

An Open Letter

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The Process

- Shared history of TC treatment (Henderson & Cassel)
- Identified common themes in what made it both uniquely different & powerful
- Stream of consciousness captured within discussion- creating the path as we (re)walked it
- Identifying the role of others & relationships as integral- thus the notion of those co-students, unlikely teachers being paid homage to
- Realisation of gratitude for the roles played by peers- not coincidental that none of the letters are addressed to medical professionals...!



- Through sharing stories of treatment ‘penny drop moments’, we were able to interweave multiple narratives and characters
- This creative process recreates a micro-version of the experience of being within a TC; sharing stories of lived experience to find commonalities and mutual identification in order to find meaning and generate positive outcomes

- Acknowledgement of the brutality of some of the material clashing with the humour, humanity and highly positive feelings of gratitude of the gift of learning those assaulting experiences delivered
- Risky experiences (being exposed to that which we would usually be 'protected from', eg meaningful peer to peer relationships, seeing fear in staff, seeing self harm occur) can be transformative in terms of developing emotional and interpersonal insight

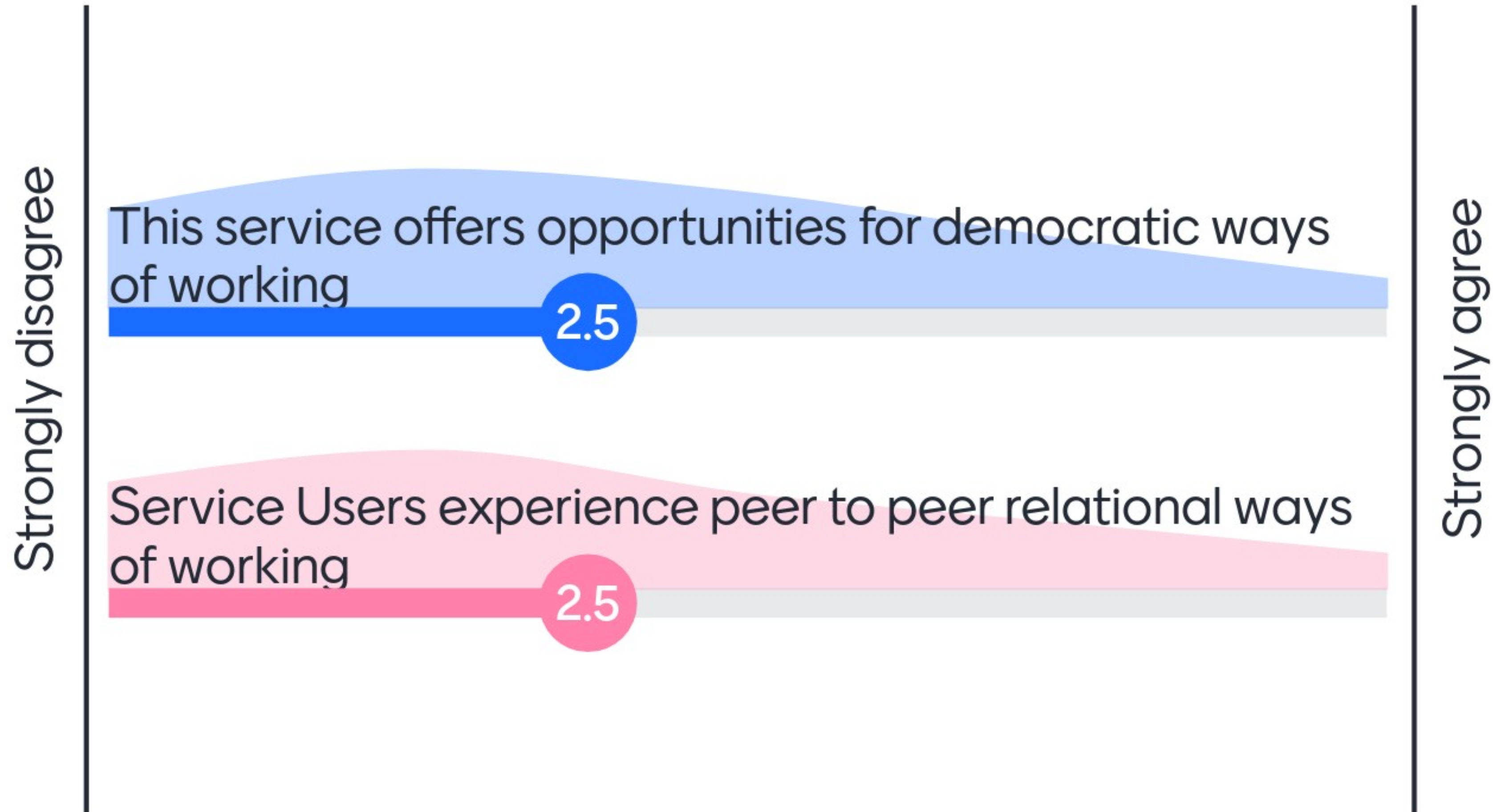


- In our current risk averse contemporary world, engaging in a process like this is about 'holding your nerve' with the very real risks- hoping the value of the learning outweighs the danger
- As two people whose lives have been changed by this 'positive risk taking', we'd like to continue to explore ways in which mainstream services might consider incorporating some of these principles

Self Audit - Thinking of your current service



How would your service users answer?



What do you think your service users might say?

Listen to me please

Would like to be more involved

SUN is my life line

Challenging

They listen but don't act

That clinicians make the decisions, albeit collaboratively

Depends what day it is!

Staff don't care.

Not enough
Good start

What do you think your service users might say?

Peer relationships heal us... Not you lot

Listen

We're absent from the conversation

I don't fit a pathway

It's shit here

Not interested

Want more peer to peer time, less staff interefence

We need more resources

Unheard

What do you think your service users might say?

Don't know what they are doing

Not enough

Feel like part of a community

Partially available

Must try harder

More service user input needed

Done to rather than worked with.

Bizarre, arduous, but worthwhile.

We are always being done to, no one cares

What do you think your service users might say?

Not enough, not often enough

Staff are too risk focused

Their opinion is not taken into account. The service is not flexible to their needs.

Limited choice

Really scared to engage

I would like to have my say

My thoughts are not listened to. I do not have control over my care. People are scared of risk

How do I unmute?

Democratic???

What do you think your service users might say?

Little opportunity. Needs more development

No opportunity other than reception to talk to others

Fake democracy

Deteriorating

Progress is too slow to make change

What's the point

What does it mean?

Pretty good but room for improvement

All talk

What do you think your service users might say?

Would like more involvement

We need more staff

I don't make friends

Not sure how to get involved

I have no control

Limited opportunities on offer at the moment

We are in this together.

Could be better

They are in charge

What do you think your service users might say?

Cynical

Staff don't care

This is pointless

Need to be more present

I don't feel heard

Sometimes I need to be protected and kept safe

Just going through motions

Curious

It is better than it used to be

What do you think your service users might say?

They don't care

All staff need to work the same.

Help me to get on with life

Listen but no action

Collaborative. Like family. Caring.

i have no idea what democratic therapeutic work is

Proactive and engaged but work to be done

We missed this during covid Just getting back to doing it in the room

They (learned experience) don't understand

What do you think your service users might say?

Not enough of it. Need it

Inconsistent Tokenistic

More coproduction

Why can't I always do exactly what I want when I want

I don't want to be involved

Breaucratic

The service makes the decisions.

Variable

People in our services would agree strongly I would think... but often those outside of our service are hesitant at engaging

What do you think your service users might say?

What is the point?

I dont want to be part of services but want help

Only see other service users in corridor

Great service

Life changing

That's for people in prison.

Limited

Often feels tokenistic

Lots of opportunities

What do you think your service users might say?

Difficult and unusual. Hard to leave.
Increases my sentence

You don't understand

Only SCM or discharge

Ask for feedback but nothing changes

Too many limits

Supportive and separate from system

At last the right place the right therapy

Understand from my perspective

Sometimes wonderful sometimes awful...

What do you think your service users might say?

The service works differently to other services/parts of the service but not always consistent

I can talk to staff

Staff member took the time to listen to me and made the time to call when I couldn't make it

Often asked but limited influence

Should be doing more for us

Don't over react when i say i feel suicidal

Whats the point

My volunteers are there for me

I don't want to be in this service so why should I care how it works

What do you think your service users might say?

We have had no ot for the first few months of this year which limits our opportunities

Need to know more

I'm told to stay away from antisocial peers

Would like more time or choice Treatment has been life changing

Difficult where we are

I imagine they find it difficult to see us outside of enforcement so don't believe it's democratic

Staff are caring and listen to what we say.

Too focused on risk Listen to us

There is often a sense of doing the same thing again and again, even if it isn't working

What do you think your service users might say?

Staff don't care or listen

Risk is hard for people to live with

different for different individuals

There is no control in what I can do. There is a shortage of staff to talk with

Value being able to be taught by lived experience employees.

We really like co-production but it doesn't always work in practice!

You took our service user network away without saying anything to us

Some support from service

I would like to be a part of sharing/developing this group.

What do you think your service users might say?

It's great to see people with lived experience in the service

Even been asked is a start

There isn't enough support with basic needs - housing, benefits

Please understand me

Listen to what I mean not what I say

Slow progress

They listen but don't then act

I felt listened to for the first time in my life

Relations good and bad

What do you think your service users might say?

The service has no staff

The peer to peer is most powerful

It can be confusing, sometimes we just want leadership

FundingCulture

risk

Anxious

Any questions/responses?

Explain democratic

Really enjoyed tho

Loved the open letter

Please can the script from an open letter be made available please?

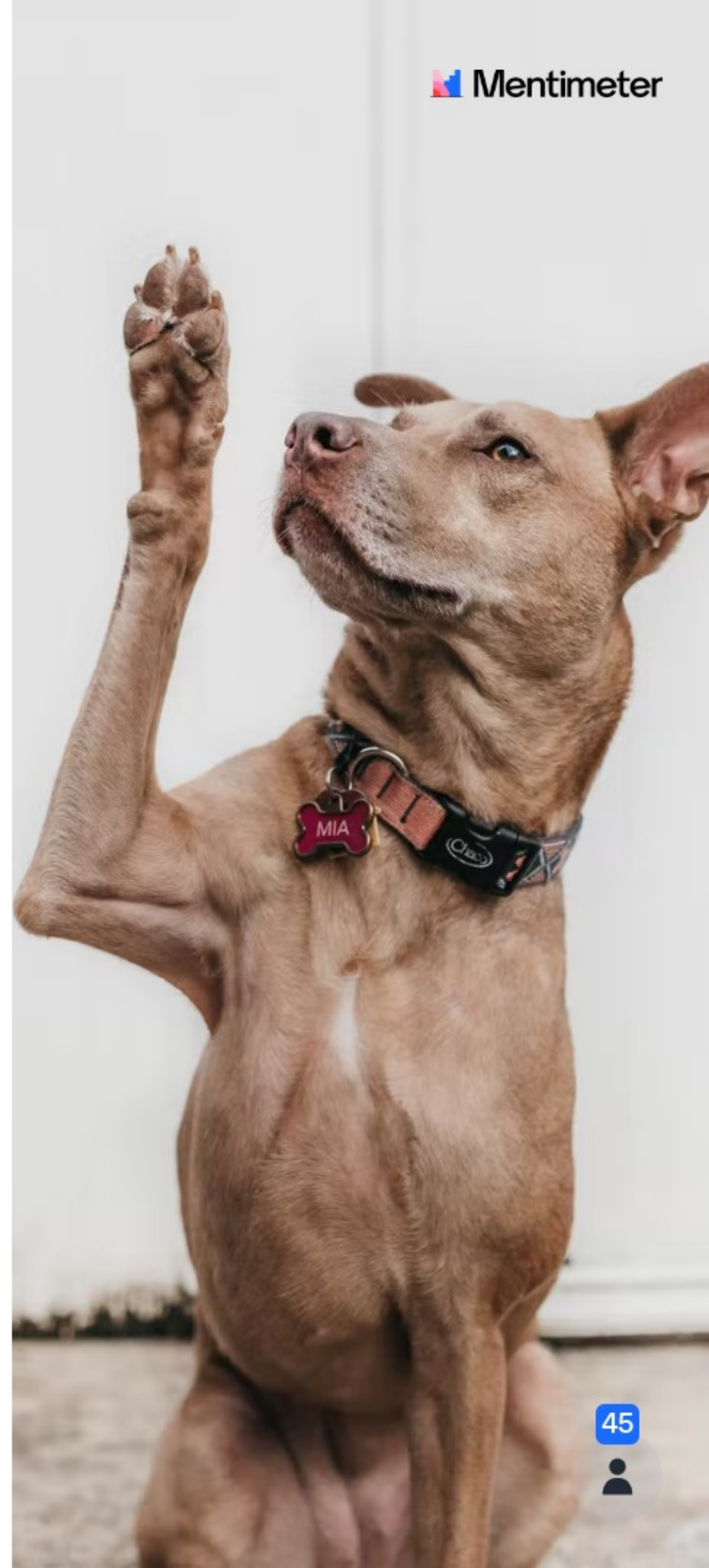
Fab

Where do we start?

How to break through the medical model

Amazing performance / text

Loved the open letter



Any questions/responses?

Open letter was fantastic

Open letter was awesome

Loved this ... Thank you

Would you present this to developing services?

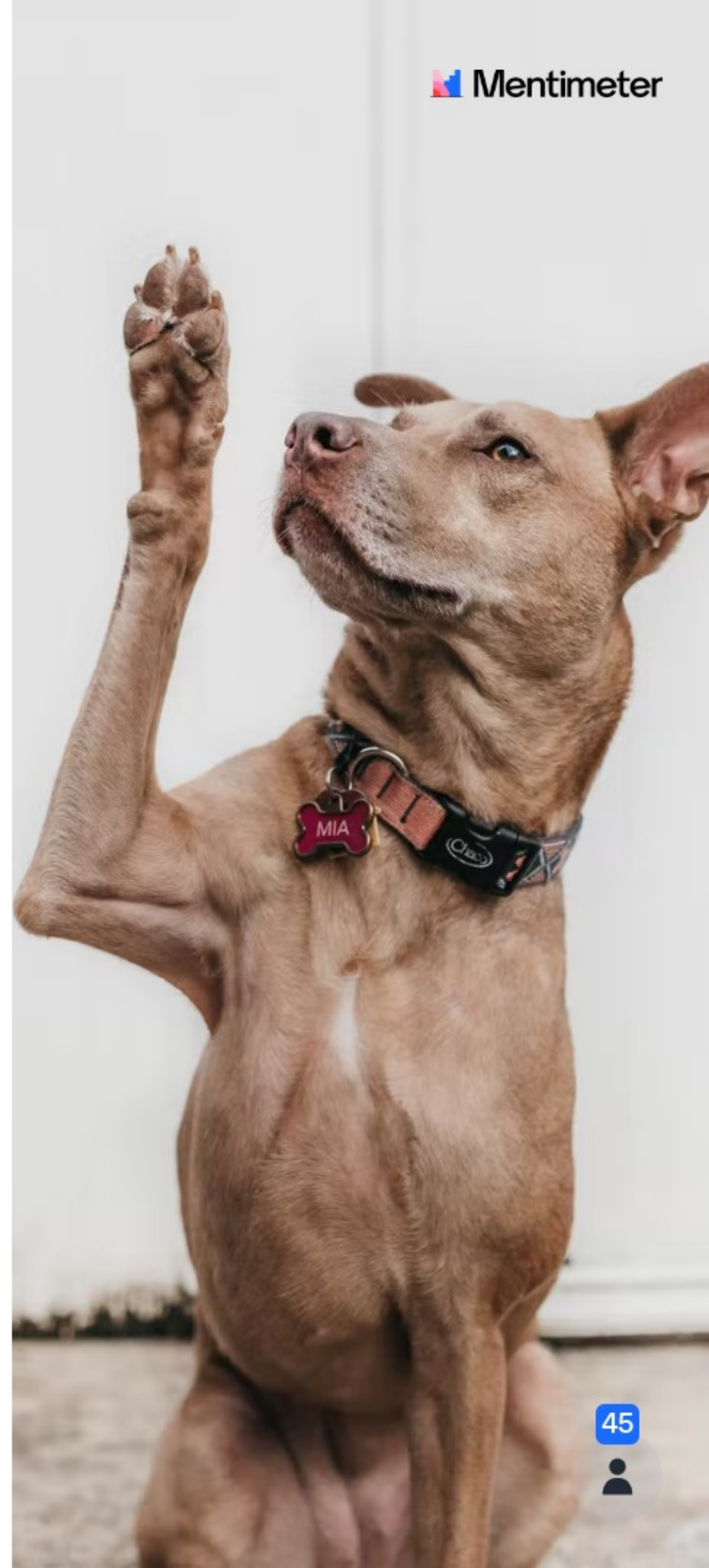
Great presentation. Open letter really powerful

Can this work in CAMHS?

Inspiring - thanks!

Thank you! Great use of Menti to interact with this audience.

So powerful



Any questions/responses?

How can we create more TC's?

Why aren't there more therapeutic communities like the Henderson and Cassel

Is it possible in acute settings?

Really inspiring and powerful. Thank you

Fabulous work! Loves the open letter

Brilliant way to start this year's conference! Thank you!

Thank you very much

Why have they got so unfashionable for commissioners

My poster (number 3) is about the long term impact of being in a therapeutic community (Acorn) for staff and SUs. Very similar themes - learning to sit with things, positive risk taking RELATIONSHIPS!



Any questions/responses?

How can we reduce bureaucracy (in your view)?

Will the results of this Q&A be available?

Letter really powerful, thank you. Be great to be able to read/hear it again.

Many staff have good forward thinking ideas, but they work in rigid systems where ritualistic cultures dont welcome difference.

Fabulous conference opening, creative and thought provoking. Hooray for positive risk taking.

Open letter was very powerful

Very powerful thank you Fi and Mel ❤️

Great open letter

Appreciate having the value of tc highlighted here



Any questions/responses?



it

Thank you for this, very thought provoking

Absolutely how we need be working together

Who would hold the risk in a democratically community?

Any downsides to the democratic process? eg excluding the unpopular, but very ill resident.

Amazing conference opener. Well Done!

How can we reduce tokenism?

How do we bring this into wards that are not supported in the same way as T.C

Life is organised into hierarchies of competency; why flatten that? Do you want eg your podiatrist making decisions about your psychotropic medication? Or your PE teacher doing your Biology teaching?



Any questions/responses?

Might relational risk taking be a better term?

This is democratic but it's not a democracy

TC's are very White. Maybe not so safe for ppl from other backgrounds?

Amazing conference opener. Well done!

I hope these practices come to my area at some point

Can this work in the community? How do we stop admissions in response to risk AND keep someone safe? Is really tricky.

