



# The Tidal Model

## Reclamation and Recovery in Mental Health Care

### Ten years of the Tidal Model - welcome to our first 'message in a bottle'

Today, everyone accepts that recovery is possible. The big question is – *how do we help it to happen?*

Ten years ago, when we first launched the **Tidal Model**, recovery wasn't fashionable. Over the past decade it has been our privilege to help establish over 100 **Tidal** projects in nine countries, worldwide. This has been an exhilarating experience, to say the very least.

Over the years we have met, talked and listened to, and worked alongside, literally *thousands* of people. They

told us of their passion for caring – in the broadest sense of the word.

Although **Tidal** began as a 'nursing model' clearly other disciplines value the central role of 'caring' in their work – whether they are doctors, social workers or other therapists. They helped us recognize that we were on the right 'caring' course.

However, we value most the advice and support we received from people who were, or had been, 'patients' or 'service users'. They also told us how

important genuine caring was for their recovery.

Now, what began as no more than a 'local solution' to a 'local problem' has become nothing less than an international phenomenon.

It was our very good fortune to 'launch' the **Tidal Model**. Now, our role is that of **Tidal** ambassadors.

It is our privilege, to tell the world about the work of our **Tidal** colleagues – who have made recovery a reality. They know how to make recovery happen!

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Poppy Buchanan-Barker and Phil Barker

"The personal is political. So, instead of 'patients' and 'users', let us talk about 'people', with friends and families and hopes and dreams of their own – just like everyone else."

**Care!** The word might have been devalued but its meaning is timeless. We might talk now of the value of different 'therapies' or 'interventions', but these are worthless if not delivered with 'care'.

Human caring spans the centuries and has never gone out of fashion. Caring is timeless because we shall all be in the same boat – one day soon.

When we experience a problem in our lives – whether great or small – we need help to confront it. We need someone who will

support us, with sensitivity and respect, as we look for the resources within ourselves to face our challenge.

Our work has taken us, literally to all four corners of the world. Wherever we go, we meet people who are struggling with the problems life has thrown in their path.

They often look different from us; they dress differently; they may speak a different language; and may be governed by different customs or cultural practices.

However, these superficial differences rapidly disappear. Soon, we realize that everyone is talking about much the same things: their problems in *living with themselves*, or their problems in *living with other people*.

We are all looking for a *caring* companion to accompany us, as we confront our demons or wrestle with our conscience. Human caring spans the centuries but also bridges the world.

### The Ten Tidal Commitments

1. Value the voice
2. Respect the language
3. Become the apprentice
4. Use the available toolkit
5. Craft the step beyond
6. Develop genuine curiosity
7. Give the gift of time
8. Know that change is constant
9. Reveal personal wisdom
10. Be transparent

Buchanan-Barker P and Barker P (2008) The Tidal Commitments: extending the value base of mental health recovery *Journal of Psychiatric and Mental Health Nursing* 15, 93-100

### Getting personal

Value the unique human being.

Describing people as 'patients', 'clients', 'users' or 'consumers' suggests that they are 'not quite real human beings'.

To acknowledge their full humanity, Tidal refers to everyone in need of care as **people**

## It's all about values – valuing people doesn't go out of fashion

If we are to help people to reclaim their lives, we must begin by valuing them as unique individuals; helping them to be the key agents of change in their lives.

The **Tidal Model**<sup>1</sup> is now recognized internationally as a key theory for the practice of mental health nursing<sup>2</sup>. **Tidal** is also one of the first recovery models to be subjected to rigorous research, in mainstream, health and social care settings.

First launched in England in the mid-1990's, now Tidal projects have been established in Scotland, Wales, England, Ireland, Canada, Japan, Australia and New Zealand. These

projects are developing person-focused care across the health and social care continuum: from outpatient addictions, through acute and forensic units, to the care of older people with early stage dementia<sup>3</sup>.

Practitioners in palliative care are also exploring **Tidal** as an alternative philosophy for the care of people who are dying.

**Tidal** is a value-based approach to recovery. The **Ten Commitments** (shown left) represent the core values, which guide every aspect of **Tidal** practice.

To make recovery a reality, we need to:

Focus on *people's resources*

Help people be *self-supporting*

Talk in *ordinary language*

Believe that *change can happen*.

1. Barker P and Buchanan-Barker P (2005) *The Tidal Model: A guide for mental health professionals*. London: Brunner Routledge

2. Brookes N (2006) Tidal Model of Mental Health Recovery In AM Tomey and MR Alligood (Eds) *Nursing Theorists and Their Work* (6<sup>th</sup> Ed) St Louis, Mosby Elsevier

3. Buchanan-Barker P (2004) The Tidal Model: Uncommon sense. *Mental Health Nursing* 24(3) 6-10

## Historical origins and humble influences...

In the mid 1980s Phil was working with women with a diagnosis of manic depression and Poppy with people with multiple disabilities. We realized that we were 'working too hard' trying to help *change* people. These groups of people had great personal resources that were being overlooked. We asked ourselves: "*how can we help people live a more meaningful life by using what they already have?*" This was the starting point for the **Tidal Model**.

Around the same time we discovered the work of **Shoma Morita**, who had

developed a highly original form of psychotherapy in 1920s Japan. Morita referred to his 'patients' as 'students', believing that his role was to help people learn something from life and so experience change on a personal level.

We have borrowed Morita's most famous maxim '*do what needs to be done*', for the **Tidal Model**. This reminds us that change is rarely easy but, if we are live more effective or meaningful lives, we must *act*, not just sit around talking about it.

We have also been greatly influenced by the writings of

*Harry Stack Sullivan, Thomas Szasz and Steve de Shazer.*

However, the biggest influences on the development of the **Tidal Model** have been the people we have worked with over the years. They taught us the importance of *humility*.

We have no right to change other people. Morita was right - we are all 'students'. We all need to learn from one another about what 'needs to be done' if we are to change the course of our lives.

## The Tidal Metaphor

People have talked for centuries about ‘madness’. Only recently was this translated into the language of ‘mental illness’. Now, we are encouraged to talk about ‘mental health problems’ or ‘difficulties’.

However, the real problem is ‘life’. Most people find it difficult to deal with the problems that life throws up and some are overrun by their ‘problems in living’.

We ALL face problems in our lives – at some time or another. When we try to describe such problems in living, words often fail us. So, we borrow words and phrases from other parts

of our lives, to try to describe the bewildering, and often threatening nature of *life* itself.

We believe that no advantage is gained by translating the person’s story. Instead, we need to pick up the metaphorical story of ‘illness’ and learn more about what it *means* for the person.

For everyone, life is a voyage taken on the ocean of experience. At points in the voyage we experience storms (problems of living) or even piracy (crisis). At other times we feel becalmed (stuck) or begin to take in water, and may

face the prospect of drowning or shipwreck (breakdown).

We may need to be guided to a safe haven to begin the necessary repairs (crisis care) or to recover from the trauma (rehabilitation).

Only once the person has regained the necessary sea-legs, can the ship set sail again, aiming to put the person back on the life course (recovery) so that they might begin to steer the course (reclamation).

This metaphor reminds us of the universal nature of problems of human living. We all experience such problems. We all need support to deal with them.



“Tidal fanned the fires of our passion for nursing, and gave us a language to speak our practice”

Marg Tansey & Nancy Brookes,  
Canada

## People are their stories

In the **Tidal Model** we believe that people *are* their stories. The **Tidal Model** emphasises *storytelling* – by arranging individual, one-to-one meetings, and group discussions, where people can talk about their personal experiences. Through such conversations, people come to appreciate the background and meaning of their story. They also appreciate better the help they can offer to, and receive from, others who may well be ‘in the same boat’.

The **Tidal Model** helps people:

- Describe and discuss the *experience* of problems of living, in their own words
  - Develop personalised care – focused on their *unique* needs
  - Develop a collaborative relationship that emphasises ‘*working together*’ to explore their needs and problems
  - Make genuinely informed decisions
- and *act* on them
- Begin to clarify ‘who’ they are - as *people*, rather than as ‘*patients*’ or ‘*clients*’.

When people become ‘patients’ or ‘service users’, they lose their identity as a person. The primary aim of the Tidal Model is to help people to reclaim the story of their distress or breakdown. Through this they reclaim their sense of personhood. This is the first step in recovery.

“*Tidal has made room for my voice. I am not just another ‘patient’ who is mentally ill. I am a person, with goals and dreams and a life worth living. I get to discover and learn and make changes. Now I can think, decide and act for myself. I don’t need someone else to save me anymore, because I have been given the opportunity to save myself.*”

Sharon C. from Ottawa,



**Professor Tsuyoshi Akiyama.** Director, Department of Psychiatry, Kanto Medical Center, Tokyo

Professor Akiyama translated the **Tidal Model** into Japanese, and introduced Tidal into practice in Japan in 2002.

Along with colleagues he has presented reports of his Tidal work at several international conferences.

## Culture and the Tidal Model

### What is your experience of the Tidal Model in Japan?

“Cultures differ from each other in philosophical tradition and some other aspects. However, the difficulties arising from mental illness seem rather similar. The need for people to be heard and respected is exactly the same, across all cultures.

The **Tidal Model** helps psychiatric nurses in Japan to open their minds, to hear and respect the people in the

same way as in Western countries”.

### Tell us about your work in developing mental health strategy in developing nations.

“Developing countries aim to build community mental health systems, to use the very limited budget efficiently. In these countries, there is a clear shortage of psychiatrists. Therefore, it is imperative to mobilize the power of psychiatric nurses and other co-medical staff.

Also, it is crucial to develop collaboration with consumers and consumer-advocates, not only to build the efficient community mental health system but also to activate anti-stigma movements.

I believe that the **Tidal Model** can play a crucial role in this mental health strategy”.

## Reclaiming nursing identity in Denmark

Danish psychiatric nursing is under pressure after years of decentralization of the psychiatric services. Both nurses in the primary and secondary mental health sectors are struggling to adapt their professional self-understanding to the changing practices. The nurses' ageing self-understanding is largely focused on prolonged and close relationships with the people in their care. The conditions of care in the wake of the decentralization do not match this professional self-understanding. The mismatch between the professional self-

understanding and the everyday clinical realities is frustrating and stressful for the nurses.

The **Tidal Model** offers Danish psychiatric nursing a relevant and updated theoretical framework that can support the nurses' self-understanding in a novel way. The **Tidal Model's** theoretical framework combines re-interpretations of theories on traditional relationship-treatment with theories on personal recovery – and challenges a health care system divided into 'acute' settings and 'rehabilitation' settings.

The **Tidal Model** argues for a collaborative nursing practice that helps the person in care to reclaim his or her personal identity. An orientation according to the **Tidal** framework has the potential to help Danish nurses to underpin their professional self-understanding in a new and meaningful way.

In this sense, the **Tidal Model** creates two parallel processes: it invites nurses to help people to recover after mental illness and lends itself as a theoretical tool for Danish nursing to reclaim a new professional identity.



**Dr Niels Buus** is Research Nurse; Centre for psychiatric research; Aarhus University Hospital, Risskov; and Post-Doctoral Researcher at the Institute for Public Health; University of Southern Denmark

## Tidal and the Older Person

In **Glasgow**, nursing staff at *Timbury House* at Gartnavel Hospital, won a highly commended certificate for their implementation of the **Tidal Model** in an older peoples' inpatient services, at this year's Scottish Mental Health Nursing Forum Awards.

*Sandra Munro and Alex Rooney* wrote:

"There was a lengthy and phased approach (over 18 months) to implementing the **Tidal Model** in full, because as far as we were aware the model was not being used with this client group elsewhere in the UK. Consequently there was no other team to learn from. Secondly we wanted to take things at a slower pace to give people time to adapt.

All staff within the ward worked as a team motivating each other, being flexible in their approach and showing a willingness to change practice. **Tidal** prompted nurses to listen and talk to patients and carers more. It improved the standard of nursing care and provided a clear and more defined way of working".

Our evaluation showed that the new approach was clearly welcomed and embraced by service users and carers. The incidence of reported aggression fell by 50% and the use of 'as required' medication fell by 54%.

## Tidal and the Family

In **Ottawa**, *Dr Nancy Brookes, Lisa Murata and Marg Tansey* have begun working with families and other carers, in an effort to introduce them to the principles of the **Tidal Model** and to enlist their support in developing a family-friendly form of **Tidal** practice.

In their first interactive workshop they worked with over 140 family members and friends

The workshop focused on helping carers explore:

1. How they might, learn to work collaboratively with their loved ones;
2. How they might learn more about the practice of the **Tidal Model**; and

3. How they might participate in shaping the **Tidal Model** specifically for use with families.

Family members and friends are a vital part of the social network of people in care. Frequently, this valuable resource is overlooked if not devalued.

The work of the Ottawa team represents an exciting development for Tidal practice – we look forward to hearing more!



## The Chief Executive's View

**Steven Michael** was the Lead Nurse in the Management Team that first commissioned the **Tidal Model** in the mid-1990s. Now, as a Chief Executive he writes:

*"Having observed the **Tidal Model** in operation in different care settings I have always been struck by the powerful impact it has had in enabling service users to take control of their situation and find a path back to a*

*way of living and being, that promotes self esteem and value.*

*The real contribution of the **Tidal Model** to a recovery focus lies in the direct experience of the service user. Evaluative studies illustrate repeatedly that this is a great strength.*

*In an age where choice is purported to be at the heart of successful and responsive services*

*(especially in the case of 'inpatient' services where no discernable 'choice' exists as regards the model of service) does the **Tidal Model** not offer this?*

*In doing so will the **Tidal Model** not become the service of choice because it is rooted in the experience of the user with a strong emphasis on recovery?*



*Steven Michael  
Chief Executive, South West Yorkshire Mental Health NHS Trust*



**Dr Andrew Cashin** is Associate Professor of Justice Health Nursing Professorial Unit, University of Technology Sydney

Mental health nurses in Australia have struggled to articulate their practice, and its shared values. It has long been agreed that a person-centered therapeutic relationship is essential. However, the “then what” question has not been adequately addressed. For a long time research was reductionist, as people tried to define the essence of nursing. This led to defining nursing as ‘establishing and maintaining the therapeutic relationship’ – a mantra that provided little direction as to what *happens* that might make the relationship therapeutic. Nor was it clear how nursing related to and complemented other professions.

In **Justice Health** the challenge of maintaining a therapeutic, rather than custodial relationship, are real and ongoing. A two-year study within the prison hospital identified the struggle between the *custodial model*, of the corrective service officers, and the *caring model* of the nurses. Nurses described feeling therapeutically impotent and personally drained. Despite the absence of a clear vision for nursing an obvious latent energy was developing as Justice Health moved towards this year’s opening of two new hospitals. We needed something to convert this latent energy, based in a wish for things to be different, into action.

## The Tide Comes in at Sydney

We needed a force to get things going. Our exploration of the **Tidal Model** led to service wide excitement that now that force had been identified!

A pilot project was developed and a NSW Department of Health Innovation Grant secured. Our discussion of the **Tidal Model** within Justice Health, convinced us that the benefits of **Tidal** could extend to primary care. The project now involves the supported introduction of the model in two units: one in mental health and one in primary care. Staff at both units will be involved in pre and post implementation workshops and be supported by an educator for half a day each week. In discussing how best to support the introduction of the model, we decided to form an *online community* of professional practice.

This led to a great collaboration with **Maria Fitzgerald**, Practice Development Nurse Manager, *Sydney South West Area Health (SSWAHS) Service* and **Robyn Cook**, Manager Health Technology, *Australian Resource Centre for Health Care Innovations (ARCHI)*. Maria and her team had planned the introduction of the **Tidal Model** into the *Gna Ka Lun Child and Adolescent Mental Health Unit* at Campbelltown Hospital, following a redesign project.

In collaboration with Robyn an online platform will allow nurses from both sites to communicate and share their experiences as they introduce the **Tidal Model**.

There has already been interest expressed within both services, and other services in Sydney, to take part in further supported endeavours to introduce the **Tidal Model** building on the lessons learnt from these pilot projects.

**Maria Fitzgerald** writes:

“Our work is focused on asking - can we really make a difference to a young person’s life following an experience of mental illness? As we plan to implement the **Tidal Model** in an acute adolescent mental health unit in Sydney, our team is in a fortunate position to learn from the journeys of our colleagues in a number of countries.

From the literature, it would appear that translating Tidal values into practice is dependent on the attributes of the individual nurse, and the culture of the team and the organisation. As we prepare the rigging for our own voyage, we look forward to hearing how the work of others working with adolescents, like the Glasgow team in Scotland, is progressing”.

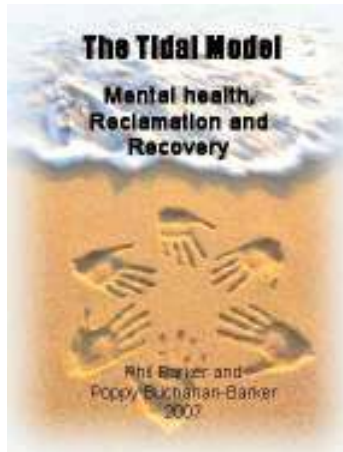
Pictured (L-R)

Justice Health staff - *Michelle Eason*, Clinical Nurse Consultant, *Angela Thorpe*, Clinical Nurse Consultant and *Andrew Cashin*, Associate Professor



## New

### Tidal Model Manual



A new, fully revised, **Tidal Model Training Manual** is now available. This 120-page manual provides an introduction to the key theoretical **Tidal** concepts, and detailed illustrations of the various aspects of the individual and group-work sessions within the Tidal Model.

If you would like to download a copy – send a request by email to: [tidalmodel@btinternet.com](mailto:tidalmodel@btinternet.com)

## Want to know more?

If you are interested in finding out more about the **Tidal Model**, please visit our website.

There you will be able to download more information about the **Tidal Model**, get free papers and articles, and meet some of the people from around the world who are developing genuine recovery-focused mental health care.

[www.tidal-model.com](http://www.tidal-model.com)

If you want to be placed on our **Tidal Model Newsletter** circulation list, send an email expressing your interest to:

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If you are interested in hosting a **Tidal Model** workshop in your area, please write to us, providing brief details.

[poppy.b.b@btinternet.com](mailto:poppy.b.b@btinternet.com)

Yours in Friendship  
Poppy and Phil

## About Clan Unity International

*Poppy Buchanan-Barker and Phil Barker* have worked in the health and social care fields for almost forty years. Over the past 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*.

## Why the Tidal Model?

Every day, we receive email messages from people around the world – wanting information about Tidal or telling us their story of recovery.

Among professionals, there is a very common thread. Tidal reminds them of the values about the work that they do. The commonest message we get is:

*“This reminds me why I came into the care field in the first place”.*

Others tell us:

*I like being part of a growing, nursing-led, movement*

*I feel it enhances my reputation as a practitioner*

*It redresses the balance – it validates caring*

*It gives me a stronger focus and reclaims nursing values*

*It meshes with the values of the user/consumer movement*

## What's Your Story?

This newsletter is sent to our many friends and colleagues around the world, as part of an effort to raise awareness about the part *human caring* plays in enabling recovery within mental health.

We give special emphasis to nurses because we are aware that they have been at the forefront of many key developments in mental health care.. However, often they are written out of such histories, and their contribution is ignored or devalued.

Perhaps you have a *personal* story about your own recovery, or a *professional* story about your work in enabling someone to recover.

If you would like others to read your story, send us an email and we shall try to include your story in a future edition of this newsletter.

Yours in Friendship

*Poppy and Phil*