

Learning to Live Again (LTLA)

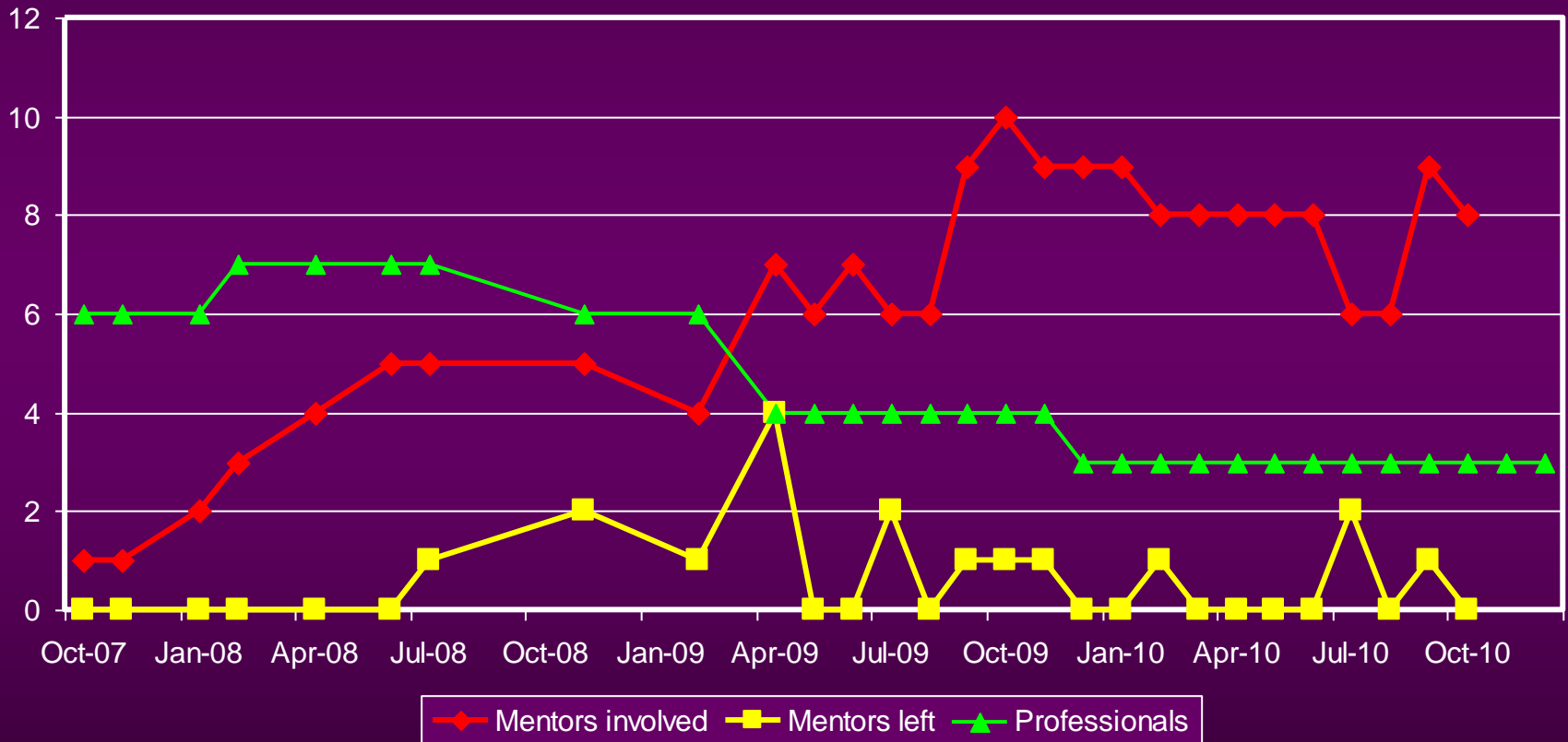
SSA Annual Conference 2010, York

Co-working to produce an aftercare programme: the experiences of mentors and professionals

A Project in Two Phases

- **Pre-project Project Funding** Oct 2007-Dec 2009
Task was to recruit mentors and put together a research proposal for a service user led after-care programme
- **Phase 1 Testing Ideas** Jan 2009-Dec 2009
Task was a) to build and train a mentors group which would be stable enough to take on aftercare of other people b) to try out ideas on the content of the aftercare
- **Phase 2 Implementation** Jan 2010-Dec 2010
Task was to implement the best ideas from Phase 1 and engage with as many service users as possible

Mentors and Professionals Involved



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Current collaborators are:

Duncan Raistrick, Consultant Psychiatrist, LAU

Gillian Tober, Consultant Psychologist, LAU

Alex Copello, Professor of Psychology, Birmingham

Adele Loftus, Service user Coordinator, LAU

Helen Crosby, Research Coordinator, LAU

Jenny Lang, Research Practitioner, LAU

Lily Prestwood, Research Practitioner, LAU

....working with eight
mentors....



Mentor Leavers

Male		Female	
Months	Reason	Months	Reason
9	Employment	15	Conflicting opinions
12	Further education	9	Relapse
10	Relapse	7	Further education
4	Personal commitments	17	Personal commitments
3	Voluntary work	3	Other
1	Employment	11	Employment
5	Other	2	Personal reasons
1	Medical	9	Employment
4	Personal reasons		

Aims and Method of the Evaluations

- To evaluate the development of LTLA
 - Explore the views and experiences of all those involved
 - The current group
 - Previous service users and University staff
- To ascertain which aftercare interventions the service users consider important to develop
- Qualitative research design based on grounded theory approach (Charmaz 2006)

Analysis process – extracting themes

- Reading transcripts and labelling each phrase line by line with an *open code* according to the descriptors and inferences within the text.
- Codes grouped and organised into categories - *axial coding* (aims to provide a more coherent understanding of the data. Charmaz 2006)
- *Theoretical coding* to formulate an overall theoretical structure (aims to explain the relationships between the identified categories)
- *Constant comparison* of transcripts to identify similarities and differences between the emerging categories (Willig, 2001) – enables researchers continually to refine or create new categories.
- *Memo-writing* to record the development of the emerging theoretical structure.

Qualitative Analysis Team



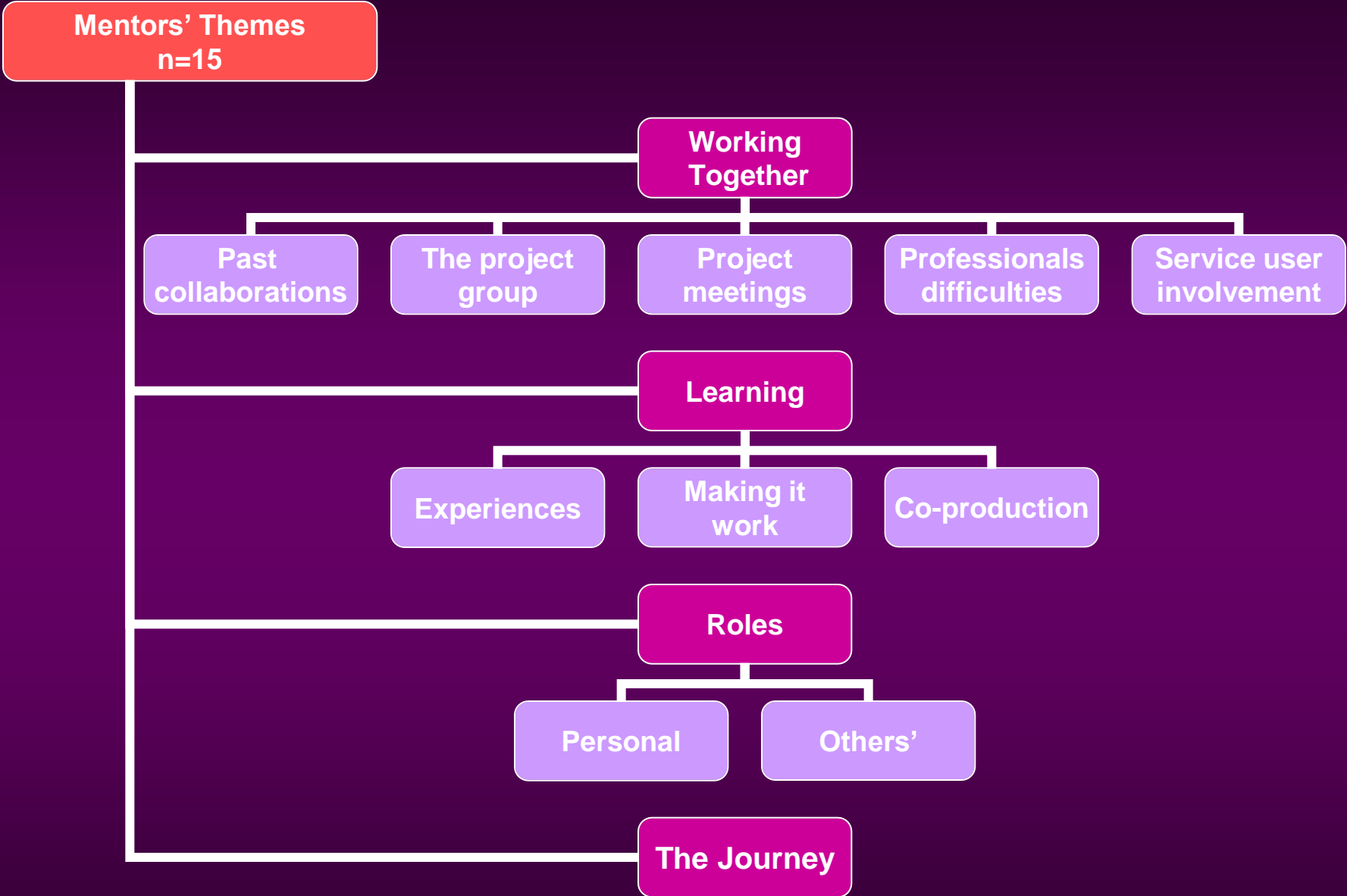
Alex Copello



Jenny Lang, Helen Crosby & Lily Prestwood

Phase 1 interviews	12 hrs	38 mins	16 secs
Phase 2 interviews	9 hrs	31 mins	8 secs
Total interview time	22 hrs	9 mins	24 secs

Evaluating Phase 1



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What the mentors said.....

‘Obviously there’s no better knowledge than first hand knowledge or actually being there and doing it’ (SUc4, 31)

‘You know this is how important it is, that I do this, start giving things back to people who’ve helped me’ (SUc2, 105)

‘I’ve got to know some of the staff here, who have been very supportive of our group, they can see how it’s important’ (SUc5, 186)

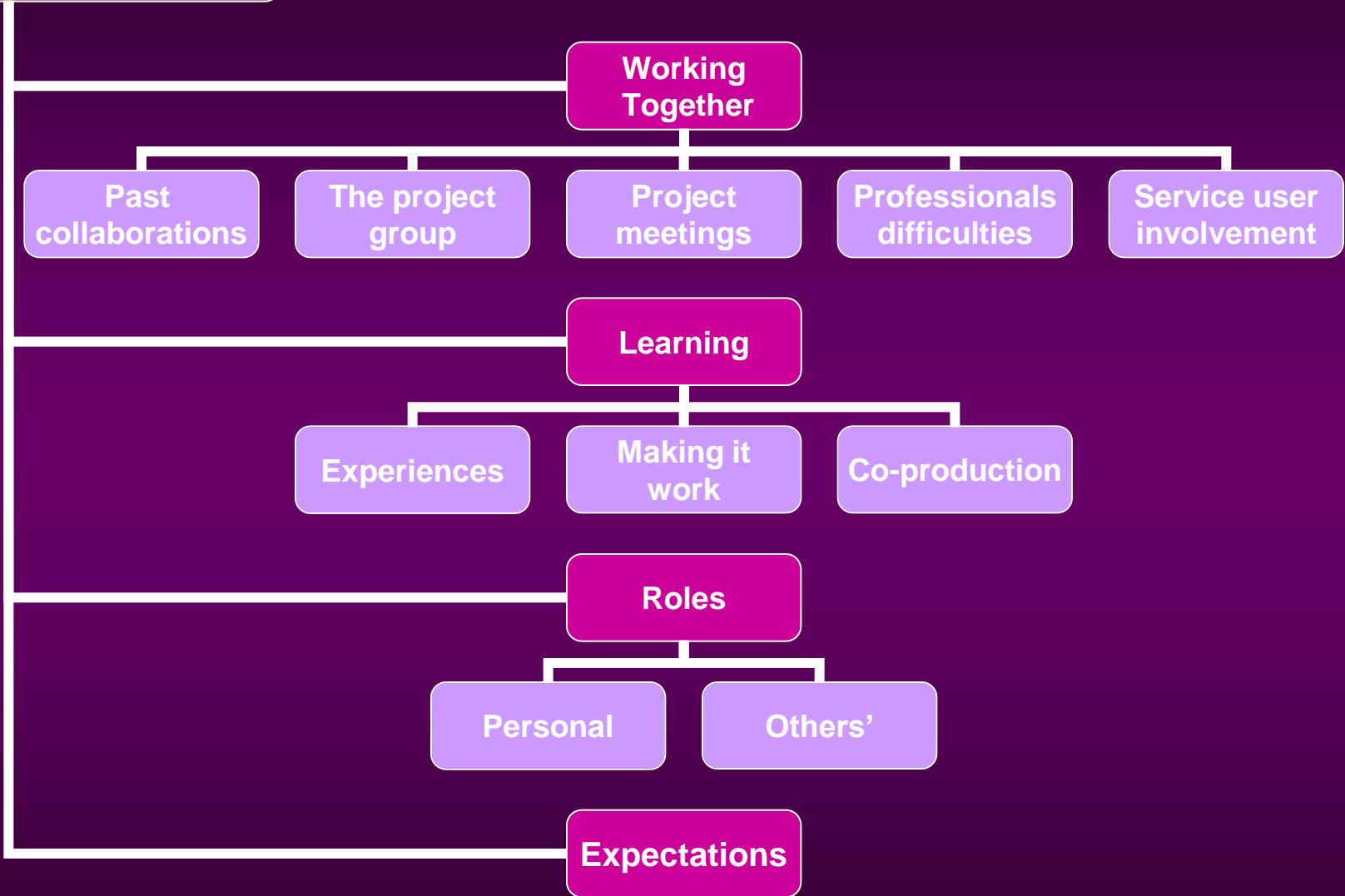
‘I feel quite confident now of sitting down and talking to anybody who’s got any sort of a problem and I could control the conversation now’ (SUc1, 249)

‘it was the first time I was part of a group who had come together with one common goal’ (SUp1, 312)

‘I just see my role as somebody who’s been there, done it and can talk to people’ (SUc5, 92)

‘I think it always helps to have some kind of framework to work within’ (SUp1, 370)

Professionals' Themes
n=6



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What the professionals said.....

‘Well we were approached by the University to participate in what they called **co-production**’ (CPc2, 10)

‘this was something new, it was near, and it was gonna further my understanding of **co-production** and how to evaluate it’ (APc1, 95)

‘Our service **user group** has gone from strength to strength and really consolidated into the group that it is today’ (CPc1, 115)

‘I get the impression that you know there’s a lot of **energy** in the room... there’s a lot of ideas bouncing around’ (APc1, 129)

‘My role was to help the service user group **find their voice** and feel confident to speak up in those meetings’ (APp1, 207)

‘I guess I’ve learnt, you know, **it can be done**. This group has been a real success’ (CPc3, 218)

‘I think to this day we still don’t understand what they mean by **co-production**’ (CPc2, 79)

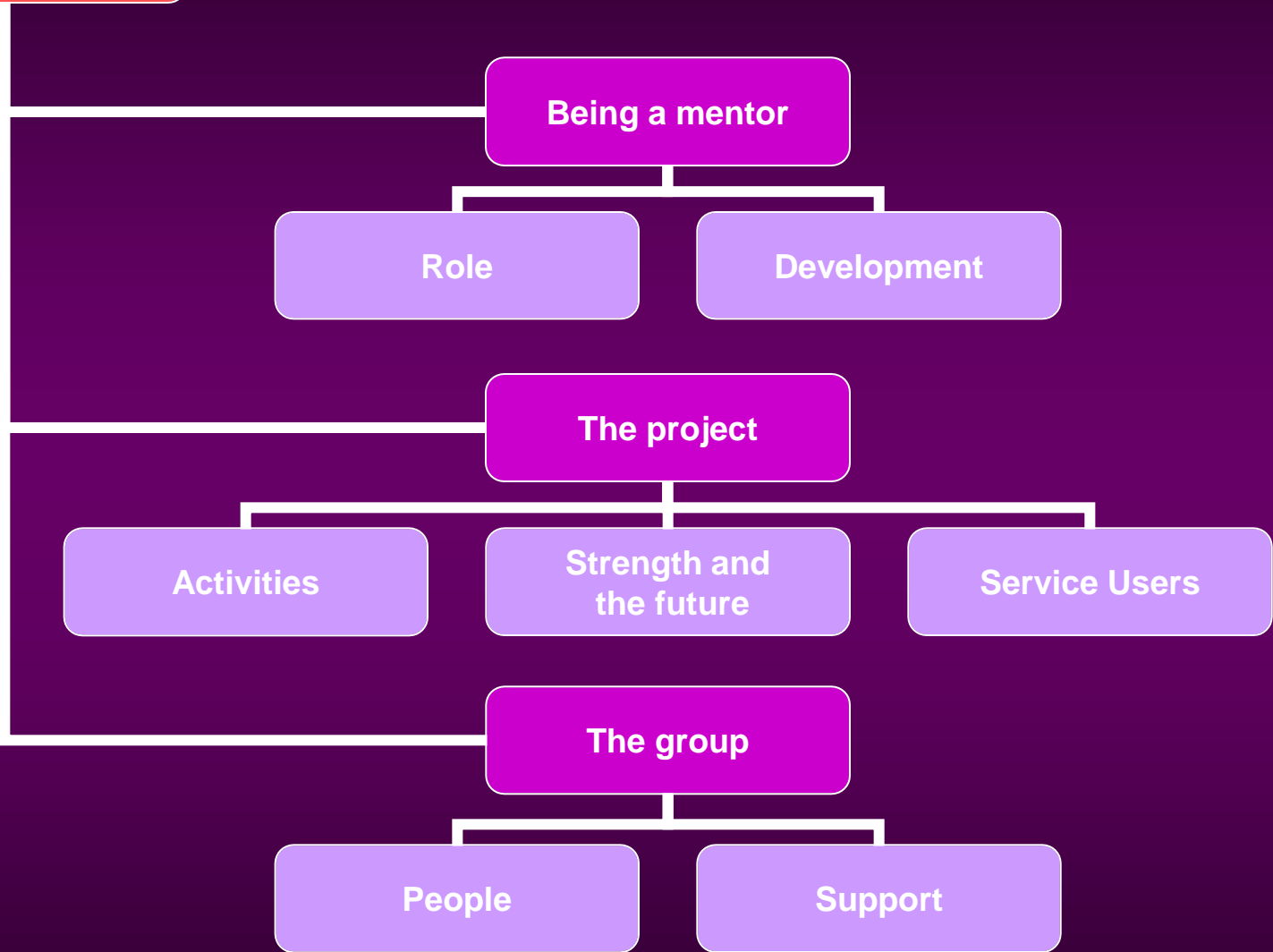
Phase 1: finding an identity

- The **name**: *Learning to Live Again*
- The **logo**
- The group **dynamic** – the high turnover of members
- Who is in the project **team**
- What should the project **do**.....
 - a drop-in
 - a buddy system
 - a chat to engage people
 - drinking/drug use rules
 - mental health limits
 - counselling



Evaluating Phase 2

**Mentors' Themes
n=5**



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What the mentors said.....

*'you need to know what you are talking about like and you don't, I'm not saying you don't but when you've **been through it yourself**'*
(SUc9, line 485)

*'...we've got our **confidence helping other people**'*
(SUc8, line 213)

*'it **helps me personally**'*
(SUc8, line 190)

*'I just **enjoy it, I enjoy watching people grow**'*
(SUc2, line 254)

*'I just think it's really good, there's **not much out there that does what we're doing an that have people that've been there doing it sort of thing.**'*
(SUc4, line 310)

What the mentors said.....

'Relapse has been a bit of an issue'

(SUc8, line 475)

'The support is massive...it's been every bit of support for me'

(SUc9, line 115)

'I think now we've started implementing activities that's where it's really working you know moving it away from just sat downstairs.'

(SUc4, line 11)

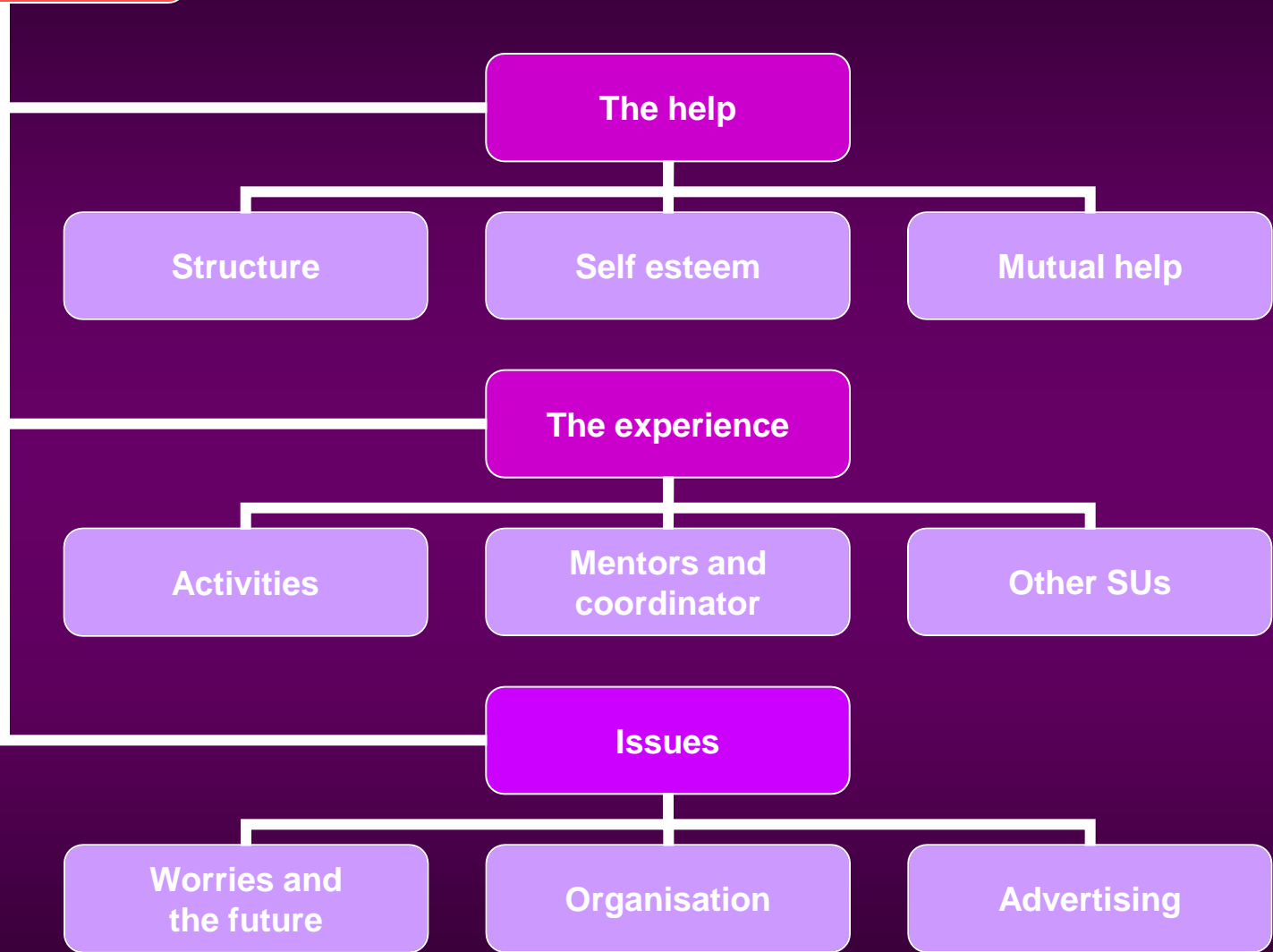
'the stuff we do gives people that confidence to progress'

(SUc4, line 347)

'the bottom line is I think it's yes one success, alright there will be failures along the way there's bound to be isn't there?'

(SUc1, line 80)

**SUs' Themes
n=8**



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What the service users said.....

*'...it's helped me on the way, it's been one of the paths that has helped me on the road to recovery, there's no question of that... the Learning To Live Group is a **pathway to recovery** so it's as though somebody's saved my life.'*

(SUa2, line 248)

*'for me it's **structure** enough just to know that the group is there'*
(SUa5, line 400)

*'I think in the group it gives everyone at their own pace a chance to build up their confidence again and their **self esteem**'*

(SUa5, line 264)

*'in a way I'm helping people which I enjoy, yes, and people are helping me which makes them **feel good** about themselves as well'*
(SUa3p2, line 132)

What the service users said.....

'it's like a little community that we've got going on and it's nice that we keep in contact... these are my non-drinking friends'
(SUa7, line 79)

'your mentors are people that have been the same as what I'm doing now, so they know it all, they know everything that's happening. Or if they cannot help you nobody can.'
(SUa1, line 92)

'... [co-ordinator] is wonderful,... is so approachable... So friendly... And I know that I could ring at any point and [co-ordinator] would be there so yes that's what keeps me coming really'
(SUa2, line 134)

What they all said about the Co-ordinator.....

AL has been the one who's sort of held it together in a way, because of you know the all the administrative work that goes with anything like that, and you need, you know if you didn't somebody like CPC3 then the whole thing would collapse anyway'
(SUc5, 593)

'I think having that kind of anchor person, having the right person, was absolutely essential and AL was undoubtedly the right person'
(CPc2, 152)

'...is the essential ingredient'
(CPc2, line 373)

'I think [co-ordinator] is the glue that's holding it together'
(SUc2, line 511)

friendly, encouraging, massive support for the group, hands on, practical, efficient, can ring her at any point, approachable

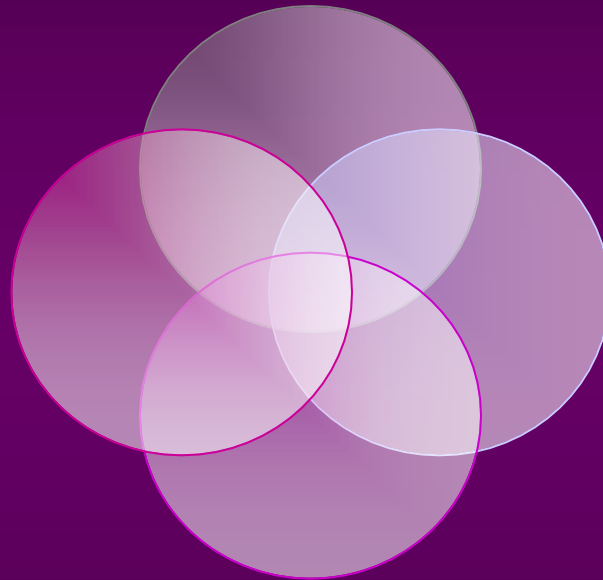
Stakeholder Relationships

Coordinator

Brings everyone together, lot of support to mentors, and support service users on more tricky issues.

Mentors

Get a lot of rewards themselves but also pressures: role models, keeping boundaries, learning how to work with service users.



Clinicians

Support coordinator and work with mentors to give advice and personal support.

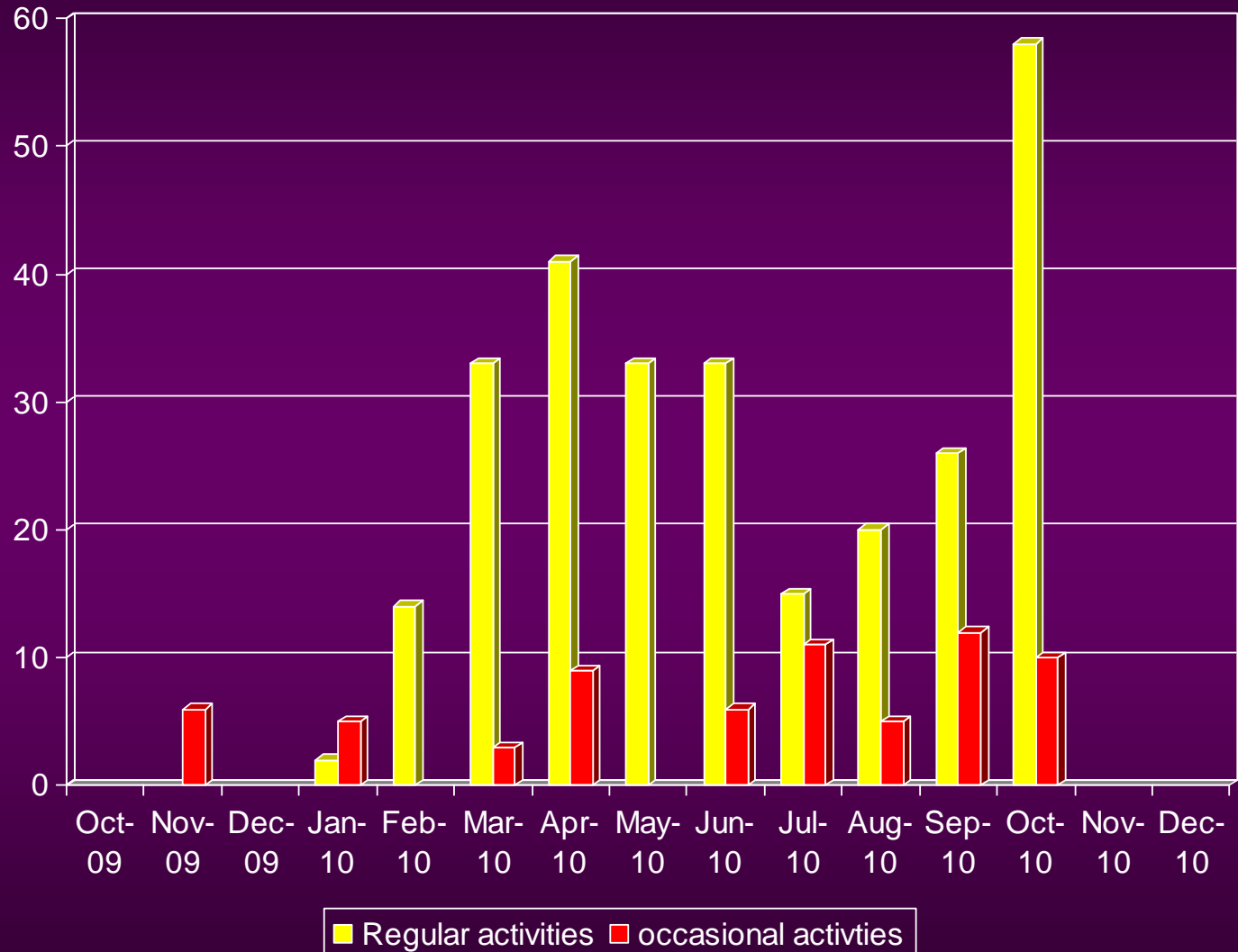
Service Users

Belonging to the group, seeing mentors as role models, and putting effort into activities are all important.

it is crucial for all these relationships to work well

What of the project now?

Attendances at Activities



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LTLA activity programme

Weekly		Monthly		Forthcoming	
Activity	Details	Activity	Details	Activity	Details
Meeting Point	Friday 12.30-1.30				
Allotment	Friday 1.30 – 3.30	Walk	2nd Saturday	Barge trip	To be confirmed
Book club	Friday 1.30 – 3.30	Cinema	4th Wednesday	Healthy eating one day course	20.10.10 and 24.11.10
Gym	Daily			Grand Theatre dress rehearsals	To be confirmed
Wellbeing Centre	Daily				
Get Leeds Card	Friday 12.30				
Craft Café Leeds MIND, LS7	Thursday 3.00 – 5.00				
Bright Start to the Week, LS12 (misc activities)	Monday 9.30 – 11.30				



The allotment



The walk



Healthy living



What to make of it all?

**FOUR learning points for translating
LTLA research into practice**

So, is there anything new.....?

“whoever thought of it....it is a really really good idea, and aftercare I do think is the most important thing definitely, and they should have thought of it years ago”

(SUc10, 465)

...there is nothing new but...

1st Point: The coordinator

- Appointing the **right coordinator** is essential to success
- Characteristics of a coordinator: organised, accessible and approachable, **hands on** and at the centre of activities, encouraging and supportive, firm about the boundaries
- The essential function of the role is to bring **stability** to what is an inherently unstable group

2nd Point: A clear identity

- In what particular way is the project aftercare – for LTLA it is all about **doing fun things together**
- ‘Having a chat’ or ‘dropping in’ is seen as a means to the goal of **doing fun things together**
- Keep tasks within mentors **comfort zone** – think carefully about risks of including people with mental health problems or a history of violence

3rd Point: Mentor Group Dynamics

- Determine how to deal with the group dynamics – the tendency is to exclude those who are not in line with the dominant membership
- Relapse is a problem – decide how to deal with ‘slips’, relapse, and repeated ‘slips’
- Provide training and support/supervision for the mentors including how to select new mentors

4th Point: Embed in Agency

- The aftercare programme has to be supported by all staff in the agency – it is an **integral** part of treatment
- Determine the best way to engage people in aftercare – for LTLA this is in the **detox clinic** and a weekly **meeting point**
- The programme will need practical resources and agency **staff ready to help** with both these practical and also clinical problems that come up

Anyone want to join us??

We would like to roll LTLA out with two partners in the UK and conduct a quantitative study. We are looking at an NIHR funded study – a quantitative and economic evaluation.

SDO call 10/1013: research into promising local innovations in healthcare delivery in the NHS.
Deadline for outline proposals 5pm Thursday 16th December.

<http://www.sdo.nihr.ac.uk/101009.html>