

My Recovery Action Plan (MyRAP)

Evaluation Report 2015



Report written by: Avril Cutler, Development Officer, Lanarkshire Recovery Network

Advised by: Angela Quigley, Mental Health Lecturer, University of the West of Scotland

MyRAP is a **creative** and **flexible self-management** tool, which allows people the **freedom** to use it in whichever way is best for them. MyRAP has **helped people to articulate** their **thoughts** and **feelings**, **hopes** and **dreams**, set realistic **goals** and **re-discover** past **hobbies**. Through MyRAP people have been helped to **identify triggers**, develop existing **coping strategies** and **learn** new ones. MyRAP has **empowered** people to **make sense** of their own **recovery journey** and with a **focus on strengths** helps people **move beyond their diagnosis in hope**.

‘Finding happiness is not a fight, it is a choice and one I’ve made through learning about myself using MyRAP.’

FOREWORD

Evaluation of My Recovery Action Plan (MyRAP) was carried out on behalf of Lanarkshire Recovery Network (LRN) by Avril Cutler, Development Officer, LRN, in collaboration with Angela Quigley, Mental Health Lecturer, University of the West of Scotland. This report provides LRN, partner agencies, key stakeholders and other interested parties, with the findings emerging from feedback which aimed to gain insight into the experiences of people using the self-help tool. Sources included people who used the booklet independently, those who were supported to use it, people who took part in a MyRAP group and those facilitators who delivered MyRAP focused groups.

Above all, we would like to thank everyone who took part in this evaluation whether through focus groups, interviews or in returning questionnaires. In addition thanks for the support received from Peer Support Workers from Lanarkshire Links, Experience Counts (SAMH) and Lanarkshire Association of Mental Health and other mental health service staff for their contributions. We appreciate the honesty and willingness with which people shared their lived experiences and reflections of using MyRAP which will help to improve and develop the resource further. Our aim is to incorporate the main findings into the next booklet and facilitation guide; continuing to encourage self-management with appropriate resourcing and enhancing the recovery journey for everyone involved.

Kevin O'Neill

Chair, Lanarkshire Recovery Network

Public Mental Health & Wellbeing Development Manager for NHS Lanarkshire

CONTENTS

FOREWORD	2
CONTENTS	3
SUMMARY	4
1. INTRODUCTION	6
2. DEVELOPMENTS TO DATE	7
3. EVALUATION	8
3.1 Aim.....	8
3.2 Objectives.....	8
4. METHOD AND DESIGN	8
5. KEY FINDINGS.....	9
5.1 The My RAP Booklet	9
5.1.1 What Service Users Said	9
5.1.2 What Service Providers Said.....	13
5.2 MyRAP Groups and the Facilitation Guide.....	16
5.2.1 What participants said	16
5.2.2 What staff Said.....	18
7. CONCLUSION.....	24
8. RECOMMENDATIONS.....	26
Bibliography.....	27
Appendix 1.....	28

SUMMARY

What is MyRAP?

MyRAP is a self-help/self-management tool which was developed by LRN to help support and equip people with the skills they need to manage their own mental wellbeing. MyRAP helps take control through reflection and learning. There are now in excess of 12,000 copies of the MyRAP booklet in circulation in Lanarkshire with interest noted from elsewhere in Scotland, the UK and abroad. The booklet can be used independently or with support. As well as the MyRAP booklet, a Facilitation Guide was developed in response to an earlier evaluation in 2011 in which staff identified a need for a guide to support them to introduce the concept of self-help into a group setting. MyRAP resources are available free and online through the Element website.

Listening

We continually strive to improve this resource and the best way to do that is to ensure that it remains appropriate and able to meet the needs of people using it. Therefore listening to what people are saying about MyRAP remains central to any future developments and improvements. This evaluation sought to gain insight into the experiences of people using MyRAP either independently or within a group setting and through this consultation we were able to identify strengths and limitations and make recommendations for consideration in taking forward into new versions of the booklet and facilitation guide.

A variety of people were consulted as part of this evaluation including service users, Peer Support Workers across a range of agencies, Mental Health Nurses and Student Nurses with feedback gathered through questionnaires, one to one interviews and focus groups.

Findings

MyRAP has empowered people to make sense of their own recovery journey and, with a focus on strengths, it is suggested that it helps them move beyond diagnosis in hope and planning for the future. MyRAP has been used to inform discharge planning and instigated a shift in focus from nurse-led to participant led groups, influencing the piloting of self-set care plans in one community mental health team. Ward staff also stated that, whilst they may not use the complete booklet, they were able to incorporate the various topics found within MyRAP to suit needs of individuals through one to one engagement and in groups. Student nurses have used MyRAP as a framework within which to learn more about recovery and self-management which has had an enabling effect on their practice.

The development of the Facilitation Guide has helped facilitators in the community to become more confident in introducing conversations around recovery and self-management. It was recognised that the lived experience often shared by group facilitators contributed significantly to the success of a MyRAP group and people's experiences.

Page 4 provides a summary of the key points emerging from the feedback that was gathered. More in-depth analysis, along with direct quotes from people who contributed to the evaluation, can be found within the full report.

MyRAP booklet

service users said

- 94% would recommend MyRAP to a friend
- An equal number of respondents said that identifying strengths was both useful and difficult
- Support from a 'Key Worker' was seen as important in using MyRAP and in overcoming challenges they experienced
- MyRAP helped people discover and rediscover personal resources to support their recovery

service providers said

- Peer Support can enrich the experience of using MyRAP
- MyRAP is seen as useful in supporting self-management and future planning
- MyRAP can aid development of self-awareness
- MyRAP provided Carers with an opportunity to learn more about recovery and become more involved in supporting others

MyRAP Groups & Facilitation Guide

service users said

- benefits in meeting like-minded people
- peer led, recovery and goal focused
- learn about self-help and taking control back
- listening, learning, sharing, lots of humour
- felt included and relaxed
- helping each other
- had support to attend the group when necessary
- staff knowledge and understanding of MyRAP can influence people's experiences

service providers said

- formal and informal peer support takes place
- facilitates nurturing of relationships
- flexible and creative – people enjoy it more
- action orientated, goal setting, progress monitored
- informed piloting of self-set care plan
- helped staff build confidence in leading and facilitation
- getting the time right to introduce MyRAP is important
- ability to adapt materials to suit individual needs

Recommendations

Recommendations for consideration have been set and grouped into three sections: booklet, guide and future. These can be found on page 25 of the full report.

1. INTRODUCTION

My Recovery Action Plan (MyRAP) is a self-help/self-management tool developed in Lanarkshire by Lanarkshire Recovery Network (LRN) in response to the Report of the National Review of Mental Health Nursing in Scotland in 2006; Rights, Relationships and Recovery (Scottish Executive, 2006) in which a number of key areas believed to be crucial to the process of recovery were identified. This included the need for a stronger emphasis on self-determination and self-management which required equipping service users with the necessary skills and techniques for them to make choices, manage their wellbeing, and make recovery possible. MyRAP is free and accessible from a range of sources and can be downloaded from the Elament website.

MyRAP aims to support people to take control of their own wellbeing and recovery. This is an enabling resource which helps people identify their strengths and build on them, providing an opportunity to take control through reflection and learning. People pick up a copy of MyRAP from a variety of sources and for a number of reasons: perhaps someone who is mentally well simply wishes to learn more about staying well; or an individual is unwell and, whilst being supported by mental health services, would like to begin to learn more about recovery and self-management; or people who may be experiencing concerns about another person's mental health and want to learn more about how they can provide support.

Inside MyRAP

My Story

Understanding the power of story, whether sharing with others to instil hope or simply to reflect on one's own story through the creative process in words, art, music, photography.

Steps Towards Recovery

Recognising wellness and the uniqueness of the recovery journey; identifying strengths, skills and personal qualities; reflecting on what has helped in the past.

My Recovery

A key aspect of recovery is getting back to what someone feels as normal for them; getting back to basics ~ positive routines, feeling good, coping strategies, responsibilities, priorities, choices.

Experiencing problems

How we think and feel whilst recognising that there are many factors affecting mental health that can lead to stress, anxiety, worries, unable to cope. Recognising the warning signs of becoming unwell and planning ahead increases the ability to cope.

Next Steps

Exploring activities available in the community using skills, interests and personal qualities. Also planning for later might include; hobbies and interests, ambitions and dreams.

This focus on self-management continues and is central to the Mental Health Strategy in Scotland (Scottish Government, 2012) and in the Person Centred Health & Care Programme.¹ There are now a range of teams in Lanarkshire supporting people in hospital and in the community, to manage their own lives towards more positive outcomes as part of their commitment Towards a Mentally Flourishing Lanarkshire (Ref).

The development of MyRAP involved a wide consultation including numerous agencies; ClubNet (SAMH), Equals Advocacy, Lanarkshire Association for Mental Health (LAMH), Lanarkshire Links, NHS Lanarkshire, North Lanarkshire Council, South Lanarkshire Council, service users and carers. Influencers included Mary Ellen Copeland's 'Wellness Recovery Action Plan' (WRAP) a self-management tool developed in the USA² endorsed and delivered by the Scottish Recovery Network³, and the Shared Action Recovery Plan, a local resource produced by staff in Monklands Hospital, NHS Lanarkshire.

MyRAP is underpinned by the core values set out within the Ten Essential Shared Capabilities (Scottish Government, 2011) and guided by the Realising Recovery Learning Materials published by NHS Education for Scotland (Scottish Government, 2008).

2. DEVELOPMENTS TO DATE

In response to the first evaluation in 2011, the MyRAP Facilitation Guide was developed and came into circulation in early 2014 to help support staff introduce recovery and self-management to service users in a group setting. To date, forty one people have participated in either a full day MyRAP Facilitation Guide Workshop or half day awareness session depending on whether they wish to lead a MyRAP Group or help through volunteering. This number is made up of Staff and volunteers from Lanarkshire Links, Experience Counts (SAMH), Lanarkshire Association for Mental Health, Richmond Fellowship and Routes to Work. MyRAP Groups currently take place in North Lanarkshire on a regular basis and it is hoped that groups will be available in South Lanarkshire during 2016.

In June 2014, the MyRAP Facilitation Guide poster, 'Embedding Values Based Recovery Practice' was chosen for display at the NHS Scotland Event & Conference, 'Spreading and Sustaining Quality' which took place at the SECC in Glasgow. The poster can be found at: [http://www.elament.org.uk/news/2014/6/16/my-recovery-action-plan-\(myrap\)-news.aspx](http://www.elament.org.uk/news/2014/6/16/my-recovery-action-plan-(myrap)-news.aspx).

There has also been interest noted in how MyRAP could be introduced to people to help manage long term conditions and progress is currently being made in this area through the Person Centred Care Programme, NHS Lanarkshire.

Awareness and interest in MyRAP continues to grow with requests for copies of the booklet received from staff from other health boards and agencies including Greater Glasgow, Renfrew Association for Mental Health and Penumbra Supported Persons in Edinburgh. There has also been communication from the Director of Clinical Programming at a hospital in Massachusetts, USA, who found MyRAP to be '*a wonderful and extremely clear tool*' and a Community Alcohol and Drug Services Services in Auckland, New Zealand, who were developing resources for their clients and found inspiration in MyRAP.

¹ http://www.healthcareimprovementscotland.org/our_work/person-centred_care/person-centred_programme.aspx

² <https://copelandcenter.com/>

³ <http://www.scottishrecovery.net/WRAP/wellness-recovery-actions-planning.html>

All agencies using MyRAP outside of Lanarkshire sought approval to use the booklet and agreed to adhere to copyright and to be taking part in the evaluation process.

People working outside Mental Health Services in Lanarkshire reported that they had either heard about MyRAP from others or had discovered it on the Element website.

3. EVALUATION

As we strive to improve this self-management resource, it is appropriate that people's experiences of both the booklet and facilitation guide are examined to ensure quality and positive outcomes for its consumers.

This evaluation was undertaken by LRN in collaboration with the University of the West of Scotland (UWS) and the report provides LRN, partner agencies, key stakeholders and other interested parties, with results from a range of sources.

3.1 Aim

Gain insight and a deeper understanding of the experience of using MyRAP independently or within a group setting.

Identify strengths and limitations and make recommendations for future developments.

3.2 Objectives

Gather, collate, analyse, and report:

- The experiences of people who have used the MyRAP booklet in a range of ways and participated in a MyRAP group
- The experiences of mental health staff in introducing and facilitating the MyRAP booklet, in the ward, the community, in a one to one or group setting

4. METHOD AND DESIGN

This mixed method evaluation brings together a range of data including questionnaires, focus groups and interviews collected from a range of stakeholders including service users, peer support worker, Mental Health Nurses and students (Appendix 1). All recorded materials were transcribed and sent to participants for comment and agreement to ensure that the transcription reflected their words and that key themes were accurately identified. The resulting data are presented in two sections.

- The MyRAP booklet
- MyRAP groups and facilitation guide

5. KEY RESULTS

5.1 The My RAP Booklet

5.1.1 What Service Users Said

The following feedback is based on 35 booklet questionnaires received from people who have used the MyRAP booklet. Whilst mostly quantitative data was gathered, respondents also provided some qualitative feedback which has also been incorporated throughout this section in italics.

It should be noted that in question 1, respondents ticked only one option but from questions 2 to 4, multiple boxes were ticked.

Question 1: How people were introduced to MYRAP

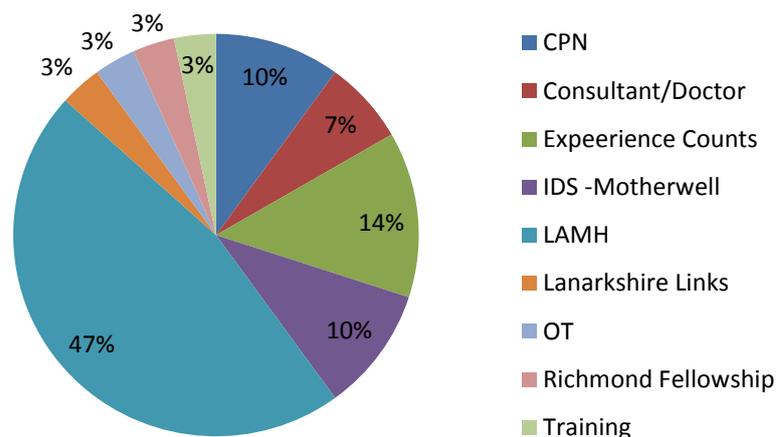


Fig 1

Figure 1 shows that 47% of people who returned questionnaires had heard about MyRAP from LAMH. 14% of people were introduced to MyRAP through Experience Counts (SAMH) Peer Support Services and 17% of respondents heard about MyRAP from the Community Mental Health Team (CMHT) or Doctor. 10% from Integrated Day Services in Motherwell saying that MyRAP offered '*an alternative viewpoint of hope*'. The remaining distribution was split between community organisations. There were no returns from the hospital sources.

Question 2: What people found most useful about MyRAP



Fig 2

'It helped me to see that I am stronger than I thought I was.'

Of the 35 people who responded some ticked more than one box. 17 agreed that using MyRAP contributed to helping them stay well. 16 people said that it helped them take control of their wellbeing and 16 others identified that they found focusing on strengths helpful. 12 people liked that they were able to work on the booklet independently and often used it as a diary with a focus on *'writing down positive things'*. Several commented they needed support and that a *'key worker being a good listener'* was vital.

Question 3: What people found most challenging

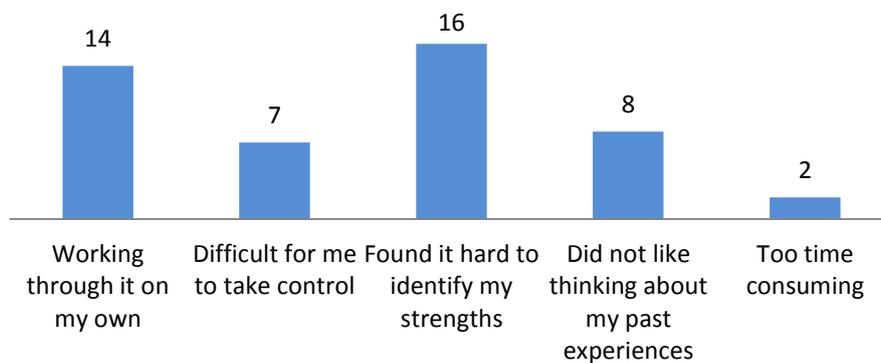


Fig 3

Whilst in the previous question some people found identifying strengths beneficial, it is important to note that an equal number said they found it difficult to identify their strengths. 14 people found it difficult to work through the booklet on their own and others commented that they felt it was *'too time consuming'*.

Question 4: What people liked about the MyRAP booklet

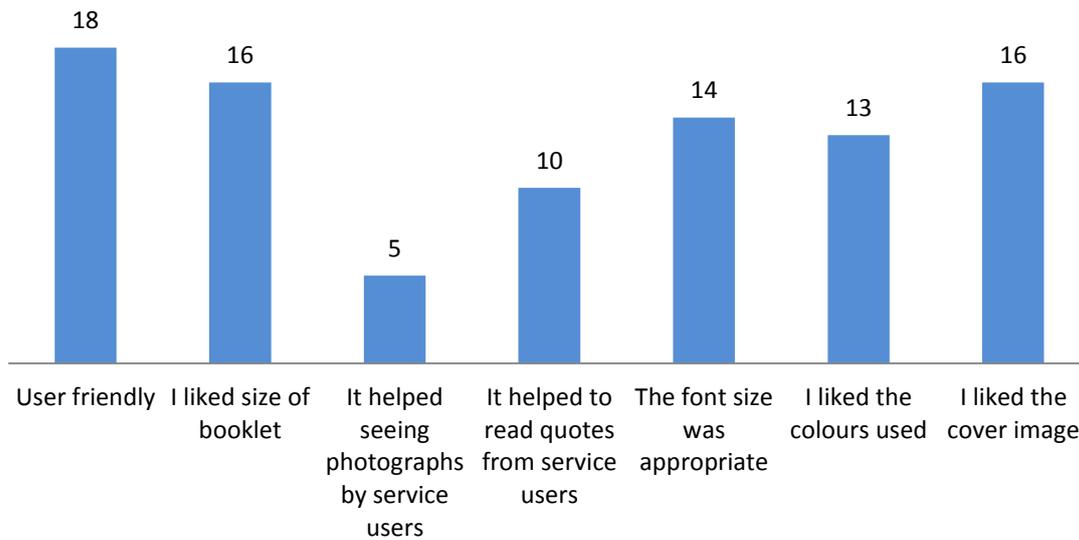


Fig 4

In figure 4, it should be noted that not all people ticked all boxes but it may be reasonable to assume that they identified the areas they liked best. 18 respondents found the booklet to be user friendly which is a decrease from the previous evaluation. 16 people liked the size of the booklet and the same number liked the cover image. Unlike the previous evaluation, seeing photographs and reading quotes by service users in Lanarkshire did not rate so highly whilst anecdotally these are often mentioned and seen to be appreciated.

Question 5: Would you recommend MyRAP?

Of the 35 people who responded, in the question '**would you recommend MyRAP?**' 94% (n.33) said they would recommend it but some commented that benefits and positive results can depend on the level of additional support received.

'I found spending time to do my Road to Recovery was hard at the beginning but, with support, it got easier.'

Whilst the majority of people who responded liked and benefited from using MyRAP, two people did not feel that the booklet helped them. Based on this, they would not recommend it to others.

Kay's Reflection

'MyRAP has been my journey.'

'MyRAP has been my journey' is one person's description of her encounter with MyRAP. Kay (not her real name) was introduced to the self-help booklet by her PSW in the community whilst being involved with a peer support service in Lanarkshire. Her documented journey includes everything from '*bad days to good, negative thoughts and positive ones, the darkest of days and the light that eventually emerged*' through insight, creativity and determination.

In a case study written by Kay for her PSW, Kay cites MyRAP as playing a key role in her recovery. Through using MyRAP and the support of a PSW, she was helped to unearth and discover deeply buried strengths that she had denied for fear of being perceived as proud. She found new ways to cope with everyday activities that had previously been sources of stress and panic and, through time, she was able to re-engage with past hobbies and start new projects which were based on hopes, dreams, aspirations and a much longed for confidence.

'... finding happiness is not a fight, it is a choice and one I've made through learning about myself using MyRAP.'

Kay's understanding of MyRAP was that it reflects the recovery journey process itself; not so much of a task for completion but a work always in progress.

Summary points

94% of respondents would recommend MyRAP to a friend

An equal number of respondents said identifying strengths was both useful and difficult

Support from a 'Key Worker' was seen as important in using the tool, and in overcoming challenges

MyRAP helped people discover and rediscover personal resources to support their recovery

5.1.2 What Service Providers Said

The following is based on data collected through staff questionnaires, weekly return forms from PSWs, who are helping, or have helped, others to use MyRAP the booklet, interviews and focus groups conducted with staff on their observations and interactions with people who have used or are using the MyRAP booklet.

5.1.2.1 Strengths

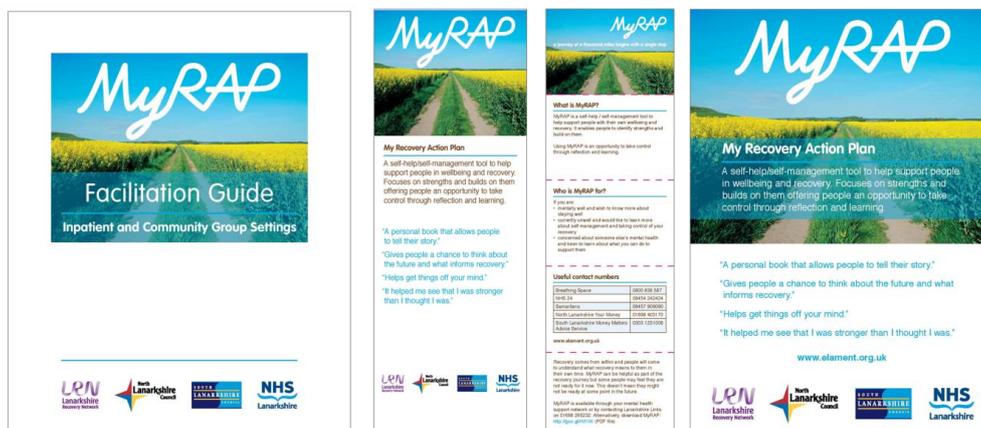
Accessibility

MyRAP is available through a variety of sources which continues to achieve the original intention to provide self-help that is free, available and easily accessible.

MyRAP is promoted widely by partner agencies and there are now in excess of 12,000 copies of the MyRAP booklet in circulation throughout Lanarkshire including inpatient and community services. MyRAP can be accessed from a range of sources; libraries as part of the healthy reading programme, community centres, job centres, health fayres, health and wellbeing stalls. It can also be downloaded from the Element website.

There is now a suite of MyRAP materials including a pull-up banner, wallet sized concertina cards and posters which are at events and conferences for wider reach.

MyRAP Facilitation Guide Workshops are also available for anyone interested in delivering MyRAP groups and these are resourced through Lanarkshire Recovery Network Steering Group.



Benefits

MyRAP helps people to identify their own areas to aid their recovery and provides insight into what helps individuals during periods of low mood and what helps their mood stabilise. People have learned new ways of coping and keeping themselves safe and well. Through MYRAP they have also been helped to stay focused on their plans and goals.

'MyRAP helps inform people of their temporarily forgotten strengths and capabilities and, through story, aids them to look back and reflect on their journey so far, with regard to lessons to learn from the past, and utilise them in the future.'

Using MyRAP as a guide, people can begin to understand what triggers cause their mental health to deteriorate and contact their supports much sooner which can prevent a crisis. However, it has also been observed that some individuals will stop using MyRAP when they become unwell.

One student had been told by a patient that *‘writing it down made it real and helped realise triggers and who to turn to for help’*. MyRAP also *‘allowed carers to become more involved in care by having a deeper understanding and knowledge of what helps and hinders that person’s recovery’*. Students were able to incorporate discussions around relapse and offered an opportunity to introduce Advance Statements.

Staff also said that MyRAP provides a good framework tool to support people towards recovery conversations and it is a great aid to informing future self-care and management. MyRAP also helps to put service users at the centre and in charge of their recovery, working regularly at their own pace towards future possibilities.

‘I think MyRAP is a very useful tool for service users but it has to be a live document that they use regularly. I encourage service users to refer to their booklet often.’

One PSW commented that people can be incredibly creative when using MyRAP.

‘I was inadvertently reminded of the power of the written word by one member who finds the process enjoyable. This person often spends a fair amount of time trying to express his thoughts and feelings in a very precise way. Several attempts at a word choice eventually generated a statement that expresses exactly what he wants to say. Much insight is gleaned from this strategy which I believe would be somewhat elusive without the use of MYRAP.’

The therapeutic relationship between PSWs and the person they are working is the key to helping identify areas within the booklet which would be most helpful.

‘“It’s hard getting to know yourself” was a revealing comment from an individual who could be quite challenging but, with support, MyRAP helps her focus on and disentangle what is going on in her head.’

One PSW said she was also encouraged to use her own MyRAP because the person she was supporting brought hers to every meeting and it provided an opportunity to stimulate conversation, setting and committing to goals in a mutually supportive way. Importantly, it was also suggested that supporting others with MyRAP could encourage staff to consider their own health and wellbeing.

Summary points

Peer Support can enrich the experience of using MyRAP

MyRAP is seen as a useful tool to support self-management and planning for the future

MyRAP can aid development of self-awareness

MyRAP provided Carers with an opportunity to learn more about recovery and become more involved in supporting others

5.1.2.2 Limitations

MyRAP was introduced into Ward 1 around three years ago. Whilst *'MyRAP is part of ward culture'*, the approach in how it is used has shifted. Staff explained that the principles of MyRAP are introduced early on in the patient's recovery but the booklet is not introduced until nearer the end of the patient's stay in the ward. This is based on previous experiences of introducing the MyRAP booklet through the ward admission pack with the expectation that people would be able to use it independently. There was a general lack of interest and low uptake because for most this was not the right time.

One member of staff commented that:

'My experience is that very few patients actually start using it while inpatients ... MyRAP is best used on discharge and in conjunction with peer support. If individuals have been introduced to the MyRAP principles during their stay then uptake and usage may increase.'

Similarly, Peer Support Services in Lanarkshire introduce MyRAP during the early stages of engagement with their peers. They may proceed at different paces with individuals depending on where they are in their recovery journey. This includes assessing *'how well the client is and if they are showing an interest'* or when a person's *'mental health is stable'*.

It was also suggested that there may be a danger of MyRAP being *'overused'*. One person explained that she was currently working with a young woman and decided not to use MyRAP because she had already completed two books during hospital admissions. Her associations were negative *'... it hasn't worked, don't understand it and don't know where to start'*.

It should be noted that one member of staff expressed the feeling that there was no choice of whether to use MyRAP or not, *'it wasn't optional ... service users are encouraged to use MyRAP'*. Others stated they felt able to offer alternative self-management approaches which may be more suitable.

5.2 MyRAP Groups and the Facilitation Guide

This section provides insight into the experiences of MyRAP group participants' and staff who have used the MyRAP Facilitation Guide or previously delivered MyRAP groups. Information was collected through group participant evaluations and a participant focus group, staff questionnaires, interviews and facilitators' focus groups. It also incorporates feedback from the diarised reflection of Facilitators piloting MyRAP groups in the community.

MyRAP Groups take place several times per year in North Lanarkshire. Each group has eight one and a half hour sessions which are delivered by Experience Counts (SAMH) PSWs who use the Facilitation Guide to provide a flexible and person-centred approach to introducing recovery and self-management through MyRAP.

People are referred to take part through PSWs, Community Mental Health Teams, GP practices, or through the Experience Counts (SAMH) referral system. In future, Experience Counts (SAMH) and RAMH, intend to purposefully provide opportunities for volunteers who would like to be involved in delivering MyRAP Groups.

5.2.1 What participants said

Participants in MyRAP groups found benefits in meeting with other like-minded people; listening and learning, sharing of experiences, meaningful interaction and humour. Some participants expressed a feeling of inclusion and commented that the course was *'well presented with zero confrontation'* and that it was *'comfortable and relaxed'*.

There was a feeling that whilst attending the group was a *'temporary fix'*, it could *'inspire further social activity'*. Some people commented that the group *'felt like ... family or friends'* and there were those who were *'pleasantly surprised and felt very fortunate to be part of it'*.

'I certainly got a lot more out of the group than I thought I would. I learned to open up and share things which helped me a lot.'

At the outset, participants were asked what they wanted to get from attending the group and they wrote down their hopes for the course. Whilst most people wanted help in building confidence one person had a list of things they wanted to achieve such as *'... going certain places and doing things I haven't done in a long time'*.

Due to *'anxiety, nervousness, lack of confidence, low self-esteem and not being out for a long time'* one participant shared that *'going to the group wasn't always easy'*. To help with this she was supported by her own PSW to attend. This support was a vital element in being able to achieve her goals; *'we were able to talk about what would happen at the group and meet up beforehand'*.

‘Talking to my PSW and hearing what the group could offer I started to believe that the MyRAP group might be able to help with these things’.

Each week work is collected on flipcharts and displayed. Tracking progress this way encouraged and affirmed participants. *‘Flipchart sheets were put up on the wall each week and I felt it showed us how much we’d actually worked on and how much we’d done’.*

‘Helped me to see the things I CAN do!’

Participants also enjoyed the more artistic exercises such as collages and posters which helped people look at what helps and hinders recovery. Being split into smaller groups gave people the chance to share thoughts and activities also provided the opportunity to talk about day to day activities, including physical health, other than mental health which helped nurture relationships.

Whilst focus group participants agreed that the course was enjoyable they also said that *‘a lot of it was still quite challenging’*. A readiness to talk about strengths and what people had within themselves to combat and deal with problems when they happen often proved difficult.

Asking people to think about how they felt at the beginning of the MyRAP group process was a good benchmark for comparison the end of the eight weeks and all but one said they felt a big difference. Some goals were not achieved during the eight weeks but were ongoing beyond the group.

‘I wanted to take my wee boy out and all that kind of stuff and I’ve been doing that over the summer holidays. I was at the beach twice in one week! I’ve been on holiday as well and just being able to get in my car and go on holiday with him without worrying about other people looking at me. So, I’ve been able to tick that kind of stuff off. It’s almost like dreaming because it’s the longest I’ve been stable.’

Focus group participants also felt that facilitators were also able to *‘explain MyRAP ... better than sitting on your own doing it’*. One person was already familiar with the MyRAP booklet said they *‘found the book hard to work on my own and write about my feelings’*. Despite being supported by their CPN *‘it was still difficult to express my thoughts ... I felt the pressure’*.

The group experience was very different for this person who felt that it was good to see what other people were writing and saying and it helped prompt responses from others who found thoughts hard to articulate. They also saw *‘working together as a team was more beneficial’* although admitted that it could also be that their mental health was better and they had previous knowledge of the book.

‘When you’re working on MyRAP individually the focus is almost entirely on you but in the group everyone has the opportunity to express themselves, if they want to. It’s ok to sit back, you can, and you don’t have to share anything if you don’t want to and if someone else is a wee bit more forthcoming then ... until such times as you feel confident to speak out.’

People said they would encourage and recommend the group based on their own positive experiences. They would recommend using MyRAP as a self-help tool but with the support of a group.

‘I have really enjoyed the course.’

‘I feel fantastic and confident.’

‘Great course, sad it has to end. Highly recommended.’

5.2.2 What staff Said

Reflection from a Community Mental Health Nurse

One CPN interviewed shared his experience of using MyRAP with a group. In particular he spoke about the role which MyRAP played in helping to develop a plan to implement recovery focused and person-centred care as part of a Steps Towards Recovery Group; an anxiety and depression management group with a difference.

‘Throughout this process, we were continuously considering what would improve the group and how this could lead to embracing a recovery and person-centred approach. This was a deliberate move to being less nurse-led and more of an emphasis placed on the patient leading the way and providing a nurturing environment for peer support, mutuality and taking back control.’

The value of informal peer to peer support was evident amongst group participants’ interactions and in the supportive conversations taking place. People were helping others to identify strengths, resources and coping abilities.

Using MyRAP as a basis, there was a renewed focus on strengths and recovery. People enjoyed the group, learning new skills and gaining confidence in managing anxiety and depressive symptoms. There is potential for a similar model to be piloted in a GP practice which would give direct referral option to the group rather than referral being made to CMHT.

Care plans, directed and written by the patient, are now *‘heavily influenced by MyRAP to give control over wellbeing, self-management and recovery’*. In the group, activities from

the MyRAP guide are used and discussion helps inform the content of someone's care plan.

Nurses and PSWs

Within the ward setting, the underlying principles found within MyRAP are incorporated into other recovery focused groupwork and embedded and referred to in therapeutic encounters and conversations. Staff '*... talk about MyRAP principles on the ward but leave MyRAP till close to or after discharge*'.

PSWs shared their experiences of facilitating MyRAP groups in the community. All four focus group participants said they found it to be non-prescriptive and flexible which allowed them to be creative and respond to the needs of the people they were working with. In particular, they thought it to be a helpful tool in planning sessions which were participative and sociable. It also offered ways to introduce the concept of recovery to people perhaps for the first time.

PSWs reported that making one small change in the planning to include an Introduction Session gave people space to ease into the group which has helped reduced feelings of self-consciousness.

PSWs believe that building rapport with group participants is central to its success and explained: '*I suppose that's the kind of thing that happens in a one to one situation where we can spend time building rapport with people ... so I guess it's about trying to replicate that (if we can) with the small groups*'.

Exercising a degree of flexibility also allows participants to identify any issues they would like to focus on specifically. For example, in one group, anxiety was agreed to be a common factor and group participants wished to discuss it further to learn more. This involved facilitators sharing their own lived experience of anxiety and ways of coping along with providing additional health information through leaflets, websites, as well as suggestions for other self-help materials.

PSWs agreed that being self-aware along with demonstrating genuineness and mutuality were key factors to the success of the group. There was also a willingness and determination to make the MyRAP experience as enjoyable as possible through creativity, conversation and fun.

*'...let's make it work for ourselves.
Let's share, let's learn, be positive, enthusiastic.'*

Everyone agreed that formal and informal peer support takes place during MyRAP group encounters and Facilitators believe that this is aided by their full participation in the conversations and activities that take place.

'Facilitators take part in the activities and shared their experience in an appropriate and intentionally beneficial way.'

PSWs also stated that, in their experience, the Facilitation Guide need not only be used for groupwork but can also guide conversations during one to one encounters which can help bring a creative element to sessions.

Facilitators have also noticed growth in their own confidence in planning, leading and facilitating groups which addressed the recommendation from the previous evaluation.

5.2.1.1 Strengths

MyRAP groups are accessible in North Lanarkshire and facilitated by PSWs from Experience Counts (SAMH) who are able to share, where appropriate and relevant, their lived experience. Groups are facilitated by two PSWs, providing support for one another and additional help if a participant requires it without disrupting the rhythm of the group.

'If you come from your personal experience, it gives you an insight into what participants might be thinking in the group. So, although you're not wanting to talk too much ... it's encouraging them in that conversation.'

At the outset, Facilitators piloted the MyRAP Group format using the Facilitation Guide with several focus groups over a couple of months. This allowed them to hear what people thought, helped them gain confidence in facilitation and become more familiar with the Facilitation Guide.

'The pilot was challenging because it was the first one but it was exciting at the same time and, on a very personal level, I found it a creative experience because we were given so much freedom to design our own course.'

One of the strengths of running this pilot was that it allowed Facilitators to learn from participants' experiences and make any adjustments if necessary. Following the pilot, they had a clearer understanding that *'not every group is the same. It's life we're dealing with and people are at different stages of recovery, different personalities.'* Another Facilitator agreed but *'there's something to be said about the mix of participants and facilitators as well.'*

Whilst MyRAP was still central to the process, Facilitators had discovered for themselves the space for introducing other activities and exercises and adapted resources to suit the group which allowed everyone to take part.

Thinking for yourself, making good use of exercises and activities, using Facilitation Guide as that, a guide

One Facilitator reported that the Facilitation Guide *'was wonderful for structuring the group, for getting timings right'* and making sure all areas were covered. It was particularly beneficial in steering conversations around the uniqueness of recovery and what that might look like for individuals.

‘The good thing about the content of MyRAP is that there are specific sections but they are general enough and are designed to tease out specifics. That’s where the individuality comes in.’

Participants of MyRAP Groups reported benefits in attending a group, seeing it as a safe and welcoming place to exchange and share their stories and hopes for the future. Particularly beneficial was the opportunity to discuss early warning signs and triggers, strengths and setting goals. With the introduction of a baseline measurement, participants were able to make comparisons between the first and last week, noting and celebrating how much progress they had made.

For people who may have had difficulty engaging with the booklet in the past, their understanding of its potential was enhanced through group participation.

‘By attending the MyRAP group, people had a better understanding of how MyRAP could benefit them.’

Participants experience was also aided by the natural peer to peer support which took place within the group setting and the contributions of the Facilitators who were seen as part of the group. Facilitators said that *‘being self-aware, being yourself, and being genuine’* were all important factors and *‘People know when you’re false’*.

‘I enjoy this, it’s good just sitting talking.’

Facilitators were also able to use their own experience of being group participants to influence the group planning to maximise engagement. For example, in preparation for facilitation a MyRAP Group, one Facilitator found shadowing colleagues and taking part in a MyRAP workshop hugely beneficial in building her confidence, in getting to know MyRAP better, and in understanding what might work and what does not.

‘I wanted to learn, to see what it was like from a participant’s perspective ... to see what it was like to be in their shoes. It was really good, eye-opening.’

Summary

A strong theme of peer support, both informal and formal, emerged

Groups provide a social aspect which facilitate relationships being nurtured

Flexibility and creativity enhance participants’ group experience and learning

MyRAP groups are action orientated and included setting goals and showing progress

MyRAP has informed the piloting of self-set care planning

The Facilitation guide has helped staff gain in confidence in leading and facilitation groups

5.2.1.2 Limitations

MyRAP groups are currently only offered in North Lanarkshire. Some staff from LAMH and Richmond Fellowship have attended the MyRAP Facilitation Guide Workshop and it is hoped that MyRAP groups can become available for people living in South Lanarkshire in 2016.

Each PSW is used to sharing their lived experience of mental health problems and recognise how vital this can be in facilitating MyRAP Groups. However, it was noted that *'sharing lived experience again and again can be tiring, draining and repetitive. Sometimes you can feel a bit burnt out ... it becomes less than genuine as you force things out of yourself'*. This could result in the quality of facilitation and people's encounter with MyRAP and the group experience. There was a general feeling that measuring the success of the groups is *'more than just about numbers and soft outcomes are not always easy to quantify'*.

Whilst facilitators understood the importance of preparation as part of the success, time constraints and other work commitments sometimes meant they were unable to spend the time necessary. It was also noted that use of activities in the MyRAP facilitation guide could, potentially, be guided by Facilitator's preference and comfort rather than group needs and priorities.

There was a general consensus that 'My Story' was not a good place to begin the MyRAP journey because some people felt intimidated encountering this task so early on. People cited a variety of reasons for this; privacy, readiness, not knowing where to begin, and literacy issues. However, people agreed that sharing recovery stories can be a powerful tool for instilling hope in others. This could be aided by moving the section and introducing prompts with discussion on its useful effects

Identifying strengths was highlighted as problematic. Facilitators overcame this by introducing worksheets with a list of attributes from which participants were asked to choose six that they thought represented them. These sheets are now used regularly as part of MyRAP groupwork around strengths and will be incorporated, along with similar aids, into the next publication of the Facilitation Guide.

Whilst written worksheets and exercises are useful for some people, other participants find them challenging. For example, asking someone to write something down on the first day could put people off coming the next week so adapting resources is important. As one facilitator said, *'we need to remind ourselves that when you're sitting in a group setting and then the sheets start to come out, the anxieties hit you right away. So, maybe when you're going to introduce things like this it wouldn't be in the first week because that would put people off. You need to get to know people in your group before anything'*.

Finding appropriate venues can be an issue and whilst libraries and supermarkets can provide good meeting rooms at a reasonable cost, these may not be the most appropriate places for people to meet. Privacy issues and triggers for certain people can pose problems as well as an additional space sometimes being needed should a participant become upset.

Summary

The time to introduce MyRAP is important

Staff knowledge and understanding of the tool and their perceptions can have an influence on people's experiences

Staff knowledge of people they are working with is important as is the ability to adapt materials

Sharing the lived experience can be tiring and can reduce the quality of facilitation

Finding appropriate venues is important

7. CONCLUSION

This evaluation provided the opportunity to gain insight and a deeper understanding of the experiences of people using MyRAP. Through listening we have learned about the successes, challenges, and ways in which the resource could be improved to ensure people's encounters with MyRAP are positive.

MyRAP can support early conversations about self-management and the importance of taking control over one's own mental health and wellbeing helping people discover and appreciate the uniqueness of recovery.

As well as being reflective, MyRAP is a creative tool, which allows people the flexibility and freedom to use it in whichever way is best for them. MYRAP has helped people to articulate their thoughts and feelings, hopes and dream, set realistic goals and re-engage with past hobbies. Through MyRAP people have been helped to identify triggers, develop existing coping strategies and learn new ones. Whilst identifying strengths remains problematic for most people this can be overcome with good support.

MyRAP has empowered people to make sense of their own recovery journey and, with a focus on strengths, this self-management tool helps people move beyond their diagnosis in hope. MyRAP has also been used to inform discharge planning within the community, instigated a shift in focus from nurse-led to participant led groups and influenced the piloting of self-set care plans within one Community Mental Health Team.

The booklet can be used independently or with support and this evaluation has shown that although there are still people who prefer to work through it alone, there are more positive outcomes for people when they are supported to work through it, whether in a one to one setting or in a group.

It has been recognised that the lived experience shared by a group facilitator can contribute significantly to the success of a MyRAP group as does the informal peer to peer support found amongst group participants. However it is important that group facilitators are supported to ensure quality of the shared experience and reduce pressures. It was also suggested that measuring success should be more than a numbers exercise and that it was perhaps more useful to look at ways of engaging with people in a way which provides qualitative feedback emerging from their stories and experiences.

The Facilitation Guide ensures the core principles of MyRAP underpin MyRAP groups. Facilitators were keen to point out that a creative and flexible approach was used alongside alternative resources from their existing toolkit. It was helpful to note that a baseline measurement was taken on the first week when people were asked what they would like to achieve from attending the group and a comparison made at the end of the eight week period. A baseline measurement could be incorporated into future Facilitation Guide materials and formalised with proper evaluation to show progress.

Ward staff were also able to use MyRAP flexibly by incorporating its principles to suit the needs of their client group. For example single worksheets in ward settings.

Student Nurses identified MyRAP as a good framework within which to learn more about the concept of recovery and self-management. This has had an enabling effect, helping them to introduce these concepts to service users. They also stated that MyRAP had helped them in building and developing their confidence in applying theory to practice.

A key theme emerging from the evaluation is that it is not always necessary to have a MyRAP booklet present to have a recovery conversation steered by MyRAP. For example, in the ward there may be no specific MyRAP group but the principles of MyRAP are threaded throughout practice, including groupwork.

Whilst most people have had a positive experience of MyRAP, it is not without its challenges for some. Therefore this evaluation has provided us with opportunities to improve the MyRAP experience further and issues raised will be addressed through future development.

8. RECOMMENDATIONS

Issues raised and recommendations emerging from this evaluation have been grouped into three sections for consideration and taking forward: booklet, facilitation guide and future development opportunities.

BOOKLET	Consider how 'MyRAP' conversations can be supported within the ward setting
	Update booklet in line with feedback where appropriate including: addressing repetition and making relevant adaptation to ensure literacy issues do not exclude people from using MyRAP
	Offer MyRAP as an option for self-management whilst providing education on other tools available
GUIDE	Update Facilitation Guide to include an introduction week, baseline measuring, evaluation and other activities or exercises identified
	Facilitators of MyRAP groups to ensure that lived experience is considered as part of delivery either through invitation to attend group, co-facilitation, or use of recovery stories
FUTURE	Ensure MyRAP Group Facilitators are confident in delivering groups and utilise awareness and training sessions available
	Further examine the impact of the facilitator role, including that of volunteers, in sharing the lived experience in a MyRAP group setting
	Explore opportunities to measure success through qualitative data emerging from people's stories and experiences
	Evaluate role and impact of volunteers with lived experience within MyRAP
	Maximise use of Element website and relationship with Well Informed and Infoline to ensure access to community information is widely available
	Using MyRAP as a basis, consider new approaches to delivering Steps Towards Recovery Groups in the community through CMHTs

BIBLIOGRAPHY

Scottish Executive, 2006. *Rights, Relationships & Recovery: the Review of Mental Health Nursing in Scotland*, Edinburgh: Scottish Executive.

Scottish Government, 2009. *Towards a Mentally Flourishing Scotland*, Edinburgh: Scottish Government.

NHS Education for Scotland, 2011. *Ten Essential Shared Capabilities*, Edinburgh: NHS Education for Scotland.

Scottish Government, 2012. *Mental Health Strategy Scotland 2012-2015*, Edinburgh: Scottish Government.

Health Improvement Scotland. *Person Centred Health & Care Programme*

NHS Education for Scotland, 2008. *Realising Recovery Materials*, Edinburgh: NHS Education for Scotland.

APPENDIX 1

Data Collection

This evaluation brings together a range of data including:

- 35 MyRAP booklet questionnaires from people who had used the self-help tool independently
- A focus group made up of 4 people who had participated in a MyRAP group
- Feedback from 2 Peer Support Workers who piloted a MyRAP group
- Evaluation feedback from 12 people who had participated in MyRAP groups in the community
- Feedback gathered from 100 PSWs weekly return forms over a period of eighteen months
- A focus group of 4 student nurses currently studying at the University of the West of Scotland who used MyRAP as an intervention to meet the requirements of a recovery module assignment
- Extract from a case study of one individual who had used MyRAP
- An in-depth interview with a CPN who piloted the facilitation guide prior to its publication
- 6 service provider questionnaires from nursing staff, Ward 1, Wishaw General Hospital
- Interview with PSW, Ward 1, Wishaw General Hospital
- Service provider questionnaires from Penumbra and Renfrewshire Association for Mental Health