Social psychiatry and social policy for the 21st century: new concepts for new needs – the 'Enabling Environments' initiative

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Abstract

A 'psychologically informed environment', or PIE, is the first of many new concepts that have spun off from the Royal College of Psychiatrists' Enabling Environments (EE) initiative. Based on the early developments in the therapeutic community movement, and adapting these values and principle to the 21st century world of community mental health, the EE initiative attempts to identify the key features in any setting that fosters a sense of connected belonging; and suggests a process by which these principles can then be customised for specific settings. The implications for a new social psychiatry at the heart of any future public mental health and social policy are clear; and to be pursued further in the final paper in this trilogy.

Key words
Enabling Environment; Mental well-being; Recovery; Social policy; Social psychiatry

'Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love.' (World Health Organization, 1986)

Introduction

This paper describes a number of new ideas that attempt to explore the central importance of the social dimensions of health, and the healthcare impacts of everyday life and practice for individual and community well-being. Each of these new concepts point simultaneously in two directions – they aim both to embody current new thinking and to encourage new practice. Either way, the recognition of the significance of related-ness (Putnam, 2000; Christakis & Fowler, 2009; Norman, 2010), is central to any efforts to enhance mental health and to improve the health of the nation. This is the foundation of 'the new social psychiatry'.

The first article in this series (Johnson & Haigh, 2010) described one such concept: the 'psychologically-informed environment', or 'PIE'. The PIE originally arose out of the need to recognise and to work with the levels of emotional trauma that accompany, and in many cases precede, an individual becoming homeless. It is a new approach or framework whose original aim was to recognise

more enlightened and thoughtful work in hostels, refuges and such places where people live together and mix. But it seems to have a potentially wider applicability, for any services attempting to manage the more marginalised more effectively.

A PIE evolves primarily through reflective practice and shared action learning within a staff team as they come to grips with the emotional demands of their work. But we also introduced a parallel term, derived from recent work by the offender mental health team at the Ministry of Justice and the Department of Health (Benefield, 2009; Rutherford, 2010). Meticulous planning and a high level of documented detail are needed when changes are introduced in the criminal justice sector. Thus, the term 'psychologically-informed planned environment' (or 'PIPE') describes otherwise comparable developments in high-risk or high secure areas such as the prison service, where evolution faces tougher constraints, having to constantly meet concerns for robust security.

In either case, whether PIE or PIPE, we argued that in addition to greater psychological awareness, the values embedded in contemporary health and social policy may be necessary to ensure humane and enlightened treatment of those most marginalised and vulnerable.

This second article in the series will now take the same issues further, to outline the development of the Royal College of Psychiatrists' 'Enabling Environment' initiative. This development embraces a still wider scope in the broader health and well-being arena to encourage the promotion of enlightened management for enhanced well-being in hospitals, prisons, schools and workplaces, housing projects and places of faith.

Connecting threads

In the first paper in this series, we argued that the increasingly complex emotional demands of the 21st century call for new thinking in the terminology and role of social psychiatry. We suggested that the post-World War Two 'therapeutic community' (TC) approach, once the standard-bearer for introducing a recognition of the importance of relationships to individual mental health and recovery (World Health Organization, 1953), has nevertheless had significant limitations in its application. It has also met high-level institutional resistance and often a profound lack

of understanding from non-involved staff (Haigh, 2004). The full-blown or 'classical' model of a TC, as described in the literature (Main, 1946; Rappoport, 1960; Jones, 1968), has certainly lost none of its dynamism and power to transform lives; but we also need to look for new approaches to take these ideas into other fields previously closed to the TC model.

Yet, many of the values and principles that the early therapeutic community pioneers first espoused have now passed into the mainstream of social policy. Social inclusion policies have encouraged all services in the broader community to be more conscious of the mental health and emotional needs of those at risk of marginalisation (National Social Inclusion Programme, 2009). There is also a growing concern for public health and prevention, with the common mental health problems of depression and anxiety, personality disorders, substance abuse and other, sometimes subtler forms of self-harm, at the heart of these efforts (Department of Health, 2010; Milton, 2010).

As we enter the second decade of the 21st century, we not only face new challenges in the development of a broader social psychiatry that is suited to its times, but also new opportunities. In this new climate, fresh ideas are emerging that attempt to provide a vocabulary for the need to recognise the community dimension to mental health, and the mental health dimension to public health, that was previously lacking.

Both the PIE and the PIPE, as outlined in our first paper in this series (Johnson & Haigh, 2010), are focused primarily on institutions that need to recognise the psychological and emotional aspects of their work with greater clarity and sensitivity, and to adapt their ways of working accordingly. But, we asked, what are we to say of those many social environments where the members of the community themselves have the largest say in how they run their own lives – not as planned by any other group, but self-directing, spontaneously, as individuals simply living their own lives? And what of all those environments where people come together to follow some other primary purpose, such as economic productivity, education and training, recreation, or the expression of their faith?

This, after all, is the community at large, where most of us live most of our lives. And

with increasing recognition of the wider social determinants of health, mental health and well-being (Wilkinson & Marmot, 2003; Young Foundation, 2009; Royal College of Psychiatrists, 2010a) it becomes, we have suggested, both necessary and possible to explore a wider range of issues that impact on individual and community well-being. But for this, we must go beyond the notion of a planned environment, and we will need to introduce a further, and considerably broader, concept – the 'Enabling Environment'.

The development of the 'Enabling Environment' approach

Since 2002, the Community of Communities quality network has been developed by the UK Royal College of Psychiatrists to identify an agreed set of standards by which therapeutic communities operate – a professionally agreed specification of what constitutes TC practice (Royal College of Psychiatrists, 2010b). This provides the clarity that is suitable for consistency, research purposes and future commissioning; and one that can be further developed as a basis for a future regulatory framework. Since 2005, the project has gone on to undertake further work to identify the value base underlying the particular attitudes and understanding of those in the field. As a result, we now have a set of TC 'core standards' for member communities, explicitly referencing and reflecting the core values associated with them.

These values were clearly applicable, however, to a wider range of settings than simply TCs. There was also the risk that some thoroughly valuable and even rather exciting communities might find themselves pushed to the margins of the definition, or beyond it, and left with no useful shared framework to describe, promote or defend their development. Therefore, the Community of Communities project agreed to the formation of a further working group, whose task was to identify comparable core principles and standards applicable in non-TC settings. Careful to avoid the prematurely restrictive implications of both key terms – 'therapeutic' and 'community' – the group adopted the term 'Enabling Environments' (EE) for the project (Royal College of Psychiatrists, 2010c) and 'Enabling Environments Development Group' (EEDG) for the group itself.

It was clearly not appropriate to simply take the axioms of the therapeutic community movement (Haigh, 1999) and apply them to a wider range of settings, even in a watered-down form. Instead, the EEDG had to start afresh, with discussions of first principles based partly on practitioners' knowledge of 'what works', partly on the growing body of research evidence that now underpins our understanding of what works, and partly on close examination of the quality assurance standards set by other regulatory frameworks in other sectors.

It was also clear that, unlike the PIE approach, the markers of an EE approach could not be based on any particular psychological theory, or on the deliberations of a staff team, but rather they must be based on those common threads that in the eyes of ordinary people, bind communities together. These, it was felt, could be divided into task-based and values-based issues. Task-based issues were dependent on the particular activity or sector; only the underlying values-based issues ran through all sectors. The task-based issues and vocabulary seemed to function in practice as sector-specific operational criteria for the underlying values-based issues. Thus, the values-based approach of the TC group proved ultimately to also be the most useful framework for the broader concepts of community.

The Enabling Environments core elements

There is and probably can never be a single, un-contested concept of community and common purpose in how people may live, work and be together in the social world (MacIntyre, 1985; Hoggett, 2009). Reading some of the 'grey literature' of policy statements from government departments and statutory regulatory bodies and professional associations, certain themes, principles or standards seemed to consistently underlie and articulate what were seen to be the main issues in positive practice (for example, Commission for Architecture and the Built Environment, 2008; Communities and Local Government, 2009; Centre for Housing and Support, 2010; Rethink, 2008; Seebohm & Gilchrist, 2008).

So, for example, as a general rule, a positively enabling environment would be one:

■ in which the nature and the quality of relationships between participants or members would be recognised and highly valued

- where the participants share some measure of responsibility for the environment as a whole, and especially for their own part in it
- where all participants – staff, volunteers and service users alike – are equally valued and supported in their particular contribution
- where engagement and purposeful activity is encouraged
- where there are opportunities for creativity and initiative, whether spontaneous or shared and planned
- where decision-making is transparent, and both formal and informal leadership roles are acknowledged
- where power or authority is clearly accountable and open to discussion
- where any formal rules or informal expectations of behaviour are clear; or if unclear, there is good reason for it
- where behaviour, even when potentially disruptive, is seen as meaningful, as a communication to be understood.

What is more, within each specific area of human social activity, there now appears to be considerable direct and/or corroborating evidence for the validity and efficacy of these underlying principles. With a distinct hint of insouciance, the EEDG (2009) have suggested that '*we hold these truths to be well-evidenced*'.

Within this broad framework of shared values, more specific features and processes can then be identified, which might be more suitable for one setting or another, and in varying degree. For example, the balance of acceptable risk and individual initiative will be very different in a prison setting than in a housing estate or older people's home. There is clearly a debate to be had about how far any care environment (such as a playgroup or a residential care home) should be protective and controlling, or how far it needs to be permissive and supportive of risk-taking and experimentation. The core concern is, therefore, about a balance of risk; but the appropriate balance may need to vary according to the setting.

Therefore, it is essential that within each community or setting, the participants in that setting should be able to agree between them the kind of environment that they would wish to see, and their own most suitable demonstration of this.

The adoption of any local set of standards by any group or community would need to be a voluntary action. To that extent, therefore, the stress on shared reflection from the PIE approach appears to be just as valid here – though the nature and format of that reflectiveness needs to vary, according to the opportunities in the situation. The extent to which, and even the means by which, the ground rules of participation and belonging are open to discussion and re-negotiation will vary from primary school, to homelessness hostel or hospital ward.

But, in proposing a set of specified themes and standards, the Enabling Environment approach could offer a vocabulary and tool that individuals, groups and communities could then use to articulate their own aspirations for a more constructive, enabling environment; and that could bridge and unite previously disparate language and jurisdictions.

The practical applications of EE standards

The EEDG came up with several possible ways to use the EE standards and operational criteria. In many situations, a simple awareness of best practice, and a shared language to articulate an ambition to operate more constructively, may be all that is achievable. Here, the EE vocabulary of shared values underlying any more sector-specific operational criteria for services aims to offer a common language to aid communications and mutual understanding within and between services, agencies and communities. The EE approach would simply complement the quality assurance processes and assessments of the official regulatory bodies for housing, schools and care services.

However, in other instances, services, institutions or communities might choose to more consciously self-assess against these criteria. Services could then register this explicit ambition with the Royal College of Psychiatrists as 'aspiring EEs', and work towards improvement in relation to their agreed goals in their own way. The Royal College of Psychiatrists' EEs project support team, once fully operational, could also provide or suggest support and training, through accredited affiliates, provided that they were quite distinct from the accreditation process that might follow. The EEDG could, therefore, develop a 'portfolio'

for self-assessment and improvement for services in specific sectors. There could also be the option of peer review with service users and staff, using the same portfolio approach for evidence.

They would do so in discussion with the relevant regulatory bodies. Where appropriate, adoption of the EE approach, and the portfolio of evidence, might then be recognised and allowed as part of the quality assurance assessments of other regulatory bodies. With national regulatory bodies moving generally towards lighter-touch and risk-based assessments (Better Regulation Executive, 2009), it is thought that a declared ambition to achieve especially high standards might appeal to many services wishing to make a more explicit commitment to a stronger sense of community spirit and public health; and to reference such ambitions in future discussions with commissioners, professionals and service users.

But for agencies that wish to pursue and demonstrate service improvement by a more rigorous and objective assessment, the project could also develop a formal assessment process, leading to a formal accreditation and an award of 'Enabling Environment' status. Assessment could be based on the portfolio evidence, but with on-site visits from trained assessors and discussions with staff, service users and stakeholders for external verification. The Royal College of Psychiatrists would be willing to remain as the formal accrediting body – but equally willing to relinquish or share that role with any other suitable agency.

The EEDG then undertook a preliminary consultation exercise to assess the likely interest in the overall approach. It was clear from the responses that there was a broad welcome for this initiative (Northern Housing Consortium, 2009). A number of services indicated a willingness to pilot the accreditation procedure. The majority of these 'early adopters' were care services operating in specialist areas, principally in mental health, rather than the broader range of community services or agencies.

Initial feedback from these pilots was again very positive; staff and service users alike reported with some enthusiasm that they found the process of assessing their service by these criteria was itself a positive experience.[1] The

EEDG project group agreed to proceed initially with developing the accreditation procedure and also the 'light touch' portfolio process for the specialist care services sector.

Future prospects and wider relevance

The development of the EE approach to date suggests considerable value and potential, especially in relation to many current concerns across government. These include the following.

■ The underlying ambition to develop consistent, cross-sector/cross-platform themes to advance community mental health and well-being seems to sit well with the increasing focus on public health as 'everyone's concern'.

■ The EE approach articulates some of the key themes of shared responsibility that underlie both the therapeutic community and the aspiration for a 'Big Society' in a clear, practical manner.

■ In contrast to many other assessment approaches, which are typically seen as a burden and an imposition, feedback from early trials suggests that the EE assessment process, being voluntary, is seen as a positive experience, and as a tool for self-improvement in its own right.

■ The process by which frontline services, institutions and communities choose their own path to service improvement, rather than relying on central or national direction, seems immediately compatible with current thinking on the new localism, and might offer a new area for 'responsibility deals' at local level.

■ The overall approach has shown its creativity in giving rise to new conceptual frameworks for marginalised and excluded individuals, such as the 'psychologically informed environment' – in hostels, refuges etc – and the 'psychologically informed planned environment' for high secure settings.

■ From the feedback from the pilots, it seems likely to be equally productive when applied to such locality issues as housing management in 'sink' estates, community development in regeneration areas, and more robust yet inclusive approaches to troubled children in schools and in care.

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[1] An account of the experience of the pilots is currently being written up, with extensive quotes indicating the extent to which services' staff – at all levels from senior management cooks and cleaners – found the process valuable.

An interim conclusion

This paper has attempted to suggest that community mental health, and a new social psychiatry, must be consciously positioned at the heart of all efforts to promote public health, reduce social exclusion, create sustainable communities, and develop a vibrant economy for the coming century. We propose that, where the concept of a therapeutic community seemed unable to go, the concept of a psychologically informed environment, or 'PIE', can now be more flexibly applied.

But to address the broader social determinants of health, mental health and well-being, we also need concepts that can recognise and promote positive social relationships and social capital more broadly. Here, the concept of an 'enabling environment' attempts to transcend the distinction between treatment agencies and the wider world.

Yet, what is most ambitious here is perhaps not the attempt to bridge and integrate medico-technical and social values systems, nor the methodological challenges in the evidence base for social context in health. It is the attempt to find core statements of shared purpose that are 'cross-platform' and that can be applied across a variety of settings, each of which typically comes under the jurisdiction of other bodies whose concerns may dovetail, but whose technical language rarely does.

The enabling environment approach is as broad as it is ambitious. There seems little doubt that it will evolve, perhaps radically, as we draw other sectors and agencies into the task of identifying the common ground underlying so many different areas of life. Early consultations with a wide range of agencies suggested considerable support for the approach. The initial pilots of an EE standard portfolio for the care and welfare sector services have been met with a remarkable degree of enthusiasm, and shown hitherto unrecognised sources of creativity and innovation – and often in those 'Cinderella services', where the prevailing spirit has all-too-often been hopelessness and lowered expectations.

At the time of writing, the EEDG is now proposing to extend the work, to consult with service providers and regulatory agencies outside of the care and welfare world, to see to what extent these ideas will resonate with the wider development of public health, sustainable regeneration, and a more practical agenda for developing a 'Big Society'. We will report more on these developments in the final article of this series in the next issue.

There is much work still to be done, to develop perhaps a new typology of psychologically-informed environments, and to convert the myriad of social settings into a menu of working models that communities can adopt, to agree and guide their aspirations for a more human-centred world. The agenda for a new social psychiatry has barely begun.

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