



The Tidal Model

Issue 6 February 2011

Reclamation and Recovery in Mental Health Care

Reclamation... and the politics of change

People who know our work are aware that **Tidal** was conceived in the late 1990s as a 'recovery' model, some years before recovery became a buzz-word in the UK. We realised, very quickly, that *recovery* could mean very different things to different people. Indeed, many people, organisations and government departments have used such differences of interpretation or definition as a way of opting out of the whole recovery debate.

However, the notion of recovery is no different from any other human idea, belief or value. Love and friendship; resilience and fortitude; ambition and power – all mean different things to different people. Indeed, they can mean different things to the same people at different points in their lives.

We also realised that something important needs to happen before people can even begin to contemplate recovery. People need to feel that they are, at the very least, beginning to assume control over their lives: taking hold of the tiller; regaining the sense that the ship of their lives is in their hands, no matter how many crew members may be working alongside them.

We called that sense of regaining control, *reclamation*. Each day brings new examples of the importance of reclamation in our own lives, as we

encounter the 'rough seas', which life presents. As we listen to the stories of the people we work alongside, we gain further examples of the vital nature of *reclamation*: the first necessary step in recovery.

All the stories featured in this issue of the *Newsletter* address reclamation, in one form or another. Each story reminds us of the personal nature of reclamation: taking back something which has a particular meaning for the person. *What* that is and *why* it is so important can only be known by the person.

Peter O'Neill offers a powerful account of his long struggle to reclaim ownership of his life; and the simple –yet profoundly important help – offered by the nursing team, his friends and family, which helped him get his own ship back on course. At the end of the day – all help notwithstanding – **Peter** was the captain of his ship, even when it appeared to be sinking. We forget such facts at our peril and risk imperilling all those whom we might seek to help.

Chrys Muirhead organised a great workshop in our homeland of **Fife** in Scotland, where the stories flowed, lubricated with much laughter and a few tears. In **Cupar** the workshop participants reminded us of the ordinary nature of all such storytelling.



They also reminded us that nothing is more powerful than storytelling in reclaiming the deep meanings that lie at the heart of all our life experience.

Finally, **Paul Smith** from Scotland and **Julie Ferguson** from Australia, remind us that many professionals also want to reclaim something important, which they feel that they have lost. This might be called a sense of *vocation* or professional *purpose*; the values or beliefs that drive the professional ethic. Describing very different settings, with different groups of people, their concerns seem to be very similar – to reclaim the sense that they are doing the 'right thing', in helping the people in their care begin to chart the course of their own recovery.

This is the politics of change!

“Value the voice: No head patting please, I’m crazy, not a child”

by Peter E. O’Neill



Peter, with his ‘strength and future’: wife Sheila, son William and daughter Sarah.

Peter E O’Neill BA (Hons) LLB is a Canadian lawyer with experience of “breakdown”. His story was first summarised in an extensive article in the leading Canadian newspaper - *Globe and Mail*. <http://v1.theglobeandmail.com/breakdown/>.

Peter also had experience of the **Tidal Model**, offered by nurses at the Royal Ottawa Hospital. We published an update on **Peter’s** story on the Tidal Model website last year ([http://www.tidal-model.com/Free stuff/THROUGH THE GLASS2.pdf](http://www.tidal-model.com/Free_stuff/THROUGH THE GLASS2.pdf)).

As a person who has had mental health issues in the past and may have them in the future, I think that I’m in the same position as many people. My highs and lows may have been more extreme than some, but they have been less extreme than others.

I just want to be happy. I needed to find that peace. I saw that peace in many faces and I wanted it. I believe that I can sum the Tidal Model up in three words.

One can write many articles and studies and books but it only comes down to three simple words There is only one Tidal Commitment: **Value the Voice.**

Without this statement, communication between any people cannot happen.

After I was diagnosed, I spent a lot of time in the psych ward, where there were lots of people like me. In there, as in most places, we all had labels.

I was no longer the lawyer; I was the *manic depressive*. I prefer the term manic depressive to bi polar. It is more honest as to the effect on a person and their friends and family. From then on, at least absorbing the self stigma that I wore, things would always be perceived differently.

While I was in the wards, I had to discard all labels and put everything aside in order to survive. People look for any type of connection and often it was a connection of ideas, thoughts or circumstances.

I met some of the smartest and wisest people I have ever met there; I often didn’t know their occupations or sometimes even their names but many of these individuals were truly gifted.

I know because I talked to them. I would listen to their conversations with others, hoping to catch a glimpse of some connection so that I could participate in some human interaction.

Value the voice: No head patting please, I'm crazy, not a child (cont'd)

While I was first hospitalized, and I was truly looking for an implement of self destruction, I was continually interrupted over the course of days by nurses concerned about my "affect."

I asked what that was and I came away thinking they were worried about a rash on my face. I was thinking, "if they only knew how suicidal I was, they would strap me down." Who cares about a rash?

I later learned what "affect" meant in that context and felt that I should have done a medical degree before I had a breakdown.

When I went to the Royal Ottawa and experienced the **Tidal Model**, I was impressed. I was impressed enough to ask for permission to read it in the staff library.

I wandered around in that library and learned a few more things. At the Royal Ottawa they *listened to me*. They **valued my voice**. I was thirsty for knowledge and they let me in their library where over many hours I read various things.

Here is the summary:

Value the Voice. It's a puzzle, they're not hard.

I am an example of someone who has had a prolonged and severe mental health crisis and come out the other side. Stephen King wrote "*The Long Walk*." I felt that was what my life was.

With help and support and understanding, I was able to not only survive but to thrive.

This is what my father did for me one time:

.

The morning that Noah Augustine's murder trial started, it was high pressure and national news material.

I got in my car and there was a card tucked into the visor. Handwritten, it read:

"High Seas and Deep Waters, make for the Ablest Sailors." You are an able sailor, Love Dad

The Tidal reference points mean something to me. Sometimes when the water is choppy, I remember that Dad told me I was an able sailor, and it helps.

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Here is a link to my blog/website. I trust that the hope shines through in every piece.

<http://stationst.blogspot.com>

New Paper

"Using the Tidal Model of Mental Health Recovery to Plan Primary Health Care for Women in Residential Substance Abuse Recovery"
Brenda B. Young (*Miami University, Department of Nursing, Hamilton, Ohio, USA*)
Issues in Mental Health Nursing Aug 2010, Vol. 31, No. 9: 569–57

Women currently represent 30% of the substance abuse recovery population in North America and have gender specific treatment needs as they enter the difficult work of recovery. Important among women's specific needs as they enter recovery is the need for a focus on primary health care.

Few models designed to guide the provision of health care for this population are available in the literature.

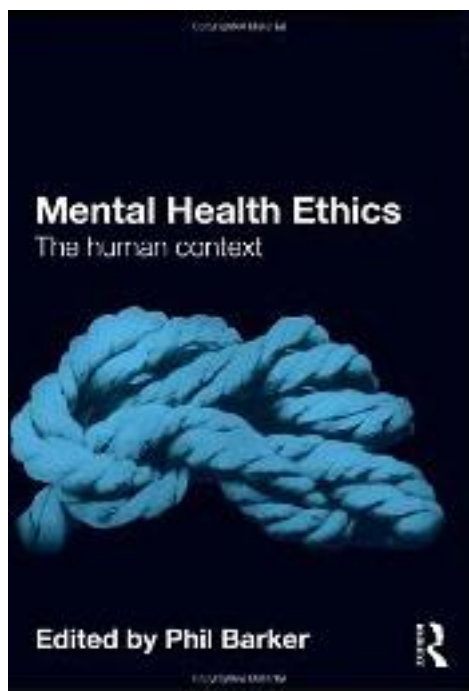
The **Tidal Model of Mental Health Recovery and Reclamation** is based on the concept of nursing as "caring with" persons in distress.

Given the emphasis in this model on developing a partnership between caregiver and client, it is especially appropriate for women in recovery for substance abuse. The **Tidal Model**, integrated with the United States Substance Abuse and Mental Health Services' CSAT model for comprehensive alcohol and other drug (AOD)

abuse treatment, is used to guide planning for delivery of primary health care in a residential women's substance abuse recovery center in the Midwest.

This article describes the **Tidal Model**, and identifies how the model can improve the delivery of primary care to women in residential substance abuse treatment. Strategies for implementation of the model are proposed. Evaluation and outcome criteria are identified.

A NEW BOOK ON ETHICS



Mental Health Ethics: The Human Context Phil Barker (Ed).
Published by Routledge: London and New York 2010

All human behaviour is, ultimately, a moral undertaking, in which each situation must be considered on its own merits. As a result ethical conduct is complex. Despite the proliferation of codes of conduct and other forms of professional guidance, there are no easy answers to most human problems.

Mental Health Ethics encourages readers to heighten their awareness of the ethical dilemmas found in mainstream mental health practice.

This book provides an overview of traditional and contemporary ethical perspectives and critically examines the many ethical and moral challenges present in contemporary 'psychiatric-mental' health services. It offers a comprehensive, interdisciplinary perspective, over six parts, each

with its own introduction, summary and distinct ethical challenges, addressing:

- Fundamental ethical principles
- Legal issues
- Specific challenges for different professional groups
- Models of care and treatment
- Recovery and human rights perspectives

Providing detailed consideration of issues and dilemmas, *Mental Health Ethics* helps all mental health professionals keep people at the centre of the services they offer.

Reviews of *Mental Health Ethics* from the Amazon website

"This is not an ethics manual or workbook. Difficult questions are asked but answers are scant. Prof Barker states at the outset that ethics is personal and that moral undertakings are personal and in keeping with this approach all answers must be personal. We can only do what we each believe is good and right in response to the needs of others. All who read this book will be affected in some way. I think it would be impossible to be complacent about mental health ethics after considering the arguments presented here. You may agree or not but you will need to take a stand one way or another and this is the real value of this work.

Greg Clark

"The reader is in no doubt of Barker's view that, in moral and ethical terms, the enemy is more often located *within* than *without*. As such, the book often resonates uncomfortably and powerfully. In a closing summary chapter Barker summarises his audacious thesis ... In so doing, he made me mindful yet again that: 'Acting responsibly is not a matter of strengthening our reason, but of deepening our feelings for the welfare of others'."

Angela Simpson

"This was certainly a challenging read... This book is essential for any professional working in mental health services. Barker has been as challenging as ever in getting us thinking about perhaps the most important issues in mental health...How do we help those who we see in mental distress regain or maintain their personhood and slip back into life?"

Julie Ferguson

Tidal is well appreciated in Cupar, Fife

by Chrys Muirhead



Chrys Muirhead is
Convener of
Peer Support Fife
www.peersupportfife.org.uk

As leader of voluntary organisation Peer Support Fife and a carer and survivor, of mental ill health and the psychiatric system, I was concerned that the Tidal Model was not being used by staff in acute inpatient care in Fife.

Although they had been trained in Tidal the word from staff was that they were “too busy” to use it although they did use “bits out of it”. I had spent 9 weeks last summer supporting a close family member during their stay in a Fife acute ward. It was a dreadful experience for both of us. My relative left the ward in a worse state than when they went in and I had to spend many hours and days supporting them in their recovery.

In this ward none of the nurses were using Tidal although they did have a copy of the manual and many had been trained. One of the staff nurses there described the ward as a “warehouse waiting for the medication to kick in”.

On page 8 of the **Tidal Model** Manual Phil and Poppy write about the use of Tidal.

“In all settings the *purpose* is the same: to *identify the problems of living* that are the source of the person’s distress or disturbance, so that *together*, the person and the professional helpers (and family and friends) can begin to explore what needs to be done, to resolve, or help the person come to terms with them.”

This is what I needed to hear and what the nurses need to be doing. They would like to be doing this if only they were ‘allowed to’. For those of us who have personally experienced distress, and helped others in their distress, it makes sense to learn more about Tidal.

That way we can encourage or even challenge the nurses to practice what they have been trained to do

This also fits in with the user movement and the ‘experts by experience’ top-down agenda, although the reality of having a voice and making a difference is tough and testing.

I decided to invite Poppy and Phil to deliver Tidal in Cupar, to people with experience of mental health problems, and carers, so that we could appreciate the benefits of Tidal and ask for it in our own situation.

We had a wonderful voyage of discovery, captained by Phil and Poppy, as we learnt to ask questions and to listen. The Solutions group taught us that there were no solutions except for those that people themselves had within them. It was a relief and a release. It wasn’t up to us and yet we had a part to play.

Our shared journey and storytelling passed too quickly, we were loath to leave the laughter and sense of belonging. Thanks to Poppy and Phil for an unforgettable adventure.

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The old market town of Cupar, set in the heartland of Fife. Historic Cupar has played an important administrative role in Fife since the 13th Century.



“Tidal workshop in Cupar, Fife (cont’d)



Photo: Daniel Muirhead

A wide range of people - some with direct experience of mental health services and others as carers – travelled from all around Scotland to participate in the Tidal workshop in Cupar.

Some members of the group are pictured here.

The ‘buzz’ in this particular Tidal workshop was different – indeed it was quite remarkable. Perhaps this was due to some rather obvious facts.

Everyone who participated had *chosen* to give up their time be there; for almost everyone this involved *travelling* a long distance; and of course, the idea of ‘recovery’ really *mattered* to them.

Caroline, one of the participants, reflected on her workshop experience and was generous enough to provide us with her thoughts on the two days in Cupar.

“Last week I attended an excellent two-day workshop on “*An Appreciation of the Tidal Model*” delivered by the charismatic and intelligent Phil Barker and Poppy Buchanan-Barker.

Starting with the notions that: life cannot be controlled; change is constant and that everyone is as unique as their fingerprint, we then set out on a fascinating journey through the process of the Tidal Model.

By using the easily-accessible metaphor of water and ordinary language - as opposed to professional jargon - the Tidal Model recognises

that recovery is as simple as ‘getting going again’ when one’s life is on the rocks.

The power of story is also emphasized. The first step to recovery is *reclaiming your own story*.

At the start of the workshop all participants were given a warning that the following two days: “may seriously change the way you think, feel and act”.

I can confidently say that Phil and Poppy certainly lived up to their ambitious expectations!”

Caroline Smith

All change in Kirkcaldy.

by Paul Smith



Photo: Copyright Word Economic Forum. Photo by Remy Steinegger

Gordon Brown – grew up in *Kirkcaldy*, where his father, Dr John Brown, was the Minister at St Bryce Kirk (below). Gordon Brown went on to become British Prime Minister and presently is the Member of Parliament for Kirkcaldy and Cowdenbeath.

The ground floor of **St Bryce Kirk** has a Coffee Bar and an exhibition and concert space. Here the GEMINI team holds its monthly Discovery Groups.

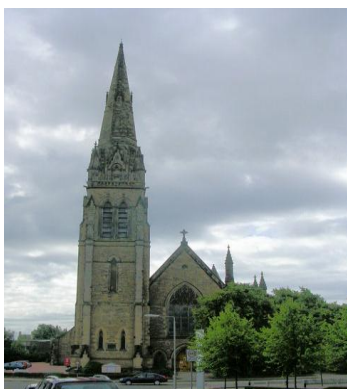


Photo © Jim Parker 2010

Paul Smith is the Clinical Nurse Educator at Whyteman's Brae Hospital in Kirkcaldy, Fife, Scotland. In Issue 4, July 2009, Paul first introduced readers of the Newsletter to some of the work being done with the Tidal Model in Kirkcaldy. Here he provides an update on some of the recent developments involving his Fife colleagues.

Over the past two years there have been some significant changes within our hospital. The two acute psychiatric wards have now been amalgamated due to service redesign. Re-named *Ravenscraig*, the new ward includes a new senior charge nurse and our community teams have also been given additional staff.

The merging of these wards brought many opportunities as well as obstacles with regard to Tidal. As you can imagine different cultures have different ways of working and this was true of our work with Tidal. The wards had several changes of charge nurse over the duration and these changes were not always helpful. Without a doubt the introduction of the Tidal Model has meant that nursing staff are spending more time with people than ever before.

Immediately following the introduction of the **Tidal Model**, both wards developed full programmes of group-work using all three Tidal groups as a starting point. At the same time, other groups were developed to add to the quality of service provided. Before Tidal, there was very little in the way of group-work happening on either of our wards. *Frank Frame* has played a very important role in developing and maintaining the new emphasis on group work.

The introduction of Tidal has led to a full programme of group-work, with at present 3 groups running daily in Ravenscraig.

The Senior Charge Nurse, *Michele McLean* and I both firmly believe that the current group work format can be attributed to the introduction of Tidal. The Tidal philosophy helps provide a place where problems can be discussed and support offered in a community setting. Tidal has also helped to influence the development of skills and knowledge of group-work skills with nursing staff.

My role has allowed me to teach the necessary skills to facilitate the groups whilst initially taking the lead and then supporting the lead facilitator. We have also integrated a formal 'feedback session' for staff following all of the groups. This framework helps the team members to reflect on their experience in the group and further develop their knowledge and skills.

Ravenscraig is using all the Tidal assessments and Personal Security Plans are discussed during multi-disciplinary clinical meetings. Notably, Tidal language is used frequently during these meetings. The ward is currently trialling a pathway, developed by Charge Nurse *Glen Lomax*, to complement the use of Tidal and to maintain Tidal focus throughout care planning.

Now that we have a new staff team working together, I am now currently delivering a series of workshops to re-visit and discuss the theory of Tidal, whilst also allowing time for the exploration of more practical Tidal examples. In these workshops we encourage debate and ways that Tidal can help people to move forward in their lives.

All change in Kirkcaldy (Cont'd)

These sessions also allow the staff members from the two original teams to get to know each other whilst developing a shared Tidal philosophy.

People will sometimes say “Tidal doesn't work with this person” or “the person won't engage with Tidal”. We use these examples in workshops to discuss why Tidal might not be appropriate and get staff to explain what they will do instead. Most often, however, we are able to conclude that the Tidal model/philosophy is able to contribute to the care of the person. The person's own story is revealed much more than ever before.

When patients refuse to engage we encourage staff to think about why they are not engaging and to explore the purpose of the admission to generate new ideas. Sometimes we conclude that admission is not helpful and discuss this with Multi Disciplinary Team. We have decided that we need to explore in more detail the use of the Monitoring Assessment and I will be running a dedicated workshop in the New Year exclusively on this topic.

One-to-one sessions remain a key feature during the admission. Tidal has encouraged staff to think more about the social and psychological difficulties the person is experiencing; and most importantly what help is needed, what options are available, who will do what and how will we measure success. Discharge criteria are also discussed at the clinical team meeting.

The GEMINI community team, led by Senior Charge Nurse *Rosina Bradburn*, has fully embraced the Tidal approach. The Holistic Assessment is used diligently in a way that identifies changes that have happened in peoples' lives. GEMINI team members have small caseloads for people with a major diagnostic illness. The team facilitates a successful monthly *Discovery group* at St Bryce's Kirk. Recently the team, with support from advocacy, used a couple of the Discovery groups to capture patient's views and to develop a new Patient Information Leaflet. They were able to develop some excellent conversations and I was fortunate to be a part of this. It was just great listening to patients and staff sharing their views and getting to know each other better.

The GEMINI team have made formal links with *Ravenscraig* and *Ivan Houston* attends in-house training and also meets with Charge Nurse *Glen Lomax* and other staff at frequent intervals, to help with the transition of care and to share Tidal information. Both teams are keen to ensure that the person does not have to “keep telling the same story” whilst ensuring that problems identified by patient/staff continue to be addressed by relevant nursing staff. The emphasis is on identifying what has changed since admission or discharge and discovering how staff or patients can help with problems.

The *Dunnikier Day Hospital* has decided to introduce the Tidal Model this New Year and *John Harris*, the new Senior Charge Nurse, has arranged for his staff to attend in-house workshops and to attend the community - ward link forum. This opens up exciting opportunities this year, both for me and the Day Unit. The Day Hospital is keen to maintain patient self - management and views Tidal as a model to influence the nursing approach. I believe it will also strengthen the culture of Tidal within the hospital.

Challenges remain and I look forward with great enthusiasm to working with the various staff teams this year, to talk about and to work with Tidal. There continues to be very strong leadership support for this model alongside all the hard work the staff team has put in over the last 2 years. The strong leadership has given me time and access to staff, at a time where NHS money is tight, but not “too tight to mention”. This year I hope to collect some quantitative data as well as capturing narratives from staff and patients to provide evidence to support our work.



Carolyn Hendry (staff nurse: Ravenscraig Ward); *Paul Smith* (Clinical Nurse Educator); *Michele McLean* (Senior charge nurse: Ravenscraig); *Glen Lomax* (Charge nurse: Ravenscraig); *Rosina Bradburn* (Senior charge nurse: GEMINI team), *Alex Ireland* (staff nurse: Dunnikier Day Hospital); *Morag Millar* (Staff nurse: Ravenscraig); *John Harris* (Senior Charge Nurse: Dunnikier Day Hospital).

“Riding the Waves at Gna Ka Lun”.

by Julie Ferguson



Some of the Team at Gna Ka Lun: *Kirsty Hughes, Ruben Mateluna and Meg Davidson, with Laura Page, acting Nurse Unit Manager.*

In 2001 an adolescent mental health unit was opened in Campbelltown, Sydney, Australia. It was only the second acute adolescent inpatient unit to open in New South Wales. It was difficult to find nurses who had any experience in this field, let alone nurses who lived anywhere near the unit. For years the unit lurched from crisis to crisis, never opening all 10 beds because of lack of staff. It was like the unit was shipwrecked before it ever really started.

In late 2007 we knew something needed to change. The nurses were like castaways on a desert island. Many had no formal mental health nursing qualifications and many were new graduate nurses with no mental health experience. The nursing team was as disempowered as many of the adolescent clients.

The nurses found it hard to know how to engage these young people whose lives were in turmoil. They often felt they were “just baby-sitting” and that many of the young people had “just behavioural problems”. There was no model of care let alone a clear understanding of mental ill health.

A small working party was formed to plan the implementation of *The Tidal Model*. This consisted of two clinical nurse consultants: *Julie Ferguson* and *Greg Clark*; the Nurse Manager for Practice Development: *Maria Fitzgerald*; The acting Nurse Unit Manager: *Natalie Vella*; Associate Professor of Mental Health Nursing from University of Western Sydney: *Louise O'Brien* and was supported by the Director of Mental Health Nursing for SSWAHS: *Claire Edwards*

The Working Party decided that the nurses needed to develop their interpersonal mental health nursing skills before they could implement a model of care that relied so heavily on working with clients on an interpersonal level. In 2008 a training package was designed and developed then rolled out with a one day introductory workshop, followed by ten 2-hour education sessions, once a week. This was repeated before *The Tidal Model* was implemented and has since been repeated twice.

In January 2009 *The Tidal Model* was introduced. At the same time the education sessions were reinforced with consolidation sessions - weekly meetings using a clinical formulation framework. This was later called ‘clinical reasoning sessions’.

In these sessions we looked at one of the young people on the unit (usually one that the nurses found more challenging to manage). We looked at the young person’s journey and how they had come to be in the unit, exploring their childhood story and how this had set the stage for what we were now seeing. This helped bring the young person’s story to life and helped the nurses discover the level of compassion needed to engage the young person on their healing journey.

The unit continued to lurch from side to side as though it was still a wreck. The leadership of the unit has changed many times but something special started to happen. The nurse’s took ownership of this new model of care. They were like the ballast in the lurching ship. They found their way out of the hull of the ship and started to ride the waves.

“Riding the Waves at Gna Ka Lun...Cont’d



Gna Ka Lun Adolescent Unit

Many of those on the original working party have since moved on to other positions but now that the nurses understand their role and work with an “educated heart & educated mind” they are off and running.

Recently I attended a Symposium where there were five nurses from Gna Ka Lun in attendance. It was great to see them standing tall in the Mental Health Nursing arena.

They relayed the story of how the unit was going. They were proud to tell me that there had been no seclusion used on the unit in the last three months. This was a major change since it had been at least a daily occurrence. They were excited also to tell me about a new admission.

An adolescent girl who had been admitted to several other specialist mental health units, was described as very “out of control”.

The other units had used seclusion extensively to manage her behaviour. Before she arrived, the nurses at Gna Ka Lun had decided that they would work hard at engaging with her in an effort to work with her. They succeeded and there had been no need for seclusion throughout the several week-long admission.

We know that we cannot control the waves and that stormy seas will rise up from time to time. In the current calm the nurses are now standing tall and feeling like they can make a difference in young people’s lives. Using the Tidal Model they come to understand what the feelings behind the behaviours mean.

The unit now has a waiting list of nurses who want to work on the unit which is a very different story to how it had first begun.

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Tidal Workshops

If you or your colleagues are interested in hosting a **Tidal Model** workshop in your area, either with professionals OR with people who use, or have used mental health services, please contact us, providing brief details.

tidalmodel@btinternet.com

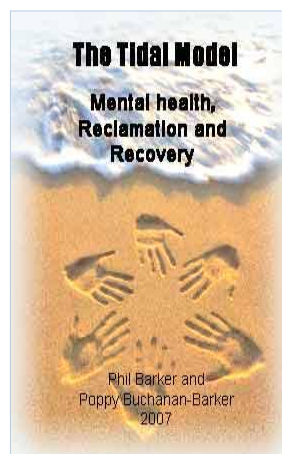
About Clan Unity International

Poppy Buchanan-Barker and Phil Barker have worked in the health and social care fields for forty years. For over a decade they have led and facilitated person-centred workshops,

around the world, and have promoted interest in the concept of recovery through their international consultancy – *Clan Unity International*.

Free

Tidal Model Manual



A free PDF copy of the fully revised, **Tidal Model Manual** is available. This 120-page manual introduces the key theoretical **Tidal** concepts, and provides detailed illustrations of various aspects of the individual and group-work sessions within the Tidal Model.

To request your **free** copy simply send an email to: tidalmodel@btinternet.com