

Empowerment through responsible action.



embrace



embrace

At present there is no official, generic documentation that outlines an individual's specific needs, instructs a third party as to how to practically respond to an individual in the event of a crisis, and is accessible to the individual, their community and professional support network. By opening the channels of communication within each area of support the Pocket Advocate aims to ease liaison, through the instigation and pro-activity of the user.

The Pocket Advocate confidently and clearly addresses the widening gap between the individual, their community and the local services available to them. Through a creative, as opposed to a clinical approach, the format and aim of the Pocket Advocate is to inspire a sense of pride and achievement rather than being an impersonal document that gets lost and forgotten about.

Through the process of mapping, Embrace creates a personalised Pocket Advocate with the individual, that identifies the signs, triggers, challenges and needs specific to their condition.

By recognising patterns that occur and outlining strategies for support the individual can begin to overcome the often repetitive cycle of crisis and relapse. Through recognition, acceptance begins to manifest. To embrace one's illness is one of the most challenging aspects of recovery. It is even harder when the wider community surrounding that individual have little or no understanding. This deepens isolation and the sense that there is no alternative, a significant factor in the reoccurrence of becoming unstable. By clearly identifying the various aspects of an individual's experience and needs, it begins to feel less overwhelming and more manageable. At the heart of Embrace lies the intention



to aid the individual towards regaining a sense of responsibility and empowerment. The purpose of the Pocket Advocate is to give the individual and those around them the confidence to communicate any concerns in regard to the individual's condition. In doing this an openness and honesty is encouraged that empowers and supports. Denial and fear, particularly within mental health, often lead to relapse.

The Pocket Advocate not only addresses triggers, but also the likely signs and conditions surrounding these at various stages (early, intermediate and late).

Contact information of that person's community is included should they feel at a loss as to who to reach out to. Should they find themselves in an unfamiliar environment, e.g. hospital, prison, abroad or are unable to vocalise their needs, the Pocket Advocate acts as a communication device. Medication and physical difficulties are also specified within The Pocket Advocate so that the individual receives the correct treatment.

The design of the Pocket Advocate is unique in that it is compact, combines visual aids and is accessible to the user, their community and the professional bodies working with them. The vision of Embrace is: that one day every individual who experiences mental health difficulties has a Pocket Advocate at their disposal; that every mental health body has, on record, a Pocket Advocate for each patient so that there is no confusion as to what their diagnosis is, their practical needs and who to contact within that individual's community in the event of an admission; that the core community of the individual understands the practical aspects of that individual's condition and as a consequence is able to move towards a less stigmatised and more embracing approach.

The Cycle of Relapse

There is much evidence that suggests and supports the premise that the manifestation of mental illness can often be attributed to an earlier experience of trauma (relative to the individual). The action taken in many cases is that the individual is hospitalised, medicated and once stabilised will return home. The problem lies not in the very necessary practical measures required to keep safe and stabilise the individual, but that the original trauma/loss/trigger becomes buried by the equally traumatic experience of hospital/medication and stigma. Very often the individual will return to the same life situations from which they came, only now with a huge sense of fear, denial, shame and guilt. By not identifying the causes, and treating individuals within a purely diagnostic framework, the cycle of relapse is perpetuated and established.

The cycle of relapse reinforces the walls that the individual builds around themselves. The intervention of Embrace through the Pocket Advocate aims to

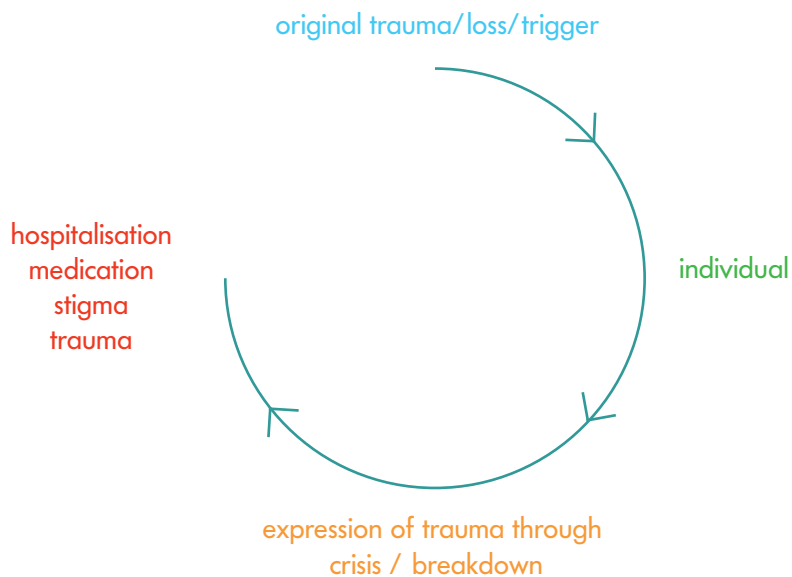


Fig.1 A traumatic event impacts upon and triggers the individual who expresses this through crisis, which leads to hospitalisation.

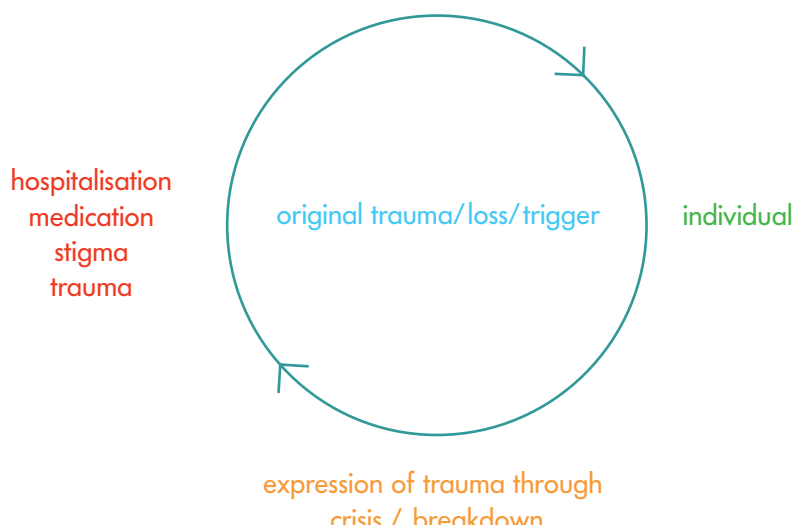


Fig. 2 The original experience, unaddressed, has become buried by the more recent trauma of hospitalisation/illness and is expressed through relapse.

gradually break down these walls so that the individual can begin to reconnect with themselves and the world around.

Aims

Through the identification of specific triggers (e.g. relationships, situations and events) the individual: gains a greater awareness and is therefore enabled to make a more conscious choice as to what is supportive or unsupportive; understands the potential consequences a trigger may have in regard to their health; can begin to observe the relationship between triggers and the impact these have upon their wellbeing.

Through the identification of signs (e.g. paranoid thoughts, weight loss, hearing voices, taking on too much) the individual can: begin to accept that these signs are a manageable part of their condition; begin to develop a more honest approach to the treatment of their condition; formulate a support strategy (e.g. contacts, action and medication) specific to each stage of illness; gain confidence in their ability to vocalise their needs to their wider community; learn to manage their condition.

By exploring the patterns of their condition the individual is able to clearly see and share with others what they are experiencing and the possible impact this could have depending upon their response.

By looking honestly at these different areas of an individual's experience and the various options available to them the fear, that often drives an individual to push away and deny signs of illness, is confronted. Gradually the ability to detect early signs, it is hoped, will become easier.

By acknowledging the local resources and services available a wider community becomes available to the individual.

During later stages of illness those around the individual can use the Pocket Advocate as a means of communication to explain what is happening. Contact



information of the professional support available and the action required is outlined within the Pocket Advocate.

In the event of an admission staff can be quickly alerted as to the practical needs of the individual, lessening the overall trauma of hospitalisation.

By preparing for the possibility of hospitalization, the fear and resistance around this, it is hoped, will be reduced.

Sessions 7 - 8

Using a laptop the information gathered is placed within the design template of the Pocket Advocate alongside the client.

Sessions 9 - 10

Invited members of the client's immediate community/support network are invited to share the now completed document. Each person is given a copy of the Pocket Advocate.

Another potential application of the Pocket Advocate involves supporting the ongoing needs an individual maintains, however well they may become. Once an individual has reached a prolonged period of stability, their involvement with their MHT, specifically their social worker, comes to an end. This relationship has evolved, usually, over years and very often becomes one of the only consistent sources of practical support outside of their immediate community. However well an individual may be there will be times when there is the need to practically assess and discuss a situation and receive encouragement to take the necessary action. With access to the client's Pocket Advocate an individual could in theory call a service within Embrace, and receive practical support, directed and outlined essentially by them.

Parallel to the physical hand held Pocket Advocate is the idea of developing an App that allows the user to assess their experience and then be directed as to what action to take and who to contact. The App could alert services should the individual log a sustained period of more extreme distress.

Although initially Embrace seek to bring the Pocket Advocate to those experiencing mental health conditions its format could be applied to a variety of circumstances, from addiction to supporting young people with social problems. The layout of the Pocket Advocate could also be implemented for other areas of care that are often difficult to manage, such as a nutrition. For example, a compilation of foods and recipes that the individual likes that are simple to create, along with a weekly shopping list, could begin to encourage a real sense of capability and self care.

The development of a national resource reference that lists available support in any given area is another project that Embrace wishes to embark upon. The idea being that anyone of a vulnerable disposition can see clearly what is available to them wherever they are.

It is hoped that service users inspired by the project will be at the heart of bringing it into the lives of others whilst providing a source of training and potential income.

If the Pocket Advocate, alone, were implemented and accepted within established practice the dynamic between the individual, their condition and the current attitudes held towards them at every level, both professionally and socially, would be positively challenged.

Embrace began as a response to the personal experience of its creator Danielle Singer. At the age of 17 Danielle was diagnosed with Bi Polar and over the course of 15 years battled with all that came with it. 5 hospital admissions later and a first class degree in Graphic + Media Design she has managed to achieve a level of stability that she feels is owed to a continued process of acceptance. She created the Pocket Advocate as a way of guiding herself, and those closest to her, through the various stages of this condition and saw how the negative aspects and challenges of the condition were triggered each time by similar circumstances e.g. situations, people and events: that there was a pattern. By identifying early signs and triggers and referring to the Pocket Advocate the progression into later stages of crisis have been managed. In time and with the support of her care team and community she has been able to distance herself from the negative influences that appeared to give rise to relapse and begin to learn to care for herself in a way that has sustained her growth.