confirmed the usefulness and validity of all dimensions of the tool

Figure 6.



Future developments

MHPF and its members are actively engaged in promoting ongoing developments of the tool which include:

Recovery Star in Prison. Southside Partnership was an early adopter of the Recovery Star tool, initially within its residential and day services. In the last year, they have piloted the use of the tool within London prisons. The feedback has been that it has successfully engaged offenders and due to the focus on working with the service users' recovery /rehabilitation goals, re-offending rates have significantly been reduced.

Well-being Compass. MHPF are currently working with members on the potential development of a Well-being Compass. This is a derivative of the mental health Recovery Star, it is based on similar principles, but the target audience are people who do not necessarily identify themselves as having a mental health condition. If successful, it would work well as a self-help tool. Counsellors have fed back that it is potentially useful as an outcomes measure within primary care services and we hope that some early adopters can commence piloting the tool in summer 2011.

Care Pathways Star. MHPF have developed a Care Pathways Toolkit which is a person-centred assessment tool specifically adapted for working with service users in tertiary settings. The tool has been well received and it is underpinned by an accredited training programme. Early indications are that it has helped to identify additional needs of service users in out of area placements.

MHPF are working with several organisations on the potential development of a Care Pathways Star which formed part of the early work for the toolkit. The journey of change and the ten dimensions have been identified and we hope to develop the accompanying descriptors, with a first draft due before Summer 2011.

Conclusion

The mental health Recovery Star has rapidly established itself as the recovery tool of choice for many service users and providers. It fits in well with the personalisation agenda as it places the service user at the centre of service provision, and supports and empowers them to identify the outcomes they want. Some service users have successfully used the tool to access Direct Payments and we anticipate that this type of usage will increase in the future.

MHPF remain committed to publishing accessible outcomes data that would continue to drive up quality and service improvements and promote recovery-focused practice across all mental health sectors.

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About the author

Yetunde Onifade is an experienced Manager, Clinician and Trainer and has worked within education, health, and the voluntary sector. She joined MHPF as Recovery Development Manager in December 2009. The MHPF runs several training courses including a one-day recovery star and two five-day recovery training courses. Yetunde Onifade can be contacted at: y.onifade@mhpf.org.uk

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