

How do we ensure we keep what's best about traditional day services during the modernisation process?

Safe and sound

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When we ask people what they get from attending a mental health day centre, they often talk about the feeling of safety. At a time when all day services are undergoing a process of modernisation, moving away from building-based services to services that are primarily community based and aimed at social inclusion,¹ it is vital that we retain those elements that offer this feeling of safety.

There are many aspects to this sense of safety, including environmental conditions, congenial companions and familiar activities. For people using mental health day services, the feeling of safety may be linked to:

- emotional safety: staff and peers being on hand, especially to 'hold' the person through times when they feel in distress or out of control. This includes a generous tolerance of behaviours or feelings that would probably lead to exclusion in other settings
- safe to try and fail: the programme of activities and network of relationships avoid unwelcome pressure but provide room and encouragement to try and non-judgemental support if this leads to failure. This fits well with the recovery paradigm
- familiar: a role and set of relationships that have been established and maintained over time – longstanding routines and familiar friends feel safer than new tasks and new acquaintances
- solidarity: peers who have shared similar experiences, and an absence of violence, abuse (physical, emotional and sexual) or discrimination from others, or a belief that they will be absent
- comprehensible: a shared language and set of common symbols and cultural references that enable people to navigate relationships and easily find common ground with others

- healthy: a physical environment that is well maintained and contains few or no hazards or potentials to cause harm to self or others – whether that is a loose carpet or accessible ligature points, a passive, unstimulating programme of activity, an unduly controlling regime, or patronising, critical relationships.

This list is not exhaustive, and one item may conflict with another. Indeed, it is in the conflicts within and between these different aspects of safety that we find the main challenges in creating a coherent, safe space.

Polarity management

Johnson² has developed an approach called polarity management to explain these apparent conflicts, or paradoxes. According to Johnson, difficult issues are either problems to be solved, like space flight, or polarities to be managed, like work/life balance. A polarity begins with a simple axis (left to right, or L–R) depicting two aspects of life that are interdependent and where there is a tension between the two poles.

Sometimes it is possible to adopt a midpoint position between the poles, but other situations present a simplified, binary choice between the two extremes.

The simple axis is then enriched by splitting each end in two to create a polarity map. The 'up' points at each pole (L+ and R+) represent the positive aspects of that pole, while the 'down' points (L- and R-) represent the negative aspects, and include the weaknesses that arise from neglecting the opposite pole. The four points usually co-exist simultaneously, rather than presenting mutually exclusive alternatives. Each can be strengthened or weakened, but never eradicated, and the presence of one de facto creates the other three.

When people are contemplating change, they often fail to see the full polarity map. Instead, the problem is reduced to a binary choice between the poles, by 'graying

out' two of the four points on the map. If people are experiencing or anticipating the downside of the current pole (say L-, for example), then they are attracted to the upside of the opposite pole (R+), and see this as the solution; L+ and R- are ignored. People who attempt to remain with the upside of one pole (say L+) usually find that the downside (L-) will gradually emerge, indicating that the old solution is no longer working.

Johnson argues that, given opportunity and over time, we follow an infinity loop (∞) through the four points of the polarity map. If a group starts with an awareness of the weaknesses of L-, they will then move diagonally to R+, drop to R- and then move diagonally to L+, before dropping back once more to the starting point at L- and repeating the cycle. Groups can begin at any point on the infinity loop.

There are many polarities to be managed in the creation of day services in general and safe spaces in particular. This article will consider just three of them: occupational safety, social safety and therapeutic safety.

Polarity 1: occupational safety

The first axis concerns the amount of structured activity that is provided or expected. At the right hand pole (R) is a highly structured programme of group sessions, classes or workshop activities; the left hand pole (L) describes a leisure space where people can drop in, sit around and do nothing for as long as they like.

We begin our analysis with L-, which is the downside of doing nothing. Jahoda's groundbreaking study of Marienthal in the 1930s showed how long-term unemployment led to a lack of time structure, and to inactivity, lethargy, hopelessness and isolation.³ Depression, whether on its own or alongside other psychiatric difficulties, also leads to inactivity and indifference, and some people experience the symptoms of schizophrenia as a passive or even catatonic state. This tendency to apathy is reinforced by tranquillising medication and, for some, institutional life, with resulting low self-esteem, withdrawal of interest, and inability to plan for the future.⁴ More recently, studies of residential care have found that most people in these settings are passive and isolated, despite the impression of companionship and staff support. Johnson's analysis indicates that, in response to an awareness of L-, services will move diagonally to R+ and create a busy programme.

A busy programme (R+) may keep people safe by inoculating participants against the decline of motivation and energy that comes from sustained passivity, but it carries its own risks. Some service users say they simply cannot meet the standard required for participation at this kind of centre: if they could, they'd be in work. For them, safety means freedom from such impossible demands. Others rely on the externally imposed routine, learn to do as they are instructed, and abandon self-directed ambition and achievement. As these weaknesses gradually emerge and the service slips to R-, L+ starts to look attractive and people begin to talk about the merits of a drop-in where service users select activities that have meaning to them. Soon, the cycle begins again.

Individual staff may feel capable of personalising their interventions so that each service user receives the right mix of directed activity and freedom from pressure.

However, all projects have a dominant ethos, and so the analysis can be conducted at the macro level of the project as a whole or the micro level of the individual service user.

Polarity 1	
<p>L + People do what they want Individual choice Conversation</p>	<p style="text-align: right;">R + Work ordered day Develop skills Achievements</p>
Little structured activity	Highly structured programme
<p>L - Lethargy Hopelessness Indifference</p>	<p style="text-align: right;">R - Too demanding for some Mindless obedience Activities designed for the group</p>

Polarity 2: social safety

The second polarity contrasts a service where everyone is expected to make social connections with each other (R) and services where there is a low expectation of social interaction (L) between participants. A glance at this axis would lead many people to assume that a high expectation of social interaction would always be best, but it is worth creating a polarity map to explore the issues.

Polarity 2	
<p>L + Socially anxious people OK Prompts move-on Few demands</p>	<p style="text-align: right;">R + Shared identity Belonging Tolerance</p>
Little social interaction	High level of social interaction
<p>L - Low trust Needs go unrecognised Lack of peer support</p>	<p style="text-align: right;">R - Discrimination outside Newcomers excluded Oppressive conformity</p>

We begin with R+, the upside of a high level of social connections. Most of us feel safer with people we have known for years and in spaces we have often visited. Such groups develop their own history, idiom and banter, so that long-term members feel especially at home. From a social inclusion perspective, the day centre can create an alternative society of excluded people within the unsafe wider community. However, there are liabilities associated with high levels of social connections within a group (R-). In some groups, cohesiveness demands conformity, leading everyone in general and minorities in particular to feel silenced or even bullied by the strong majority viewpoint. Even without the 'tyranny of the majority', services that expect social engagement can be very difficult for people who prefer company without intimacy, or those who feel awkward in social situations.

Highlighting the weaknesses at R- can encourage services to contemplate a diagonal move to L+, where there is a low expectation of friendship. For some people, a safe place means a social setting where it is acceptable to just be there, without having to belong. A low expectation of intense social interaction can be →

→ tolerated by people with social phobias and anxieties. For these people, safety may be found in spaces rather than faces, in bricks and mortar rather than friendships. Moving such a group from their day centre to a hired room in a community centre can tear them away from this place of safety. Moreover, if other people – non service users – are also using other rooms in the community centre, this move achieves proximity without relationship: an approach that is doomed to increase stigma, rather than reduce it.

Thus a low expectation of social connection (L+) can meet some people’s needs in the short term, but eventually its attendant weaknesses (L-) appear. Opportunities for potentially supportive friendships are missed, difficulties remain unrecognised, and, as the background levels of friendship remain low, trust and change is inhibited. Staff may then begin to work more vigorously towards R+.

As before, we are challenged by a polarity map that includes all four positions and we are encouraged to select a position and then actively manage the fluctuating blend of assets and liabilities that flow from that choice. Safety inside the group might form a secure base from which to mount expeditions and rebuild connections beyond the mental health world. Effective polarity management will create and maintain a culture where safety is mingled with adventure, so that people select new challenges from time to time.

Polarity 3: therapeutic safety

The third and final polarity concerns the extent to which people are required to work on their problems and make therapeutic progress. This axis contrasts a high expectation of therapeutic activity (R) with a low level of expectation in this area. The focus is on therapeutic activity rather than simple intervention: the expectation is that people will work on issues, or change, grow and develop.

Polarity 3	
<p>L + Break from challenges elsewhere User-led recovery Cheap</p>	<p>R + Solve personal problems Meet funder expectations Promote independence</p>
Little therapeutic engagement	Everyone working on their issues
<p>L - Needs get missed Those who don't ask don't get help May not reach the right service users</p>	<p>R - Harmful if staff are unskilled Reinforces patient role Weakens informal helping</p>

In R+, there is a clear expectation that people will move into a place of shared vulnerability and mutual accountability. Staff guide the person past their psychological defences to explore uncharted inner territory, and provide a space where it is acceptable to show negative emotion or admit to embarrassing or fearful thoughts and feelings. Participants in such therapeutic communities breach the usual norms by pointing out one another’s inconsiderate or inconsistent words and actions, and expect that the group will provide enough emotional safety through its net of

honest and healing relationships. This is therapeutic safety at the R+ end of the axis.

In contrast, in some day services service users may view their relationship with staff as unsafe and so avoid one-to-one interactions. This may be caused by controlling, oppressive or abusive staff (R-); it may simply be that service users are seeking L+, a place that is free from earnest, well-meaning intervention. Or it may be that staff lack appropriate skills and service users are avoiding harmful interactions (R-).

Creating an emotionally safe space (R+) demands a highly qualified staff team, regular training in psychological interventions and group interactions, and skilled supervision of group dynamics. Alternatively, a safe space at L+ gives people a break from active therapy, but requires little more than a kettle and a couple of volunteers willing to hold the keys and call the emergency services if there is a fight or a fire.

Conclusion

Staff need to be competent at finding and supporting each person’s ‘stretch zone’⁵ or they can fall into either expecting too little (the comfort zone) or too much (the panic zone). This is a complex and subtle task, for which few day centre staff have received training. Unless the staff team is clear about what this means for each person and for the culture of the service as a whole, each day centre worker might aim for a different position on these polarity maps, the day centre staff might choose a different position to the community mental health or residential care team, and rapid organisational change may lead to workers looping around the nodes of the map.

Creating a space where people embrace safe uncertainty is not easy, as the alternatives remain seductive – the unsafe certainty of getting stuck in the sick role and the unsafe uncertainty of pushing people before they are ready. From time to time we all, whether using mental health services or not, have benefited from a kindly push when we have been reluctant to jump into change.

While individual staff may claim that they achieve personalised care by offering just the right mix of relaxing, comforting space and the stretching demands of growth, there are implications for commissioners and managers. A time-limited programme of challenging activity, social contact and therapy, with tight referral and discharge protocols, will prevent people getting stuck and show good turnover, but it may not make much of a contribution to people’s requests for a safe space, nor help with self-directed recovery. Leaders need to see all four points on the polarity map, rather than naively presenting one pole as the permanent solution or attempting to balance the paradox by speeding up the cycle of change. ■

- 1 Department of Health. From segregation to inclusion: commissioning guidance on day services for people with mental health problems. London: Department of Health, 2006.
- 2 Johnson B. Polarity management: identifying and managing unsolvable problems. Amherst, Massachusetts: HRD Press Inc, 1992.
- 3 Jahoda M, Lazarsfeld P, Zeisel H. Marienthal: the sociology of an unemployed community. (Originally published 1933.) London: Tavistock, 1972.
- 4 Barton R. Institutional neurosis. Bristol: Wright, 1959.
- 5 Kalinauckas P, King H. Coaching: realising the potential. London: Chartered Institute of Personnel & Development, 1994.