

# Making Recovery Real in Dundee

A review with the  
Scottish Recovery Network



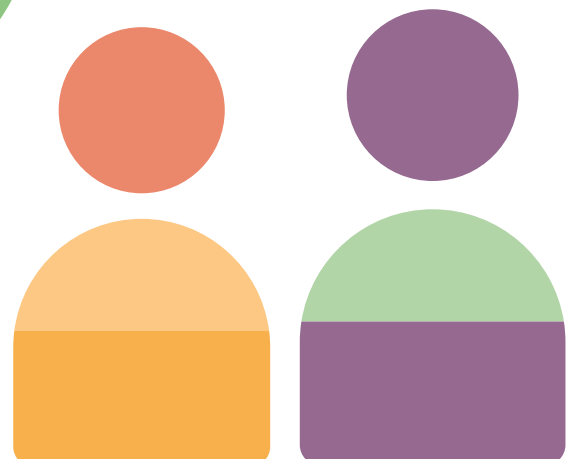
# Executive Summary

**“The film was outstanding. It was so real... It was just ‘what you see is what you got’, and it was the people talking to the people. It was the people helping the people.”**

Making Recovery Real has significantly changed the terms of the dialogue about recovery and mental health and wellbeing in Dundee. As co-production in action, it is helping to realise a genuine change in power dynamics where people with lived experience have the right to be at the centre of decision-making, service design and practice development. The process has worked intelligently with formal and informal power. It has paid continuous attention to the creation of a welcoming and enabling environment, staying focused on purpose, possibilities and actions whilst also conscious of the processes and habits that form within any partnership.

Sharing stories of recovery is an inspiring and enabling practice that creates the environment where people with lived experience and local organisations can co-create a shared agenda. We hope the review honours the achievements of Making Recovery Real and enables people most closely involved in Dundee to sustain and spread the approach. We also hope it will enable others to understand the principles of the approach and that it will influence current and future policy, practice and attitudes in services and the wider community.

Unfortunately, there have been some really sad stories. But there have been a greater number of happy stories, and ... we want everybody to know that recovery is possible, recovery is for everyone. We all have a role to play in supporting each other's recovery.



## Key points

The stories have generated insights, empathy and trust. They have changed the way that people think and encouraged action by creating the conditions for positive risk-taking, showing what is possible and building momentum.

- The filming of the stories enables people to tell their own stories in their voices, with their accents and in their own words in a manner which is genuinely heard; their experience is respected, not dismissed or disputed and significantly contributes to helping 'talking about recovery' to become part of the 'normal' life of the city.
- Informal peer support is invaluable; for people in recovery themselves, mutual peer support can be a significant personal resource and help people to manage their own mental health. Contributing to the recovery of others by sharing stories breaks down isolation, increases hope, builds confidence and pride. In turn, this creates a virtuous cycle of greater understanding and acceptance of recovery amongst those most closely affected, people in a professional role and the wider community.
- Story-sharing shows how it is possible to use lived experience to engage with people involved in a professional capacity and help them to consider their own purpose and role. Stories shine a light into assumptions professionals may have made or aspects of their work of which they were unaware. They provide inspiration and renewed energy for their work and at times, have enabled professionals to share their personal experiences of mental health challenges.
- Together this helps to develop a more authentic trust amongst all of those involved, from which a sense of shared purpose, hopefulness and possibilities grows. This mindset supports a willingness to take risks and try new things and promotes better partnership working, as the strengths and contribution of each is better understood.
- Being listened to is key to sharing power and enabling different conversations. These conversations may still be challenging and difficult but are met with an open mind and attitude of inquiry, so encouraging on-going and genuine dialogue.
- This focus on relationships and dialogue has very practical outcomes as it helps to uncover local knowledge and enhances access to resources.

## How is this influencing the wider system?

Change is happening at all levels, for individuals; amongst wider teams, colleagues, and peers; within organisations and in the wider environment.

Most significantly, there are new understandings of recovery for all those involved and MRR has provided important personal and professional affirmation for many people. Many participants talk about changes in their thinking that make them more optimistic, confident and open to possibilities. Several professionals express a sense of rejuvenation and pleasure in their work, of thinking differently about their role, reappraising their contribution and of the possibilities of creating wider ripples by working differently within their own service.

This kind of ripple effect is helped by the ability to share learning through stories of recovery and the film, that helps people feel less isolated as close colleagues, managers and others have a better understanding of recovery.

There is more practical knowledge and consequences within the system as people have made connections and stronger links with other agencies and individuals. New ways of thinking and energy for change enables new resources to be developed and supports better use of existing resources. There is more comprehensive support for peer recovery and interest and scope to extend both voluntary and paid opportunities, rooted in a significant shift in power relations.

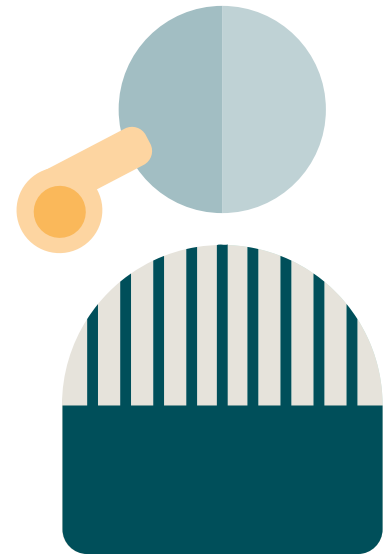
These changes in understanding and attitudes are widely cited and perhaps feel significant and promising because MRR has also been able to influence at the wider strategic level and become more embedded into the plans and structures that govern mental health services in Dundee.



## The role of SRN

The involvement of SRN has been highly valued and brought legitimacy, confidence and the impetus to try something different. Sometimes likened to bringing in a 'referee', they have been able to channel the commitment of local organisations and partners and use it as a resource.

The deliberate design of an informal and nurturing environment, including considering where people meet and how the meetings themselves are run, has allowed different kinds of meetings to take place. There has been attention to creating a welcoming environment, helping people to stay involved and with significant impact.



## Looking to the future - so, what now?

There is much to celebrate. Early successes have developed support for and revealed the potential of the ambition of the co-production approach.

**“It’s helped me get my head around co-production. It can be a bit scary because you don’t know where people would take it. But it doesn’t feel so scary now.”**

Looking ahead, there is a strong sense that MRR Dundee is on the right path, that ‘while it hasn’t changed the system, no one is saying it never will.’ Participants acknowledge the difficulties of the process, of the tenacity of the partners in sticking with it and express a strong will to sustain the momentum of this work. There is awareness of the positive possibilities of using the approaches in other arenas and of the potential risks of diluting the approach.

As a ‘work in progress’ there is awareness of what still needs to change coupled with eagerness for what comes next. There is a desire to achieve a greater reach into communities, particularly through the extension and enhancement of paid peer opportunities. There is shared ambition to see a greater impact on organisations, on professional practices and greater ‘buy-in’ from some sectors and services. There is further interest in using the story-sharing approach to influence organisational reviews, planning and monitoring and evaluation of their work.

Specific ideas include a desire for more events that showcase the practical things and activities that people can do, facilitated by people with lived experience and other opportunities to hear stories of recovery directly.

# Introduction

**This report is based on a review of the Making Recovery Real (MRR) initiative in Dundee which explored the perspectives of those most closely involved, including people with lived experience of recovery and practitioners from a range of organisations. We hope the review will influence current and future policy, practice and attitudes in services and the wider community.**

From the very early stages of the MRR Dundee initiative there was a consensus that sharing recovery stories would be a key feature and this has created an environment for local organisations and especially people with lived experience to set the agenda. The focus of this review is to learn from this experience so that others can understand the principles of the approach and people most closely involved in Dundee can sustain and spread the approach locally. This review illustrates how people with lived experience and those with professional skills can learn together to achieve the best possible wellbeing for people. There are also some general lessons that go beyond the mental health world for those seeking to change ways of working in public services and communities.

This is a companion report to a similar review of MRR in Moray and there is an overview document that summarises the learning from both initiatives.

This review draws on a film made as part of MRR Dundee and individual interviews, some of which were filmed, with 15 people who have been part of MRR. It also draws on group discussions at a series of events in Dundee (August 2017, March and May 2018), and a joint event with the Moray MRR held in Aberdeen in November 2017.

[Making Recovery Real summary of learning and Moray Review documents](#)

[Watch the Recovery Stories film](#)



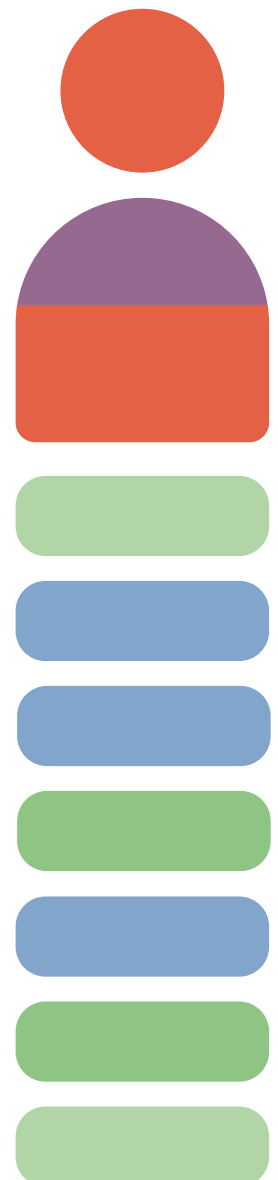
# What is Making Recovery Real?

Making Recovery Real (MRR) Dundee involves a mix of people and organisations with an interest in promoting the best possible mental health for people in Dundee. MRR commenced in June 2015, with meetings amongst the partners. It came about as local organisations got together to respond to an invitation from the Scottish Recovery Network (SRN) for areas to work with them to involve people with lived experience and increase the focus on recovery.

MRR includes people with lived experience of mental health challenges and recovery and statutory and third sector organisations. The partners in MRR Dundee are NHS Tayside, Dundee City Council, Dundee Association for Mental Health (DAMH), Dundee Voluntary Action (DVA), Hearing Voices Network (HaVeN), Penumbra, The Richmond Fellowship Scotland (TRFS), SAMH, Art Angel and Dundee Independent Advocacy Support (DIAS). It has been supported by the Scottish Recovery Network, a national voluntary organisation that seeks to place the experience of recovery at the centre of life, practice and policy.

MRR did not work to a set of pre-agreed priorities but sought to create an environment where a wider group of people including people with lived experience could work together to set the priorities and identify what should happen. The MRR partnership agreed to bring people together to identify priorities for Dundee and then take forward actions. The initial local priorities were to collect and share recovery stories, to ensure that lived experience is at the centre of decision-making, service design and development and practice; to develop peer support roles and provide training for potential peer supporters and to celebrate recovery.

MRR was formally launched in November 2015 with a high-profile event at Discovery Point, that attracted a large number of people including people with lived experience. The wish to have a strong focus on lived experience of mental health was helped by showing a film where local people shared their experiences.<sup>1</sup> This was a powerful introduction, that was built-on by using the 'World Café' approach to conversations. This 'designed informality' helps to create a welcoming and engaging approach to conversations to enable people to share their experiences and views and identify what is important to them.



<sup>1</sup> <https://www.scottishrecovery.net/resource/making-dundee-a-city-of-recovery/>

Since the launch, the partners and participants have continued to shape local priorities, identify actions and extend involvement through a series of workshops, other events and training with a strong focus on story-sharing and developing peer support, reflecting the priorities identified. Key activities have been:

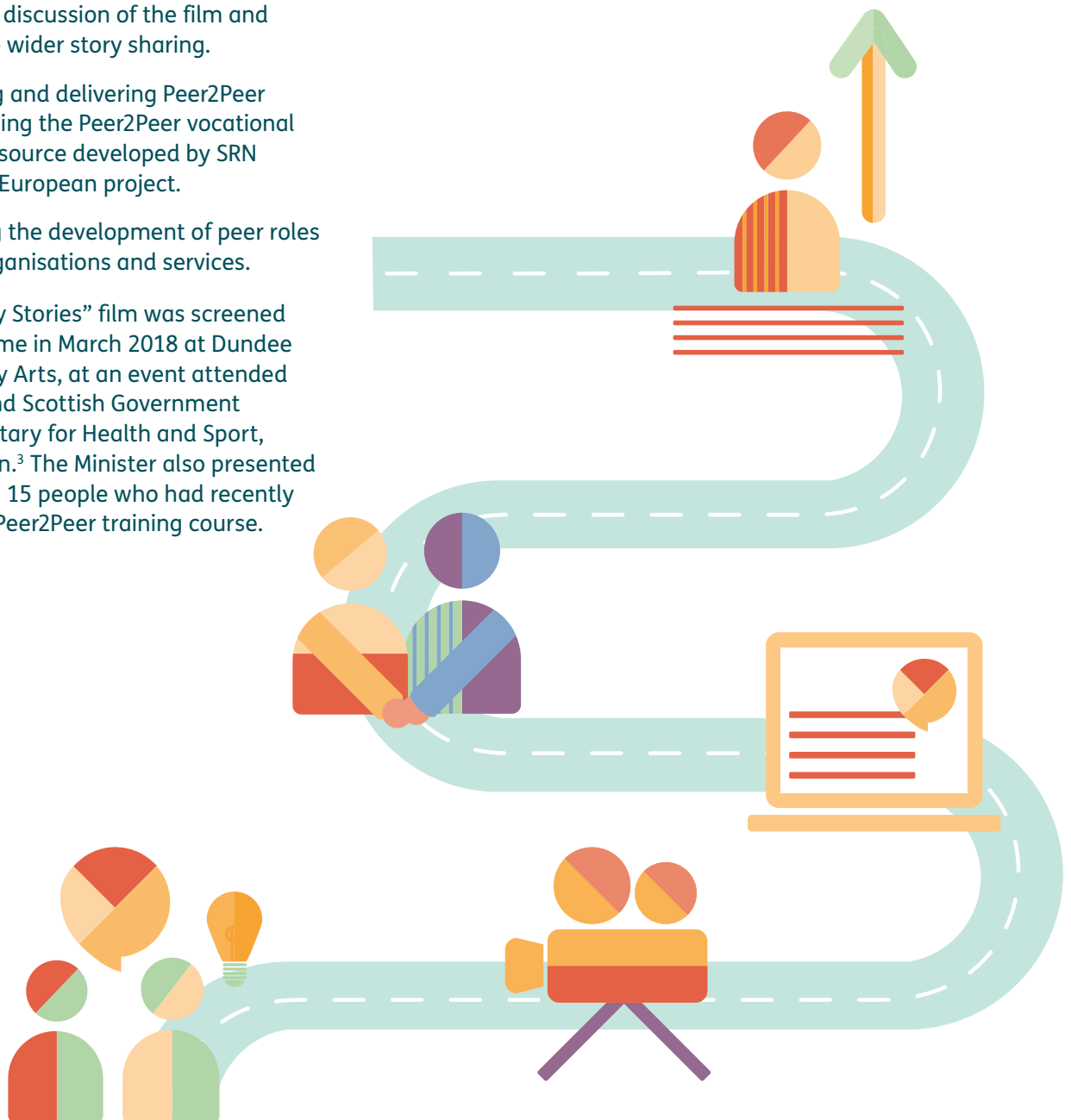
- sharing and collecting recovery stories from over 40 people.
- producing a film “Recovery Stories”, where 18 local people shared their personal stories of recovery.
- developing and sharing online resources to support discussion of the film and encourage wider story sharing.
- developing and delivering Peer2Peer training using the Peer2Peer vocational training resource developed by SRN through a European project.
- supporting the development of peer roles in local organisations and services.

The “Recovery Stories” film was screened for the first time in March 2018 at Dundee Contemporary Arts, at an event attended by the MSP and Scottish Government Cabinet Secretary for Health and Sport, Shona Robison.<sup>3</sup> The Minister also presented certificates to 15 people who had recently completed a Peer2Peer training course.

There are now on-line resources to support discussion of the film and encourage wider story sharing. The formal involvement of SRN in the MRR initiative ended in May 2018 with a review event, although SRN continue to provide some support to the MRR partnership to embed the activities particularly around the development of peer roles in organisations and services.

#### Peer2Peer training resources

#### Recovery Story Sharing resources





## Understanding the process - what has worked well?

Creating conversations about recovery through sharing stories.

Sharing stories of recovery has been at the heart of MRR Dundee. For many of those involved, the premiere of the film in March 2018 was a highpoint of their experience of MRR and readers of this review are encouraged to watch it before reading on.<sup>2</sup>

**“I think the highlight and what really truly worked for me was the premiere of the film... largely because that day it was purely about those that had been involved in the process, they had the stage, it was hearing what was important to those with lived experience.”**

Reactions to the film and the event at the DCA were often of great pride amongst those involved in making the film, being willing to share their own experience on camera to help others in their own recovery, and of pride that their work was helping others in this way:

**“The thing that surprised me was how emotional the film event was. You could see everybody in that room was quite choked by what they had been watching. My family asked me ‘what were you doing today?’ So, I said ‘actually I can show you!’... so, they sat and watched it and they said ‘God, that was really good!’... for me it was quite nice that I could share some of what we were doing and explain how we’ve come from the tablecloth thing to people actually feeling that they can do things and it’s on camera.”**

**“... I was so proud of the film. I invited my sister and a friend...it wasn’t just pride for me, about myself, but about the project that I work in.. it’s hearing some of the people saying things that they hadn’t said directly to us about the service. “**



<sup>2</sup> <https://www.scottishrecovery.net/resource/minister-for-health-launches-new-recovery-film/>

Some of the reactions to the film made at the premiere are illustrated below.

I think it's (the film) going to let the audience know that you can actually recover from mental health. It may take some time but you will get better

We're not all tarred with the same brushes. We come in different sizes and shapes and emotions. We're all different and I think that's what I want people to know about mental health

We're trying to make recovery real

The film was outstanding. It was so real... it was just what you see is what you get and it was the people taking to the people. It was the people helping the people

What I've learnt from other people has opened my eyes so much and I realise how important this way of working is. I've never known anything like it.

One of the things it has already achieved is to inspire people to think about recovery

I just liked it so I kept turning up

Thanks very much to the whole team for making Dundee recovery real and hopefully it will continue its journey on in the future

Hearing other people's stories, it was pretty good to know that you are not alone

... But still I thought, is that really me?

I'm just proud to be a part of what's going on

It's really special that the film is being premiered at the Dundee Contemporary Arts Centre. It makes it feel quite special and so it should be because it's a real achievement

The film helps people come at ease and say 'I have got this, I have got that. They're dae'in well. Maybe I could do some of that?'

I got through it when I thought I would and I just want to let people know that they can get better and I want to be able to show that through the video



The choice of a prestigious venue was important and having a Government Minister there created a sense of occasion and, importantly in relation to tackling stigma, of ‘publicness’;

**“I’m convinced, also, that having the premiere of the film at DCA, and there’s always the stigma of mental health that we talk about, having that in a mainstream place with an almost red carpet feel, in the actual cinema certainly helped.”**

This was certainly a celebration – and there was no sense in which it was an endpoint of MRR. The film is a device for more conversations. People said that it was inspiring that it wasn’t about illness, but about how recovery is possible – and different – for everyone. It provides a very strong feeling of validation of lived experience and people are keen that it continues to play a part in generating momentum in Dundee and further afield.

This film is a culmination of a series of forms of story sharing; this has been distinct from earlier more therapeutic story-based approaches that some of the participants are familiar with. ‘Story sharing’ has a stronger sense of purpose and intention; the focus has been on using the stories to build relationships and create a dialogue, so that they act as a catalyst for action.

This approach has evolved throughout MRR. It has helped people to develop a better understanding of recovery and harnessed and grown lived experience as a resource for recovery. Participants suggest that hearing stories on film or in face-to-face circumstances works on lots of levels for different people. For those with experience of mental health challenges, it can be an opportunity to contribute as it can help other people feel less alone and understand what might be possible in terms of helping them to stay well:

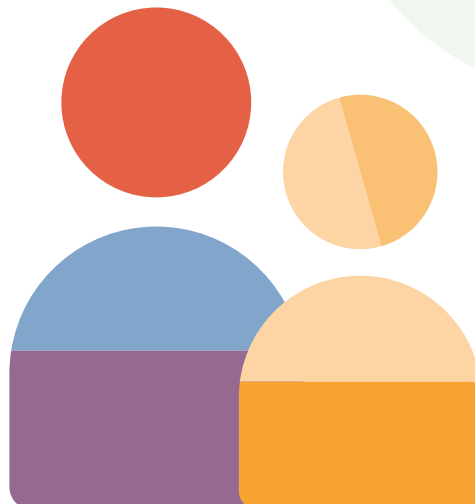
**“I know that the first time I spoke to somebody else that had bipolar disorder, it was like ‘oh my God, I’m not the only one.’ And that was huge, because it feels quite isolating.”**

**“It’s empowering people to see other people’s pictures and stories - which then makes them feel ‘well, OK I’m maybe not quite there yet, but I can get there.’ It helps push them on a wee bit, that they don’t have to rely on the statutory services, there is a lot that they can do themselves to keep themselves well.”**

There is also a valuable impact for those who work in services. The stories are a form of ‘feedback’ that shines a light into assumptions they may have made or aspects of their work of which they were unaware, enhances their own sense of agency and provides inspiration and renewed energy for their work;

At times it has enabled professionals to share their own experiences of mental health, lessening the fear of judgement and so being able to be more open with their colleagues.

**Hearing stories for me has been completely inspirational and has changed how I think about things... it was quite an eye-opener, because you expect people would know [about our service], whereas it makes you think, ‘well, they don’t know, so what else can we do?’**



The film used at the launch did generate more mixed responses;

Story sharing has become an inspiring and enabling practice which has helped to develop a new depth and breadth of understanding and impact. They show how it is possible to turn experience of difficulties, anger, embarrassment, despair, bewilderment and isolation into more positive feelings of confidence, self-belief, hope, inspiration and connection to others and to help others to understand what recovery, wellness and resilience might mean to different people.

The stories have generated insights and empathy, changed the way that people think and encouraged action. They show it is possible to use lived experience to engage with people working in a professional role and help them to consider their own purpose and role. By sharing experience in this way, stories have helped to develop a more authentic trust amongst all of those involved, from which a sense of shared purpose, hopefulness and possibilities grows.

**“...it was difficult for some people to hear, and it was long talked about after the event. And I think that’s really what made people from statutory services especially sit-up and take notice. That is actually what people are experiencing; and we’re part of that... in some respects, I thought, ‘Oh, I’ve been part of this organisation that’s allowed people to feel the way they’ve felt.’”**



## Working with a mix of people and organisations with a shared purpose

One of the contributory elements that have helped shape MRR Dundee has been the active involvement of a mix of people and organisations with a shared purpose, broadly to put lived experience at the centre of organisational and professional policy and practice.

Several participants have talked about initially not really knowing where MRR was going to go or what it might look like.

**[Before the launch in November 2015]  
... it was just the professionals working together, talking about what we were going to do. We did a lot of consultation with people with experience for the new mental health strategy, and a lot of the comments that came out of that was that people didn't want to be asked their opinion again if it wasn't going to be used for anything... there is a difference between being asked your views and being asked for your story.**

This desire to see both practical change and a change in approach has been taken seriously.

**“...people didn't want to be asked their opinion again if it wasn't going to be used for anything... there is a difference between being asked your views and being asked for your story.”**



## Creating space for inquiry and learning together

The MRR approach has elements of both ‘design’ and ‘informality’ together, that have enabled participation in different ways, and built dynamism and continuity into the process;

“...it’s been fairly informal, in terms of the events and the way they were structured, the conversation style café, and it’s really allowed for everybody to get involved, and share their views, and even if people weren’t necessarily comfortable speaking those views, there was always a means in which that they could be recorded... then, it felt like a real natural progression, sort of between the events. So, you know, the outcome of one, and what people had shared was really what determined the next event... as a result, we saw the same people coming back, getting involved... there was almost a sense like they felt that this could lead to some real change and that their experiences were being listened to.”



The deliberate design of an informal and nurturing environment, including considering where people meet and how the meetings themselves are run, has been an intentional approach that has allowed different kinds of meetings to take place. There has been attention to creating a welcoming environment, helping people to stay involved and with significant impact. The approach is viewed by those involved as a genuine co-production;

**“It was people in Dundee who shaped the agenda, the direction of the work and the priorities that emerged. This has truly been a co-designed, co-produced piece of work and now in year 3, MRR has even entered the territory of co-delivery.”**

**“It’s helped me get my head around co-production. It can be a bit scary because you don’t know where people would take it. But it doesn’t feel so scary now.”**

Discovering shared passions and values has enabled organisations and people to ‘practise relating to each other in different ways’, evolving from the earliest meetings, described as having a ‘them and us’ feel, towards a galvanising sense of ‘shared vision of how we’d like things to be different.’

**“MRR Dundee has been influential in breaking down barriers between NHS and 3rd sector and people living with mental health problems... it’s brought people with a will to bring about change together. It has been good at connecting and creating a feeling of possibility and change.”**



The active involvement of people with lived experience is probably the most significant factor in creating the commitment and energy for change;

**“The first event really brought home that there was going to be interest in this. And the people who are supported with their mental health challenges, outweighed the numbers of professionals, which, for the first time, I think in my whole working life, I had ever seen that. And I think it made a huge impact on the day itself....and it made it something that we couldn't then forget about, because there were so many people involved, that they'd be hounding us... it was just fantastic, and it blew me away.”**

**“I thought the initial launch event felt really good because it allowed people who do not normally have a voice to showcase their talents, assets and experience. It felt very dynamic, full of hope and possibility. It was good because it recognised the importance of what people can do to improve mental health and wellbeing and help them in their recovery journey.”**

**“Being involved in something where people with lived experience are also involved makes it less of a talking shop and more real. The machine can move slowly, but MRR discussions had a different feel. We didn't need to wait for some big juggernaut.”**

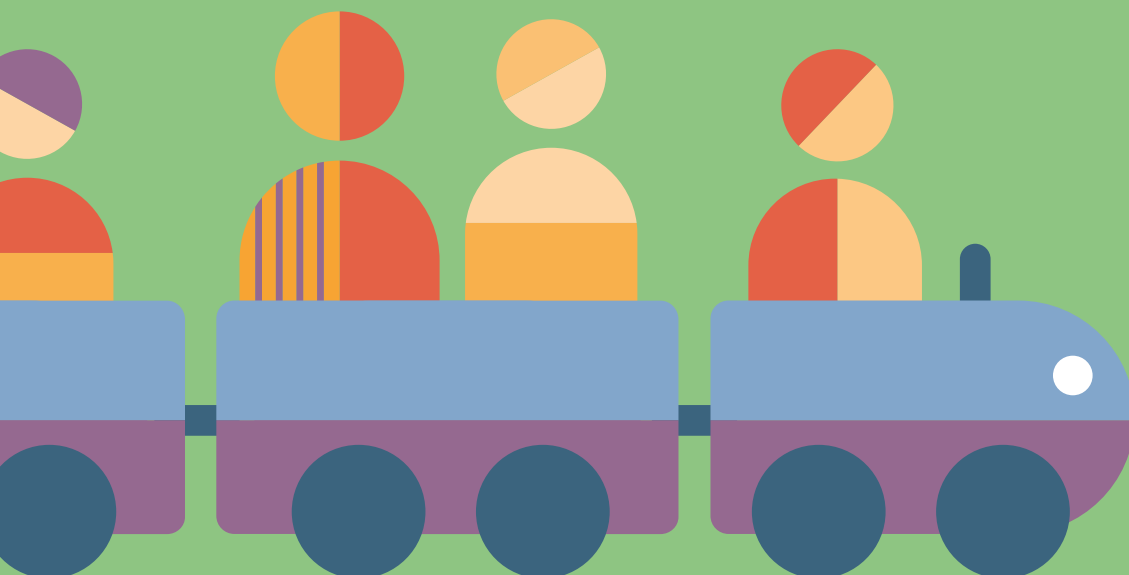
The experience of being in mixed groups and working together has given people a feeling of 'equity and equality' which has been important for people's confidence:

**“It's actually pretty simple. People worked with us to decide what they wanted, how they wanted things to be, and now they're saying they're willing to help us make those things happen. How can you say no to that?”**

This attention to building relationships helps to develop understanding of and respect for the part that each person or organisation plays and has helped to create a climate where there is less 'us and them'. Whilst differences are not erased, they seem to become much less important, or even seen as a resource for the whole, helping to expand understanding of recovery;

**“... it's not saying, 'my depression's the same as yours.' But it's, 'I tried this, it might not work for you, but you can give that a try.' Or, 'oh, right, OK, I could try that,'... and also, getting ideas from people, it is a two-way street. It's not just one way.”**

An aspect of co-production has been the ability to develop a shared knowledge and understanding of 'recovery' that has brought what might have been viewed as an abstract or far-fetched idea to life.





**“I thought the initial launch event felt really good because it allowed people who do not normally have a voice to showcase their talents, assets and experience. It felt very dynamic, full of hope and possibility.”**



## Making good use of external help

The involvement of SRN has been highly valued. Several participants describe their involvement as like bringing in a 'referee' able to bring people together and overcome some of the barriers to change;

**“I think they have been the catalyst and the connection - I seriously don't think this would have happened if they hadn't been involved - because I think all these individuals and services, would probably be having separate discussions in their own areas.”**

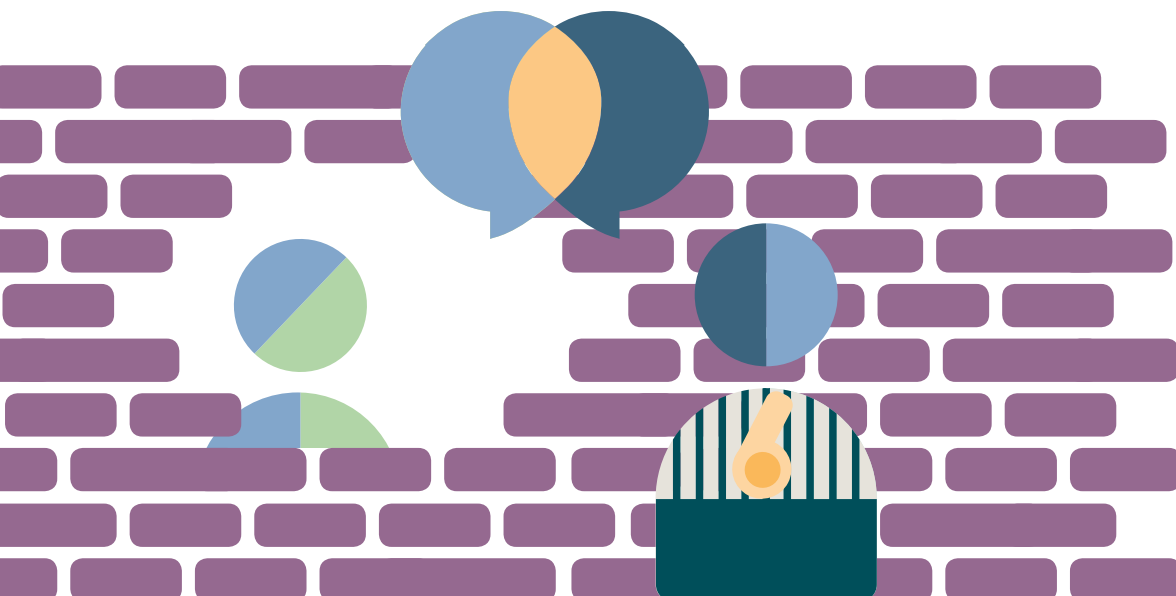
**“... although a lot of us that were involved at the very beginning, all wanted, or hoped, things would change, I don't know if anybody would have had the time, or the energy to make – the impetus – to make things happen.”**

**“... having SRN as a key partner, kind of made some of the people who had previously been a little bit suspicious, or dubious, more confident that this was a legitimate way to go forward.”**

SRN have brought skills and experience in hosting, facilitating and modelling a different approach to engagement. Significantly, they brought legitimacy, confidence and the impetus to try something different and significant organising skills, structure and focus to channel the commitment of local organisations and partners and use it as a resource;

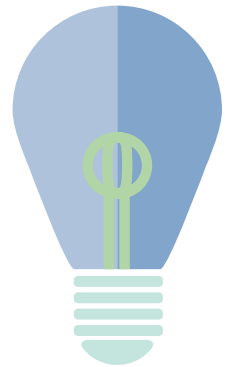
**“We needed to stop doing the things that we kept doing, that fizzled out, and start to do something really different. So, not knowing what it was we were going to do, again, was really a strength... there was a sort of an intrigue around it, and I think that Scottish Recovery Network was well respected...”**

**“... they make it look easy [laughs]... but it must be a lot of work in the background that's happening, for all these events to actually happen, we just turn up and eat our sandwiches and talk!”**



# What difference has Making Recovery Real made?

The series of review events held in Dundee in 2017 and 2018 and the joint event with MRR Moray in Aberdeen in November 2017 encouraged discussion about outcomes, exploring what is changing for the individuals, teams or colleagues, within organisations and within the wider environment. This understanding has been developed further through the interviews and filming conducted for the review.



## Individual outcomes: what's changing for me?

There are new understandings of recovery for all those involved:

**“The first and biggest revelation was the discovery of the concept and that recovery is a viable possibility. This was for me a huge leap in adopting a positive and hopeful outlook on life and to stop seeing myself as a bundle of diagnoses and be a human being. Recovery is an ongoing, ever evolving, ever changing process, that ends only in death.”**

**“A highlight has been the focus on recovery not just medication. ‘One size doesn’t fit all’ - moving away from compliance.”**

MRR has provided important personal and professional affirmation for many people. People with lived experience suggest that there is ‘dramatic change’ for the better:

**“People speak to you as a person, not an object.”**

**“There is less stigma, it’s not so embarrassing saying I was unwell.”**

**“The fact that I’m here is evidence that something is changing.”**

**“By coming to MRR I realised I wasn’t the only person battling every day to stay clean which helped me to keep going. It felt empowering to know that all these people could potentially help themselves from sharing all our stories.”**

In relation to themselves, people talk about changes in their thinking that make them more optimistic, confident and open to possibilities;

**“It’s made me a lot more optimistic. It’s made me feel that I can make a difference. It’s reminded me not to always see people in their work role, or with the labels that society has attached to them... I’ve learnt that I could be justifiably positive about my work.”**

**“I’ve got a promotion of hope for myself, in terms of the job that I do... there’s structure, there’s purpose, there’s alternatives, and there’s choice.”**

Several professionals talk of thinking differently about their role, of reappraising their contribution and of the possibilities of creating wider ripples by working differently within their own service;

**“It’s given me a real insight, it’s made me think differently about the role that I do... it makes you think differently about how you’re dealing with people, listening to people more, whereas before... I didn’t have the depth of knowledge that I have now.”**

**“it’s inspired me to think about how we do things differently within the service that I manage.”**

Engagement has been educational and developmental and helped to create a sense of inquiry;

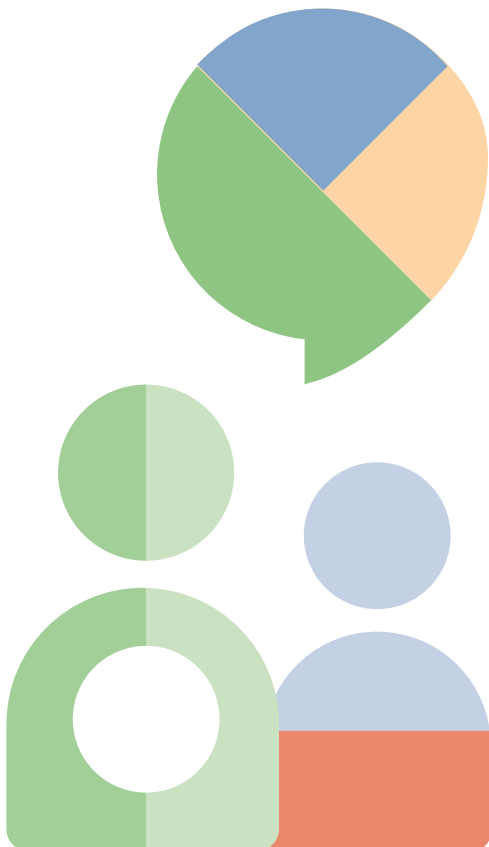
**“It gave me a real education into how the service users felt... and how that played a part in their recovery.”**

**“It’s made me confident, and it’s made me more inquiring - more looking for different things from people, not expecting to always find what I found before. Not just accepting what I’ve found before, looking for how we can be together.”**

For many there is a sense of rejuvenation and pleasure in their work and a credibility that arises from witnessing the changes at first-hand;

**“It has been truly amazing to see participants grow in confidence and esteem. With each event, people became more confident. I have actually seen people’s demeanour completely change, having grown in confidence over the last few years.”**

Some people have been able to be more open about their own mental health challenges. MRR has also at times been a safe space for people to discuss work difficulties, with an impact on joint working between sectors.



## Immediate shared outcomes: what's changing for my team, colleagues or peers?

The approach and the ability to share learning through stories of recovery and, in particular, showing the film, helps to create a further influence amongst those who are not necessarily directly involved in the MRR process. In turn, this helps people feel less isolated as close colleagues, managers and others have a better understanding of recovery;

**“This has made all the difference to me... to have the support from my team as well, knowing what I’m doing and why I’m doing it. And knowing that I could pass that on for their working practices as well. I think that’s made the biggest difference.**

**“One of the senior members of staff that I work with now sees the benefit of recovery and peer support and talks about it in a really positive manner... some of the other staff are starting to change the way that they speak about it.”**

**“There is much more interest in and excitement about recovery in the team and also more widely. There is less of ‘we have been doing this for years’ and evidence of the beginnings of culture change.”**

**“To me, ‘Making Recovery Real’ is very much rooted in language... and to relate it to people changing their language from illness to recovery, and realising that they were strong, I think that’s helped it to click in...”**

A further outcome is that there is more practical knowledge and consequences within the system as people have made connections and stronger links with other agencies and individuals. People talk about ‘having more routes into things’ and a genuine feeling of ‘wanting to cooperate’ and ‘make something happen’. This new way of thinking and energy for change both enables new resources to be developed and supports better use of existing resources;

**“It brought me into contact with people I wouldn’t normally have met, and this has resulted in work to develop peer volunteering in the NHS developing.”**

**“... we were talking and asking ‘what is it you like to do’? And some people were saying ‘well, we don’t know’. They hadn’t realised what was there and what they could go to ... there’s all these other things that people can do for themselves, without having to be referred or in a service to join the service.”**

There is more comprehensive support for peer recovery and interest and scope to extend both voluntary and paid opportunities. This is rooted in a significant shift in power relations;

**“For me the biggest thing is seeing that change over time - where the power level has really changed - from the very beginning it was very much like a ‘them and us’ sort of thing and people really not believing they could do anything... when you look (now) at all the hopes and the fears, all the things that we wished for are all the things that have happened.”**

## Further shared outcomes: what's changing for organisations and in the wider environment?

These changes in understanding and attitudes are widely cited and perhaps feel significant and promising because MRR has also been able to influence at the wider strategic level and become more embedded into the plans and structures that govern mental health services in Dundee.

**'Making Recovery Real' was recognised in the City Plan, and in the emerging mental health strategic plan for Dundee. And it felt like that was when key partners were really putting their money where their mouth was.'**

The wider context has been helpful and enabling, particularly health and social care integration and the enabling national policy environment around co-production.

There are significant achievements in developing understanding of recovery and the larger ambition to ensure that lived experience is at the centre of decision-making, service design and practice development is widely seen as a real possibility. Looking ahead, there is a strong sense that MRR Dundee is on the right path, that 'while it hasn't changed the system, no one is saying it never will.'





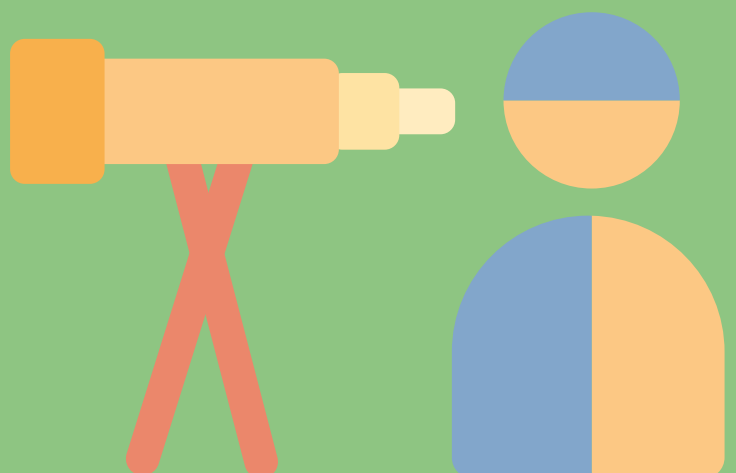
# Looking to the future - so, what now?

There is a strong will to sustain the momentum of this work. Early successes have developed support for and revealed the potential of the ambition of the co-production approach;

**“I think the awakening is happening... you’ll get people that’ll dig their heels in, and they’re resistant to change...but I think the more people that talk this talk, and the more organisations that are involved, and the more that we keep showing that it works, then I think we’re looking at seismic change in the future.”**

**“We need to keep doing more of what we’re doing, promotion of peer-to-peer education and more peer workers. I see that as a blossoming, I don’t see it ever stopping, because once we’ve started the journey it’s like a ball rolling, that gathers momentum. I see hopefully this as taking over as a more positive – and less harmful – way of helping people and giving them some autonomy.”**

**“Ultimately like to see people involved in ‘Making Recovery Real’ sitting on Boards – not as a token gesture of someone who has used the services, but as a real contributor and partner. And I think ‘Making Recovery Real’ can help that happen.”**





There is awareness of what still needs to change coupled with eagerness for what comes next to achieve a greater reach into communities, particularly through the extension and enhancement of paid peer opportunities;

**“I hope that we start to embed peer recovery in a lot of different situations - that could be informal within communities, amongst friends, neighbours, family members. And that there will be more peer recovery volunteering opportunities within different organisations, and an increasing number of paid peer recovery opportunities in Dundee.”**

**“I would hope that we start to see it becoming less about places, less about centres, more about communities. I'd like to see it being the case that, you know, the community centres start to have recovery groups, WRAP groups, art groups... start to have opportunities for people to get together... it's about making connections with your own community. And I'd love to see more peer workers within the community mental health teams.”**

**“... as people gain more experience and a sense of confidence, they would like to be able to move into paid roles, even if it's like twelve-hour posts that are within your permitted work for your ESA...and making sure that people have really good support and supervision.”**

There is also a desire to see a greater impact on organisations and on professional practices, including those of clinicians, frontline staff and GPs;

**“I think there is a real comprehensive support for peer recovery, not just in mental health, but in other arenas as well. Our work elsewhere within the mental health strategies is increasingly looking at how we can overcome the silo organisation of services and approach to people's health needs.”**

**“I would like to see more input into the actual teams as they are, because I'm aware that strategic visions and strategic priorities aren't getting down to the nursing staff, OTs and social workers... I'd love to see that changing and, those people feeling empowered to do things in a recovery focused manner.”**

**“I would like to see changes within in-patient services, this comes up time and time again, largely from people who are accessing services, so I think that's got to be a priority.”**



There is also interest in using the story-sharing approach to influence organisational reviews, planning and monitoring and evaluation of their work, particularly to give voice to more stories of recovery, to show what is possible and the impact of the approach.

There is much to celebrate, and participants suggest that there is scope to improve and extend their approach. There is acknowledgement of the difficulties of the process and of the tenacity of the partners in sticking with it;

**“[it’s been positive] that we’ve not gone away. We’ve kept at it. We’ve grown a movement and a direction... and a groundswell of people who are interested in making it happen, particularly people with lived experience.”**

There is a desire for more events that showcase the practical things and activities that people can do, facilitated by people with lived experience and other opportunities to hear stories of recovery directly. In terms of what would enhance the work of the MRR partners themselves there is a shared desire for ‘greater buy-in’ from some sectors and services, suggestions about who might be able to attend and acknowledgement of both the benefits and challenges of direct participation;

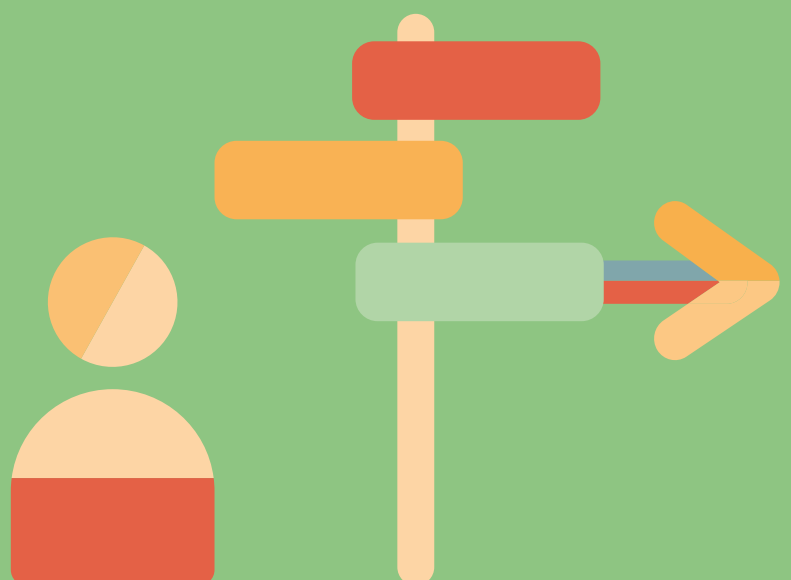
**“It would have been nice for me as a manager to have clinical staff there... so that they could hear people’s stories, because I think reading something is one thing, but listening to what people say, and the passion behind that, make things more real.”**

**“Sometimes our partnership colleagues are going to hear things they’d rather not hear... I have to find ways of making those useful things for them to hear. I’m more confident about that now.”**

There is awareness of the positive possibilities of using the approaches in other arenas and of the potential risks of diluting the approach;

**“When the Health and Social Care Partnership was formed in Dundee, there was a lot of investment in workforce development around co-production, and I think this has been a good example of taking it forward in practice. We are needing to learn from this and use it in other situations as well.”**

**“There is talk locally of the MRR approach and adopting this more widely, but I’d be concerned that they need to clarify what this means. What is important is working with key organisations to ensure people are engaged in service redesign. They need to be able to set the agenda.”**



# Conclusions - understanding lived experience as a lever for change

Making Recovery Real is a work in progress, that has significantly changed the terms of the dialogue about recovery and mental health and wellbeing in Dundee. It has built a coalition of the 'interested and willing' and begun to demonstrate practical examples of what is possible. The sense of work still to be done should not obscure the very real and significant achievements that have been made.

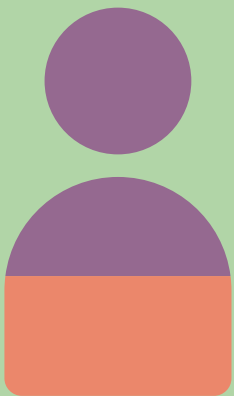
Story sharing is an inspiring and enabling practice that creates the conditions for positive risk taking and supports action, which in turn helps to show what is possible and builds momentum. The filming of the stories enables people to tell their own stories in their voices, with their accents and in their own words in a manner which is genuinely heard; their experience is respected, not dismissed or disputed and significantly contributes to helping talking about recovery to become part of the 'normal' life of the city.

Being listened to is key to sharing power and enabling different conversations, that whilst they may still be challenging and difficult, are met with a new openness of mind and which encourage the conditions for on-going and genuine dialogue. This attitude of 'inquiry' supports a willingness to take risks, try new things and better partnership working, as the strengths and contribution of each partner is better understood.

Informal peer support is invaluable; for people in recovery themselves, mutual peer support can become a significant personal resource and help people to better manage their own mental health. Contributing to the recovery of others by sharing stories breaks down isolation, increases hope, builds confidence and pride and so creates a virtuous cycle of greater understanding and acceptance of recovery amongst those most closely affected, people in a professional role and the wider community.

This focus on relationships and dialogue has very practical outcomes as it helps to uncover local knowledge and enhances access to resources. Making Recovery Real has worked intelligently with formal and informal power by paying continuous attention to how to create a welcoming and enabling environment and remaining conscious of the processes and habits that form within any partnership, whilst staying focused on purpose, possibilities and actions.

Making Recovery Real is rooted in a genuine change in power dynamics where people with lived experience have the right to be at the table and at the centre of decision-making.



Together we can make recovery real  
for everyone in every community.

## Get involved

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Making  
**recovery**  
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