



Evaluation

My Recovery Action Plan (MyRAP)

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1. Introduction

My Recovery Action Plan (MyRAP) is a self-help/self-management tool which helps individuals to take control of their own wellbeing and recovery. This report provides NHS Lanarkshire's Rights, Relationships & Recovery (RRR) Steering Group and collaborating agencies with the outcome of the first evaluation of both generic and older adult versions of the booklet.

2. Background

In 2006 the Scottish Government published Rights, Relationships & Recovery: The Report of the National Review of Mental Health Nursing in Scotland and in it identified a number of key areas believed to be crucial to the process of recovery; the need for a stronger emphasis on self-determination and equipping service users with the necessary skills and techniques to make recovery a possibility. This means supporting, empowering and resourcing people with the tools and confidence to manage their wellbeing and cope with the difficulties and barriers they encounter.

In 2007, a local steering group was established with representation from the following agencies:

Clydesdale Resource Network Camera Group
ClubNet
Equals Advocacy
Lanarkshire Association for Mental Health
Lanarkshire Links
Lanarkshire Recovery Network
NHS Lanarkshire
North Lanarkshire Council
South Lanarkshire Council

2.1. Aim

Develop a self-help/self-management tool that reflects the ethos of the RRRs
Ensure that the tool is available and accessible to all
Help improve outcomes for service users, carers and staff
Utilise collaborative working partnerships to develop and promote recovery

This successful collaboration resulted in the publication of the self-help tool, MyRAP. Underpinned by the 10 Essential Shared Capabilities and Realising Recovery learning materials, published by NHS Education for Scotland, the booklet has a strong emphasis on strengths and recovery; maximising self-help and minimising crisis and relapse. Its development was influenced by Mary Ellen Copeland's 'Wellness Recovery Action Plan' (WRAP), a self-management tool developed in the United States and endorsed by the Scottish Recovery Network as well as a local resource, Shared Action Recovery Plan, developed and produced by staff in Ward 25 at Monklands Hospital, NHS Lanarkshire.

2.2. Circulation

In December 2009, the content was finalised and in February 2010, the first print run of 1,000 copies of the A5 generic booklet took place. Following distribution to inpatient areas and the community, demand from various disciplines and service user groups across Lanarkshire generated a further two print runs in 2010, one of which was funded by South Lanarkshire Council. A customised version was created for the older adult client group and this has been available since March 2010.



MyRAP (Generic)



MyRAP for older adults

MyRAP is promoted widely by partner agencies and through posters displayed in inpatient and community areas providing details of where to access copies. Both versions can also be obtained online for free download through the self-help section on the Element website at <http://www.element.org.uk/self-help-resources.aspx> and through Dementia Services Development Centre, University of Stirling.

The MyRAP booklet also influenced the discussions and development of a similar tool specific to addictions services.

3. Methodology

Feedback was collected through questionnaires distributed throughout hospital inpatient and community services and partner agencies. Responses were invited from service users (Appendix 1), service providers (Appendix 2) and student nurses (Appendix 3). Opportunistic interviews with some service providers and student nurses were conducted and provided a more comprehensive discussion around the benefits and challenges involved in using MyRAP. Data collection, collation and analysis were carried out by the RRRs Project Officer.

It should be noted that, although MyRAP is widely accessible across NHS Lanarkshire, obtaining feedback from service users and providers continued to be problematic despite inclusion of a service users' feedback questionnaire in the second edition of the generic MyRAP booklet and repeated communication reminders to practitioners via email, telephone and face to face contact.

This evaluation is therefore based on a smaller sample of responses than would have been preferred. Nevertheless, findings show similarities and consistencies throughout and therefore conclusions can be drawn and recommendations made.

4. Key Results

The evaluation identified:

- Accessibility of MyRAP
- Benefits and challenges for service users and providers
- Versatility of the tool
- Opportunities and suggestions for improvement and development

4.1. Service Users' Feedback

Service user feedback is based on 26 responses. It is difficult to establish how many MyRAPs have been or are currently being used but feedback from staff suggests that it continues to be used widely in Lanarkshire.

“I have used 80/100 MyRAPs with people” (AIF Worker)

“We use them all the time” (Occupational Therapist)

4.1.1. Where people heard about MyRAP

Fig 1 shows 54% of patients who responded had heard of MyRAP from adult hospital inpatient wards. This corresponds with anecdotal information from staff in inpatient areas who reported that MyRAP booklets are used routinely.

19% of feedback came from a community bipolar support group where members are introduced to MyRAP as a useful tool to help manage health and wellbeing and 15% from integrated day services where MyRAP is used as part of the discharge planning process. 4% of respondents were introduced to MyRAP through occupational therapists but this does not adequately reflect anecdotal feedback from practitioners who state that they use the booklet regularly to “compliment care planning and delivery ... in conjunction with OT interventions”. 8% of respondents obtained MyRAP through the community services (4% older adult, 4% adult) but it may take some time for a comprehensive assessment of its use within the community setting to be done.

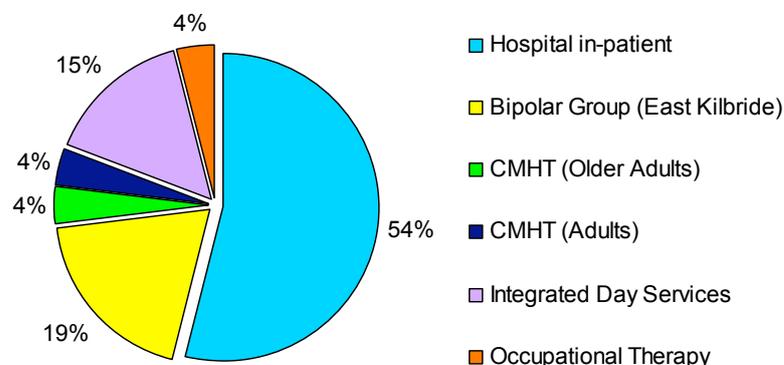


Fig 1

4.1.2. What did you find most useful about MyRAP

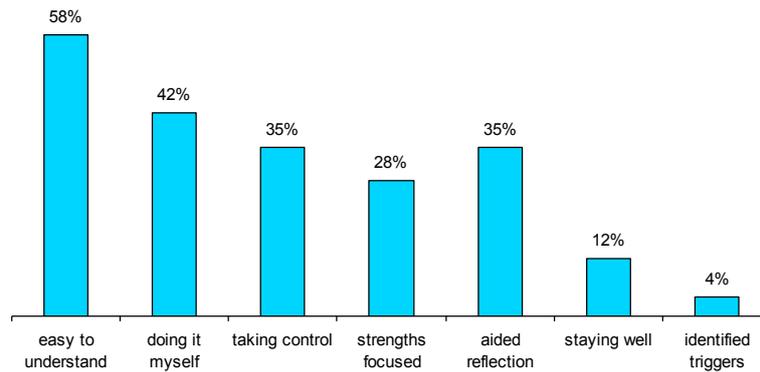


Fig 2

58% of service users thought MyRAP was an easy to understand booklet that was a helpful toolkit to have and keep with 42% liking that they were able to complete it on their own and work through it at their own pace. 28% said they found focusing on strengths useful with 35% better equipped to take control over their wellbeing by using it as a reflection aid. A smaller percentage of 12% said the tool provided the necessary prompts to help keep well with 4% saying that it helped them identify triggers.

“Interesting and challenging”
“I really enjoyed doing that, I’ll definitely use it”
“A good way to face your mental health problems head on”

This feedback is consistent with the RRR report that highlights the importance of helping service users to develop the necessary skills to self-manage and take ownership as key to the recovery process.

“Writing it down is better than talking about it”
“It helped me to understand the idea of recovery”
“It helped me to understand my illness better”

4.1.3. What did you find most challenging

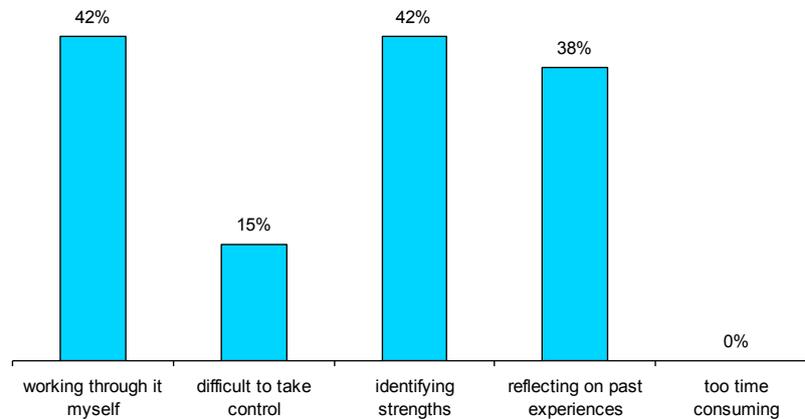


Fig 3

In Fig 2, 28% of people found the strengths based approach beneficial, however, it is important to note that 42% of respondents found this a challenge. This is supported by feedback from service providers who state that this is one of the most difficult areas for people to work through. 42% of respondents found the process of working through it by themselves a challenge and reflecting on past experiences was particularly difficult for 38% of people. 15% had difficulty with the idea of taking more control of their wellbeing compared with Fig 2 which showed that 35% found it beneficial. This corresponds with wider anecdotal feedback from both service users and providers.

4.1.4. What people liked about the MyRAP booklet

“Very graphic, easily identifiable tool that gets to the point”
“You can work through it at your own pace”
“See thoughts in evidence ... able to state your feelings”

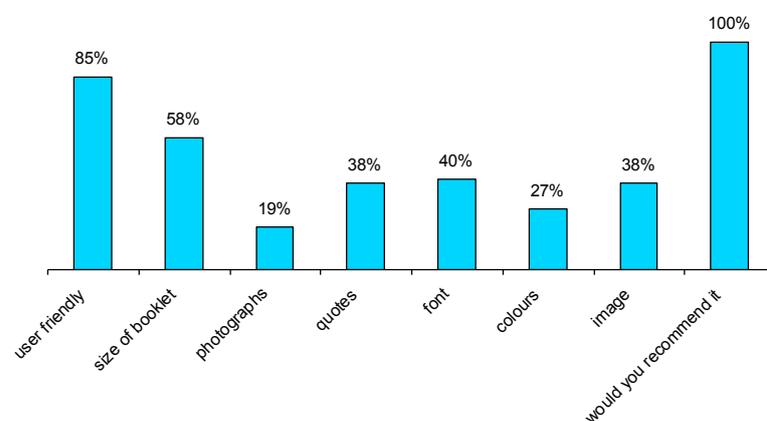


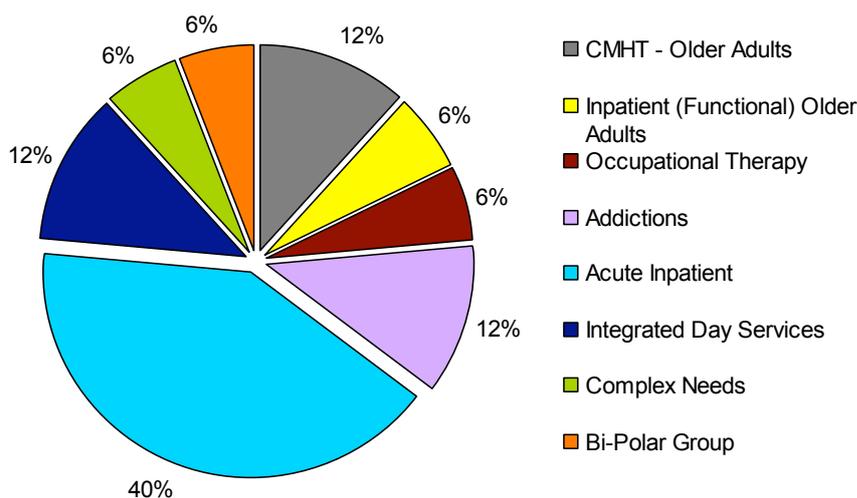
Fig 4

100% of respondents said they would recommend MyRAP to others. This supports the ongoing demand, particularly within acute inpatient wards. 85% found it to be user friendly with 58% saying that they liked the size of the booklet which made it less formal, more discreet and personal. Feedback shows that people liked reading quotes from other service users and some highlighted size of font, colours and image as important but less so.

4.2. Service Providers' Feedback

A total of 17 responses were received from staff across a range of locations. Service providers included nurses, occupational therapists and Acute Inpatient Forum (AIF) Workers. 65% of feedback was collected through the service user questionnaires with 35% feedback from interviews.

Staff in adult acute inpatient wards provided the highest response rate at 40% with those working in older adult community services, integrated day services and addictions each providing 12% of the feedback with slower responses from other areas. There were no responses from nursing staff working within the adult community teams.



4.2.1. Staff

Staff chose to use MyRAP because they believe it is a valuable resource that has the potential to give greater insight into how to get well, stay well and prevent becoming unwell. It is versatile and can be used and adapted to suit individual needs. Practitioners use the booklet to help promote patient choice and enable people to take control of their wellbeing. MyRAP is empowering and can help to “improve quality of care through individualised and patient centred care planning”.

“Helps clients maintain locus of control and encourage self-efficacy”

“Can be used in conjunction with other interventions”

“Helps identify and prioritise problems, set goals and reflect on progress”

Staff highlighted timing, relationships and trust as important factors. Introducing MyRAP and the concept of recovery was determined by an individual's presentation and their professional assessment. For example, in an adult acute inpatient ward, acute illness may indicate that it would be inappropriate to introduce MyRAP at this time but wait until the person was more stable.

4.2.1.1. Benefits

MyRAP is a well structured and simple tool that focuses on positive changes in all aspects of life. It reinforces motivation for change and has a positive association for those who understand its purpose.

“A personal book that allows people to tell their story”

“User-friendly and appealing”

“Self-awareness and insight”

“Recognition that they are the experts”

MyRAP is valuable in helping people identify support networks and triggers and instilling hope in the idea that recovery is possible; offering prompts to stay well and avoid repeated crises. There was a general consensus that MyRAP was well suited to care planning and during the discharge planning process as it helped people look at ways to build on their strengths and positive experiences. It also provides a useful reference guide for future guidance and support.

Service providers found MyRAP to be a vital tool that enables and resources staff with the necessary structure to work through recovery issues with patients. It is an effective way to assist clients who may be struggling to move on by identifying barriers to recovery and focus on positive options for change. Staff found that MyRAP helped enhance the therapeutic relationship as both parties saw it as something they could work on together, exploring what wellness means, looking at ways to prevent relapse and what to do in a crisis.

For some staff using MyRAP with people helped them see beyond the diagnosis and gain a better understanding of the person. This helped to build staff confidence as they developed a more optimistic attitude towards recovery and the potential of possibilities.

4.2.1.2. Challenges

Most respondents reported that although patients were encouraged to use MyRAP independently, support was sometimes necessary. This level of support depended on individual needs, length of stay in the ward, how ill people were.

Challenges encountered were predominantly as a result of:

- Literacy problems and dyslexia
- Learning disabilities
- Sensory impairment
- Concentration and attention span
- Lack of understanding
- Feelings of hopelessness
- Lack of patient participation

Where these difficulties occurred, staff introduced the booklet and explained its purpose, spent time reading through it with the person, writing down their thoughts and reading back. In some cases, and where thought to be appropriate by individual, carers were included. Although potentially more time consuming, it was worthwhile. Regularity of support was led by patient and staff availability.

Most patients found identifying their strengths challenging and needed support in this area which corresponds with feedback from service users. Staff reported that patient experiences of MyRAP could depend on whether people were able to confront the issues that led them to hospital admission in the first place. Negative thinking and trying to find positives could be overwhelming for some people so it was important to identify appropriate sections of the book that could be used to meet the needs of the individual.

***“Some parts were irrelevant at that time but
you could still focus on what you need”
“Not all elements are appropriate for some patients but
they just leave these out”***

Staff reported that those patients who had used MyRAP or a similar tool in the past showed great insight into the tool and its purpose. For others the concept of recovery was new and had to be explained to them. For people who had a longer history of accessing services the idea of recovery could be particularly challenging and, in general, staff found that people with a first admission were more eager and willing to discuss the idea that recovery was possible.

4.2.1.3. Using MyRAP

MyRAP tends to be used independently or, at the very least, an attempt is made to do so which reflects the original intention of the booklet. Specific examples of use include:

- An older adult inpatient (functional) ward reporting that MyRAP is used at the time of admission and continued throughout the person’s hospital stay
- Integrated Day Services believe it is an appropriate tool to use as part of the discharge planning process towards the end of a low mood and anxiety programme
- An older adult community setting identified MyRAP as the most appropriate form of interaction for a first presentation of acute psychotic and suicidal symptoms following discharge from hospital
- MyRAP has been used with an older client in the community to help clarify thoughts and move on with long standing depression
- Feedback from occupational therapy suggests that even though much of the material found in MyRAP is not a new concept to them they still see benefits in integrating MyRAP into care planning and will continue to promote it

MyRAP is used during 1:1 interactions with patients and also to guide group work. An example of how MyRAP is used as part of a recovery group session in one adult inpatient ward can be seen in Appendix 4.

***“More interaction”
“People appreciate ideas or suggestions”
“Sometimes people will talk about stories that remind them of what it was like
and will be like to be well”***

4.2.2. Student Nurses' Feedback

18% of service provider feedback was obtained from Student Nurses currently studying at the University of the West of Scotland. Feedback was based on their experiences of using MyRAP during placements.

Students chose to introduce MyRAP to patients because they saw it as a structured way for patients to take ownership of their wellbeing and make important choices. It also helped students apply theory to practice.

“All our training is focused on recovery ... MyRAP is a good example of this”

“Aids the therapeutic interaction”

“Makes sense of what we've learned about recovery”

4.2.2.1. Benefits

Students found MyRAP to be a versatile and easy to understand tool that is free from jargon and a useful way to introduce the concept of recovery. Like staff, students also highlighted timing and relationships as important factors when introducing MyRAP to people and being able to “gauge the person’s mood and behaviour before introducing it”. “Listening for cues and opportunities for discussion” was crucial.

The structure of MyRAP was useful in guiding a 1:1 interaction as well as helping students plan and prepare for group sessions and building their confidence.

“Helps people reflect on what they have learned”

“Gives patients a chance to think about the future and what informs their recovery”

4.2.2.2. Challenges

In general, students reported that patients preferred to use the booklet independently although some patients needed support and found it more challenging. This was most likely due to:

- Problems with concentration
- Identifying strengths
- Difficulty finding answers
- Needing prompting and reassurance
- Poor literacy skills

Support was provided through regular 1:1 interventions which students believed helped patients “get more out of it”. Where there were literacy problems, students used MyRAP for discussion prompts, wrote down what the patient said and then followed it up at the next 1:1, the regularity of which was patient led. Supported sessions took place from once weekly to three one hourly sessions per week depending on individual need and preferences. Students reported that using MyRAP during 1:1 interactions allowed for some hopeful and meaningful discussions around the concept of recovery. Critically, they questioned whether it was the use of MyRAP as a guide during the 1:1, the 1:1 itself or a combination of both that provided better outcomes.

The biggest challenges students faced in using or promoting MyRAP as part of the recovery process included:

- Staff perceptions *“tried everything”*
- Negativity towards the idea of recovery

Whilst students encountered some negativity from qualified staff, they felt that it was important to point out that they also worked with a number of staff *“open to new ideas and suggestions”*.

4.2.3. Promoting self-help tools

All staff and student nurses who responded reported that they utilise tools to provide self-help opportunities, for example through the use of booklets, videos, internet and worksheets.

“In each case it’s important to place the onus of responsibility with the person as it is proven that taking responsibility will make lasting progress”

“Self-help skills based on CBT model are a big part of our work with clients”

“It’s part of the ward philosophy”

5. Improving MyRAP

In response to the question *“how can we improve MyRAP”*, the following suggestions represent the views of service users, staff and student nurses:

- Provide a book specific to dementia
- Adapt older adult version to meet needs of complex needs patients
- Include some prompts or suggestions that would help people identify their strengths
- Add a descriptor for each organisation on the contacts list
- Link with social prescribing eg linking in with healthy reading, local activities, art etc
- Include some examples of recovery in the booklet
- Reduce repetitiveness
- More space for people to write
- Space at the end for people to write their full recovery plan
- Include ‘wheel of life’ in it and less text towards the end
- Develop group facilitator pack to accompany MyRAP for group sessions
- Ensure copies of older adult version are available for adult group to meet different needs
- Make it more like a workbook

6. Conclusion

According to service users MyRAP is a user friendly self-help booklet that helps build confidence in managing health and wellbeing. Through the use of MyRAP people have reported that they have been able to understand their illness better and learn new ways to overcome obstacles to their recovery. It is personal, discreet, easy to use and free from jargon. There is no pressure, no time constraints and people can work through it at their own pace, often choosing sections they feel are more appropriate at a particular time.

Taking ownership of one's mental health and giving serious thought to the idea of recovery is, for some, a daunting prospect but with help people have been able to reflect on positive experiences and identify the strengths and support networks that help them move forward.

Service Providers have also benefited from supporting people in working through MyRAP. It has helped foster the therapeutic relationship and allowed a fresher understanding of those involved; seeing beyond the diagnosis and hearing the person's story. MyRAP has provided a framework for staff to become confident in introducing the concept of recovery and convey a message of hope to others. It has helped staff plan person-centred care that is individualised and unique and include it as part of the discharge planning process. MyRAP can be used as part of a 1:1 interaction or in a group setting for discussion pointers and prompts.

Overall, MyRAP has proved to be a positive experience for service users and service providers. Used independently or supported through 1:1 or in groupwork, MyRAP provides the opportunities for people to reflect on experiences, learn from them, discover what wellness means for them and then be confident in planning for the future.

7. Recommendations

- (i) Particular consideration should be given to the development of a booklet that is dementia specific as well as exploring ways to adapt the larger A4 size booklet for complex needs client group. Development would require collaboration with staff and service users from both these areas then ensuring appropriateness through piloting and evaluating draft materials prior to printing.
- (ii) Throughout the evaluation staff and student nurses have referred to MyRAP as a useful and guiding tool on which to base groupwork. An evaluation to establish outcomes would certainly be beneficial as would exploring value in developing a facilitators' pack for staff which would continue to build confidence.
- (iii) Ongoing evaluation of the booklet will ensure that it adapts and develops to meet the needs of individuals. In particular, it would be useful to obtain a higher proportion of service users' feedback as well as comments from staff working in the adult community mental health teams to establish circulation, benefits and challenges encountered. This would help identify other ways that the self-help booklet influences outcomes for clients and practitioners.
- (iv) Other suggestions from service users and service providers that are already highlighted in 'Improving MyRAP' should be incorporated into future planning and development opportunities with the exception of the suggestion that MyRAP should be 'more like a workbook'. This may not be appropriate at this time as it would contradict feedback from service users who like the informality and user-friendliness of the booklet as it currently stands.

These recommendations, including the minor cosmetic changes that have been identified, will ensure that future experiences of MyRAP are not only helpful but meaningful.



questionnaire

We hope you enjoyed using MyRAP and found it useful. Your feedback is of great value to us as we strive to improve our service and our resources. We would appreciate you taking the time to complete this short questionnaire and return it to us. The information you provide will be used for evaluation purposes and remain anonymous.

Where did you find out about MyRAP?

- Hospital in-patient services
- Internet
- Family
- Friends
- Community services (please specify)

What did you find most useful about MyRAP?

- Language easy to understand
- Able to work through it myself
- Taking control of my wellbeing
- Helped focus on my strengths
- Reflecting on experiences
- Helps me stay well

Other

What did you find most challenging?

- Working through it on my own
- Difficult for me to take control
- Found it hard to identify my strengths
- Did not like thinking about my past experiences
- Too time consuming
- Other

The MyRAP booklet?

- Was user friendly
- I liked size of booklet
- It was good to see photographs by service users
- It was good to read quotes from service users
- The font size was appropriate
- I liked the colours used
- I liked the cover image

Other

Would you recommend MyRAP?

Yes No

Why?

Completed forms should be returned to:

Theresa Watson or Avril Cutler
Practice Improvement & Development (Mental Health & Learning Disability)
Wishaw General Hospital, Level 0, Netherton Street, Wishaw, ML2 0DP

MyRAP Evaluation – Service Providers Feedback

Your feedback is important to us as we strive to improve our resources and we appreciate you taking the time to complete this short questionnaire. The information you provide is for evaluation purposes only and will remain anonymous.

Client Group	
Location	
Agency/Organisation	
1. Where did you hear about MyRAP?	
2. Why did you choose to use MyRAP with your client group?	
3. At what stage in your client's recovery did you introduce MyRAP?	
4. Do your clients use the booklet independently? Yes <input type="checkbox"/> No <input type="checkbox"/> (a) If no, how do you support them? (b) How often do you support clients in working through MyRAP?	
5. In what ways have you used MyRAP (eg. groupwork)	
6. What do you believe to be the benefits of using MyRAP as part of the recovery process? (a) Benefits to service users (b) Benefits to service providers	
7. Have you encountered any challenges in using or promoting MyRAP?	
8. How can we make MyRAP better?	
9. Do you promote the use of self-help tools with clients?	
10. Any other comments?	

Please return completed form by email to avril.cutler@lanarkshire.scot.nhs.uk

Alternatively mail to: Avril Cutler, Project Officer
Practice Improvement & Development Team (MH & LD)
Level 0, Wishaw General Hospital, Netherton Street, Wishaw, ML2 0DP

MyRAP Evaluation – Student Nurses		
Question	Response	ID (placement setting/group)
1.	Where did you find out about MyRAP	
2.	Why did you chose to use MyRAP with this client group	
3.	At what stage in your client's recovery did you introduce MyRAP	
4.	How do you use MyRAP with patients/clients during placements	
5.	Do clients use the booklet independently YES/NO (a) if not, why not (b) how do you support them (c) how often	
6.	What do you believe to be the benefits of using MyRAP as part of the recovery process (a) benefits for service users (b) benefits to you as a student	
7.	What have been the biggest challenges you have encountered in using/promoting MyRAP as part of the recovery process	
8.	How can we make MyRAP better	
9.	In what ways does MyRAP relate to your training	
10.	Overall, what has been your experience of working with a self-help tool	

MyRAP Group Session – EXAMPLE ONLY

When	What time	Who's involved	Where
Monday, Wednesday & Friday	10.30am – 11.30am	Patients, Staff Nurse, AIF Worker	Ward based

Day	Content	Homework
Monday	<ul style="list-style-type: none"> • Show Recovery DVD • Introduction to MyRAP • MyRAP pages 1-11 	<ul style="list-style-type: none"> • Think of 5 things that help and hinder your recovery • Think of 5 things you'd like to do after discharge including one thing you have never done before
Wednesday	<ul style="list-style-type: none"> • Discuss Recovery DVD • MyRAP pages 12-20 	<ul style="list-style-type: none"> • Think of any issues and concerns you have relating to material discussed so far and bring them to the meeting on Friday morning
Friday	<ul style="list-style-type: none"> • Issues and Concerns • Discussion • Use MyRAP to help address issues & concerns 	<ul style="list-style-type: none"> • Continue to work through your MyRAP booklet • If you need support please ask AIF worker or named nurse