National Recovery-Oriented Mental Health Practice Framework Project

Discussion Paper Summary & Consultation Questions

Prepared for Safety and Quality Partnership Subcommittee of the Australian Health Ministers' Advisory Council, Mental Health Standing Committee

Date 8 March 2012

CrazeLateralSolutions
Mental Health & Social Policy Consultants Since 1990

10 Gunyah Place,
Glen Alpine. NSW. 2560.
02-46257777 / 040 8869 051
Leanne.Craze@bigpond.com
www.CrazeLateralSolutions.com
ABN 70 052 350 731

Table of Contents

Introduction

While a recovery orientation in mental health has largely been championed and driven by people with lived experience, their families, friends and peers as well as the non-government community mental health sector, mental health clinicians and policy makers in recent years have increasingly supported their calls for cultural change.

The increased recognition of the role mental health services and individual practitioners in creating environments supportive of recovery, is reflected in Action 4 identified in the *Fourth Australian National Mental Health Plan: an agenda for collaborative government action in mental health* 2009-2014 (the Fourth Plan):

> *the promotion and adoption of a recovery oriented culture within mental health services.* (Action 4 – the 'Recovery Action')

The Fourth Plan intends that the attitudes, expectations and good practices that underpin a recovery orientation are adopted by individual practitioners, service leaders and policy makers whether they be in the public, private or non-government sector and irrespective of the practice setting.

Though people with lived experience of mental illness, their families, individual practitioners and service providers welcome this direction, it is not without concern. Whilst every Australian state and territory has embedded the concept of recovery in their policy and reform platforms, the criticism is often voiced that there is too much rhetoric and insufficient change in practice. Some describe 'recovery' as the latest aerosol term in mental health – sprayed on liberally but not applied. Further, mental health consumer organisations express the concern that the concept has been 'colonised' to the detriment of its integrity.

Many practitioners and services providers are concerned by the profusion, or as some might say, a cornucopia of different recovery approaches. Whilst some of the emerging approaches are similar, others advocate vastly different language, terms, themes, principles, values and practice guidance.

While many mental health professionals promote person-led recovery, and have embedded a recovery-oriented approach in their practice, many are keen to have an overarching national guiding document to support recovery oriented service delivery and practice in Australia.

The National Recovery-Oriented Mental Health Practice Framework Project is occurring against this backdrop. The project seeks to provide the opportunity for all mental health sectors to contribute to the development of a shared national framework for recovery oriented mental health service provision. It is intended that the framework will span all levels of service delivery and guides national mental health system change. It is also intended that the framework will provide guidance to both individual practitioners and service leaders. It is further envisaged that the framework will compliment existing professional standards and competency frameworks.

This Discussion Paper is to be viewed as an interactive starting point. To assist, the Internet link to each major resource is provided as it is discussed. Readers are invited to follow the link, go to the original document, read it in full and consider its relevance or usefulness. The links to key references and resources used have also been placed on the Project's website: www.CrazeLateralSolutions.com

It is acknowledged that in trying to balance the demands of rigour with brevity, the overview of the literature in this Discussion Paper is neither exhaustive nor definitive. Undoubtedly, the Discussion Paper will have failed to mention numerous resources that people in different settings and locations have found useful and instructive. Advice concerning these further resources is welcomed.

This Discussion Paper comprises the following sections:

The concept of recovery through the eyes of people with lived experience

The concept of recovery in the context of mental health practice and service delivery

Examples of frameworks or guidance for recovery-oriented mental health practice and service delivery

Examples of approaches to measuring recovery-oriented mental health practice and service delivery

Some challenges and issues

Overview of the National Recovery-Oriented Mental Health Practice Framework Project

The Safety and Quality Partnership Subcommittee (SQPS) of the National Mental Health Standing Committee (MHSC) is responsible for progressing the Recovery Action and is providing oversight to this project.

If this project is to successfully develop a shared framework, the active involvement of people who are experts by experience, family and other supporters, states and territory mental health directorates, the different service sectors and individual practitioners is critical.

A phased process of framework development and national consultation is planned to ensure that stakeholders are informed, involved and able to respond at each stage. The Discussion Paper and each consecutive draft of the framework are to be viewed as work in progress. The phased consultation will support the step-by-step identification of the key characteristics of recovery oriented practice guidance. The information acquired will then be progressively synthesised into an overarching framework to aid the translation and embedding of recovery guidance into practice and for reshaping service delivery.

Key project dates and actions

Mid March	**Discussion Paper and Online Survey released & strategic discussions commence**
30 April	**1st Consultation Draft of the Recovery Framework released**
Mid–late May	**Consultation forums in capital cities**
22 June	**2nd Consultation Draft launched at the Inaugural National Recovery Forum**
June-July	**Consultations**
30 August	**National Mental Health Recovery Framework finalised**

Executive Summary

By providing a summary of relevant Australian and international experience, research and literature, this Discussion Paper seeks to:

- Foster discussion between groups with different views about what a recovery orientation to mental health service delivery means and requires
- Promote discussion about the contents of a national mental health recovery framework – including for example key concepts, elements and practices
- Identify key issues and questions needing to be addressed during the course of the project.

The Discussion Paper invites people with lived experience of mental illness, their families and other supporters, practitioners, mental health service providers and other Australian mental health stakeholders to collaboratively and progressively sift through and discuss seminal or ground shifting threshold writings and research. People are also invited to assess the relevance of current recovery-oriented practice frameworks.

Questions are progressively posed throughout Discussion Paper to elicit people's views and ideas as well as their responses to key issues. The questions also provide an opportunity for people to identify helpful articles and resources that have not been referred to in the Discussion Paper. Services and practitioners are encouraged to assist by making hard copies of key resource documents available for people who may otherwise be having difficulty in accessing them.

Recovery through the eyes of lived experience

Common themes described by writers and researchers with lived experience of mental illness include the following.

- **Recovery is a unique and highly personalised experience**
- **Recovery is an individually defined journey or process of growth and personal wellbeing – emotional, mental health and social**
- **Recovery is non-linear, a process including ups and downs, periods of growth as well as setbacks**
- **Recovery is a pathway informed by a person's unique strengths, preferences, needs, experiences and cultural background**
- **Relationships with family, friends, peers and practitioners can foster hope that in turn is a catalyst for recovery.**

Recovery through the eyes of lived experience

Question 1

Are there any other important themes identified in descriptions of recovery provided by people with lived experience that should be included here?

Question 2

What is your response to the statement that the concept of recovery can be viewed as an overarching philosophy to guide practice and service delivery?

A starting point for understanding what 'recovery' means in mental health practice and service delivery

Toward a shared understanding of what recovery means in mental health practice and service delivery

In this document, the term '*recovery*' is considered an overarching philosophy that encompasses notions of self-determination, self-management, personal growth, empowerment, choice and meaningful social engagement. It is an overarching philosophy that does not equate with a particular model of care, phase of care or service setting.

It is an overarching philosophy that can be used to guide practice across the full range of clinical and non-clinical services.

The concept of recovery is understood to refer to a unique personal experience, process or journey that is defined and led by people in relation to their wellbeing and mental health.

Recovery is about building a meaningful and satisfying life, as defined by the person, whether or not there are any ongoing or recurring symptoms or difficulties.

While recovery is owned by and unique to each individual, mental health services have a role in creating an environment that facilitates clinical recovery and supports people's individual recovery efforts. An important goal of mental health services is minimising service system barriers to recovery.

Mental health services also have a role in supporting people with the effects of discrimination and other possible social consequences of the experience of mental illness including loss of self esteem, and limitations to social, housing and employment opportunities that might impede recovery.

Question 3

What is your response to this statement as a starting point for developing a shared understanding of what recovery means in mental health practice and service delivery? How might it be improved?

The recovery journey in mental health practice and service delivery

By studying personal accounts of recovery, Australian researchers based at the Illawarra Institute for Mental Health, Andresen, Caputi and Oades, sought to develop a conceptual model of recovery to guide research and training and to inform clinical practice (2003 & 2006). As a result of their research, Andresen et al identified four key processes of personal recovery.

- ***Finding and maintaining hope*** **– believing in oneself; having a sense of personal agency; optimistic about the future;**
- ***Re-establishment of a positive identity*** **– finding a new identity which incorporates illness, but retains a core, positive sense of self;**
- ***Building a meaningful life*** **– making sense of illness; finding a meaning in life, despite illness; engaged in life;**
- ***Taking responsibility and control*** **– feeling in control of illness and in control of life.**

Leamy et al (2011) researchers at the King's College Institute of Psychiatry in London, identified similar, however differently worded, processes. They added a fifth process, '*connectedness*' (peer support, relationships, support from others and being part of a community).

Additionally Andresen et al proposed the following five stages of personal recovery:

- ***Moratorium*** **– a time of withdrawal characterised by a profound sense of loss and hopelessness;**
- ***Awareness*** **– realisation that all is not lost and that a fulfilling life is possible;**
- ***Preparation*** **– Taking stock of strengths and weaknesses regarding recovery and starting to work on developing recovery skills;**
- ***Rebuilding*** **– actively working towards a positive identity, setting meaningful goals and taking control of one's life;**

- ***Growth*** **– living a meaningful life, characterised by self-management of the illness, resilience and a positive sense of self.**

According to Andresen et al., the 'stages' should not been seen as a linear. Nor should it be assumed that everyone will travel through each stage. Andresen et al suggest that the stages are better understood as aspects of a person's engagement with the recovery process.

Toward a shared understanding of recovery journeys in mental health practice and service delivery

Question 4

In viewing personal recovery as a journey, it is helpful to seek to identify, without being prescriptive, key processes and stages of that journey?

Question 5

Does viewing recovery as a journey comprising processes and stages also provide a conceptual basis for understanding the importance of recovery-oriented practice in involuntary, forensic and other secure settings where choice and responsibility might be most compromised?

Question 6

What is your response to the Andresen, Caputi & Oades (2003 & 2006) conceptual approach to the processes and stages of personal recovery?

Question 7

Are you aware of different approaches to understanding what the concept of 'recovery as a journey' means in mental health practice and service delivery?

A starting point for understanding the key components of recovery-oriented mental health practice for individual practitioners

A synthesis of the research and literature suggests that key components of recovery-oriented practice for individual practitioners include:

- **Collaborative relationships with people to understand each person's strengths, wishes and opportunities**
- **Responsiveness to the particular strengths, preferences, concerns, needs, goals and values of individuals**
- **Responsiveness to the things, people, activities and roles that people identify as important to their wellbeing and recovery (and ensuring that mental health care enhances rather than interferes with these)**
- **Promoting decision making led by people accessing the services in accordance with each person's values, needs, circumstances and resources**
- **Encouraging and promoting self-determination and self-management of mental health and wellbeing**
- **Demonstration of empathy and resourcefulness in communicating with and responding to people**
- **Active challenging of stigmatising attitudes within the service and the broader community utilising people's existing support networks**
- **Use of interventions that promote people's personal agency, self-esteem and overall wellness**
- **Active listening and responsiveness to people's views, understandings of their experiences and advice on what they find helpful**
- **Use of person-centred and optimistic language that promotes hopefulness**
- **Practice that is trauma-informed and promotes safety**

- Practice that is responsive to and inclusive of family, friends and peers
- Practice that is responsive to gender, sexuality, culture and community
- The offering of professional training, knowledge, expertise and experience as a resource for recovery

Toward a shared understanding of key components of recovery-oriented mental health practice for individual practitioners

Question 8

What is your response to the list of key components of recovery-oriented practice for individual practitioners provided in this Discussion Paper?

What changes or additions would you suggest?

A starting point for understanding the key components of recovery-oriented mental health practice at service delivery and organisational level

A synthesis of the research and literature suggests that key components of recovery-oriented practice at the organisational level include the following.

- **Organisational culture and commitment to facilitate a reorientation to a recovery approach and the embedding of recovery principles in practice**
- **Inclusion of recovery principles in all management processes, such as recruitment, professional development, supervision, appraisal, audit, service planning and operational policies**
- **Incorporation of recovery values and language into all key organisational documents and publications**
- **A degree of risk tolerance in encouraging people's choice, balanced with duty-of-care obligations**
- **Routine documentation of people's preferences, ambitions, resources and support networks ongoing provision of information in multiple forms to people regarding rights, complaint processes, treatment options, advocacy support options and access to records**
- **A peer support workforce**
- **Involvement of people with lived experience and their significant others in processes such as recruitment, education, training and development, and quality-improvement activities**
- **Responsiveness to people's feedback, for example, through using outcome-measures, surveys, quality audits, complaints, service planning and evaluation activities and training led by people with lived experience**
- **Providing evidence-based interventions that assist in achieving the best outcomes**

for people's mental health and wellbeing

- Using practice models compatible with a recovery approach such as strengths-based approaches and individual recovery planning
- Fostering partnerships between the service, people accessing services and their significant others
- Partnerships between different service providers for integrated and coordinated care
- Partnerships with community to aid social inclusion of people in communities of their choosing

Also important are partnerships between different service providers for integrated and coordinated care as well as partnerships with community to aid social inclusion of people in communities of their choosing (Victorian Department of Health, 2011a, pp.4-5).

Toward a shared understanding of key components of recovery-oriented mental health practice at an organisational and service level

Question 9

What is your response to the list of key components of recovery-oriented mental health practice for organisations and services as detailed in Victorian *Framework for Recovery-oriented Practice* and provided in this Discussion Paper?

What changes or additions would you suggest?

A starting point for identifying the key components of a recovery-oriented mental health practice framework

A review of existing frameworks and guidance for recovery-oriented practice suggests that at a minimum, the components of a new national framework might comprise the following.

1. **Statements reflecting shared understandings of what recovery means in the contexts of practice and service delivery**
2. **Guiding principles**
3. **Domains of practice**
4. **Capabilities for each practice domain for individual practitioners and for services**
5. **Indicators**
6. **Measurement approaches and processes**
7. **Examples of good practice at an individual practitioner level**
8. **Examples of good practice at a leadership level**
9. **Examples of good practice at a service delivery level**
10. **Workforce development strategies or pathways**
11. **A research agenda to build the knowledge and evidence base and to inform ongoing improvement in practice and service delivery**

Toward a shared understanding of what a recovery-oriented framework for mental health practice and service delivery should comprise

Question 10

The Discussion Paper suggests that the new national framework should at minimum have 10 components. What is your response to this suggestion?

Would you add, change or delete certain components?

Or would you suggest a different approach?

Examples of approaches to measuring recovery-oriented mental health practice and service delivery

How can we recognise 'recovery-oriented' mental health practice or service delivery? How will we know when we have made progress? The Discussion Paper outlined the following promising examples of methods and instruments to measure recovery-oriented practice and service delivery.

- MH-CoPES
- Developing Recovery Enhancing Environments Measure (DREEM)
- Recovery Self-Assessment (RSA)
- Recover Oriented Service Evaluation (AACP ROSE)
- Recovery Oriented Systems Indicators Measure (ROSI)

Toward a shared understanding of how the new national recovery-oriented mental health framework should approach the question of measurement?

Question 11

What is your response to the examples of measurement processes and tools discussed in this paper?

How do you think the framework should approach the question of measurement?

Should the framework recommend a set of tools?

Alternatively, should services be encouraged to develop their own measures or adopt existing measures of their choice?

Other challenges and Issues

The New Zealand experience and achievements demand consideration. Particularly pertinent is the way in which Maori culture, history and language as well Maori expectations and preferences have been integrated into a generic and overarching recovery-oriented framework.

Specific consideration is also required as to how the new national framework ensures it is applicable to different age groups as well as to population groups with specific needs.

Consideration is also required as to how the new framework ensures its applicability to difficult settings where choice and responsibility are most compromised or where services are most limited.

Challenges and Issues

Question 12 - Recovery and ages groups

How can the new national recovery-oriented mental health practice framework best ensure applicability to all age groups?

Question 13 - Recovery and Aboriginal and Torres Strait Islander peoples

Should the new national framework seek to integrate the expectations and preferences of Aboriginal and Torres Strait Islander peoples as well as cultural concepts and understandings relevant to recovery and wellbeing?

If so, how might this best be achieved?

Question 14 - Applicability of recovery-oriented approaches to difficult settings

Are there any limits to the application of recovery-oriented practice and service delivery?

Are there any settings or circumstances where the implications for adopting and implementing recovery approaches need to be identified and addressed in the new framework?