The Recovery Star model and culturally competency

BAME Pilot Report
Mental Health Providers Forum
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Author and Project/Research Manager: Onyemaechi Imonioro

Researcher: Natasha Okonkwo

Acknowledgments

1. Executive Summary

The Recovery Star is a key-working and outcomes measurement tool designed to map an individual's journey towards recovery. It uses a 'ladder of change' as a framework for service user's, supported by their key-worker, to explore key themes in working towards recovery; Managing mental health, Self-care, Living skills, Social networks, Work, Relationships, Addictive behaviour, Responsibilities, Identity and self-esteem, Trust and Hope.[1]

This Pilot study examines the effectiveness of the Recovery Star for people from BAME backgrounds; looking at the model's components through the lens of race and culture. It also examins whether the Recovery Star's generic models of mental ill health and recovery adequately pick up on and address the role of race and culture on people's lived experience.

The Pilot study asked whether the Recovery Star model was appropriately culturally relevant, and if not, what modifications could be made to make it more so? In order to get a critical appraisal of the Stars cultural competency we recruited organisations from the Black, Asian and Minority Ethnic (BAME) voluntary and community sector with a track record of providing culturally sensitive services. The outcome has been to produce a modified Star inline with feedback from the study.

The study considers the following themes in exploring potential barriers to the Recovery Star's effectiveness as a key-working and outcomes measurement tool for use by minority ethnic clients:

- ‣ Whether broad cultural practices that impact on the lived experiences of mental ill-health and recovery are/can be adequately addressed within the model
- ‣ Language

Attention is also given to how service users feel about using the Recovery Star in key-working sessions, looking at the following themes:

- ‣ Is the Recovery Star a useful and rewarding tool for BAME service users?
- ‣ Is the Recovery Star model accessible for BAME service users?
- ‣ Is the content of the Recovery Star sufficient and relevant for BAME service users?

Our findings show that;

Use of the Recovery Star as part of the key-working session was considered to be a valuable experience by the majority of service users who took part in the pilot.

The majority of the areas on the Star were seen to represent sufficient universal themes, giving it cross-cultural relevance. Our research showed that improvements could be made by providing further acknowledgement of the cultural practices that shape and impact on the lived experience of mental ill-health and wellbeing within information in the detailed Ladder of

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[1] Mental Health Providers Forum, Mental Health Recovery Star, User Guide, May 2008, available from http://www.mhpf.org.uk/recoveryStarResources.asp

Change. The need for staff training in cultural competency, working with service user's sense of shame, denial and in creating a space in which service users feel safe to share feelings and/or disclose personal experiences was also highlighted, to help staff explore culturally specific content with appropriate sensitivity.

Potential barriers to the Stars effectiveness with BAME users included issues of language, religion and spirituality, concepts of family and their roles in recovery, and cultural understandings of aspects of mental health. The 'relationships' and 'addictive behaviour' dimensions raised a number of issues for the Chinese and Asian participants.

The model's apparent promotion of 'Self-reliant' as the highest goal in recovery, as reflected in the Ladder of Change'/detailed ladders, was considered to incorporate a typically individualist western viewpoint. In some cultures the highest level of attainment for recovery may be defined in terms of social relationships rather than individual autonomy – this was overlooked. As such the impact and role of family in supporting and nurturing the individual on his/her journey of recovery appears to be disregarded.

Modifications have been made to address language barriers and socio-cultural issues; these changes take into account;

- The importance of the relationship with/between the family as unit, and the role that it can play in contributing to the individual's sense of closeness and intimacy with others

- The issue of shame (as expressed by the family towards members dealing with mental ill health)

- Reference to religious or spiritual needs

- The role of language skills in the process of recovery

- Range of addictive/compulsive behaviours beyond drugs and alcohol

- Language (within the Recovery Star guides) as barrier to accessibility for service users

- The role and contribution of carers in supporting recovery

2. Introduction

Mental Health Providers Forum and the Recovery Star model

The Mental Health Providers Forum (MHPF) is the representative body for voluntary sector mental health organisations working across England[2]. We bring together a diverse range of service providers large and small, all with a focus on promoting recovery and working collaboratively to improve the lives of people with mental health needs. Through a commitment to continuous improvement and evidence-based practice, we work together to influence the mental health strategies that shape local and national service delivery.

In 2007, MHPF in consultation with Triangle Consulting, service users and frontline staff, developed the Mental Health Recovery Star (Recovery Star)[3] as a key-working tool and outcomes measurement for use in adult mental health services, helping to map an individual's journey through recovery. It uses a 'ladder of change' as a framework to help a service user, supported by their key-worker, to explore their individual circumstances in relation to key themes in working towards recovery.[4]

The Recovery Star maps change across ten dimensions:
1. Managing mental health
2. Self-care
3. Living skills
4. Social networks
5. Work
6. Relationships
7. Addictive behaviour
8. Responsibilities
9. Identity and self-esteem
10. Trust and hope

Each of the ten dimensions mapped by the Recovery Star correspond to underlying steps on the Ladder of Change, which describes the stages of progression towards recovery.

The Ladder of Change[5] (the individual's journey of mental health recovery being that change), is based on this Transtheoretical Model of Change[6].

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[2] For a list of our members please see our website www.mhpf.org.uk

[3] The Mental Health Recovery Star is a version of the Outcomes Star. The original version of the Outcomes Star was developed for St Mungo's by Triangle Consulting with funding from the London Housing Foundation. The official version was commissioned and published by the London Housing Foundation. Homeless Outcomes website: www.homelessoutcomes.org.uk.

[4] Mental Health Providers Forum, Mental Health Recovery Star, User Guide, May 2008, available from http://www.mhpf.org.uk/recoveryStarResources.asp

[5].Burns, S., Graham, K., and MacKeith, J. (2008) The Outcomes Star: Supporting change in homelessness and related services, 2nd Edition

[6] Prochaska, J., and DiClemente, C. (1982) The Transtheoretical Model of Change

The Ladder of Change
1. Stuck: the feeling of not being able to face the problem or accept help
2. Accepting help: wanting to get away from the problem and hoping that someone else can sort it out
3. Believing: embracing the idea that, ourselves, we can make in our life – look towards what we want and away from the things we don't want – start to do thing ourselves to achieve our goals as well as accept help from others
4. Learning: starting to better understand how to make our recovery a reality – a trial and error process – some thing we do work, some don't – so we need support through this process
5. Self-reliant: as we learn we become more able to meet our own needs until we get to the point when we can manage without help from a support service/project

As the service user and key-worker discuss where on the scale the service user is across each area, a snap shot of the individual at a particular point in life is mapped. In subsequent readings, a 'picture of distance travelled' is built up.

As such, as well as mapping change the Recovery Star provides a shared language for understanding the lived experience of mental ill health and wellbeing. As a key-working tool, it supports individuals in visualising their journey of recovery and seeing the progress being made. As an outcomes measurement tool it enables organisations to chart and summarise the impact of the services that they deliver.

As part of our commitment to equality and diversity we were keen to test whether the Star's approach worked effectively with service users from minority ethnic backgrounds. The pilot study was devised to provide a critical appraisal of whether the Recovery Star model was culturally relevant, and if not, what modifications could be made to make it so. We therefore contacted organisations with a track record of providing culturally sensitive services, drawing from the BAME voluntary and community sector.

The objective was to complete a six-month consultation and information gathering project that would help to provide an evidence base for the cultural relevance and competency of the Recovery Star model for BAME service users. This would be the basis for any modifications or recommendations for changes to the Recovery Star, ensuring that it adequately addressed issues of culture and race that impact on people's experiences of mental ill health and recovery.

This study examines whether the generic themes of change and recovery within the Recovery Star model have a universality that transcends the specifics of the race and culture. We ask the question, 'Does the Recovery Star's generic models of mental ill health/recovery adequately address the role of race and culture on people's lived experience?

The Outcome of this study has been to produce a modified Star, developed in collaboration with Triangle Consulting, in response to our research findings on the Star and its cultural relevancy.

We hope that modifications made to the Recovery Star will make it a tool that, although sufficiently generic to be applicable for clients from all ethnic groups, also reflects some of the broad cultural differences that shape individuals lived experiences.

Delivering Race Equality in Mental Health

The BAME Recovery Star pilot was funded by the national Delivering Race Equality in Mental Health (DRE) programme.

The DRE programme[7], is the Department of Health's (DH) five-year action plan to achieve equality in mental health care for Black and Minority Ethnic (BME) people.

The work of the DRE[8] is based around three principles:

1. Engaging with communities – improving their involvement in the planning of services, working with independent sector BAME service providers, the roll out of community development workers
2. Better information - dissemination of good practice, ethnic monitoring of people who use mental health services
3. More appropriate and responsive mental health services – contributing to the development of a culturally competent workforce, finding new pathways to care and recovery

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[7] Delivering Race Equality in Mental Health programme website: http://www.actiondre.org.uk
[8] Following the end of the National Framework for Mental Health in 2009, to be replaced by the New Horizons programme, the work of the DRE will continue under the new National Mental Health Development Unit (NMHDU)

Aims and objectives of the BAME Recovery Star pilot

The aim of the pilot was to study the effectiveness of the Recovery Star for people from BAME backgrounds using mental health services; looking at the model's components through the lens of race and culture, focusing on the:

1. Ladder of change
2. Ten areas of the Star/detailed Ladder of Change

Specifically our aim was to conduct research analysis to determine the Stars areas of strengths and weaknesses in cultural relevancy and use these findings to produce a modified Star.

This study was conducted in three stages,

Stage one - the initial pilot meeting

Stage two - pilot site consultations following training in and use of the Recovery Star with clients

Stage three - testing the modified Star

We focused on the following themes as possible barriers to its effectiveness as a key-working and outcomes measurement tool for minority ethnic clients:

‣ Whether broad cultural practices that impact on the lived experiences of mental ill-health and recovery can be adequately addressed within the model
‣ Language usage

We also explored how service users felt about using the Recovery Star in key-working sessions, addressing the following themes:

‣ Is the Recovery Star a useful and rewarding tool for BAME service users?
‣ Is the Recovery Star model accessible for BAME service users?
‣ Is the content of the Recovery Star sufficient and relevant for BAME service users?

The objective was to complete a six-month consultation and information gathering project that would help to provide an evidence base for the cultural relevance and competency of the Recovery Star model for BAME service users. This would be the basis for any modifications to the Recovery Star in order to address issues of culture and race that impact on people's experiences of mental ill health and recovery.

Outcomes

Our outcomes will be;

‣ Evidence base for the effectiveness of the Recovery Star with BAME organisations
‣ Modified Star – a more culturally competent tool

Working with the BAME voluntary and community sector

We were very keen to recruit organisations to the pilot from the BAME voluntary and community sector. It has frequently been argued that main stream mental health services do not adequately meet the needs of Black communities. Their approach is thought to lack a sensitivity and responsiveness to the diversity of people's cultural experiences.

This was one of the main reason's we wanted to work with organisations run, in the main, for minority ethnic people by minority ethnic people. We wanted to go into organisations that already had a track record of providing culturally sensitive services in order to get a critical appraisal of whether the Recovery Star model was culturally relevant, and to generate recommendations for modifications to improve cross-cultural applicability.

Profile of organisations cultural sensitivity policies and practices

At the an end of the pilot we also conducted a survey with strategic level staff at all of the participating organisations, this gave us a rich insight into the policies and practices of the organisations and their efforts to provide culturally sensitive services to their minority ethnic clients.

Across pilot sites roles recruited to BAME services were made exempt under the Race Relations Act 1976 Section 5(2) (d) i.e. only open to those of a specific ethnic background, in relation to the ethnicity of the clients. The main reason sited for this was to be better able to provide a culturally supportive service.

> "We are a culturally specific organisation and most of our service users like to be able to identify with their Support Worker. They feel that their support worker would be able to understand them more if there are from the same ethnic and cultural background."

And

> "Services are contracted by Commissioners to meet the specific needs, including cultural, language etc of a targeted BAME group and it is believed that staff from that BAME group will be able to achieve a higher level of engagement."

Training in equality and/or cultural competency was also provided for staff across the organisations as part of their induction process - regardless of whether staff were of the same ethnic group as the clients that they worked with. It was not taken for granted that staff of similar culture/ethnicity would automatically have the skill to engage with clients in a way that was both professional and culturally applicable – adding to the quality of the service provision.

3. Design of the BAME Recovery Star pilot project

Pilot project plan

The pilot project progressed in three stages

Stage one

1. Consultation with front-line staff and service users from pilot sites to discuss the Recovery Star model and get an initial overview of issues that the sites anticipated might arise when using the Recovery Star within their services

Stage two

1. Pilot sites were trained in, and asked to use the Recovery Star in its original format during key-working sessions with some of the site's service users who were interested in being part of the project
2. Consultation and information collection with front-line staff and service users from individual pilot sites for feedback on the Recovery Star model and its use
3. Modifications made to the Recovery Star

Stage three

The pilot sites were randomly assigned to two groups[9] for further exploration of the Recovery Star (with issues of capacity in mind, both groups were asked to complete and provide at least five completed readings).

1. Further exploration of the Recovery Star
     I. Group A to use the Recovery Star in it's original form and complete a second Star reading with service users
     II. Group B to use the Recovery Star in it's amended version to complete second Star readings
2. Site visits and completion of questionnaires by service user, gathering feedback on experiences of using the Recovery Star and its effectiveness as a key-working tool

At the end of the pilot a survey for staff operating at strategic level was also distributed. The aim was to get an insight into the operational factors that have fed into the pilot process. More specifically we hoped it would give us an overview of the recruitment, training and key-working practices that have underpinned and, possibly, contributed to how the Recovery Star has been used and received in the pilot sites.

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[9] Sorting the sites into two groups to use the different versions was not intended to provide a direct comparison of the two versions in terms of the Recovery Star data. Rather, it was aimed at providing a base line at which to assess the progress

Information gathering process

During the pilot process, information was gathered in four ways:

‣ Feedback from face-to-face consultations with front-line staff and service users pilot sites and additional material collected by email and telephone throughout the process

‣ Recovery Star data - i.e. the progress service users made across the ten Star dimensions during the pilot period

‣ A questionnaire for service users at the end of the pilot

‣ A questionnaire for strategic level staff at pilot sites at the end of the project

Recruiting pilot sites

Information about the project was circulated through voluntary sector mental health networks operating around the country. Information was also circulated via DRE networks. Through this seven organisations were recruited to reflect differences in geographic region, ethnicity and service type.

The seven sites were located in Leeds, Nottingham and London. They included day services, outreach and floating support, serving African/African-Caribbean, Asian, Chinese and mixed heritage groups. Three of the sites were small community organisations operating predominately from one locality; one was a NHS Mental Health Trust; one was a local service delivered by a larger national organisation; two were in larger providers serving a number of locations mainly across one region and delivering a number of culturally specific services as well as 'mainstream' services.

Organisation	Service type	# Service Users	Ethnicity of Service Users	Age group	Gender	Mental health support needs
Amaani Tallawah, Nottingham	Floating support, Advocacy and Signposting	50+	African-Caribbean	18-65	Mixed	Mild to moderate
AWAAZ, Nottingham	Floating support and Outreach	30	Asian	16-65	Mixed	Mild to moderate
Dosti Asian Women's Support Service, Leeds	Drop in/Groups and Outreach	100+	Asian	18+	Women	Mild to moderate
North East London Mental Health Trust, London	Rehabilitation Service	30	African-Caribbean, Asian and white	18-75	Mixed	Severe
Southside Partnership, London	Somali Outreach Service	50	Somali	18-65	Mixed	Moderate to severe
	Tamil Day Service		Tamil	18-65	Mixed	Moderate
Young Diverse Minds, Nottingham	Outreach	25	African-Caribbean, Asian, mixed	16-30	Mixed	Mild to moderate
Touchstone, Leeds	Day Services	20	Chinese	25-60	Mixed	Moderate

Sites/services withdrawn from pilot

Obstacles and challenges in conducting the study

The initial pilot duration of six months was extended to a total period of 9 months for several reasons:

- The late recruitment of the 7th pilot site meant that the second joint meeting was postponed to allow sufficient time for them to use the Star prior to feedback collection
- Many of the pilot sites are very small organisations with limited resources; finding time for training and follow up visits was therefore very challenging
- North East London Mental Health Trust experienced a major disruption (a change of premises) mid pilot, so extra time was needed for them to adjust to this change. Unfortunately, the disruption later meant that the organisation was forced to pull out of the pilot entirely
- Additional disruption to the pilot was caused when the member of staff running the Tamil project at Southside Partnership went on maternity leave with no replacement put in post. This project was therefore withdrawn from the pilot in October 2008.

4. Analysis and summary of findings

Stage One and Stage Two: Analysis

In stage one and two we conducted consultation groups and one to one interviews with staff and service users exploring:

‣ Whether broad cultural practices that impact on the lived experiences of mental ill-health and recovery can be adequately addressed within the model
‣ Language

Are broad cultural practices that impact on the lived experiences of mental ill-health and recovery adequately addressed within the model?

Ladder of Change

There was general consensus that steps one to four (Stuck, Accepting help, Believing, Learning) adequately communicated the process of recovery in a way that was relevant to the various groups represented in the pilot – regardless of ethnic background. Some concern was raised about the final step, 'Self-reliant', it was felt that this implied that greater independence from the family was being promoted as the ultimate indicator of progress[10] overlooking the value placed on the family operating as a close unit by cultures with a collectivist outlook. It was felt that the detailed ladder needed more mention of the role of the family (and friends) in the individual's journey of recovery.

The ten areas of the Star/detailed Ladder of Change

The ten areas of the Star represent contextual areas that, taken together, provide an overall picture of an individual's life. When mapped over two or more key-working sessions they provide a 'measure' of how the individual is progressing with their journey of recovery.

The majority of the areas on the Star were seen to represent and combine sufficient universal themes, giving it cross-cultural relevance. Some participants felt that there was insufficient acknowledgement of the cultural practices that shape and impact on the lived experience of mental ill-health and wellbeing in the information contained in the detailed Ladder of Change.

Participants identified the following issues in relation to the Recovery Star model and cultural relevancy;

‣ Religion and spirituality
‣ Concepts of family and community and their roles in recovery
‣ Cultural understandings of aspects of mental health
‣ Conceptualisation of goal of recovery
‣ Addictive behaviour
‣ Relationships

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[10] In the Recovery Star model the term 'self-reliance' refers to not being reliant on mental health services

‣ Language
‣ Shame

Relationship dimension

Amongst representatives of the organisations working with Chinese communities in Leeds there was disagreement about whether the relationship dimension should be present in the Recovery Star. One of the workers felt that this was a very private area for Chinese people, that they wouldn't want to talk about. She also believed that opening out conversations around what could actually be the source of the problem may contribute to people's distress.

> "…relationships create a lot of people's problems, they don't want
> to talk about them – maybe the husband or the wife is the
> problem"

In contrast a worker who disagreed with excluding this dimension felt that people need to be able to talk about such things, even if they are uncomfortable. Her thoughts were that as support workers they needed to be able to encourage people to talk about the things that may traditionally have been 'no-go' rather than avoid issues that could be one of the factors contributing to mental ill health.

Focusing on the quality of the relationship with one other relevant individual as a sign of progress in this dimension – from 'no closeness and intimacy' to 'I have the closeness and intimacy that I want in this relationship' – was also considered problematic for the Asian and Chinese communities represented. It was felt that the importance of the relationship with the family and the role that it can play in contributing to a sense of closeness and intimacy is not acknowledged.

> "…the relationship with the family is important; it's not just about
> one person only"

From this perspective, good or on-going improved engagement with the family, as a collective, should be used as an indicator of recovery.

The negative impact that the family can have on the individual's sense of wellbeing was also mentioned. Due to stigma around mental illness people with mental health needs may experience self esteem issues, regardless of ethnicity. However front-line staff from the organisations working with Asian client groups talked about service user's sense of bringing shame onto the family, and of being made to feel ashamed by the family or wider community. The issue of shame and its effect on an individual's sense of well being can be addressed under identity and self esteem, allowing the key-worker and service user to address these often complex issues on a more individual level.

Addictive behaviour dimension

The Addictive Behaviour ladder is heavily focused on substance misuse. As with any other area that the client may have difficulty discussing, it means that the Star can act to 'legitimise' instigating conversation around sensitive issues that are contributing to mental ill health.

Key-workers supporting Asian service users felt that Addictive behaviour is an area that would difficult for this client group to acknowledge and talk about. The reasons cited vary, but are often tied to feelings of shame or guilt. This is particularly so when the activity, for example drinking, is against the tenet of the individual's faith - as is the case for practising Muslims.

As with the Relationships dimension, it is an area that for some clients is creating mental health issues that need to be addressed. It is important is that the key-worker is sufficiently aware of cultural or religious sensitivities that may come into play when bringing up such issues. As with any of the dimensions, denial may be used to avoid or cope with underlying feelings of guilt and shame, for example, in relation to drink (or drugs) denial of use or misuse may be connected to a sense of shame or guilt for disobeying the tenets of their faith.

In some cultures addictive and compulsive behaviours other than substance misuse are more common, it was felt that focusing on substance misuse may make it harder to engage service users from these communities. This was mentioned with particular reference to Chinese communities where gambling, rather than drugs/alcohol misuse was more commonly displayed.

Initially, compulsive behaviours were highlighted as an area that should be included in the ladder. A number of the front-line staff felt that whilst some of their clients would recognise the destructive nature of repetitive and excessive gambling or consumption of drugs and alcohol, this may not be the case with hand washing, for example. It was also felt by representatives of the Chinese communities that escalating compulsive and repetitive behaviour would not be seen by some of their clients as necessarily indicative of deteriorating mental health to be addressed in the key-working session. This highlights issues around the conceptualisation of mental health, and would be best addressed in the dimension specifically focused on mental health.

Social networks/Trust and hope/Identity and Self-esteem dimensions

Participants raised the importance of religion and the membership of a faith group in the lives of many BAME ethnic groups, the role it plays in people's sense of wellbeing and cultural identity and its significance on their journey of recovery.

The Recovery Star was seen to make insufficient reference to the role that religion or spirituality plays in people's lives and the need that it serves. Visits to the mosque for prayer and involvement in Christian prayer groups were mentioned as two of the activities that service users in the different pilot sites engaged in. Much of the religious activity clients participated in was interpreted by front-line staff as means to maintain the spiritual

strength to cope with their ill health at the same time as supporting their journey of recovery.

Some staffed raised concern about instances where they felt service users were engaging with religion in a way that may not be healthy, mentioning what they described as 'excessive' visits to places of worship. If adapted, the key worker could use the Star to open up a conversation with the service users to explore the role of religion in their lives.

Is language usage adequately addressed within the model?

When language was identified as a potential barrier for the pilot study to explore, it was thought that the key issue would be that service users with limited English language skills may find it difficult to engage with the materials. Whilst the materials are designed for use in a key-working setting, it is recommended that each service user have their own copy of the Recovery Star User Guide, to help create a sense of ownership. However, what also came out in the consultations was that beyond being able to read and fully understand the Recovery Star model and how it is designed to work, there is a lack of acknowledgement in the Recovery Star of the role that language skills play in the process of recovery.

Language within the Ladder of change

Although not excessively wordy, it was thought that the ladder of change may still pose a few language barriers for people with limited English language skills. A number of the pilot sites work clients who have refugee status, many of whom have limited English language skills. This is in addition to service users who have English as a second language, those who may speak it but either don't write it or do so in a limited way. It was thought that a visual representation of the ten areas of the Star would help overcome barriers to access for people with limited literacy skills.

Role of language in the process of recovery

Language (English) is particularly relevant to recovery stages within Social networks, Living skills, Responsibilities and Work dimensions. The social networks people build help to create a sense of connection to the community that they reside in, beyond the immediate ties of family and friendship groups that they are a part of. A level of spoken English that gives the individual a sense of confidence in communicating with the wider community better facilitates this process, as does a level of literacy that enables the individual to understand the different written communications that they must access in day-to-day living – from basic things such as notices, for example, in community settings that they use, to bills, official letters and (if applicable) legal notices.

Language and literacy skills open up access to the world of mainstream employment. Work, as meaningful activity can help to raise self-esteem and provide a level of financial autonomy that contributes to individuals' greater sense of self-direction (and wellbeing).

Stage One and Stage Two: Modifications

This section discusses the changes that were made to the Recovery Star model following the stage one and stage two consultations.

Modifications to the structure of The Ladder of change

Our study found that the principles of change and recovery that underpin the Ladder of Change are seen to have a universality that, on the whole cuts across race and cultural differences. However in the pilot, some concern was raised around the model's promotion of *'Self-reliant'* - as the highest step on the ladder. It was felt that this appeared to:

1. Adhere to the typically individualist western viewpoints, whilst dismissing collectivist outlook of non-western cultures
2. Overlooked the impact and role of family in supporting and nurturing the individual on his/her journey of recovery

Modification - The ninth steps on the generic detailed ladder of change were amended to include family (and friends) so reflecting their impact and role in supporting the individual on his/her journey towards recovery. (See appendix 4).

Changes were made to address *language* barriers in accessing and using the Recovery Star model.

Modification - an artist was commissioned to produce a set of visual resources to illustrate the five steps on the ladder of change. (See appendix 3).

Modifications within the ten areas of the Star/detailed Ladder of Change

(See appendix 5).

1. **The importance of the relationship with the family as a unit, and the role that it can play in contributing to the individual's sense of well-being is not acknowledged**

   Modification - The Relationship ladder will be modified so that the individual's relationship with the unit is integrated into the scale as one of the indicators of progress towards recovery.

2. **The Recovery Star does not address the issue of shame as expressed by the family towards members dealing with mental ill health**

   Modification - The Identify and self-esteem ladder will be modified to capture the sense of shame that can arise from being someone that uses mental health services.

3. **The Recovery Star doesn't include sufficient reference to religious or spiritual needs**

   Modification - The ladders for Social Networks, Trust and hope, Self-care and Identity and self-esteem were amended to include this in the following ways:

   Social Networks:
   ‣ Will encompass the aspects of religion that relate to building and maintaining bonds with the community

   Trust and Hope:
   ‣ Will cover the belief and trust in a 'higher being'

   Identity and Self-esteem:
   ‣ Will address how people define themselves through their faith or spiritual beliefs

4. **The Recovery Star doesn't fully acknowledge the role of language skills in the process of recovery**

   Modification - The ladders for Social Networks, Living Skills, Responsibilities and Work were amended as follows:

   Social networks:
   ‣ Will acknowledge the barriers to building networks when language and communication are an issue

   Living skills and Responsibilities:
   ‣ Both areas will cover the role language plays in a person's ability to function more independently in society, i.e. the ability to pay bills and meet financial and legal responsibilities without needing the translation of written materials

   Work:

   ‣ Will cover the acquisition of language skills as a step towards gaining employment

5. **The Addictive Behaviour ladder is too heavily focused on substance misuse and so can be difficult to engage people with other addictive/compulsive behaviours.**

   Modification - Some of the detailed descriptions on this ladder will be amended to be more open to different behaviours that can prove to be problematic if taken to excess

   Addictive behaviour
   ‣ Throughout references made to drugs/alcohol will be scaled down

   ‣ Due to the high incidence of gambling in some minority ethnic communities, reference to this will be added to the ladder

   ‣ Due to above average incidence of compulsive behaviour (such as self harm, for example, as a means of coping with stress) in some minority ethnic communities, a prompt will be added to the opening paragraph of the Ladder, encouraging people to discuss these issues within the Managing Mental Health dimension

6. **Due to cultural sensibilities the issue of addictive behaviours can be difficult to address for some minority ethnic clients**

   Modification – None. It was felt that this is part of the wider issue of delivering training for staff on cultural competency and working with issues of denial and shame. Training would enable staff to develop better awareness of the kind of issues that may be considered to be sensitive or 'no-go' by the client groups that they work with, and proceed with sensitivity when raising the topic.

7. **Relationships are a very private area of life for some minority ethnic clients to discuss, and shouldn't be addressed in the Recovery Star**

   Modification – None. Again, it was felt that this is part of the wider issue of delivering training for staff on cultural competency and working with issues of denial and shame Training would enable staff to develop better awareness of the kind of issues that may be considered to be sensitive or 'no-go' by the client groups that they work with, and proceed with sensitivity when raising the topic.

8. **The User Guide's language is often not accessible to service users - the initial visual representations (the original basic picture cards produced) have been useful in introducing the Recovery Star model and using it with service users**

   Modification – An artist will be commissioned to create images to illustrate the model of change and the ten dimensions of the Recovery Star in order to enhance existing resources

9. **The Work dimension does not reflect the role and contribution of carers**

   Modification – The opening paragraph of the Work dimension will be amended to include reference to full time cares

Stage Three: Analysis of service user questionnaires

In stage three questionnaires were used to collect data from service users. Respondents were allocated randomly to two groups, A and B. Respondents were asked to agree or disagree with 10 statements about the Star, with a third option of 'don't know'. Group A answered questions in relation to the original Recovery Star and group B in relation to the modified Star. Respondents were given the opportunity to comment on each of their answers. Questionnaires were carried out in an interview format, with either the Recovery Star Project Co-ordinator (with a key-worker present to translate and/or provide support) or a key-worker asking the questions and recording answers.

Both group A and group B were given the same questionnaires (see appendix 1), which were designed to capture information under three broad themes:

- Is the Recovery Star a useful and rewarding tool for BAME service users?
- Is the Recovery Star model accessible for BAME service users?
- Is the content of the Recovery Star sufficient and relevant for BAME service users?

All organisations were asked to provide at least 5 completed questionnaires, however due to staffing capacity not all were able to arrange for this quantity to be completed in the time period. Therefore the results are based on 18 respondents from group A, and 8 from group B. In the following analysis the results for each group will be presented by theme.

Note: The final version of the visual resources – see appendices 2 and 3 - (the picture cards) were not complete when the questionnaires were conducted, therefore responses relate to the original version.

1. **Is the Recovery Star a useful and rewarding tool?**

Use of the Recovery Star as part of the key-working session was considered to be a valuable experience by the majority of service users who took part in the pilot. Initially, for some, it was seen as a difficult process that laid individuals' issues relating to their mental health starkly in front of them:

"I was initially very uncomfortable with seeing the results"

However, the experience of using the Recovery Star was seen as encouraging and useful, after the reservations of engaging with the model were overcome:

"It has been very exciting to see myself develop and my star changing. I proudly display it on my fridge"

And

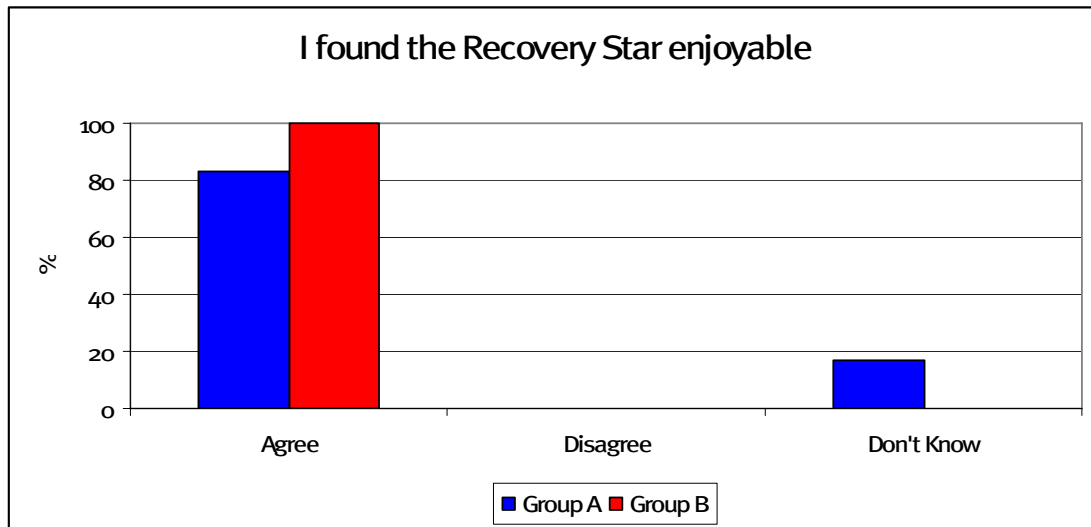"I felt like a changed person and so motivated to get things right in my life"

A total of 86% responded positively to the four statements addressing how useful and rewarding the Recovery Star was, 5% disagreed and 9% were unsure.

An in-depth analysis of the feedback is shown below:

Statement - I found the Recovery Star enjoyable
Most people from both groups agreed that they found the Recovery Star enjoyable; 83% of group A and 100% of group B. There were many positive comments from those who agreed with this statement, including:
- "Lets me know what areas I have to improve"
- "It has helped me put things into perspective"
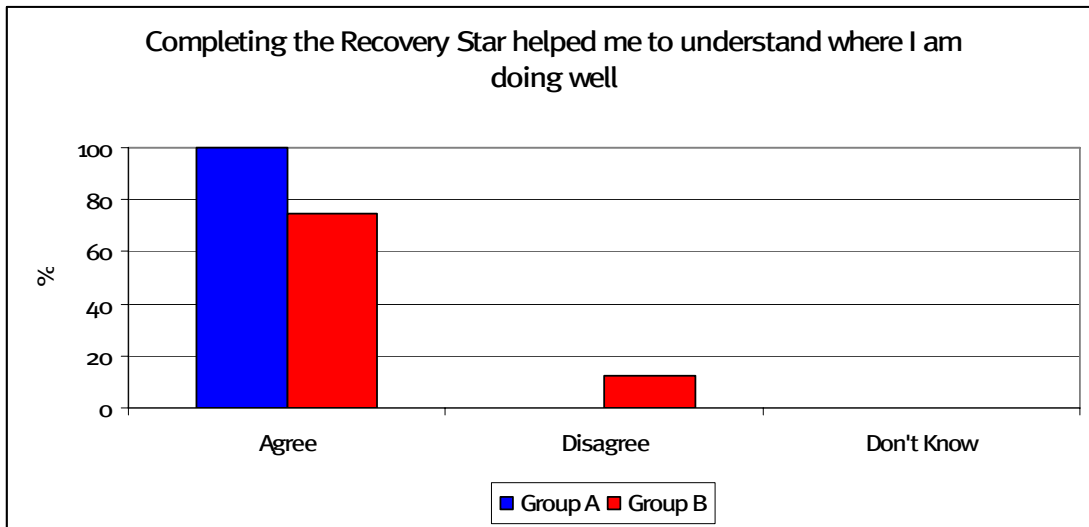- "It was about me"

I found the Recovery Star enjoyable

There were three individuals who said that they didn't know, comments included:
- "It's hard to see your whole life charted out like that"
- "It's too early to say"

Statement – Completing the Recovery Star helped me to understand where I am doing well
All of group A and most of group B (75%) agreed with this statement, comments included:
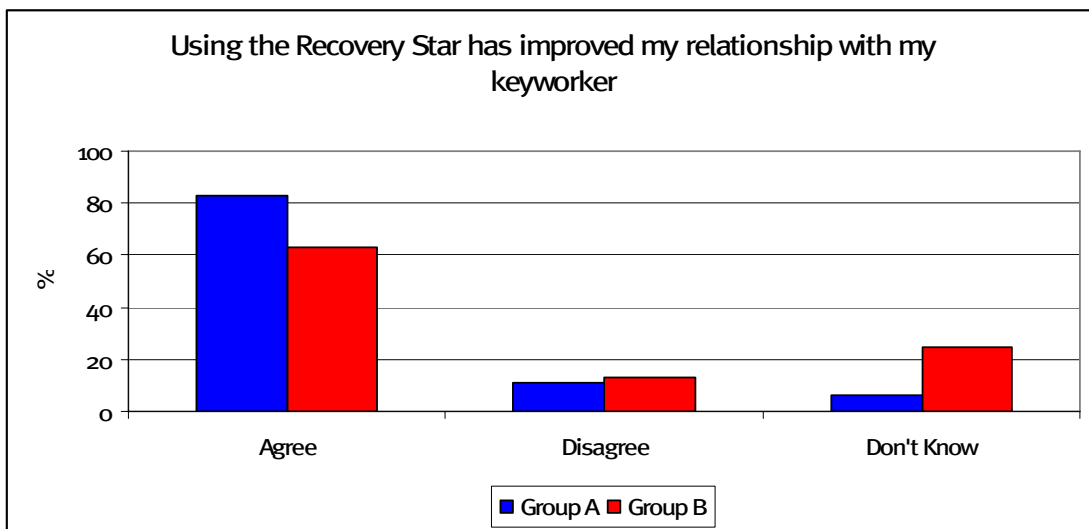- "It is very visual, and the points help to set goals"
- "Encouraged me to join activities/volunteer work and avoid isolation"
- "Easier to see progress in black and white"
- "I did not realise how well I was doing with the support"

Completing the Recovery Star helped me to understand where I am doing well

Statement – Using the Recovery Star has improved my relationship with my key-worker

83% of group A and 62.5% of group B agreed with this statement, comments included:
- "It allowed me to talk about areas we never discussed"
- "Found it easier to talk using the Recovery Star"
- "Some things were covered that we hadn't talked about before"
- "More open with her now, and I feel very comfortable"

A small number from each group disagreed with this statement. Their comments indicate that this was because they got along well anyway:
- "We had a good relationship anyway"
- "We always got along very well"

<u>Statement – The Recovery Star has given me a better understanding of what I want to achieve</u>
Almost all of group A (94.4%) agreed that the Star helped them understand what they wanted to achieve, in group B 62.5% agreed, only one person disagreed and two stated that they didn't know:
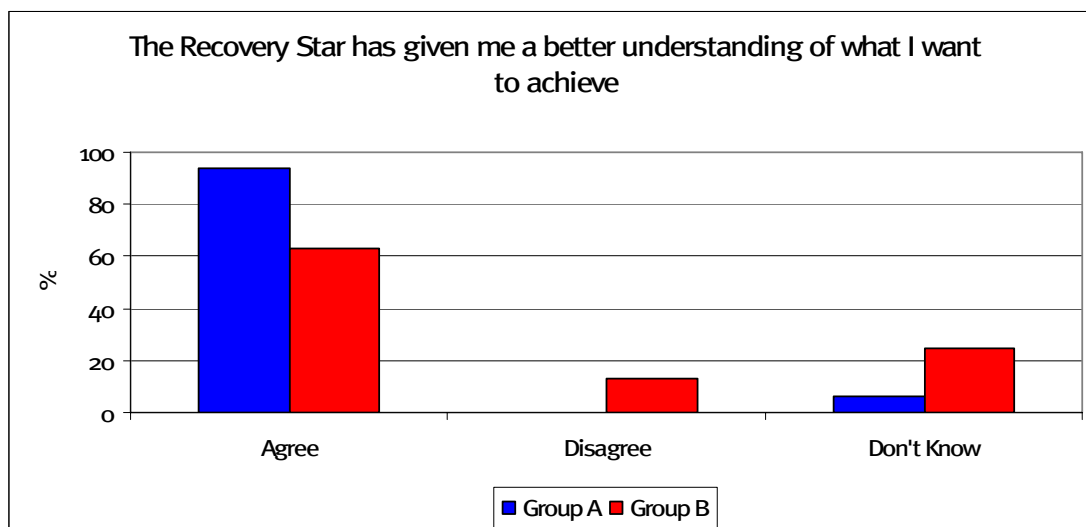
Comments from those who agreed included:
- "Being more independent, being more sociable and more talkative"
- "I feel I have already achieved a lot and proven to myself that I can do it"
- "Easier to see which are positive and negative; more determined to reach my best"
- "I am more determined to achieve"
- "Things to aim for"
- "I have changed a lot"

The participant from group B who disagreed with this statement, commented:
- "I knew what I wanted to achieve anyway"

Of those who chose 'don't know' as their answer, one comment included:
- "It's not what I want to achieve at the moment, it's what I want and how I feel about myself to start with and then what do I want to achieve out of life"

2. Is the Recovery Star model accessible for BAME service users?
A significant number of respondents found the Recovery Star confusing (due to language and layout) and the User Guide difficult to read. All those who had difficulties in accessing the materials felt that their key-worker was able to adequately explain the things they didn't understand, highlighting the importance of staff training around the tool.

"Before it was explained it looked like a very confusing document"

And

> "It was a complete joint effort from both of us and it helped when examples were given"

Those who used the initial visual resources found them useful in making the Recovery Star concepts more accessible. On speaking to frontline staff, after the questionnaire had been completed, it transpired that not all had been given copies of the cards – which might explain the high numbers who found engagement with the model difficult. Some staff worried that the cards were patronising and so chose not to introduce them to service users.

Statement – I found the Recovery Star confusing

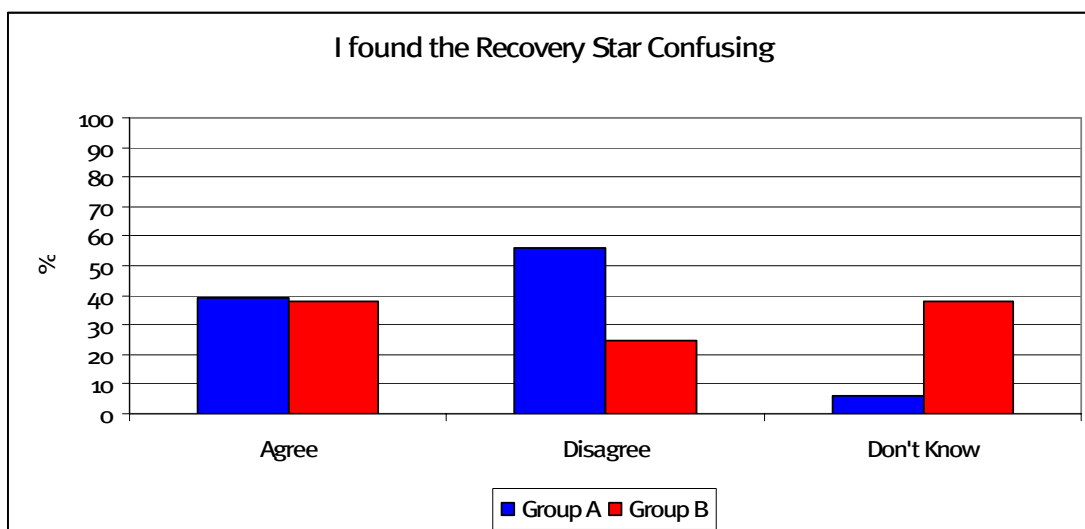Equal numbers from each group agreed that the Recovery Star was confusing, commenting:
- "I had the document explained to me although it was confusing at first"
- "It was very confusing and the star looked complicated"
- "At first yes, but when I was explained the Recovery Star it was straight forward"
- "Some of the wording a bit complicated"

The majority of those who agreed that the User Guide was difficult to understand said that it was because of a language barrier, with a couple of exceptions:
- "Some of the guide was more aimed at people with severe mental health and not people that have mild mental health"
- "It is hard to focus on something like this if left alone"

Over half of group A (55.5%) and a quarter of group B (37.5%) respondents disagreed:
- "It is so easy, because you can see exactly where you are and where you want to be"
- "Not at all"
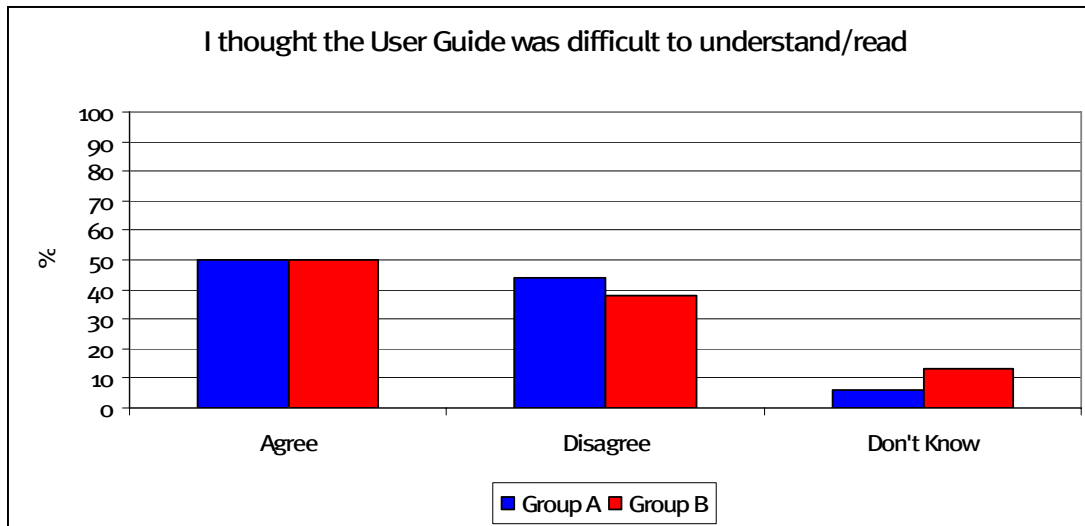- "It's easy after the first few sessions of reading the book"

Statement – I thought the User Guide was difficult to understand

A number of group B respondents (three) said they didn't know if they found it confusing:

- "It's because my emotion and situation is always up and down. It's difficult to tell what scores represent me."
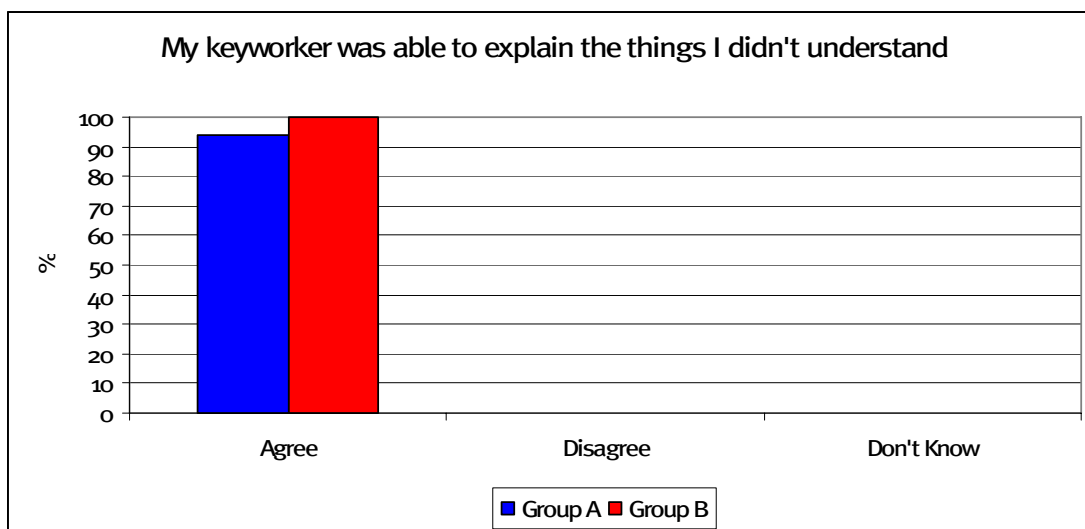- "Have to admit you have to read it over at times to get someone to explain it"

50% of group A and B agreed that the guide was difficult to understand.

I thought the User Guide was difficult to understand/read

Statement – My Key-worker was able to explain the things I didn't understand
94.4% of group A and 100% group B agreed, one person from group A did not respond to this question as they felt it wasn't applicable as they had understood it all without support. All those who responded to this statement agreed that their key-worker was able to explain the things they couldn't understand.
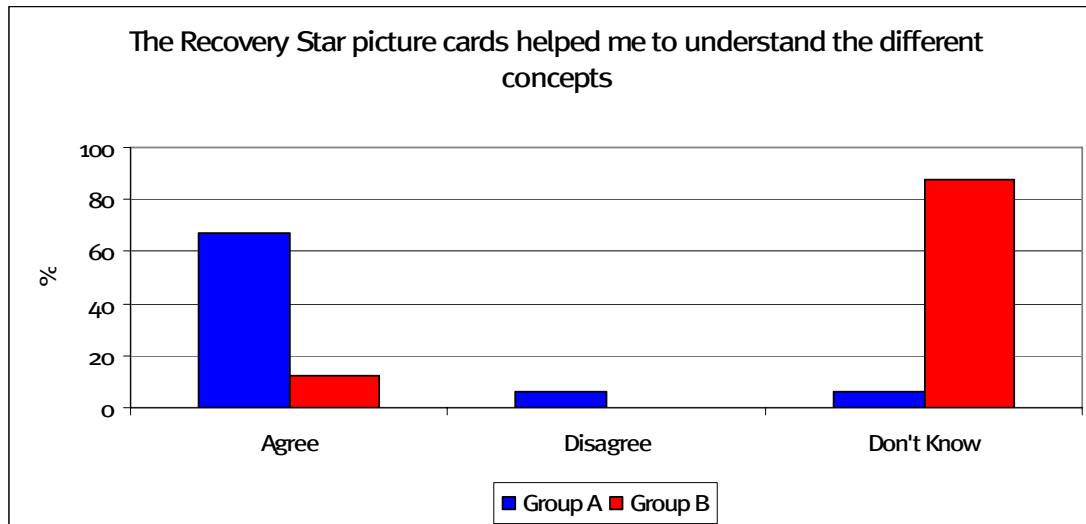
- "She explained it all from the start in Urdu"
- "My key-worker translated the User Guide"
- "It was a complete joint effort from both of us and it helped when examples were given"
- "Without this I wouldn't have a star"

My keyworker was able to explain the things I didn't understand

Statement - The Recovery Star picture cards helped me to understand the different concepts

66.6% of group A found the visual resources (picture cards) helpful:
- "Initially to get used to the ideas, yes"
- "Easy to understand"
- "Better to understand when you can see it"

The Recovery Star picture cards helped me to understand the different concepts

Only one person in group B used the picture cards. They agreed that they were useful, saying:
- "The cards made it easy for me to understand the different concepts"

Note: It should be noted that the final version of the visual – see appendices 2 and 3 - resources (picture cards) was not complete when the questionnaires were conducted. As such responses relate to the original version of the visual resources.

3. Is the content of the Recovery Star sufficient and relevant for BME service users?

When asked if there were things relating to their cultural identity that the Star didn't cover, over half of respondents from group A (who used the original Recovery Star) agreed. However, this perhaps points to how the model is constructed to be applicable to as broad a cross-section of people who use services as possible – without 'talking to' the specifics of each person's experiences. For example comments made included a lack of reference to specific ethnic groups such as: "nothing about Chinese". This was less of an issue for group B, who used the amended version, and seems to indicate that the revisions made address some cultural issues not previous included. Although there were some participants who felt that there were cultural issues not covered, when asked whether the Recovery Star was relevant to them, the majority of respondents agreed that it was.

As such whilst changes have been made to the star the specifics of individual's experiences of their culture are perhaps better addressed in a key-working session where the issues can be discussed in more detail. The comments below are examples of cultural issues, which can not be addressed specifically by the Recovery Star
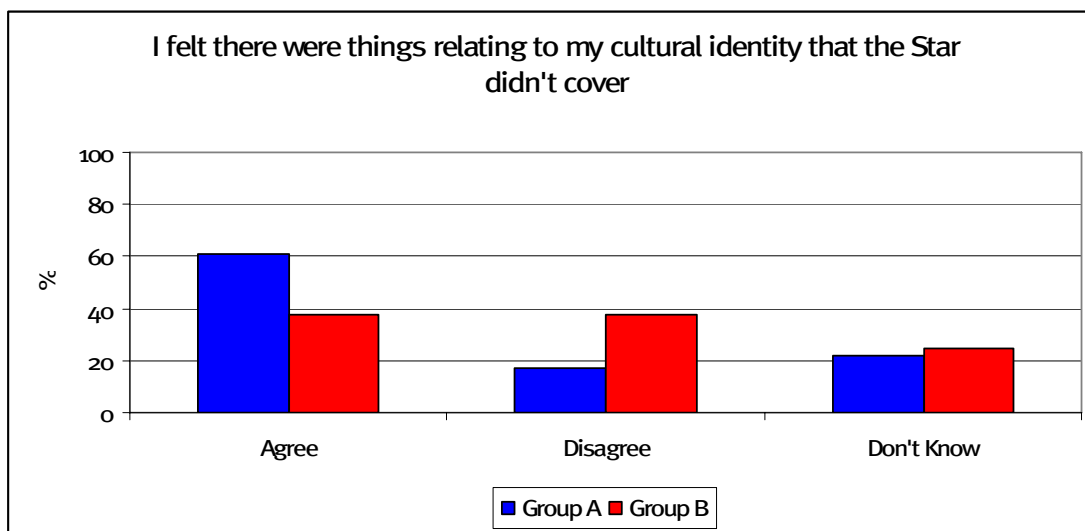
"Being in and out of care and only mixing with white people it can also have an issue on your mental health"

And

"I felt very culturally isolated, I wish that was explored more as to what impact it had on my mental health"

The important role a key-worker can play in helping service users to make the Recovery Star work for them was also highlighted – this emphasises the importance of good training in using the tool and the confidence in leading service users getting the best out of it.

Statement – I felt there were things relating to my cultural identity that the Star didn't cover
In group A (61.1 %) of respondents stated that they agreed that there were things relating to their cultural identity that the Recovery Star didn't cover, less than 20% disagreed. In group B, equal numbers agreed and disagreed (37.5%).

I felt there were things relating to my cultural identity that the Star didn't cover

Group A comments included:
- "Nothing mentioned about Chinese"
- "Failed to pick up on the importance of history and culture"
- "Language barrier - can't read English"
- "Chinese shy - mental health taboo"
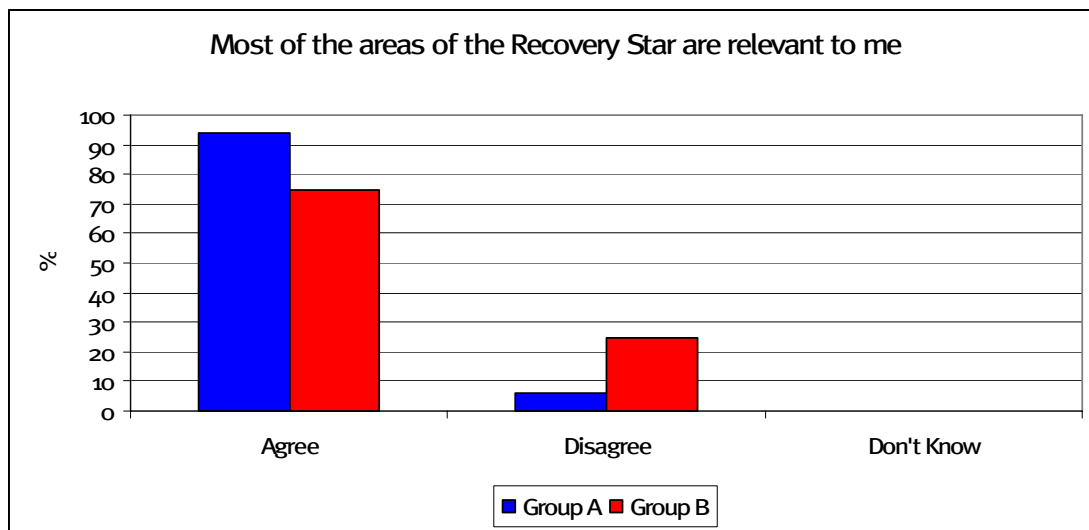- "We brought it [*things relating to cultural identity*] in under Identity & Self esteem"

Group B comments included:
- "I feel my inability to speak English wasn't reflected in the Star"
- "There is a need to have more cultural identity in the Star because it could help the key-worker to understand the service user's cultural background"
- "Things were fine"
- "No I felt that things were covered"

Statement – Most of the areas of the Recovery Star are relevant to me
The majority of both groups agreed that most areas of the Recovery Star were relevant to them (group A 94.4 % and group B 75%). Comments included:

- "They are relevant to all of us depending on how you see it"
- "Even if they weren't, we looked at them from different view points like addictive behaviour"

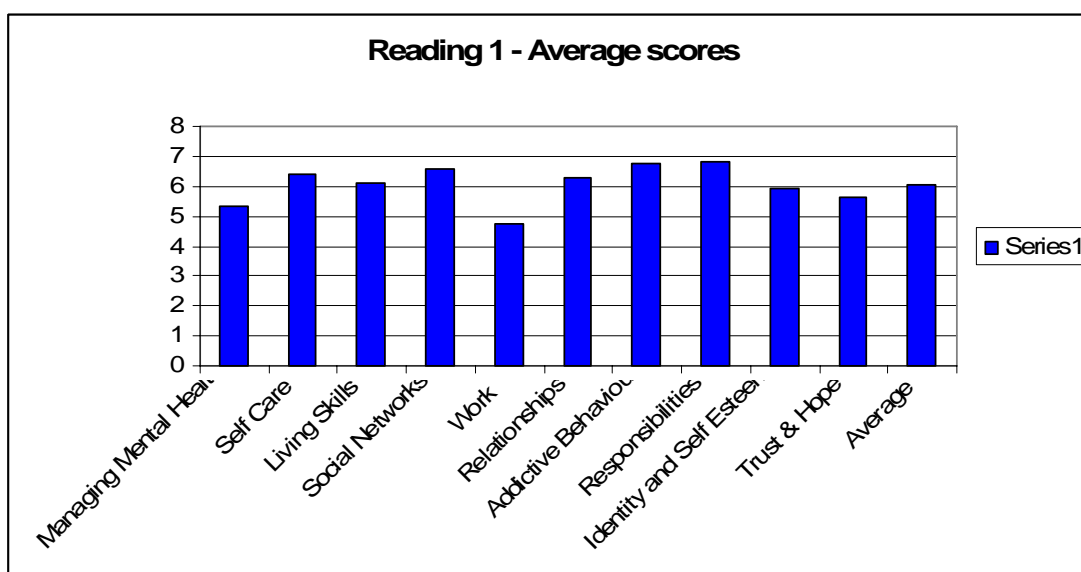## Most of the areas of the Recovery Star are relevant to me

Recovery Star readings

A total of 28 service users completed at least one Recovery Star reading. Of these 28, four completed an optional retrospective reading, 19 completed a second reading and seven completed three readings.

At reading one, the average score overall was six, indicating that most service users are at the second stage of 'Believing: I can make a difference, it's up to me as well'.
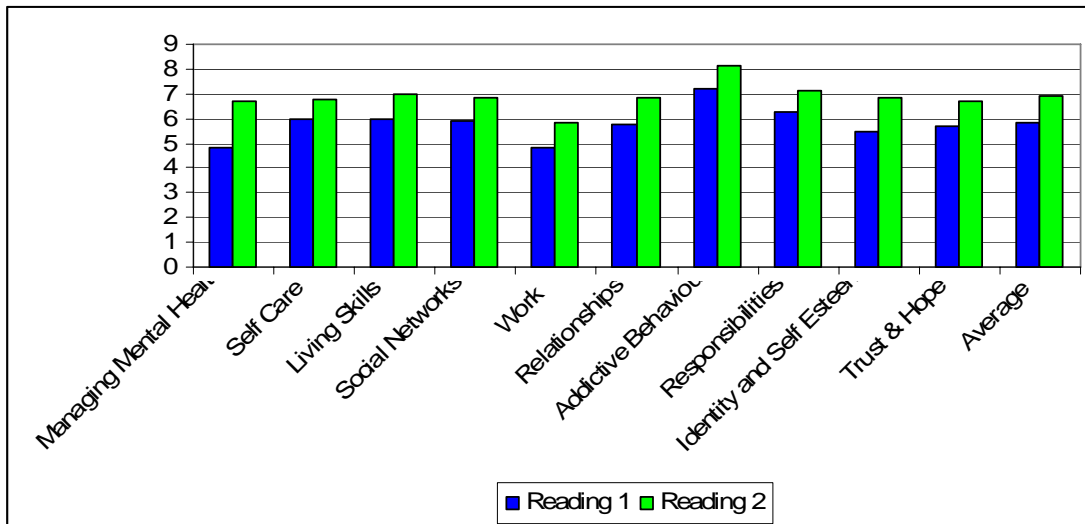
This compares with an average first assessment score of 4.8 when looking at all data entered onto the Recovery Star IT system.

Reading 1 - Average scores

Service users taking part in the pilot had highest scores in Responsibilities (6.8) and Addictive behaviour (6.7), and lowest in Managing Mental Health (5.3) and Work (4.7). Work was the only area where service users showed average scores in the Accepting Help phase rather than the Believing stage.
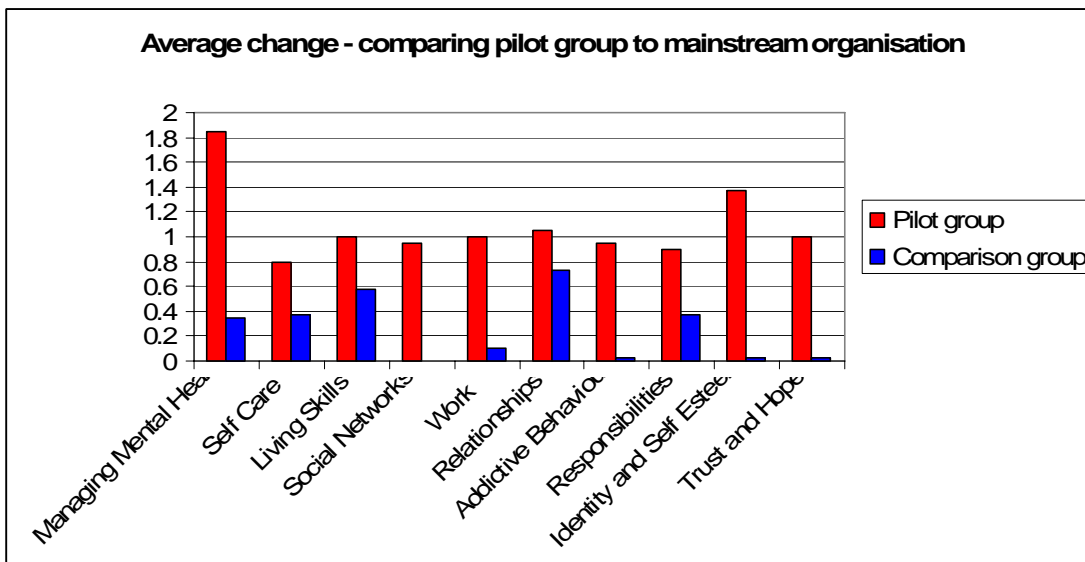
Measuring change

In order to look at change, only those service users (19 in total) who have had 2 readings are compared. For this subset, the average first reading score is 5.8. By reading 2, this score had increased to 6.8, indicating that most service users were coming to the end of the Believing stage and moving towards Learning. Not all data submitted included dates of readings, however those that included dates indicate that the average time between readings was 2 months. It is usually recommended that readings are carried out every 3-6 months.

The biggest change is seen in Managing Mental Health, with a change of almost 2 steps, indicating that service users moved from the end of Accepting Help to the end of Believing.

Comparing this data with a mainstream London mental health organisation's results [11] shows that pilot participants progressed more quickly in all areas. Given the numbers within the pilot, it is not possible to draw conclusions about why this is.

However, we suggest that further research is needed on the affect of recruitment and training policies and the ethnic makeup of staff recruited to work within services on outcomes.

_____

[11] Data from 38 participants; 19 black, 17 white and 2 mixed heritage service users. Average time between readings 3.5 months

5. Conclusions and recommendations

Does the Recovery Star's generic models of mental ill health and recovery adequately address the role of race and culture on people's lived experience?

Recovery shouldn't be seen as a step by step linear process – the journey is as distinct as the individual. Each person is different, it's important to understand and acknowledge individual circumstances, different people will start at different stages of the ladder and there will be forward and backward movement as circumstances change. However based on principles of the Transtheoretical Model of Change[12], the general pattern of change is understood to be broadly similar for all. Findings from the pilot sites bears this out.

In working through the ten dimensions for this study, different people experienced various levels of discomfort, this is only natural and may or may not be tied into cultural understandings and practices. Using the Recovery Star as part of the key-working session was considered to be a valuable experience by the majority service users who took part in the pilot

There was general consensus that the first four steps of the ladder of change adequately communicated the process of recovery in a way that was relevant to the various groups represented in the pilot – regardless of ethnic background. Modifications have been made to the final step, 'Self reliant', to incorporate the perspectives of those communities for whom the highest level of attainment of recovery is defined in terms of social relationships rather than individual autonomy.

The majority of the ten areas on the Star were seen to represent and combine sufficient universal themes, giving it cross-cultural relevance. Additional information covering cultural issues which impact on the lived experience of mental ill-health and wellbeing have been included within the detailed Ladder of Change, covering; religion and spirituality, concepts of family and their roles in recovery, cultural understandings of aspects of mental health language, addictive behaviours, relationships and shame.

The number of clients who submitted a questionnaire after using the modified version of the Recovery Star detailed "Ladder of Change" was considerably smaller than those who fed back using the original ladders. This makes it's difficult to judge the impact of the changes made to the Recovery Star on services users' assessment of if it.

75% of participants using the modified version felt that the Recovery Star was relevant to them.

Some areas were not revised in response to feedback as the more culturally specific the Recovery Star model is, the less effective it becomes as a key-working tool that can be used with clients from all backgrounds. The Recovery Star encourages clients to talk about issues that they may otherwise not have the confidence to.

> "I have disclosed and understood more about my issues through this"

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[12] Prochaska, J., and DiClemente, C. (1982) The Transtheoretical Model of Change

The detailed ladders and the Recovery Star User Guide in general are designed to serve as a prompt, to both key-worker and service user, for discussion about the issues that are important to the individual. They are not designed to address all the cultural issues that impact on individuals' sense of self and mental health and wellbeing. It is important that staff also have training in cultural competency to be able to help clients explore relevant issues.

Benefits and barriers of using the Recovery Star within BAME voluntary and community sector organisations

We asked strategic level staff from the pilot organisations what, if any, they would see as the main benefits/barriers to using the Recovery Star in organisations such as their own (BAME voluntary and community sector organisations). Responses were mixed, and included:

Benefits

> "[the Recovery Star] questions thing that they [*clients*] would not talk about until they do the star and see that there are other points in their life that they have not though about"

And

> "The off the peg analysis systems. The way that the is star is used in different services is open to easier comparison, through being more tightly controlled"

And

> "We will be able to undertake comparative analysis of outcomes by ethnicity"

Barriers

> "Do not see any barriers only benefit"

And

> "...the Recovery Star isn't the tool of choice within the organisation, this is largely because it is less flexible and less neutral than the NDT Social Inclusion Web which we have attempted to adapt into our own holistic tool"

And

> "They [support staff] felt that the recovery star could be worded in a simpler [*way*] without coming across as condescending"

Key recommendation for organisations using the Recovery Star

1. Good training is the key to enabling staff to use the Recovery Star in a way that acknowledges the impact of race and culture on mental health and wellbeing. In particular training on cultural competency, working with service user's sense of shame, denial and in creating a space in which service users feel safe to share feelings and/or disclose personal experiences.

Recommendations for organisations wanting to further develop the cultural competency of the Recovery Star tool

There are other recommendations that will go towards making the Recovery Star more suitable for diverse cultural groups – particularly where language is an issue. These are beyond the remit of the current pilot but are made to partners who may want to develop the Recovery Star further.

1. Full translation of some of the resources into a range of languages

2. A DVD or CD ROM version of the Recovery Star in a range of languages would be helpful for those service users who don't read or write their first language

3. An easy read version of the user guide

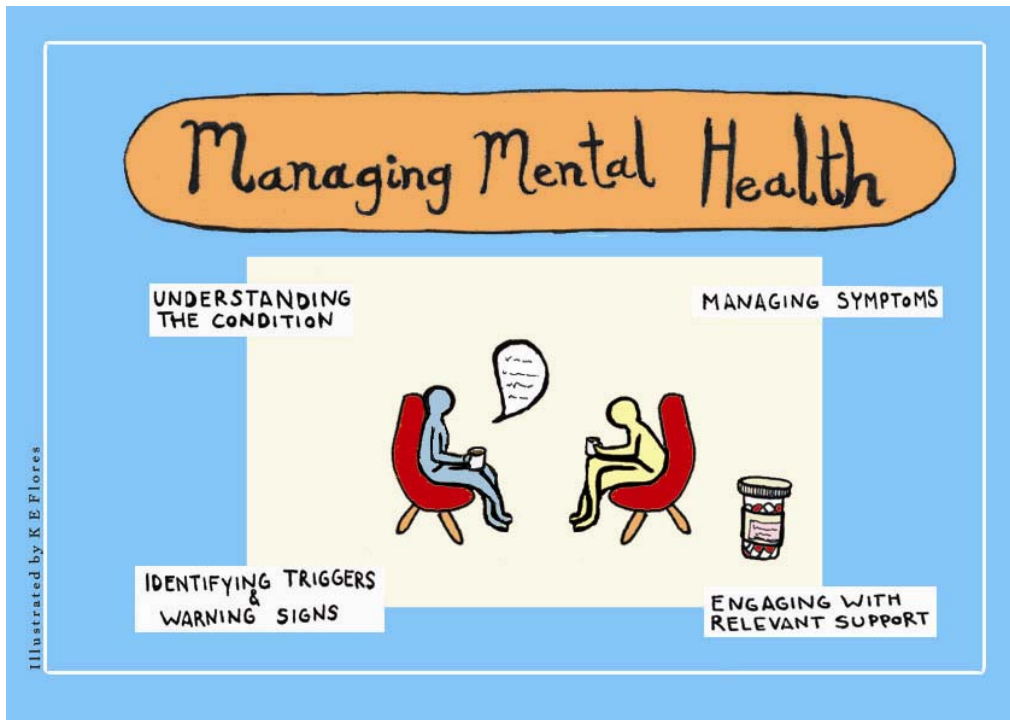# 6. Appendices

Appendix 1: DRE Pilot Questionnaire

Name of Organisation: _____ Date: _____

Ethnic Origin: _____ DOB: _____

1   I found the Recovery Star enjoyable   _____

2   Completing the Recovery Star helped me to understand where I am
         doing well

3   Using the Recovery Star has improved my relationship with my key-
         worker(s)

4   I found the Recovery Star confusing

5   I thought the User Guide was difficult to understand/read

6   My key-worker was able to explain the things I didn't understand

7   I felt there were things relating to my cultural identity that the Star
         didn't cover

8   Most of the areas of the Recovery Star are relevant to me

9   The Recovery Star has given me a better understanding of what I want
         to achieve

10   The Recovery Star picture cards helped me to understand the different
         concepts

Appendix 2: Illustrations of the ten dimensions of the Recovery Star

Living Skills

SHOPPING FOR YOURSELF

CLEANING & TIDYING
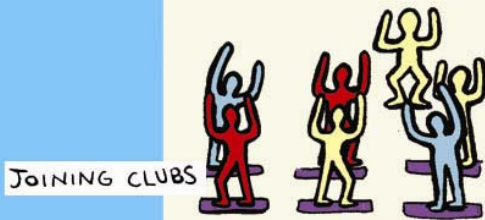
DEALING WITH NEIGHBOURS

LOOKING AFTER MONEY

LIVING INDEPENDENTLY

Illustrated by K E Flores

Social Networks

BEING A PART OF THE COMMUNITY

TAKING PART IN ACTIVITIES

CAFÉ

JOINING CLUBS

HAVING A GROUP OF FRIENDS

ENGAGING WITH FAITH ORGANISATIONS

Illustrated by K E Flores

Addictive Behaviour

WORKING TO REDUCE HARM

FEELING A SENSE OF CONTROL

AWARENESS OF ANY ISSUES

REDUCING OR STOPPING IF NECESSARY

Illustrated by K E Flores

Responsibilities

LIVING WITHIN THE LAW

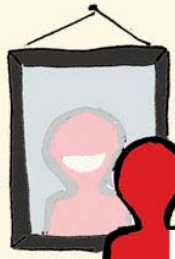MEETING LEGAL RESPONSIBILITIES

LIVING WITHIN ACCOMMODATION RULES

PAYING RENT

Illustrated by K E Flores

Appendix 3: Illustrations of the Ladder of Change

Appendix 4: Amendment made to the generic detailed Ladder of Change

10	We have no issues in this area and behave in ways that work well for us and those around us. We don't need any outside help to maintain this way of doing things. We know when we need support and know how to get it.
9	Our new ways of doing things in this area of our life are now quite well established and feel more natural or automatic. Most of the time we can maintain the changes on our own with the support of family and friends, but at times of crisis we are vulnerable to slipping back and so it can be helpful to have someone outside our informal network who checks that all is well and helps us to recognise the danger signs and take action when necessary.

8	With support, we overcome some setbacks and learn more about what helps to keep us on course in difficult times. However, dealing with difficulties is quite challenging and sometimes it can be tempting to give up and go back to the old ways of doing things. It helps to have someone to talk to about how we are managing things to help us recognise what we have learnt.
7	This experimenting leads to learning and we start to get a sense of what helps us move towards our goal in this area of our life. This is really motivating and helps to strengthen our belief in ourselves and our ability to achieve our goals. For this reason we start to become more consistent in doing things that are helpful for our journey and get us closer to where we want to be. However we still need quite a lot of support to keep things going and without it setbacks can knock us off course.

6	We start to build on this belief by doing things differently in the world. We are experimenting, trying out new ways of doing things. Sometimes things work, sometimes they don't, so it's a difficult stage to be in and we need a lot of support to ride the highs and lows and keep the belief alive.
5	Now for the first time we start to really believe that things could be different in this area of our life. We get a sense of what it is we want – what we are moving towards, as well as what we are moving away from. We can see that change won't happen unless we help to make it happen. This is a change in the way we view things. There is a sense of taking part rather than just going along with other people's plans.

4	Now we start to engage with help in a more consistent way, talking things through with workers and going along with the actions that are agreed. However, we do not take the lead and rely on others to make the change happen. Without workers driving the process we can slip back quickly and may feel critical of workers if things don't work out.
3	Now the feeling that we don't like how things are gets stronger and we really want things to be different. Change may seem impossible or frightening and we may not know what we want but we know we don't want to carry on living as we have been. At this point we will meet workers or others offering help and accept their help with pressing problems, though our willingness or ability to do this may come and go.

2	The first sign of the possibility of change is present when we feel fed up with how things are. This maybe fleeting and we probably won't engage with workers in any real or meaningful way.
1	At the beginning of the journey we are not interested in thinking about or discussing this aspect of our lives. Although we are far from achieving our full potential and may be causing harm to ourselves or others, we are cut off and not aware of problems, or unwilling to talk about them out of fear or mistrust. Because of this we are stuck.

Appendix 5: Amendments made to the detailed Recovery Star ladders

Self Care

This ladder is about how well you look after yourself - taking care of your physical health, keeping clean and presenting yourself well. It also includes maintaining a sense of well-being which means doing the things that help you feel good

10	**I have a sense of well-being and know how to maintain it** • Healthy living habits. You know what creates a sense of physical, emotional and spiritual well-being and put it into practice regularly. Understand impact of stress and how to manage it
9	**I am learning to maintain a healthy way of life** • Learning how to deal with stress without getting knocked off course • Still need occasional support when life is difficult
8	**I am building a healthy way of life** • Forming new, healthier life-style habits • Building awareness of stress, its impact and how to handle it • Stressful circumstances can cause relapse to old ways so still need support to maintain healthy habits
7	**I'm learning what makes me feel good** • Getting a sense of which things work in terms of self-care – sleeping and eating patterns, activities and exercise and presentation • Starting to feel better because self-care is better
6	**I'm doing things differently because I want to feel better** • Making lifestyle changes, such as, diet, sleep habits etc • Trying new things, such as meditation, walks in countryside, art class, tennis, relaxation exercises. Perhaps returning to activities from before mental health issue • May be trying out new clothes, image and presentation. Personal hygiene unlikely to be an issue • Will need lots of support because doing new things is difficult
5	**I want to take responsibility for looking after myself well** • Active engagement with health issues • Exploring what gives a feeling of well-being and what disrupts well-being • Exploring how and why sleeping, eating and exercise patterns become disrupted • Addressing personal hygiene and presentation, if they were issues • Resolving to make changes for the better
4	**I'm working with someone to feel better** • Taking action on key areas of need, e.g. diet, sleep, exercise, personal hygiene, presentation, but the initiative comes from workers or professionals • Very dependent on others to create and maintain healthy living patterns • No inner sense of what creates own feeling of well-being
3	**I didn't used to feel so bad – I want help** • Will discuss well-being and/or self-care and accept help with physical problems • Recognise you need to change sleep patterns, eating habits and possibly state of hygiene and presentation but not able to sort it out without help
2	**I don't look after myself but occasionally I realise I feel awful** • As in 1 below but occasional awareness that you don't like how things are • Feeling not sustained for long enough to engage with service and accept help

1	**I don't look after myself**
	• Not looking after yourself at all and out of touch with physical well-being If unsupported, sleep and eating patterns may be irregular, diet poor, have no healthy exercise pattern and may not be keeping clean or dressing appropriately
	• May neglect to the point of self-harm
	• Won't discuss health issues and refuse help
	• Won't seek treatment for physical problems

Living Skills

This ladder is about the practical side of being able to live independently – shop and cook for yourself, deal with neighbours and people who visit, keep your place clean and tidy and manage bills/look after your money.

10	**I can live independently**
	• Able to shop and prepare meals
	• Able to keep accommodation clean
	• Able to deal with neighbours and keep safe within accommodation
	• Able to abide by terms of tenancy
	• Able to budget and deal with bills etc. If debt was a problem then it is either paid off or you are following a realistic payment schedule without support
	• Understand your rights and able to advocate for yourself
	• Sufficient written English to deal with most official communications, such as bills
9	**I'm mostly able to live independently, just need occasional support**
	• Able to live independently most of the time, but may need someone to keep an eye out, just in case there is a need for support with a difficulty
8	**I'm addressing more difficult areas**
	• Tackling things that you find more difficult – this may include budgeting, dealing with bills and advocating for yourself in health care or benefit settings
	• Doing the easier things without it feeling like such an effort
7	**I'm learning new skills or using old ones**
	• Sense of making progress (e.g. can cook meals independently or do washing-up without support)
	• Still a number of areas where help is needed
6	**I'm doing things for myself now**
	• Starting to be able to do things independently (clean accommodation, cook a meal without help)
	• Lots of trial and error, some things go well, some go wrong
	• Beginning to take the initiative to learn the skills needed to become more independent, e.g. attending literacy or language classes, practicing cooking, or getting support with cleaning but support still needed to maintain this
5	**I want to be able to look after myself – and I believe I can do it**
	• Motivation for independence
	• Sense of being prepared to put in the work that is needed
4	**I'm getting help with living skills**
	• If living in your own accommodation – accepting help where needed and, as a result, situation is improving (things are cleaner, bills are being paid etc)
	• If living in residential service – going along with activities aimed at improving living skills but the initiative comes from workers
3	**I'm not able to live independently – and I want help with living skills**
	• Not able to do things for yourself but prepared to accept help

2	**People say I'm not able to live independently – and sometimes I agree**
	• As in 1 below, but some occasional awareness that you need help • Not sustained for long enough to take any action and still refusing help
1	**People say I'm not able to live independently but I think I can** • No ability to live independently but not aware of or won't discuss lack of skill or ability to cope. Includes some or all of the following: • Not able to prepare meals • Not able to keep accommodation clean • Not able to budget, or deal with bills. If living independently, may be in debt and may be at risk of taking out loans you can't repay • Don't have sufficient language or literacy skills to understand or deal with bills and other important paperwork • No understanding of rights or ability to self-advocate • If living without support – not able to keep safe within accommodation (may leave door un-locked or let in people who are likely to do harm to you or your accommodation) • If living without support, hygiene may pose threat to you and others • If living in the community without support, may be at risk of losing accommodation

Social Networks

This ladder is about your social networks and being part of your community. It includes taking part in activities within this project and, as your recovery progresses, getting involved in things outside the project. This can include volunteering or classes, being part of your neighbourhood, a club or society, school or faith organisation, or groups of friends. **Any activities you do as part of your journey back to paid work one day would go in the next scale which focuses on work.**

10	**I'm an engaged, contributing member of the community** • An active member of one or more communities or groups – could be neighbourhood, interest groups or societies, faith groups or informal friendship circles, and you no longer need services from a specialist mental health organisation to maintain this
9	**I'm making a contribution but I need occasional support** • Socially included in the community – established activities and interests with others, just need occasional support from specialist mental health organisation in case of difficulties
8	**I feel that I am part of something** • Fairly developed interests, networks and friendships. Feeling increasingly part of one or more communities – have a sense of belonging • Social and/or language skills good enough to deal with most situations and networks you want to be in but you need support to maintain networks
7	**I'm developing interests, networks and friendships. May be volunteering** • Spending more time engaged in activities outside the service – certainly a significant number of hours each week, such as courses, volunteering, club or social network or faith group: any social activity that is not directly geared to paid work • Building a social network and/or friendships • Benefiting from a positive feedback loop – enjoying activities and/or being appreciated which reinforces progress
6	**I'm meeting people and going places – but sometimes feel uncertain** • The "feel the fear and do it anyway" stage, beginning new or re-establishing old involvement with activities or groups outside the service • More sure of likes, dislikes and what you want and don't want from networks • Actively addressing social skills, language skills or anger management, if this is an issue

	• Feel vulnerable and need lots of support – an interesting but difficult place to be
5	**I believe I can be part of a community and have a role**
	• Appetite for engaging in social networks outside the project but probably not clear exactly what form this should take or how to make it happen
	• Actively involved in looking at options for networks outside the service, maybe alongside involvement with activities in the service
	• This is likely to feel challenging and self-belief may waver
4	**I'm involved with people and activities within the service**
	• Engaging fully with workers and probably also peers in a mental health service context but have little or no involvement in the wider community
	• Have moments of awareness of personal interests but not sustained enough to act upon
	• If anger management, language or other social skills are an issue, will discuss them
3	**I'm taking part in some activities in the service**
	• Engaging with some activities in a mental health project
	• Engaging a bit with one or a few trusted workers or peers
	• Probably can't identify activities of personal interest or set autonomous goals
2	**Isolated, doing nothing but occasionally wish I was part of something**
	• As 1 with glimmers of perspective and dissatisfaction with current lifestyle but no hope of any alternative
1	**Isolated, doing nothing with my time**
	• Likely to spend most the day in bed or in unhelpful or harmful activities
	• Not engaged with services or community at all. Stuck, no possibility of change
	• May have limited social or English language skills, be very shy or have difficulties with managing anger

Work

This ladder is about you and work – whether you want to work, knowing what it is you would like to do, having the skills and qualifications to get the work you want and finding and keeping a job. For some people, paid work may not be appropriate but volunteering or other work-like activity may be a goal, in which case, point seven would effectively be the top of the scale.

If you are a full time, unpaid carer for young children or a disabled or elderly adult, you should count this as your work and you will be at point six or above. However, should you wish to look for paid work, please choose a score that relates to where you are in your journey into paid work.

10	**I'm working and can manage well without mental health services**
	• In paid work or a full-time carer and no longer need a specialist mental health service for support in this area
9	**I'm working and know how to use mental health services well if and when needed**
	• In paid work or a full-time carer but need on-going support from mental health service in case of difficulties

8	**I'm looking for work – and developing more skills (or I'm in a job and getting better at dealing with difficulties)**
	• Actively engaged in seeking work, maybe alongside training, volunteering or work-like activity
	• May need considerable support as there may be rejections to deal with
	• If already in work or a full-time carer then your ability to deal with difficulties at work is increasing

7	**I'm (re) building skills or qualifications (or I'm in a job and benefiting from support)**
	• Likely to be involved in training, volunteering or other activity towards work for a significant number of hours each week
	• If not going back to previous work then future work plans are becoming clearer
	• May be engaged in work-like activity at this point as a long-term option (so not intending to move beyond this point)
	• If already in work or a full-time carer then starting to benefit from support to deal with difficulties at work

6	**I'm actively exploring options (or I'm in a job but experiencing difficulties)**
	• Exploring or starting to engage in some form of training or volunteering out of the service
	• Feel vulnerable doing that and need a lot of support
	• May be exploring possibilities and starting to get clearer about what work you would like in the future, or may be clear about returning to previous work
	• Or could be in paid work or a full-time carer but not coping or feeling dissatisfied with type of work and in need of lots of support

5	**I believe that it is possible for me to have a job**
	• See a working future as a realistic possibility
	• This may feel challenging and you may still slip back at times, but overall have hope and motivation towards getting to [or back to] a working life in some form
	• Probably not clear how to proceed or what form of work you want
	• May be looking into courses to address language or literacy, if this is an issue

4	**I am doing something with my time**
	• Engaging with some activities that are loosely to do with future employability, usually in a sheltered environment, such as day centre groups to build social skills
	• Building some skills - such as IT, language, literacy or other, work related skills, but dependent on external help to maintain engagement

3	**I can't realistically see a working future but I need to do something**
	• You want to start using time in a focussed way and engaging in conversations about this
	• May have glimpses that future could include work but these are not sustained

2	**I'm not working. I don't believe I ever will but sometimes wish I could**
	• As 1 with glimmers of dissatisfaction about how things are
	• Dissatisfaction not sustained, no sense of any alternative and no opening for a real conversation about it

1	**I'm not working. I don't believe I ever will be**
	• Stuck, no possibility of change, not actively engaged in services
	• Likely to spend most the day in bed or in unhelpful or harmful activities

Relationships

This ladder is about the important relationships in your life. You can choose one relationship where you would like things to be different (within your family or outside it) and complete the star for that, or you could focus on your relationship with your family as a whole. If you don't have a partner and would like to find one then you could focus on that. Wherever you chose to focus, it is about having the amount of closeness that you want which is something that you decide. *Please indicate in the Star Notes or key-work notes which relationship your score refers to.*

10	**Have the closeness and intimacy that I want in this relationship** • As 9 but no support needed from specialist mental health service
9	**Have satisfying relationship but need occasional support** • Risk taking and learning is paying dividends – new relationship strengthening or existing relationship giving you more of what you want or feeling better for being out of a relationship that you decided to end • Know what want and need in this relationship, know how to express needs and respond to others and have good sense of what is appropriate to ask and to give • Occasionally need support in crisis
8	**Have some of the closeness I want** • If improving existing relationship with one person or your family as a whole then still experimenting and learning a lot about how to make relationship work but getting more of what you want • If ending a relationship that isn't working then starting to get sense of self outside that relationship and build new support system • If building new relationship then have started a relationship but probably feels very new • Still need quite a lot of support at this stage
7	**Learning about what makes this relationship work** • Learning what works when initiating a new relationship or how to make existing relationship with partner or family or close friend more satisfying • Learning about own priorities in this relationship, how to ask for things, how to say no, taking small risks and building trust • Need lots of support when things go wrong in the relationship, or in ending a relationship that isn't working, or coping with rejection if attempt to start new relationship is unsuccessful, but learning a lot.
6	**I Taking action to have satisfying close relationship** • Doing new things and taking risks – either by initiating meeting new people or by doing things differently in current relationship and 'rocking the boat' • Need lots of support in both cases because entering uncharted territory • If in an intimate relationship that isn't working then questioning if this is the right relationship.
5	**Believe that it is possible for me to have the closeness I want** • Exploring what would like in this relationship – hopes and needs – what would a satisfying relationship be like? • Thinking about how might need to change to make relationship work or thinking about own issues such as anger management, assertiveness or other relationship skills
4	**Need help in this area of my life** • Talking about what isn't working • Will go along with help if offered (e.g. to make contact with someone or to meet a possible partner) but don't feel able to take the initiative
3	**Would like more closeness or intimacy** • Recognising that this relationship isn't working, but no idea of how to change it, or • Recognising that want a relationship but no idea of how to start • Will talk about wanting something more but may blame others rather than explore your own part
2	**I Occasionally feel something is missing** • Like 1 but occasional glimpses of wanting things to be other than they are

1	No closeness or intimacy
	• Not in touch with need for closeness so probably don't want to talk about his area of life – may say there isn't a relationship to work on
	• May have no relationship and want to develop one, or may be in an unhappy relationship with a partner, close friend or family as a whole
	• No clear sense of what a satisfying relationship would be like
	• No sense of what is appropriate to expect from another or be demanded by another and may have issues with anger management or assertivenesss

Addictive Behaviour

This ladder is about any addictive behaviour you may have, such as drug or alcohol use, gambling, food or shopping. It is about how aware you are of any problems you have in this area and whether you are working to reduce the harm they may cause you or others. Compulsive behaviour such as hand-washing or self-harm is not covered by this scale – this should be dealt with as part of the mental health scale.

If you do not have a problem with addictive behaviour, you do not need to discuss this area. Your keyworker will give you a ten to indicate that this area doesn't apply to you.

10	I don't have a problem with addictive behaviour and don't need support in this area
	• As 9 but no support needed from specialist mental health or addiction organisations in this area

9	Enjoying lifestyle without addictive or compulsive behaviour
	• Addictive behaviour under control and not at a level which is harmful to you or others, any alcohol or gambling is under control and there are no issues with the use of illegal drugs
	• Don't need support regularly but good to know it there in case of difficulties

8	Getting in control – I have choices about what I do and mostly choose well
	• Have found new ways to deal with situations that used to lead to addictive behaviour and mostly choose those alternatives
	• Feeling a sense of control and self-confidence

7	I understand why I have (or had) a problem and what I need to do
	• Addictive behaviour is reducing to levels compatible with well-being
	• May have lapses but less frequent or severe and you learn from them
	• Growing understanding of what triggers addictive behaviour
	• Growing faith and motivation in your ability to live life free from addiction

6	I am doing some things myself to address my addictive behaviour
	• Exploring alternative coping mechanisms and engaging effectively with services
	• May reduce the level of addictive behaviour if this is high or abstain for periods
	• Addictive behaviour still having an impact on your life but not so severe

5	I see that I need to make changes myself to tackle my addictive behaviour
	• Committing to change and resolving to take initiative in this area
	• Starting the conversation about your addictive behaviours because you really want to sort it out

4	I am going along with what people say, but don't always do everything they suggest
	• Taking action on addictive behaviour but need others to take the initiative
	• Agree to make changes but then commitment wavers so end up not following through unless someone else makes it happen

3	I accept that I need some help to do something about this
	• Fed up with the negative consequences of addiction

	• Want change but may not believe it is possible • Will agree measures to reduce harm and make appointments but then lose motivation
2	**Occasionally I see that I may have an addiction problem but can't or don't want to change it** • As in 1 below but occasionally feel that there is a problem here
1	**I don't have a problem with addictive behaviour – but others think I do** • Others want to talk to you about what they call 'addictive behaviours' but you don't want to discuss it and may react defensively or with anger to questions • Addictive behaviour probably causing harm to you and maybe others • Life may be organised around addictive behaviour

Responsibilities

This ladder is about meeting your responsibilities in relation to the place that you live at the moment – whether it's a hospital, supported housing or your own place. Responsibilities includes things like paying the rent, getting on with neighbours or fellow residents and, if you are living in your own place, taking responsibility for visitors. It also covers breaking the law or being in trouble with the police or courts.

If you do not have difficulties in this area your keyworker will give you a ten to indicate that this area does not apply to you.

10	**I am meeting my responsibilities** • Able to live within terms of accommodation (and the law) without help
9	**I am meeting my responsibilities – with occasional support** • Haven't broken rules (or the law) for sometime • Some situations still difficult so still need some low-level, on-going support
8	**I'm someone who aims to meet their responsibilities** • Abiding by terms of accommodation (and the law) most of the time • May have new identity forming as rule-abiding person • You may slip back sometimes, so still need support
7	**I'm learning about what it is like to meet responsibilities** • Recognising the gains of doing things differently, for example, it feels better not to be at risk of eviction/in trouble with police or courts/getting red bills • Increasing awareness of impact of behaviour on yourself and others • Benefiting from gains and thus motivation and change increasing
6	**I'm doing things differently** • Exploring why difficulties arise and what support you will need to change • Mostly comply with terms of accommodation (or court) and/or not much offending but still difficulties in this area
5	**I want to live within the rules** • Recognition that not living by the rules is harming you and/or others and you can do something to change it • Genuine resolution to make changes though this may not yet translate into action • Recognition that rights and responsibilities go hand-in-hand
4	**I'm going along with help to change things** • Doing things initiated by others to tackle problems in this area, but don't always manage to follow through • Still dependent on others to provide initiative for change

3	**I don't like these problems**
	• Unhappy with negative consequences of behaviour so will discuss issues
	• If issues relate to accommodation – realising the risk of eviction and agree to accept help to address the problems (e.g. get a claim running to pay rent or set up debt repayment plan or deal with unwanted and disruptive visitors)
	• If breaking the law then will talk about it but not necessarily change behaviour at this stage
	• Receiving support to understand/translate important documents if language and/or literacy is an issue

2	**Occasionally I feel fed up with being in trouble**
	• As in 1 below but occasionally may see that there are problems in this area
	• This is very short lived and will still refuse to discuss fully

1	**Finding it difficult to stay within terms of accommodation and/or the law**
	• If in hospital or hostel then not complying with rules and not willing to talk about it
	• If in your own flat then may refuse access and/or be at risk of eviction, for instance due to non payment of rent or complaints from neighbours
	• If issues with the law, then may have committed a crime, such as theft, or failed to keep to the terms of a court order but won't discuss this
	• May be unable to meet legal or accommodation related responsibilities due to language or other literacy issues, but unwilling to discuss or accept support

Identity and Self Esteem

This ladder is about how you feel about yourself and how you define who you are. It is about getting to the point where you have a sense of your own identity – your likes and dislikes, what you're good at and your weaknesses, accepting and liking who you are, and, if relevant to you, your cultural, religious or spiritual identity. When looking at this scale it might help to ask yourself, what am I good at? What do I value in myself? And how would I introduce myself to someone new?

10	**I feel at ease with who I am**
	• Comfortable with your sense of self
	• Some may see themselves as a better/wiser person than before the mental health issue and feel stronger sense of identity than before their illness

9	**I mostly feel positive about myself but need some support in difficult times**
	• Mostly fine in this area but will need support from mental health service in difficult times

8	**I have a sense of identity and of who I am in the world**
	• May have integrated having or having had a mental health issue into identity (but are not defined by it)
	• Not as vulnerable to perceptions of others, though still need to build self-esteem more
	• Sense of your identity is strengthening with increasing participation in the world

7	**I have some sense of my own identity and feel OK about myself**
	• Positive affirmation from others for progress helps to reinforce steps forward
	• Confidence in ability to achieve certain goals growing and maybe also your innate self-worth as a human being, not linked to goals
	• Getting a sense of strengths and weaknesses, likes and dislikes which contributes to your sense of identity – at this stage will still feel fragile
	• May be developing or regaining a sense of cultural, religious or spiritual identity, if applicable

6	**I am re-engaging with the world and am more aware of how others see me**
	• Moving out more in the world, setting and working towards personal goals which can be both scary and motivating – involves taking risks and moving out of comfort zone
	• Can be a difficult time as you have to deal with the perceptions of others (real and imagined) before having a robust sense of self
	• Self-esteem can take another dip when comparing yourself with others and with your vision of who you

		want to be, so lots of support needed
5	**I can see that there is a me beyond my mental health issue**	
	• Self-esteem fluctuating but you believe in ability to move forward	
	• Have a sense of self which is beyond the mental health issue	
	• May not be the same identity as before the mental health issue and probably not be clearly formed	

4	**I see myself as a mental health service user and I'm engaging with help**
	• Self-esteem building within the mental health project, though little or no confidence outside the service or with unknown individuals and may still feel shame around mental health issues when outside the project
	• Achieve small goals but benefit to self-esteem tends to be small and short lived – probably due to internal critic
	• May get stuck here because of adopting the label of mental health service user and not seeking any other possible identity – or may reject label of mental health service user and move quickly either forward or back

3	**I don't feel I have any value and don't know who I am – I need help**
	• Self confidence may be at an all-time low due to being more conscious of yourself and your lack of identity than that at 1 or 2
	• Real sense of identity crisis

2	**I don't count or have any value but I sometimes I wish I did**
	• Same as 1, but will occasionally feel aware that there is a problem here
	• Occasional recognition of mental health issue but not sustained and you don't want to take on identity as mental health service user perhaps because of a sense of shame around mental health issues

1	**I don't count or have any value and I don't know who I am any more**
	• Very low self-esteem. Totally lacking confidence to engage with anyone, though may appear confident due to a manic phase or other lack of contact with reality
	• Identity may be lost completely or not an issue due to lack of awareness of mental health issue

Trust and Hope

This ladder is about your sense that there are people and things in which you can place your trust and hope for your future. It is about trusting in others, trusting in yourself, and ultimately having faith in life and trusting that things will work out somehow. For some people it may also be about trusting in a higher power or other religious or spiritual beliefs or values. It might help to ask yourself who or what do I trust in when the things are at their toughest. And do I have faith that whatever happens there will be a way through?

10	**Whatever happens I know I'm ok**
	• As 9 but no longer need specialist MH service support to maintain it

9	**There's usually a way through most things**
	• Increasing sense that no matter what happens, there is a solution and as a result more resilient in the face of difficulties, though sometimes still need someone to call when things go wrong
	• A growing sense of faith in life and if have a spiritual faith then a sense that God or that faith provides an unshakable support through life's ups and downs
	• May be thinking about how can "give back" and help others
	• May have sense that have grown as a person through their response to experience of mental health issues

8	**I trust in myself and others**
	• Feel connection to others which helps substantially in building sense of self and recognising shared experience
	• Mostly trust own abilities and that others will be there to help, probably due to having got through various setbacks,
	• Still some fear of what lies ahead – "what life might throw at me"

7	**I feel some trust in myself and others**
	• Feel some connection to others which helps in building sense of self and recognising shared experience

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	• Connection with others who have been through or are going through recovery may be important • For those with a religious faith there is a sense of moving from reaching out to being supported by that faith
6	**I'm taking risks and connecting with others** • Taking some risks. Engaging with people who are trust-worthy so not completely isolated and mostly not trusting inappropriately • May question or challenge people giving support • Waver between belief and doubt so still need lots of support to feel safe
5	**I feel hope for the future** • Sense that life could change, could be meaningful and rewarding again • Some sense of self-belief – "I count and I can affect how my life is" • Could be sparked by the support of another person or by inner re-awakening (which could be experienced as connected with their faith or simply an inner change) • May be dependent on one or two others
4	**There are one or two people that I can trust** • Feel that you can trust one or two people you have opened up to • Sense that others can help, but no trust in own abilities, may be very self-critical • Probably feel very dependent on these one or two people as this is your only connection and still don't have a sense of trusting in yourself
3	**I am trying out talking to someone in case they can help** • Glimmer of hope that things could be different, that something or someone could help • Will talk about how things are. Taking a risk in opening a little to someone (probably mental health professional but if have a faith then it could also be a faith leader) • If had or have a faith then may be turning more than usual to prayer, meditation or other practice but doing this from a position of fear and need rather than faith and security
2	**I can't turn to anyone but occasionally wish I could** • As 1 but occasionally want some connection or wish for hope • May have snatches of conversation about situation but quickly withdraw
1	**Nothing can help me. There is no hope for me** • Despair, confusion and possibly anger– no sense that things could ever be different • No internal anchor, may be lots of self-judgement • Can't make a connection with anyone • If have a faith then may feel that it or God has let you down