

# EMBRAC(E)ing Enabling Town Slough – a new form of Therapeutic Community

#EnablingTownSlough

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# Slough Mental Health Services: Enabling Town Slough

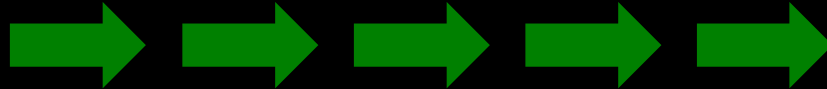
- Seven years of developing *co-produced asset-based services*
  - *A whole town approach*
  - Introduction of ASSiST (Alternative to admission), EMBRACE (Group Therapeutic Programme), HOPE Recovery College, HOPE House (Supported Living), Peer Mentors/Trail Blazers/Wellbeing Practitioners, Slough Academy training opportunities
  - Relational practice and integrated connectivity
  - A co-produced Service Philosophy **StrongerTogether:**  
“I am not my diagnosis...see my wellness.”
  - Gives ownership and social value to all involved
- #NotAlone** Loneliness and Isolation Campaign

# Salutogenesis

- *Salutogenesis* is a term coined by Aaron Antonovsky (1979), a professor of medical sociology. The term describes an approach focusing on factors that support human health and well-being, rather than on factors that cause disease (pathogenesis).

# Salutogenesis v Pathogenesis

Health promotion

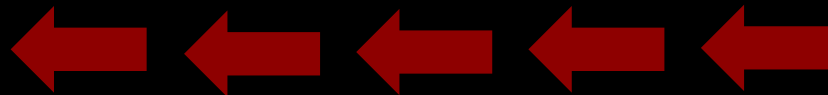


**Salutogenesis**

“HEALTH-EASE”  
WELL-BEING  
FUNCTIONING

DISEASE  
ILLNESS  
SICKNESS

**Pathogenesis**



Disease prevention, cure & care

# Community Asset-Based Approach

- Requires a paradigm shift in mind-set for everyone involved
- Sees individuals and communities as the co-producers of health and well-being, rather than the recipients of services.
- Empowers communities to control their own futures.

# What is a health asset?

*“A health asset can be defined as any factor (or resource), which enhances the ability of individuals, groups, communities, populations, social systems and/or institutions to maintain and sustain health and wellbeing and to help reduce inequalities”*

(Morgan & Ziglio, 2007)

# Co-production

## A Shared Vision for the Future

### Principles:

1. Being and Belonging (social connectedness)
2. Taking an asset-based approach (social value)
3. Building on service-users' existing capabilities
4. Opposite to Deficit Model
5. Peer network (Whole town approach)
6. Working with people, not on people.

An... enabling

Formulation-driven

Asset-based

Co-produced

Relational

Discovery -focused

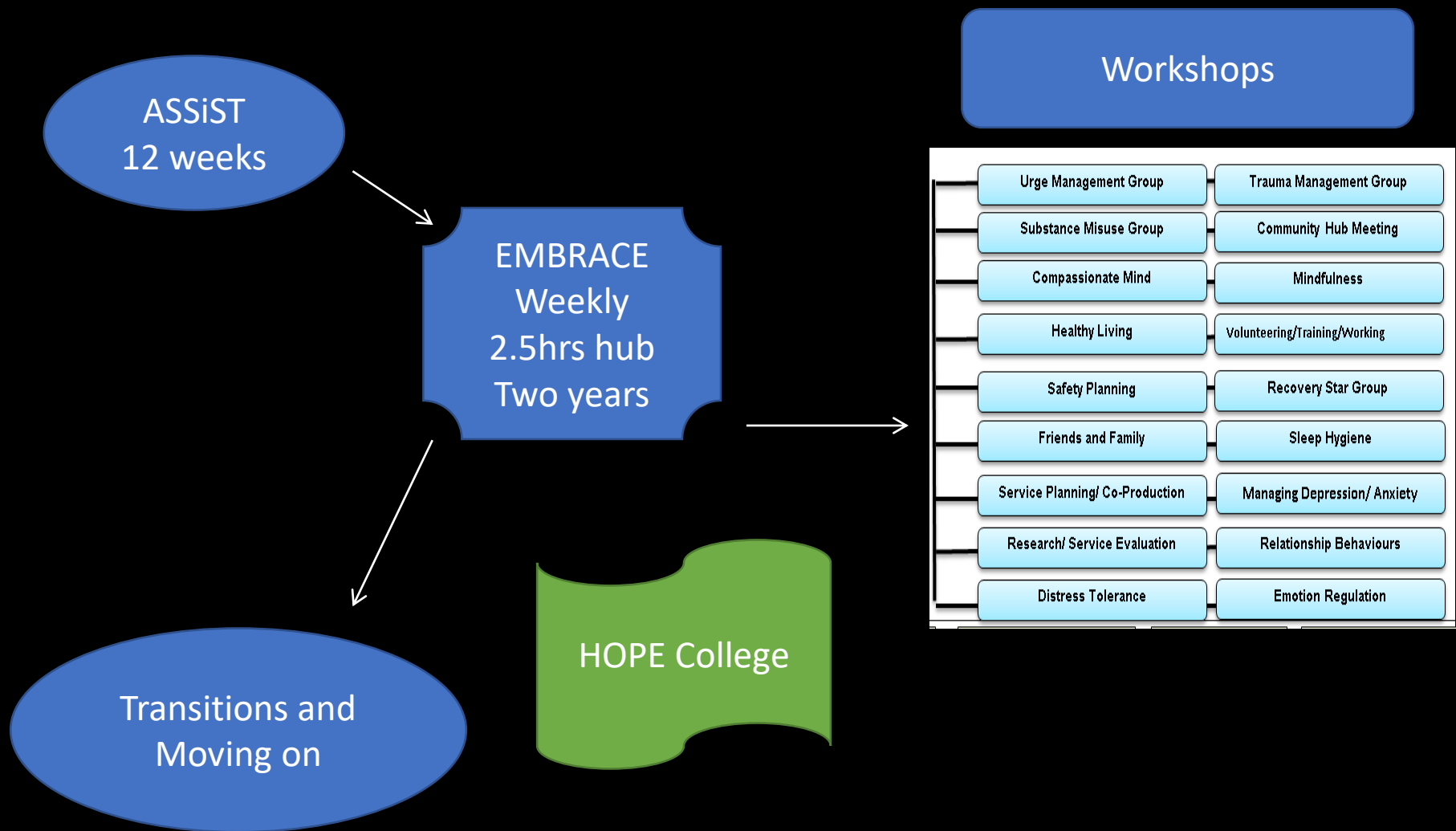
Trauma-informed

Bio-Psycho-Social ...programme.



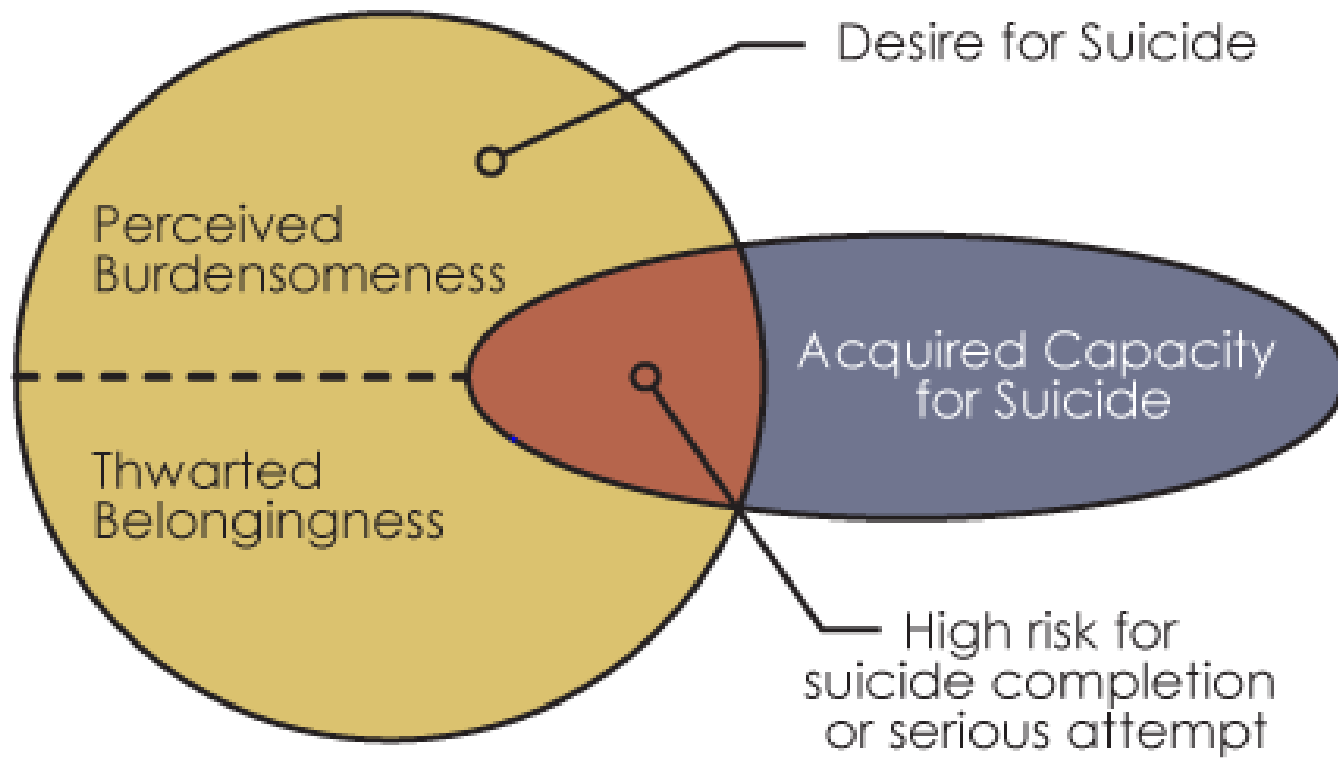
# ASSiST works with:

- East Berkshire
- Revolving-door hospital admissions
- Non-psychotic
- Often personality disorders
- Complex trauma
- High comorbidity
- Dual Diagnosis
- Several treatments tried
- Do not 'fit the boxes'
- High risk to self



Workshops	Personal development	Centre for Quality Improvement	Employment	Volunteering
Peer Mentors	Conferences	Greencare	Service Development	MH Ambassadors
Charity Work	Group Co-facilitation	Peer audit/ Research	Recovery College	Training Students (university)
Coffee Shop	Community Networking	Creative Arts	Training Stigma	Inpatient support network

## Joiner's Interpersonal Model of Suicide (2005)



# Treatment Care Plan Based on Joiner (2005)

Thwarted  
Belongingness



Social Connectedness  
Relationships as the  
treatment

Perceived  
Burdensomeness



A sense of Purpose  
Co-production as the  
treatment  
Asset-Based  
Approach

Acquired  
Capability



Individually Tailored  
Psychological  
Evidence-based  
treatments

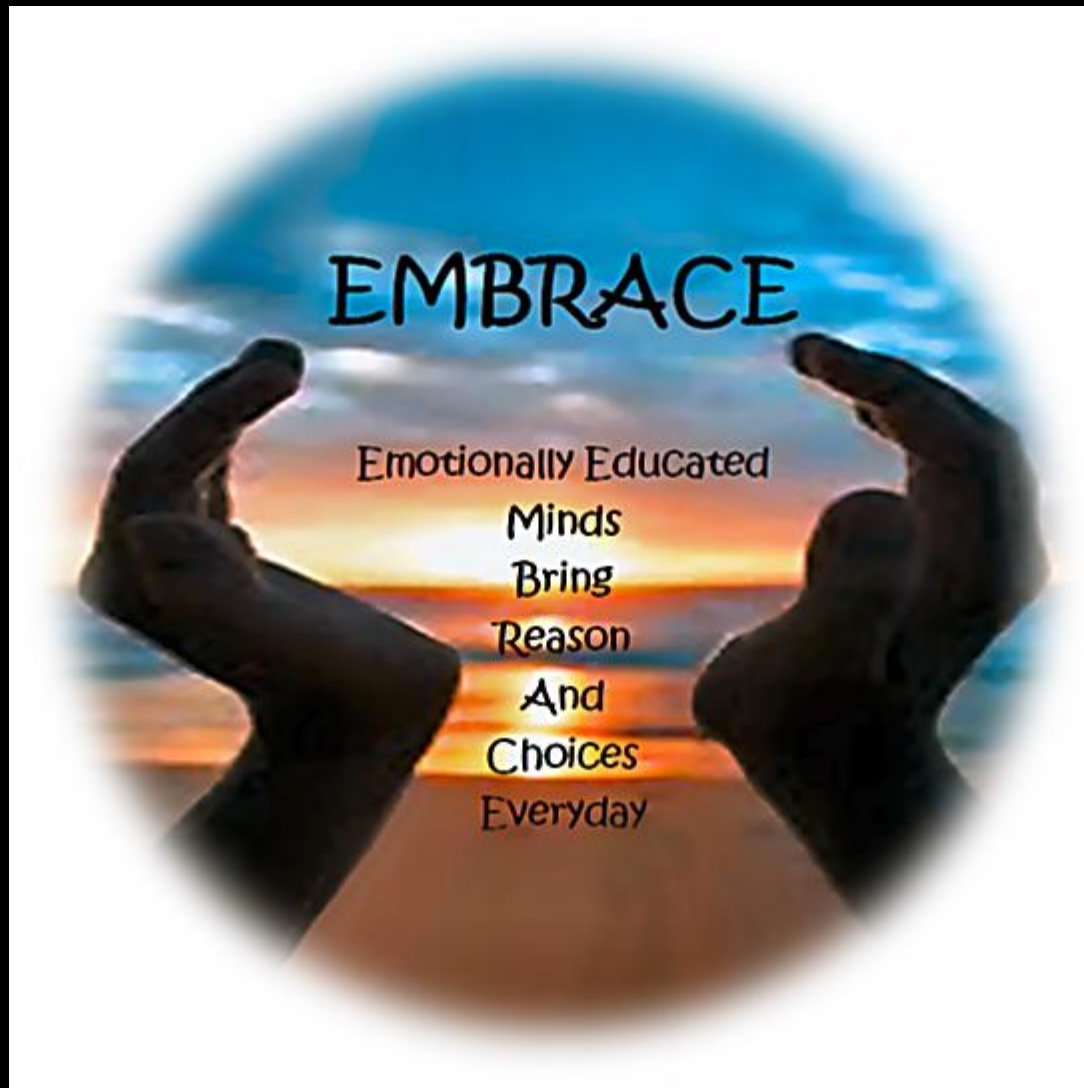
# Individually tailored psychological evidence-based treatments

Initial individual 12-week engagement and extended assessment of needs



Assertive-outreach  
Stabilisation and engagement  
Psychological Formulation  
Co-produced Safety planning  
GP triangulation  
Carers/Systemic sessions  
Emotion regulation, Distress tolerance, Sleep hygiene, Urge management etc. **Motivational Interviewing**  
Orientation to group programme and peer mentors

# Social Connectedness: Co-produced EMBRACE



# Social Connectedness

## EMBRACE Therapeutic Community Relationships as the treatment.



EMBRACE group hub  
Four phases, two years  
Ward EMBRACE  
Psycho-social /Psycho-educational groups  
Future-focused psychological sustainability and resilience  
A passionate sense of ownership  
Relational Practice  
A sense of belonging to the group and  
wider community of **Enabling Town Slough**

# A Sense of Purpose

## Co-production as the treatment Asset-based Approach



A sense of agency and self-efficacy  
On-going co-production  
Phased increased responsibility 'roles'  
Peer Mentors  
HOPE Recovery college  
Wider community  
Voluntary, Employment, Training  
Links to voluntary sector  
Returning as volunteers



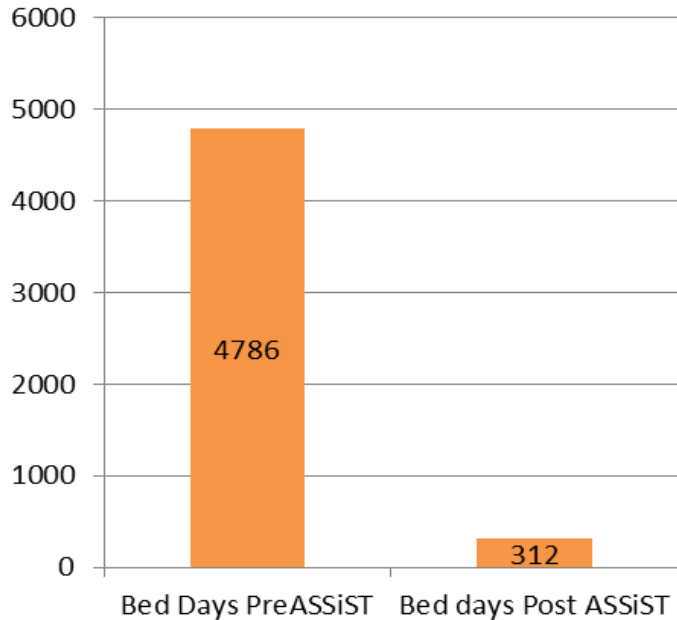
# Outcome Data (First cohort)

## N= 103

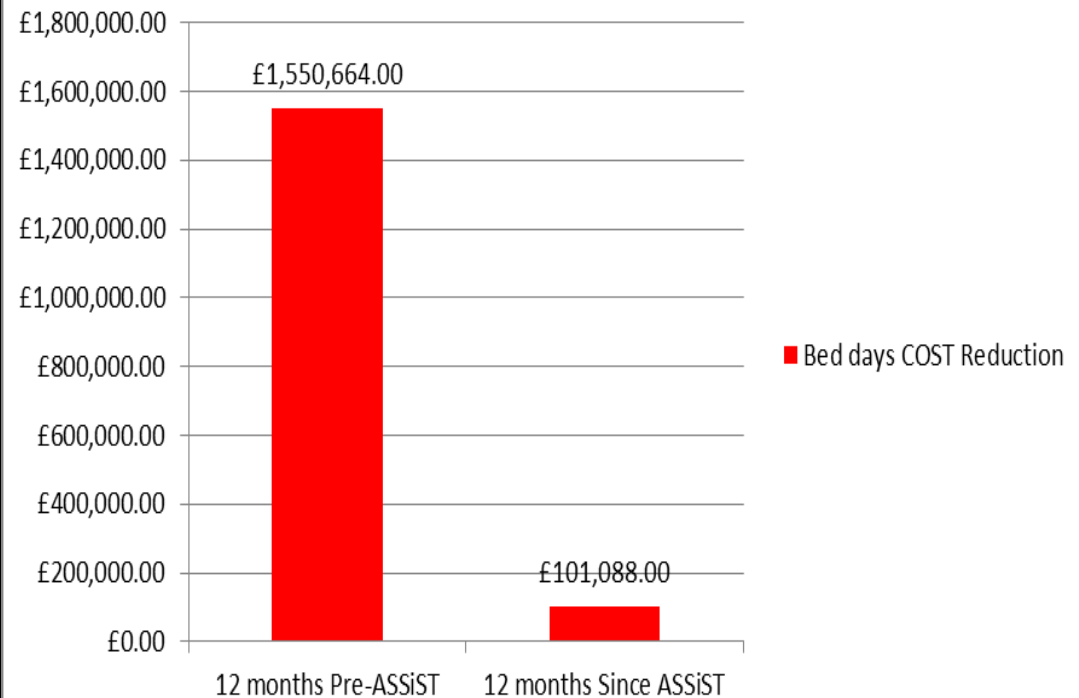
	12 months Pre-ASSiST	12 months Since Start Date of ASSiST
Number of admission episodes	173	15
Bed Days	4786	312
Cost of Bed days	£1,550,664.00	£101,088.00
CRHTT	4248	1199
A&E	203	37

# Bed Days and Cost Reduction

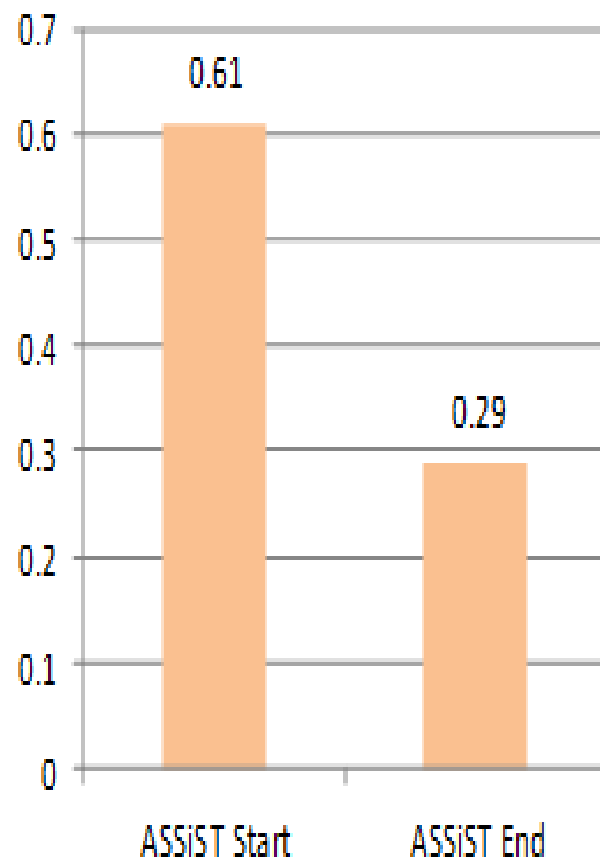
**Number of Bed days for 103 patients 12 months Pre and Post**



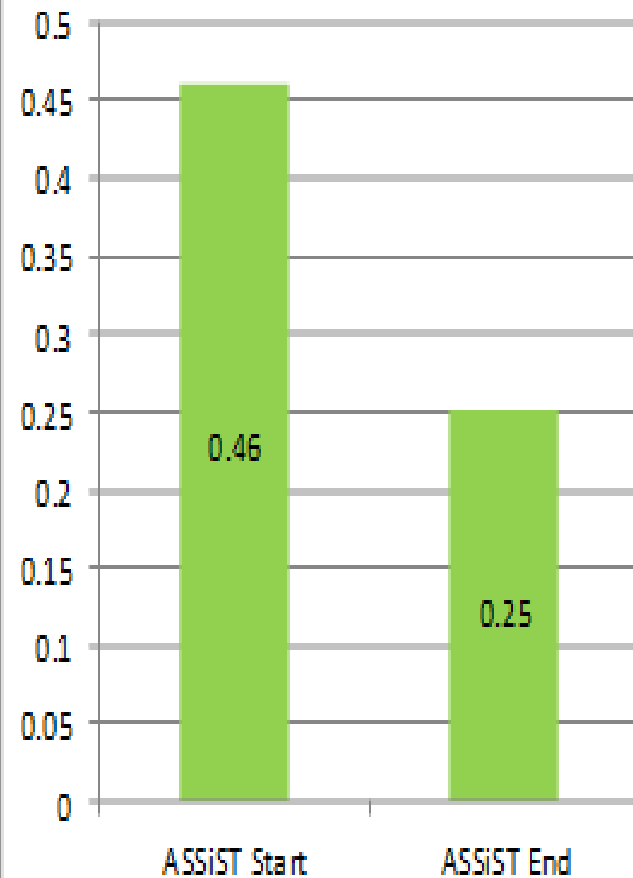
**Bed days COST Reduction**



## CORE Risk to Self

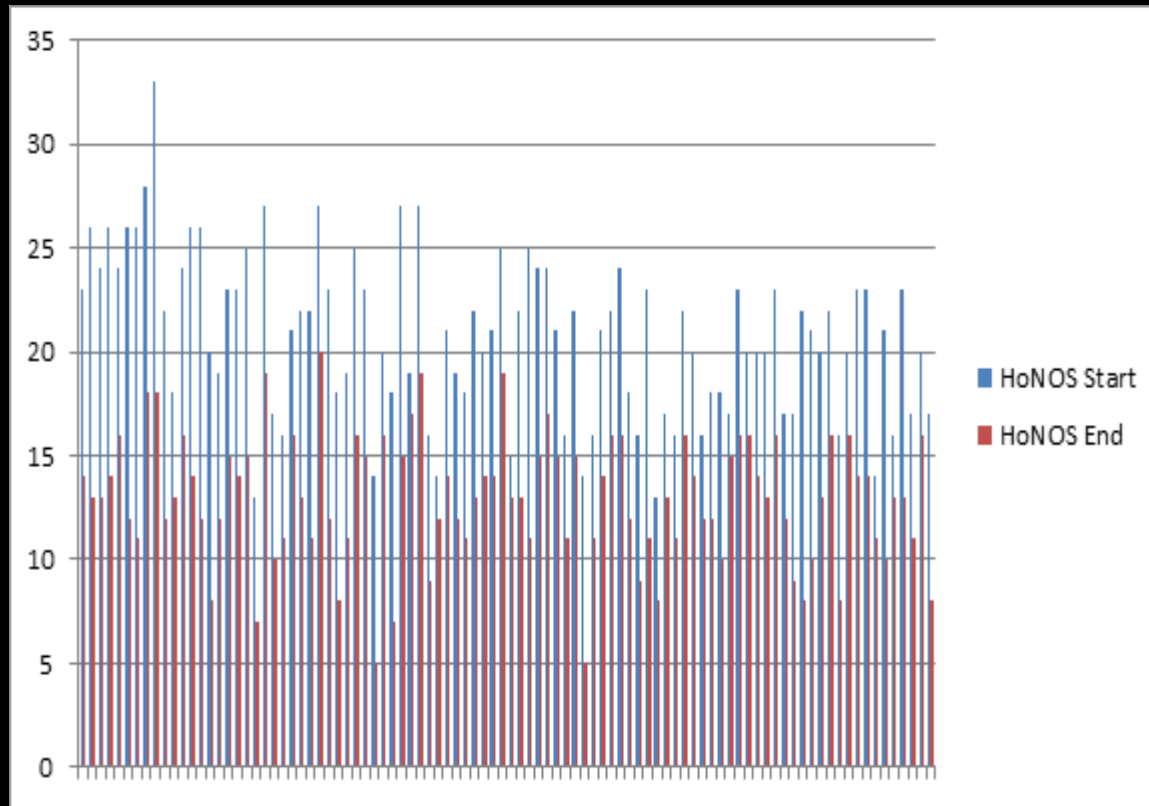


## CORE-OM Mean Score



# HoNOS Compared Scores

Health of The Nation Outcome Scale (HoNOS) compared scores for the 103 patients pre and post ASSiST.



# A new form of therapeutic community: 'A felt sense'

- More fun for all involved
- Flexibility to ever changing new demands
- More able to use co-creation
- A different nature of **power** relationships
- A greater sense of belonging: a continuity
- Innovative use of all community resources
- 'once a visitor, always a member'
- Relational integration across the town
- Health as a SOCIAL MOVEMENT

Thank You

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