Emerging Best Practices in
Mental Health Recovery

UK Version 1   2004

Introduction

My personal journey to discovering the concept and practice of recovery has been quite a long and interesting one, at least for me!

In the early to mid 1990s I was privileged to be an observer of the developments that eventually led to implementation of functionalised services in Birmingham. That journey involved the work of a network of people who were committed to bringing about a sea change in the way in which managers and mental health professionals thought about the delivery of mental health services. In particular I was lucky enough to join a visit to services in Madison, Wisconsin in the United States and to the services in Keene in New Hampshire. These visits confirmed my view that establishing Crisis Resolution Teams and Assertive Outreach Teams as part of a whole service system was an effective way of delivering services that had research evidence to support it. This is now part of the NHS Plan of services that we are in the process of implementing across England.

However, in the mid to late 1990s I discovered the concept and practices that have come to be known as 'Mental Health Recovery' and in the West Midlands supported a number of initiatives to help to promote the concept. This included the writing, production and dissemination of a series of 'Directional Papers' on developing modern community mental health systems 'helping to articulate the direction of the mental health system of the future' together with support for a small pilot project that produced a literature review, a training programme and a pilot narrative research study that examined the stories of people in recovery. In establishing NIMHE I was mindful of the importance of 'recovery' and the fact that at its core is people who have been diagnosed as 'mentally ill' 'taking back control over their lives' a central tenet of Government Policy 'putting the user at the centre of everything we do'. NIMHE therefore established the post of Fellow for Recovery as a 'pipeline' programme. Recovery is the practice of values and I see it as the 'How' of service delivery.'

It therefore gives me great pleasure to hear about the developments in recovery training, practice and beginnings of service design. I had no idea some two years ago that any service systems would be beginning to adopt recovery as their overall approach at this time but I am aware of a small but growing number that are. However, the process of delivering truly recovery-oriented services is many years away and will be an emergent process.

I know how important the availability of information is to the change process and therefore want to thank the Ohio Department of Mental Health (ODMH) for making it possible for us to edit, reprint and disseminate, on a not for profit basis, their Emerging Best Practices in Mental Health Recovery poster and pdf file. I also want to thank Derbyshire Mental Health Services for their vision and commitment to making this happen. The development of this edition of the poster has been overseen by a multi-agency, multi-disciplinary group in Derbyshire and supported by the NIMHE Fellow for Recovery and the East Midlands Development Centre. The poster is aimed to provide information about the mental health recovery process and emerging best practices and, as with the original, is intended to be updated as new information becomes available.

I look forward to the possibility of writing a new introduction in this emergent process in a year or two's time.

Antony Sheehan
Director of Care Services
Department of Heal

Overview

This poster and companion pdf file were originally produced by the Office of Consumer Affairs, Ohio Department of Mental Health who developed a Recovery Process Model and Emerging Best Practices to define and enhance the quality of mental health services. These were developed as a guide for users of mental health services to explore their understanding of their potential roles in the recovery process and as self-advocates for the delivery of quality services by capable staff. This model attempts to clarify some of what people in recovery have discovered during their personal recovery journeys about their roles and the roles of other people in the recovery process. In addition the model and best practices are intended to serve as educational tools for family members/significant others, friends, mental health professionals and other supporters, service managers, commissioners and performance auditors.

Recovery has a number of different meanings within the mental health and substance misuse communities. There is no one definition of the term acceptable to all parties involved. In the emerging NIMHE statement on recovery, recovery is defined to include the following meanings:

1. A return to a state of wellness (e.g. following an episode of depression);

2. Achievement of a quality of life acceptable to the person (e.g. following an episode of psychosis)

3. A process or period of recovering (e.g. following trauma);

4. A process of gaining or restoring something (e.g. one's sobriety);

5. An act of obtaining usable resources from apparently unusable sources (e.g. in prolonged psychosis);

6. Recovering an optimum quality and satisfaction with life in disconnected circumstances (e.g. dementia).

As a basis for the development of this model and emerging best practices, recovery is defined as: "a personal process of overcoming the negative impact of diagnosed mental illness/distress despite its continued presence."

Recovery is what people experience themselves as they become empowered to manage their lives in a manner that allows them to achieve a meaningful life and a positive sense of belonging in their community as defined by the person in recovery.

People who are in recovery from mental illness/distress move from a state of dependency* to interdependency*. Many factors influence their current level of functioning. Consequently, movement is not linear. The ultimate goals for people in the recovery process are to:

- Realise personal potential

- Function at their optimal level; and

- Use and/or provide support to entities outside Mental Health Services.

During the recovery process, people are either aware or unaware of their condition.

This Recovery Process Model accounts for the person's movement and degree of awareness across the following four levels:

- Level 1:   Dependent/Unaware
- Level 2:   Dependent/Aware
- Level 3:   Independent/Aware
- Level 4:   Interdependent/Aware

Current government Mental Health policy in the shape of the National Service Framework and NHS Plan both recognise the right of people to live in the community and participate in a lifestyle of their choice. These rights are the underpinnings of Recovery. Given this philosophy and the Emerging National Framework of Values and Values Based Practice, this model identifies nine essential components that are needed in order for a community to provide effective services and support. These components are incorporated in the model and include:

1. Clinical Care
2. Family Support
3. Peer Support and Relationships
4. Work/Meaningful Activity
5. Power and Control
6. Stigma
7. Community Involvement
8. Access to Resources
9. Education

For each level of the recovery process, the status of the user of services and the roles of clinicians and community supports are defined.

Using this dynamic Recovery Process Model, generic and universally applicable practices that influence recovery emerged. These Emerging Best Practices identify preferred behaviours based upon the best available knowledge and consensus of a diverse working group comprised of users of services, family members and mental health professionals. As the impact of these behaviours is measured, it is anticipated that these practices will be refined and/or others will emerge.

In the existing Emerging Best Practices, behavioural statements have been identified for users of services, clinicians, and community across the four levels of recovery and the nine essential components as defined in the Recovery Process Model.

During the recovery process, this model indicates that in order for people in recovery to function optimally they are most often dependent on clinicians, practitioners, family/significant others, peers and community supports to provide support and/or services that are consistent with the best practices identified. Additionally users of services must take personal responsibility for managing their recovery through personal exploration of the guidance provided by the defined best practices. Failure of any of the afore to behave consistently with the identified principles and best practices could result in people in recovery not functioning optimally, taking longer than necessary to reach their optimal level of functioning, or having unnecessary recurrence of their distressing experiences.

Users of services can use these best practices to explore and provide guidance for their actions during their recovery, identify the services and/or support when they need it. Clinicians and practitioners can use these best practices to validate that they are providing the appropriate services, at the right time, that will result in the best outcomes for people. Additionally, these best practices can assist clinicians and practitioners in providing consistent services and supports to people in recovery.

Community supports can use these best practices to determine the resource commitment that is needed to facilitate users of services recovery in a timely manner.

As new clinical, scientific, technological and alternative approaches are identified, this model and best practice statements will be updated to reflect those changes.

*Dependent/Unaware

The concept of dependent/unaware may appear negative and this explanation is provided in order to clarify the complexity of this concept.

It is understood that multiple factors influence dependency. These include but are not limited to:

a. the degree of illness/distress experienced;

b. the positive/negative impact and/or intervention of others, including the mental health system;

c. an individuals interaction and/or reactions to experiences with traumatic events, such as hospital admissions, medication reactions, prisons, interpersonal relations; and

d. the impact of the illness/distress on their daily lives.

During this stage, people are most often unaware of their dependency. In addition, the mental health system is often unaware of behaviours and interventions necessary to enable recovery; therefore, it acts, through inappropriate service delivery/interventions, to maintain dependency.

*Interdependent/Aware

In traditionally delivered services we have come to think of 'independence' as the most important ability for people recovering from mental illness/distress. However, we all have interdependent relationships with our partners, the people we live with, our families, organisations and government etc. For example, in the Indian sub-continent and Asia, interdependent relationships have an even greater meaning given the importance of the family over the individual.

The Ten Essential Capabilities for Mental Health Practice

Shared Capabilities for all Mental Health Workers

The development of the Essential Capabilities is a joint NIMHE and Sainsbury Centre for Mental Health Project. It builds on the work of the Sainsbury Centre's Capable Practitioner Framework copies of which can be downloaded from www.scmh.org.uk.

The work lays out the capabilities that all staff working in mental health services should achieve as a minimum part of their basic qualifying training. However, it is intended that they should form the core building blocks for teaching, learning and personal development not just for professionally qualified staff but for all staff working in the NHS, Social Services, the statutory, private, independent or voluntary sector.

1. Working in partnership. Developing and maintaining constructive working relationships with service users, carers, families, colleagues, lay people and wider community networks. Working positively with any tensions created by conflicts of interest or aspiration that may arise between the partners in care.

2. Respecting Diversity. Working in partnership with service users, carers, families and colleagues to provide care and interventions that not only make a positive difference but also do so in ways that respect and value diversity including age, race, culture, disability, gender, spirituality and sexuality.

3. Practising ethically. Recognising the rights and aspirations of service users and their families, acknowledging power differentials and minimising them whenever possible. Providing treatment and care that is accountable to service users and carers within the boundaries prescribed by national (professional), legal and local codes of ethical practice.

4. Challenging Inequality. Addressing the causes and consequences of stigma, discrimination, social inequality and exclusion on service users, carers and mental health services. Creating, developing or maintaining valued social roles for people in the communities they come from.

5. Promoting Recovery. Working in partnership to provide care and treatment that enables service users and carers to tackle mental health problems with hope and optimism and to work towards a valued life-style within and beyond the limits of any mental health problem.

6. Identifying People's Needs and Strengths. Working in partnership to gather information to agree health and social care needs in the context of the preferred lifestyle and aspirations of service users their families, carers and friends.

7. Providing Service User Centred Care. Negotiating achievable and meaningful goals; primarily from the perspective of service users and their families. Influencing and seeking the means to achieve these goals and clarifying the responsibilities of the people who will provide any help that is needed, including systematically evaluating outcomes and achievements.

8. Making a difference. Facilitating access to and delivering the best quality, evidence-based, values-based health and social care interventions to meet the needs and aspirations of service users and their families and carers.

9. Promoting safety and positive risk taking. Empowering the person to decide the level of risk they are prepared to take with their health and safety. This includes working with the tension between promoting safety and positive risk taking, including assessing and dealing with possible risks for service users, carers, family members, and the wider public.

10. Personal development and learning. Keeping up-to-date with changes in practice and participating in life-long learning, personal and professional development for one's self and colleagues through supervision, appraisal and reflective practice.

Guiding Principles

The following guiding principles formed the basis for the development of The Recovery Process Model and Emerging Best Practices.

Principle I
The user of services decides if and when to begin the recovery process and directs it; therefore, service user direction is essential throughout the process.

Principle II
The Mental Health System must be aware of its tendency to promote service user dependency.

Principle III
Users of service are able to recover more quickly when their:

- Hope is encouraged, enhanced and/or maintained;
- Life roles with respect to work and meaningful activities are defined;
- Spirituality is considered;
- Culture is understood;
- Educational needs as well as those of families/significant others are identified;
- Socialisation needs are identified;
- They are supported to achieve their goals.

Principle IV
Individual differences are considered and valued across the life span.

Principle V
Recovery from mental illness is most effective when a holistic approach is considered; this includes psychological, emotional, spiritual, physical and social needs.

Principle VI
In order to reflect current 'best practices' there is a need for an integrated approach to treatment and care that includes Medical/biological, Psychological, Social and Values Based approaches. A Recovery approach embraces all of these.

Principle VII
Clinicians and practitioners initial emphasis on 'hope' and the ability to develop trusting relationships influences the recovery of users of services.

Principle VIII
Clinicians and practitioners should operate from a strengths/assets model.

Principle IX
Users of service with the support of clinicians, practitioners and other supporters should develop a recovery management or wellness recovery action plan. This plan focuses on wellness, the treatments and supports that will facilitate recovery and the resources that will support the recovery process.

Principle X

Involvement of a person's family, partner and friends may enhance the recovery process. The user of service should define whom they wish to involve.

Principle XI

Mental Health services are most effective when delivery is within the context of the service users locality and cultural context.

Principle XII

Community involvement as defined by the user of service is central to the recovery process.

Emerging National Framework of Values for Mental Health

The work of NIMHE on values in mental health care is guided by three principles of values-based practice:

1) Recognition - NIMHE recognises the role of values alongside evidence in all areas of mental health policy and practice

2) Raising Awareness - NIMHE is committed to raising awareness of the values involved in different contexts, the role/s they play and their impact on practice in mental health

3) Respect - NIMHE respects diversity of values and will support ways of working with such diversity that makes the principle of service user-centrality a unifying focus for practice. This means that the values of each individual user of services and their communities must be the starting point and key determinant for all actions by professionals

Respect for diversity of values encompasses a number of specific policies and principles concerned with equality of citizenship. In particular, it is anti-discriminatory because discrimination in all its forms is intolerant of diversity. Thus, respect for diversity of values has the consequence that it is unacceptable (and unlawful in some instances) to discriminate on grounds such as gender, sexual orientation, class, age, abilities, religion, race, culture or language.

Respect for diversity within mental health is also:

- user-centred - it puts respect for the values of individual users at the centre of policy and practice

- recovery oriented – it recognises that building on the personal strengths and resilience's of individual users, and on their cultural and racial characteristics, there are many diverse routes to recovery

- multi-disciplinary - it requires that respect be reciprocal, at a personal level (between service users, their family members, friends, communities and providers), between different provider disciplines (such as nursing, psychology, psychiatry, medicine, social work, occupational therapy), and between different organisations (including health, social care, local authority housing, voluntary organisations, community groups, faith communities and other social support services)

- dynamic - it is open and responsive to change

- reflective - it combines self-monitoring and self-management with positive self-regard

- balanced - it emphasises positive as well as negative values

- relational - it puts positive working relationships supported by good communication skills at the heart of practice

NIMHE will encourage educational and research initiatives aimed at developing the capabilities (the awareness, attitudes, knowledge and skills) needed to deliver mental health services that will give effect to the principles of values-based practice.

Key Terms

Definitions are provided for those terms that are used differently in various settings and by mental health professionals.

Access To Resources

Ability to make contact with various people and places; use products, services, and technologies that promote recovery.

Advance Agreements

Advance Agreements are agreements made by the user of services with their providing services agreeing his/her choice about how he/she will be treated in the event that his/her illness renders him/her incapable of exercising choice.

Clinical Care

Services that are provided by psychiatrists and other mental health professionals to promote and enhance the recovery process.

Clinicians

A variety of people providing professional services, including care managers, psychiatrists, nurses, social workers, occupational therapists, psychologists and other mental health professionals.

Community Support

Activities and resources provided by the community to enable the integration and affiliation of people in recovery within their community.

User of Services/Expert by Experience/Person in Recovery

A person who is in recovery from mental illness/distress and usually in receipt of mental health services and/or supports.

Education

Both informal and formal methods for people to gain knowledge and information that will enable and support behavioural change(s) leading to wellness and the ability to live lives that are personally satisfying.

Emerging Best Practices

Defines the currently identified 'best practices' that users of service, clinicians and community supports use to facilitate the recovery process. New best practices are continuing to emerge.

Family Support and other Supporters

People and carers identified by the person in recovery as either family members or significant others who provide the necessary natural supports for recovery.

Life Roles

Age-appropriate characteristics and expected behaviours of an individual within society that are developmental and incremental in nature and which a user of service may have had interrupted due to the onset of symptoms/distressing experiences or a service system that has encouraged dependency.

Mental Health Recovery Process

Identifies the status of the user of services and the roles clinicians and community supports demonstrate.

Peer Support and Relationships

Friends, colleagues and other people in recovery who help to provide a common understanding of issues and experiences impacting mental health recovery.

Power and Control

Active personal engagement in and decisions about care and supports that promote recovery.

Wellness Recovery Action Plan/Recovery Management Plan

A plan that the person in recovery develops with clinicians and other supporters. The plan focuses on identifying triggering issues, early warning signs and on the actions and interventions that will facilitate recovery and the resources that will support the recovery process.

Crisis/Relapse Prevention Plan

A plan developed by the person in recovery, when well, with clinicians, and significant others of behaviours, feelings and thoughts that indicate a deterioration in the persons stability and actions and activities that will help to avert further deterioration. A formal written and signed agreement of this plan is an Advanced Agreement (see above).

Self-reliant Model

A transition within the Recovery process whereby the user of services moves from dependence on others to meet basic needs and control symptoms/distressing experiences to a state of personal understanding and control of those symptoms/distressing experiences enabling the achievement of life roles and self agency through interdependent relationships with others.

Stigma

Stereotypes associated with mental illness that hinder and/or negatively impact the recovery process.

Work & Meaningful Activity

Meaningful employment or activities as defined by the person in recovery, such as volunteering that provide both economic and psychological benefits, positively impacting the recovery process.

Derbyshire Mind

rethink
severe mental illness

mind

For better mental health

Trent **NHS**
Workforce Development Confederation

Sefton Recovery Group

Derbyshire **NHS**
Mental Health Services NHS Trust

Derbyshire **NHS**
Primary Care Trust

Emerging Best Practices in Mental Health Recovery

ORIGINAL PRINCIPAL AUTHORS: Wilma Townsend, M.S.W. - Sherry Boyd & Grisetta Griffin, Program Development Specialist - Office of Consumer Services, Ohio Department of Mental Health.
Partricia Larkins Hicks, Ph.D., President - Outcomes Management Group, Ltd. The Ohio Department of Mental Health - Michael F. Hogan, Ph.D., Director.

UK VERSION 1. AMENDED BY: Derbyshire Multi-agency Partnership - Chris Gillespie, Edward Greenwood, Julia Lowes, Erik Milner, Ruth Sargent, Alvar Thomas and Karen Colligan on behalf of Sefton Recovery Group.
Principal Editor, Piers Allott, NIMHE Fellow for Recovery. Project Manager, David Gardner, Derbyshire Mental Health Commissioning Team.

Mental Health Recovery Process:

Defines the person's personal status and the roles clinicians and community supports demonstrate.

Mental Health Recovery Process / **Dependent / Unaware**

	Clinical Care	Peer Support & Relationships	Family Support	Work/Meaningful Activity	Power & Control	Stigma	Community Involvement	Access to Resources	Education
Person's Status	• Cannot identify personal needs; • Uninformed of resource opportunities; • May be angry, anxious, distrustful, and unmotivated; • May not accept diagnosis or accept that anything is wrong; • Symptoms, treatment, and stigma may interfere with motivation; • May experience shame & stigma concerning illness; • May lack experience in developing trusting relationships.	• May have lost contact with peers; • Lacks self-esteem and sense of self; • May have limited knowledge of supportive resources and medical management; • May experience spiritual and/or cultural conflict; • Views self as object; • May feel hopeless and helpless; • May be withdrawn and avoids contact with others.	• May or may not want to include family and significant others in process; • Unaware of how family relationships impact recovery process; • May be characterised by fear, stigma and denial.	• Lacks information and knowledge as related to employment opportunities or meaningful activities; • Unaware of relationship between activity, employment & wellbeing; • Lacks confidence; • May be in crisis; • May be employed.	• Unaware of effect illness has on decision making; • Lacks identity; • Does not recognise responsibility for actions or their consequences; • May resist assistance, and may be angry; • Does not realise personal input is important to facilitate recovery; • May have difficulty taking control of his/her life; • May be totally dependent on clinician; • May not be active with treatment.	• May experience negative feelings; • May be angry; • May be in denial; • May not accept condition; • May internalise stereotypes of people with mental illness; • Shame, fear, denial may cause looking away from others; • May feel isolated socially, spiritually and culturally.	• May be isolated and/or separated from community; • Unaware of community resources and their benefits; • Lacks motivation to seek community involvement; • Does not trust community; • Afraid of social situations; • May not recognise opportunities to become involved in community activities.	• May depend on family/significant others, mental health systems and others for basic needs; • Lacks understanding of illness, basic needs, and how to access and manage available resources; • May not have access to resources that are necessary to live and function at an optimal level.	• Does not understand how learning applies to achieving personal and vocational goals; • Does not understand relationship between formal/informal education and the attainment of quality-of-life experiences; • May not be educated about illness.
Clinicians' Roles	• Demonstrates hope and achievement when interacting with the person; • Promotes acceptance as first step to recovery; • Explains illness, symptoms/distressing experiences, courses of treatment and hope for the future and begins to teach the person about the use and benefits of a Wellness Recovery Action Plan and Advanced Agreements; • Informs the person about benefits of active treatment; • Engages family and/or significant others and refers them to available community supports and education.	• Makes the person aware he/she is not alone; • Offers hope and friendship; • Encourages person to remain active; • Identifies support and provides access to peer support; • Helps person develop reciprocal relationships; • Assists person in recognising strengths and valuing peer support experiences; • Fosters advocacy and assists person in taking control of his/her illness/distressing experiences; • Provides person with information about how to obtain access to services; • Encourages the development and/or maintenance of social, family and personal relationships; • Encourages person to maintain or seek supportive spiritual/cultural activities.	• Assists the person in recognising value of family involvement; • Promotes well-being; • Determines from the person who he/she wants involved (i.e. family members and/or significant others); • Utilises the person's family and/or significant others to learn strategies that will assist in recovery process; • Assists families and/or significant others in understanding their involvement in the recovery process; • Considers cultural differences and spiritual needs when working with the person's family and/or significant others.	• Fosters expectation of hope; • Promotes well-being; • Creates expectation that employment or some form of meaningful activity is possible and will enhance well-being; • Makes the person aware of incentives & educational benefits; • Promotes stabilisation leading to or enabling continued work and other meaningful activity; • Assists in symptom management and medication stabilisation.	• Provides positive environment to facilitate understanding of people in recovery; • Actively listens to the person; • Fosters hope for recovery; • Educates the person, family members and/or significant others about illness, diagnosis, and treatment; • Assesses and promotes the person's ability to understand illness, community living skills, and educational level; • Recognises recovery struggle & communicates that understanding to the person; • Validates the person's feelings; • Aware of power issues; • Encourages independence and continued social activity; • Informs the person about the use of medication as a wellness tool to facilitate recovery; • Facilitates access to advocacy service.	• Considers stigma associated with mental illness when educating and treating the person; • Addresses stigma issues with the person, family, and significant others; • Emphasises the person's strengths & assets versus deficits; • Educates the person's family members and/or significant others about illness, diagnosis, and treatment; • Keeps abreast of current literature; • Addresses issues of stigma and supports the person; • Engages in stigma-busting behaviours and activities; • Values and fosters partnerships and inclusion among providers, families, significant others, friends, and people who use services.	• Assumes role of motivator and educator; • Helps the person become hopeful with regard to community inclusion/reintegration; • Uses community to learn about the person when he/she was well/healthy; • Uses knowledge about the person to assist in personal growth and community inclusion; • Explores with the person opportunities for personal growth and community involvement; • Educates the person, family, and/or support system about community resources; • Assists the person with learning/relearning social skills; • Educates community about mental health issues and the rights of people diagnosed with mental illness; • Supports & respects the persons participation in social, cultural, & spiritual community activities.	• Initiates education process by providing information to the person about illness, available resources, all treatment services and supports including alternatives and complementary therapies; • Provides information to the person that assists them in determining how to obtain access to services; • Makes referrals that are appropriate to the person's choices.	• Provides the person and family/significant others with information about mental illness; • Offers the person hope; • Makes the person aware of educational opportunities and resources; • Promotes concept that education (formal/ informal) and understanding about illness enhances and increases personal growth and recovery.
Community Supports' Roles	• Makes available family and user peer support, enrichment and engagement activities; • Makes available, especially to families and users of services, information and education concerning mental illness and recovery.	• Makes peer support groups available and accessible; • Involves peer support groups in treatment sessions when appropriate; • Provides personal assistance; • Offers hope through peer supporters making non- threatening visits; • Peer Support group participates in community activities.	• Provides 'Family to Family' training to families and significant others; • Provides educational programmes for family and significant others that provide information about: mental illness, medications, treatment, alternatives, complementary therapies, family problem solving, communication skills, etc.	• Makes resources available to support employment; • Maintains a resource list of community action organisations, recreation facilities, volunteer opportunities, etc. • Educates community employment, recreation, and volunteer organisations about the needs and benefits of including users of services as volunteer workers, employees and members; • Educates constituents about the work needs of the people who experience mental illness.	• Provides housing, transport support; • Makes care management and community support services & educational opportunities available; • Provides consultation for family members; • Manages guardianship issues; • Family and user of service, and organisations provide support; • Provide access to mental health advocacy services.	• Provides educational opportunities that focus on understanding mental illness and people diagnosed with mental illness and recovery; • Provides opportunities to reject/combat stigma (i.e. community activities); • Responds to negative stigma issues presented in the media and other venues; • Ensures that organisations, staff, internal policies, etc. are stigma free.	• Provides opportunities for people to participate in community activities; • Identifies people's needs and develops and/or provides opportunities for them to obtain local resources for support (e.g. work experience); • Includes people, service user groups in local events (e.g. parades, festivals, political debates, educational events); • Provides meeting places & advertising for service user events; • Makes hang-out places available (i.e. cafés/fast food restaurants etc.) to meet friends and provide for possible employment opportunities.	• Provides all levels of support via family, mental health and social care systems, including access to benefits for which the person may qualify.	• Makes available educational opportunities and experiences that focus on recovery from mental illness; • Makes available formal and informal educational opportunities.

Mental Health Recovery Process:

Defines the person's personal status and the roles clinicians and community supports demonstrate.

Mental Health Recovery Process / **Dependent / Aware**

	Clinical Care	Peer Support & Relationships	Family Support	Work/Meaningful Activity	Power & Control	Stigma	Community Involvement	Access to Resources	Education
Person's Status	• Depends on professional care; • Aware of illness; • Aware of services and choices available within system; • May not feel empowered to make choices; • May not be interested or desire to make appropriate choices; • May begin to set basic recovery goals.	• Defines his/her unique needs; • Regains sense of hope & becomes aware of self-esteem issues; • Understands importance of maintaining balance & wellness in life; • Views self as 'subject'; • Begins using self-reliant model; • Develops life skills; • Participates in self-help/peer support groups; • New supports accept individual's differences; • Begins learning to develop relationships on his/her own; • Becomes aware of his/her relationships in community; • Becomes aware of need to monitor systems; • Peer group has changed.	• Accepts illness and still fairly dependent on a lot of support; • Ready to seek help; • Decides whether to include family and/or significant others in recovery process; • Family/significant others' ability and willingness to support varies; • May be unready or unable to accept family/significant others' support; • May develop family relationship with friends and peer supporters.	• Aware of knowledge of self & aware of benefits of employment as related to well-being; • May not be ready to find employment; • Fears failure, lack of self-confidence, insecure, & unable to be self-sustaining; • May not have interaction and/or decision-making skills needed for work environment; • May be afraid of losing benefits; • Depends on others to assist in finding employment; • May be employed.	• Depends upon others and feels powerless and victimized; • Lacks identity; • Sense of self is determined by others; • Understands the need for assistance; • Begins to see the relationship between decisions and quality of life; • Sees choices but may feel powerless about making choices.	• Feels misunderstood; • May be emotional & sensitive; • Begins accepting illness but many still be affected by negative perceptions of mental illness; • Attempts to gain knowledge about mental illness; relies on others (e.g. media) for understanding of illness and defining self.	• Begins to recognise opportunities for community involvement; • Aware of community resources & how they may be helpful to recovery; • Sets personal goals regarding involvement in community activities; • Goals are still mainly shaped by external ideal rather than the person's preference; • Needs lots of encouragement; • May not actively participate in community activities; • May not obtain access to resources.	• Identifies and/or seeks assistance to identify, locate, and/or manage support and social resources (e.g. Help Lines, outreach services, Drop-In Centres, hospitals, places of worship).	• Begins to understand basic information about illness, symptoms and treatment; • May attempt or return to educational pursuits.
Clinicians' Roles	• Ensures the person and family/significant others are educated about the choices/resources available to them; • Provides activities that will increase the person's readiness to make choices in selecting life roles, environment, and goals; • Educates the person about mental illness & recovery; • Continues hope-inspiring strategies; • Offers support to the person in designing his/her Wellness Recovery Action Plan (including medication and side effects), and Advanced Agreements.	• Establishes relationship with the person that is reciprocal; • Assists the person with identifying needs and linking to peers; • Facilitates group/peer interactions; • Assists the person in understanding & managing relationship issues; • Provides access to personal advocacy; • Offers opportunities to the person to venture into community.	• Develops trusting relationships with the person and his/her family/significant others; • Involves family/significant others in educational opportunities for the purpose of establishing personal, social, and work goals; • Provides the person and family/significant others with information about illness and medications.	• Aware of importance of work or other meaningful activity in recovery; • Assists the person in determining employment and/ or activity interests; • Allocates individualised resources (i.e. support for individual stress & benefit consultation for employment readiness); • Make aware of relationship between work, activity and well-being; • Offers range of educational opportunities that focus on pre-vocational & job readiness; • Provides information about medication benefits and/or side effects and their impact upon work performance; • Provides basic wellness management training.	• Helps the person identify their hopes, dreams, aspirations, & values; • Teaches coping, problem-solving, & decision-making skills; • Teaches the person about gaining resources; • Helps the person build self-esteem; • Provides environment for the person to set goals; • Teaches & reinforces independent living skills & alternatives; • Helps the person identify perspective on his/her "loss" of power & control; • Presents alternatives and enables the person to make choices; • Facilitates access to advocacy service.	• Supports & reinforces the person in gathering information about illness; setting appointments; identifying resources & assuming responsibility for self; • Values the person's choices; • Assists the person in understanding consequences associated with choices; • Provides opportunities for the person to vent & express his/her frustration; • Assists the person in coping with internalised stigma; • Teaches stigma-busting behaviours & activities; • Views the person as an individual versus diagnosis; and different versus deficient; • Teaches coping mechanisms that are not stigmatising.	• Motivates & educates; • Inspires hope about the person's community inclusion; • Continues to use community to learn about the person; • Uses knowledge to help the person set goals & move towards community inclusion; • Continues to educate the person, family/significant others about community resources; • Continues to educate about mental health and recovery issues & the person's rights; • Acts as consultant to the person regarding choices about community activities & use of community resources.	• Follows up on referrals; • Solicits input from the person about other services he/she may be interested in receiving; • Provides information about resources; • Follows up to assure the person receives all benefits to which he/she is entitled; • Suggest the use of direct payments with an appropriate support service?	• Involves the person, family/significant others in educational opportunities for the purpose of establishing personal, social, and work/activity goals; • Provides the person and family/significant others with information about illness, medications, alternatives and complementary therapies.
Community Supports' Roles	• Makes available educational opportunities for people and their families/significant others that focus on mental illness, recovery process, and strategies that facilitate recovery; • Provides support and information to overcome stigma and enhance community inclusion (e.g. through places of worship, community organisations); • Continues to make available peer support.	• Makes available educational opportunities for people and their families/significant others that focus on mental illness, recovery process, and strategies that facilitate recovery; • Provides support and information to overcome stigma and enhance community inclusion (e.g. through places of worship, community organisations); • Continues to make available peer support.	• Provides training via community support groups; • Provides educational opportunities for family/significant others; • Makes psycho-social rehabilitation available; • Engages family and/or significant others in activities to support the person's recovery.	• Provides support directed toward the person & societal protection; • Provides information about mental health resources including referral sources & appropriate clinical & vocational systems.	• Provides environment within business and housing settings that allow the person to practice newly found skills and encourage self-reliance; • Establishes self-help groups; • Provide access to mental health advocacy services.	• Establishes User of Services Speaker's Bureau & provides speakers who are doing well & willing to tell their story; • Conducts anti-stigma public relations campaigns within the community; • Provides destigmatising activities for people in recovery to participate in.	• Provides opportunities for the person to participate in community activities & expand opportunities (e.g. art shows, concerts, street fairs, lectures); • Develops local resources based upon community needs; • Expands access to resources (e.g. work experiences, leadership training, education); • Continues to include the person & peer support groups in local events; • Expands outreach to people and user groups.	• Makes appropriate resources available and accessible to people and their families and/or significant others; • Follows up to ensure that benefits and entitlements are maintained at appropriate levels; • Provides wide range of housing & transport options that assist the person to begin to function independently.	• Makes available to people and their families/ significant others educational experiences, opportunities, and resources; • Continues activities in the Dependent/Unaware stage.

Mental Health Recovery Process:

Defines the person's personal status and the roles clinicians and community supports demonstrate.

Mental Health Recovery Process / **Independent / Aware**

	Clinical Care	Peer Support & Relationships	Family Support	Work/Meaningful Activity	Power & Control	Stigma	Community Involvement	Access to Resources	Education
Person's Status	• Takes responsibility for managing his/her life and illness/distressing experiences; • Aware of choices of services, treatment, and other resources; • Makes choices independently; • Reasonably self-confident and values personal worth; • Chooses level of involvement with family/ significant others, peer groups and community activities; • Works toward achieving recovery goals previously developed.	• Gives support to others; • Uses peer support as component of personal support network; • Obtains and uses resources, supports and services; • Begins to use Wellness Recovery Action Plan; • Recognises and develops plans to monitor symptoms; • Begins to value self as a unique individual with strengths and achievable goals.	• Manages illness on his/her terms; • Aware that family/significant others are available to support him/her in recovery; • Makes decision regarding involving family/significant others and to what extent; • Identifies which family members/significant others will be involved in recovery.	• Identifies needs & interests related to employment while still exploring vocational potential & skills; • Self-focused; • Capable of sustaining existence; • May be employed in a supportive or competitive environment; • May take on too much that results in increased stress; • May be vulnerable to relapse.	• Has sense of self; • Has personal identity; • Defines own goals; • Aware of consequences of decisions; • Aware of personal responsibility; • Takes risks; • Seeks to be in control; • May resist others' decision making; • Understands the need for assistance; • Begins to see the relationship between decisions and quality of life; • May experience stressful interactions with family/significant others.	• Begins to understand & accept illness/distressing experiences; • Reaffirms identity & separates characteristics of illness from stereotypes; • Begins to be resilient against stereotypes; • Self-esteem improves; • Focuses internally, separate from mental health system.	• Actively seeks community involvement; • Begins to develop relationships with people in community organisations; • Begins to obtain & use resources appropriately; • Shapes goals based upon his/her preferences and ideals rather than on external ideals; • Relies less on family/significant others to initiate involvement or obtain resources.	• Aware of illness/distressing experiences & basic needs; • Functions independently & does not rely on family or mental health systems; • Takes responsibility for his/her life goals, personal growth & development and fulfilling needs; • Educates clinician about resources.	• Establishes partnership with clinician in planning and making educated choices about treatment & medication; • Begins to understand the more complicated aspects of medications and other wellness tools.
Clinicians' Roles	• Works with the person to define and achieve preferred life roles & goals; • Continues inspiring hope strategies; • Encourages input from families/significant others as appropriate; • Encourages development of individualised coping strategies to deal with persistent symptoms or distressing experiences; • Continues to support people with medication management; • Supports the person to use personal Wellness Recovery Action Plan and Advanced Agreements as necessary; • Reviews care plans (CPA) with the person on a regular agreed (person centred) basis ensuring care plan is consistent with process above.	• Utilises volunteers to share recovery information & experiences; • Involves the person in groups with Peer Supporters that participate regularly in some type of recreational/social activity; • Teaches the person about Mental Health Advanced Agreements & processes involved; • Evaluates effectiveness of support provided by peers; • Reviews with the person his/her Wellness Recovery Action Plan at the persons' request; • Supports the person in community activities.	• Actively involves the person in Recovery Management Plan; • Solicits input from the person regarding family/significant others' involvement in recovery; • Recognises family/significant others' role in relation to the person's illness; • Develops and uses educational programmes that are 'family friendly'.	• Meets the person's needs & interests related to employment/activity while still encouraging exploration of vocational potential & skills; • Refers to appropriate resources; • Provides employment support; • Assures ongoing availability of support; • Assists with medication management; • Makes the person aware of vulnerabilities, benefits & pitfalls of developing skills & self-confidence.	• Exchanges and/or shares knowledge with the person; • Shares power & decision making with the person; • Assists the person in achieving his/her goals; • Enhances the person's life skills; • Educates the person about resource sources (e.g. library,web links); • Encourages the person to find other resource people; • Encourages participation in social groups; • Enhances the person's social skills, including reading social cues; • Educates the person on 'how to take control'; • Accepts the person's mistakes; • Exhibits patience; • Encourages the person to participate in social, cultural & spiritual groups/organisations.	• Provides information that emphasises recovery; • Supports the person during the recovery process; • Emphasises to the person's responsibilities for own actions; • Promotes & emphasises the person's focus on living "with" mental illness/distressing experiences versus suffering from an illness; • Challenges other clinicians/services when they stigmatise; • Encourages people to challenge clinicians services; • Informs the person about new treatment approaches and medications that can decrease stigmatising behaviours; • Assists the person in developing & participating in stigma-busting activities; • Works with the person in confronting stigma throughout the mental health system; • Advocates for the person as full partner in recovery.	• Expands roles as consultant; • Lessens role as educator/motivator; • Continues to educate community about mental health issues and the persons rights; • Assists the person in any way possible to achieve his/her self-determined community involvement goals; • Avoids creating services for the person that shape goals according to external ideals; • Emphasises the person's preference; • Continues to inspire hope and support the person in community reintegration; • Avoids creating services that do not reflect the person's choices.	• Educates the person about benefits; • Educates the person about how to work effectively with mental health systems; • Obtains & uses resources outside mental health services; • Supports the person while accessing community services.	• Provides the person opportunity to personally participate in educational opportunities and/or obtain educational and learning materials (e.g. copies of books, Internet access).
Community Supports' Roles	• Community resources address treatment, life goals, chosen roles, goals, and social needs; • Promotes & supports anti-stigma campaigns; • Actively seeks and supports the person & family/ significant others' involvement in community mental health services.	• Recruit individuals interested in becoming peer Supporters; • Involve the person in social and recreational activities; • Conduct meetings of Peer Supporters.	• Engages family/significant others in policy and planning boards and committees for input on the person and family issues. For example participation in local implementation Team (LIT),Patient and Public Involvement forums, carers representative groups , Local Authority consultation networks etc • Continue training, education, and support to families/significant others.	• Makes accommodations for the person in community activities; • Makes resources available to support meaningful employment and other user-chosen activities.	• Encourages independence; • Provides educational opportunities focused on recovery & stigma-busting strategies; • Provide access to community mental health advocacy services.	• Makes support groups available & accessible; • Conducts anti-stigma campaigns.	• Recognises the value of involving people in recovery in community activities; • Expands role of people in recovery in community organisations.	• Provides wide range of housing & transport options that assist the person in functioning independently; • Provides opportunities for socialisation and participation in community activities via peer support/user-run services; • Creates cross-system (whole system) support (e.g. 'one-stop shop'/ single points of access etc).	• Continues to offer upgraded and updated formal and informal training/work opportunities; • Continues educational support as identified in previous stages; • Provide buddies /befrienders/mentors to support in mainstream education (May apply to all 4 stages).

Mental Health Recovery Process:

Defines the person's personal status and the roles clinicians and community supports demonstrate.

Mental Health Recovery Process / **Interdependent** / **Aware**

	Clinical Care	Peer Support & Relationships	Family Support	Work/Meaningful Activity	Power & Control	Stigma	Community Involvement	Access to Resources	Education
Person's Status	• Accepts responsibility & involves him/herself in community; • Views services & personal support system as partners/peers; • Works collaboratively with services & personal support system to make choices; • Feels he/she has opportunity to contribute to others and to society; • May move out of mental health system for attainment of employment and other benefits.	• Cultivates reciprocal relationships; • Participates in community; • Willing and ready to give back to the community; • Serves as a role model/expert by experience for other people in recovery; • Advocates for self and others; • Manages stress; • Shares coping techniques with other people in recovery & clinicians; • Recognises and feels own value as a whole person and contributing member of society.	• Makes positive, conscious decisions; • Understands symptoms and experiences; • Values interacting & communicating with family/ significant others to improve quality of life; • Uses services and participates in community with family/significant others.	• Locates employment or meaningful activities consistent with interests and skills; • Develops personal supports to maintain employment & implement meaningful career goals; • Focuses beyond self; • Career/activity-minded; • Understands role(s) in work/activity environment & seeks to contribute.	• Aware of how he/she affects others' lives; • Recognises his/her relationship with others; • Community-minded; • Asks for help while still having sense of self; • Recognises value and nature of goal attainment; • Makes decisions based upon information, awareness and consequences.	• Accepts illness or experiences; • Participates in advocacy activities; • Educates public about human rights of people with mental illness (e.g. European and national, legal and civil).	• Maintains community involvement and relationships; • Serves as role model for other people in recovery; • Encourages other people in recovery to get involved in activities; • Works with other community leaders to develop new activities & resources.	• Aware of and understands responsibilities for managing his/her illness/distressing experiences; • Obtains and uses the appropriate information & resources needed to assist in achieving & maintaining life goals.	• Uses knowledge to obtain formal education to further goals; • Adeptly utilises knowledge in seeking & maintaining intimate relationships.
Clinicians' Roles	• Works with the person & their chosen support system to enhance/support chosen life roles; • Provides information and contacts to the person to help locate other community resources & supports; • Provides the person ongoing continued support; • Supports the person in his/her interdependent role in community and society; • Continues to review any treatment and care plans with person ensuring the plans are consistent with the persons own wellness plan and choice.	• Recognises the individual person rather than seeing them as a patient /service user; • Helps the person identify ways to give back to community; • Provides the person access to group advocacy training; • Encourages the persons participation in service evaluation & quality assurance activities; • Collaborates with the person in developing, finding, and using self-help alternatives; • Collaborates with the person in conducting research & publishing about the benefits of peer support/user-run services; • Expands peer group to include clinicians & providers.	• Solicits input from the person and his/her family/significant others regarding the impact of their involvement in the recovery process; • Advocates with the person for family involvement; • Continues to support family/significant others' involvement with the person in recovery process; • Continues to offer family/significant other, interventions and family education and training programmes.	• Assists the person in choosing from a broad range of meaningful work activities, including needed supports; • Fosters alliance/partnership with the person to ensure adequacy of continued supports.	• Assists the person in solidifying his/her role within community; • Encourages self-advocacy; • Fosters the development & refinement of interaction & interpersonal skills; • Supports & educates the person regarding his/her exploration of personal intimacy, cultural & spiritual needs; • Includes the person in service planning & evaluation; • Supports involvement of the person in system change activities; • Supports the person in implementation of their Wellness Recovery Action Plan; • Facilitates access to advocacy service.	• Assists the person in celebrating success of his/her Wellness Recovery Action Plan; • Arranges visits to model recovery services inside & outside hospital with other recovering people and staff; • Reinforces non-stigmatising behaviours; • Actively supports anti-stigma efforts; • Supports the person's decision to disclose; • Encourages & supports the person to access community organisations, social, cultural, spiritual, and personal interest groups for validation of strengths & esteem.	• Maintains role as consultant to the person; • Maintains awareness of community opportunities; • Continues to educate community about mental health and recovery issues and the rights of people diagnosed with mental illness; • Promotes positive mental health care and prevention strategies. For example health promotion in schools; • Continues to reinforce a sense of hope in the person; • Celebrates the person's achievements; • Supports the person in community reintegration.	• Teaches the person to view self as a resource & advocate; • Joins with the person and family/significant others in advocating for mental health systems to develop and maintain appropriate services and remove barriers (DDA & RR (A) A 2000 Race Relations Act as amended); • Maintains support, as needed, of the person while using community services; • Encourages the person to exercise choice and control of any relevant community service i.e. by encouraging Direct Payments. (This may apply to all 4 levels).	• Joins the person in defining steps he/she must take toward establishing independence from mental health systems; • Supports the person's choices.
Community Supports' Roles	• Makes available for the person collaborative support as needed to remain in chosen life role; • Continues to seek respect & value the person & family/significant others' involvement in community activities & organisations; • Continues to support the person & family/ significant others.	• Promotes and ensures effective participation of people in recovery/experts by experience on trust boards and committees; (for example PPI programme, LIT, Service User Voice, User led monitoring/audit schemes PALS etc); • Makes community support groups accessible and available.	• Involves family members/significant others in World Mental Health Day and week; • Continues family/significant others' support, training and education; • Continues family and/or significant others on policy and planning boards, committees, and group.	• Actively seeks out and integrates people with mental health issues into full range of meaningful work and other activities; • Advocates for the rights & needs of people with mental health problems, for example for "reasonable adjustments" under DDA; • Allocates necessary resources to support people with mental health problems when integrating into community and developing their careers.	• Recognises individuals with mental illness can lead productive, independent & thriving lives; • Supports individuals with mental illness in maintaining productive, independent lives; • Provide access to community mental health advocacy services.	• Involves the person in community activities; • Promotes people recovering from mental illness in educational programmes; • For example initiatives at promoting mental health, primary care led prevention strategies, National Service Framework Standard 1 initiatives, education in schools and colleges.	• Trusts the person; • Relies on the person for participation in community events.	• Provides cross (whole) systems training & networking with people in recovery; • Continues to provide opportunities for socialisation and participation in community activities via peer support systems; • Continues cross (whole) system support (e.g. 'one stop shop' / single point of entry, primary care accessed self help groups).	• Continues educational supports of previous stage; • Peer Supporters participate in providing upgraded training/work opportunities.

Emerging Best Practices:

Defines the current best practices that the person, clinicians and community supports use to facilitate the recovery process. New best practices are continuing to emerge.

Mental Health Recovery Process / Dependent / Unaware

Clinical Care	Peer Support & Relationships	Family Support	Work/Meaningful Activity	Power & Control	Stigma	Community Involvement	Access to Resources	Education	
• Identifies information about mental illness, recovery process, stigma, self-esteem, and building self-confidence; • Gains awareness of illness through education, self-management & symptom reduction; • Develops self-trust by living through traumatic events with support (e.g. hospital admission, family problems, detention under the Mental Health Act); • Begins to develop trusting relationships with clinician and others.	• Becomes willing to engage in interactions with others; • Listens to information given on mental illness & healthy support systems; • Develops or maintains spiritual, social, and cultural connections; • Begins to see the possibilities.	• Participates with family members, significant others, and/or friends in activities to address illness and recovery education, group and family support/counselling meetings; • Begins to recognise the importance of including family/significant others in recovery process.	• Begins to value work and/or meaningful activities; • Develops awareness of work-readiness skills; • Begins to see possibilities; • May participate in self-help groups.	• Open to learning and increasing awareness about illness; • Listens and begins to develop trusting relationships; • Aware of lack of power and control; • Recognises benefits of medication, if needed, and uses medication as a wellness tool with medical advice.	• Identifies positive support systems; • Seeks ways to manage anger (i.e. anger management); • Seeks out information on mental illness; meanings of mental illness; • Seeks out other people who have been successful in handling stigma & feelings of isolation; • Seeks out meaningful social, cultural, and spiritual relationships.	• Asks clinician, family and/or significant others, and peer/friends about community resources and how to use them to assist in recovery; • Begins to look for resources other than from mental health services; • Learns how to use community resources (e.g. local library, internet).	• Works with family and/or significant others, clinicians and services to recognise, obtain and use available supports and resources.	• Seeks feedback about mental illness, recovery process, stigma, self-esteem, and self-confidence from family, significant others, friends, peers and clinicians; • Begins to focus on defining life role(s), identifying potential work, educational needs, and developing relationships.	**Person's Best Practices**
• Builds relationship with person by listening, valuing & accepting him/her as a worthwhile person; • Continues using hope-inspiring strategies; • Develops collaboratively with person, family and/or significant others and GP, a Recovery Plan; • Collaborates with person in managing illness/distressing experiences with proper medication and alternative wellness strategies by providing information about medication, alternatives and other strategies for effective management; • Develops rapport & positive relationships with person, family and/or significant others; • Assists person in setting & reaching goals, thus increasing personal control & self-esteem; • Links person to appropriate services, benefits, and entitlements.	• Involves person in groups (e.g. Peer Support, Self-Esteem) designed to: stimulate appropriate interpersonal interaction; facilitate an open dialogue about establishing & maintaining relationships/intimacy; provide/promote opportunities to practice using social skills; share information about systems & medical management; promote awareness of transitioning into community; • Involves person in 1:1 sessions for purpose of maintaining rapport & encouraging interaction with others; • Refers to peer support & other interest groups (i.e. spiritual, cultural & recreational).	• Involves family members/significant others in treatment plan; • Ensures carer's are offered an assessment of their own needs; • Makes appropriate referrals; • Values family participation as an asset and source of information to enhance treatment; • Values and respects persons choice regarding family involvement; • Uses approaches & materials that are culturally relevant; • Uses a strengths approach to person/family interactions; • Provides information and learning opportunities to carers for example rethink Family Education and Training Programme (FETP).	• Encourages/promotes participation in meaningful activities on a regular basis; • Involves person in groups to enhance self-confidence; • Evaluates with person his/her ability, emotional, and skill level to participate in employment or meaningful activities; • Provides support in developing needed skills (job coaching, interviewing, etc.); • Uses understanding of Disability Discrimination Act (DDA) to benefit person; • Provides tours to person of potential employment settings; • Uses speakers to explain potential work expectations; • Supports volunteer work as meaningful activity; • Adjusts medication to manage side effects & promote optimum participation.	• Identifies people who have been successful in recovery from their mental illness experiences to serve as role models; • Uses interventions that address person's needs from a recovery perspective; • Identifies available community supports; • Identifies person in groups; • Educates recovery & support teams about valuing person's feelings; • Uses speakers for purpose of discussing issues related to housing, budgeting, and grooming; • Values person's feelings; • Leads recovery team in promoting self-reliant model; • Identifies non-medical symptoms (e.g. attitude) that impact the person's recovery; • Facilitates access to independent mental health advocacy service.	• Office, treatment and service environments reflect anti-stigma and mental health recovery philosophy; • Recognises importance of components of Wellness Recovery Action Plan and Advance Agreements in decreasing stigma; • Educates family, friends and significant others about stigma; • Provides person with educational materials; • Identifies roles in decreasing stigma; • Cross train mental health services in order to minimise stigma within the mental health system; • Encourages peoples participation in community organisations (i.e. library society, theatre groups, sports societies etc); • Conducts positive interactions with people/ families based upon recovery principles and expectations; • Involves person in groups for purpose of exploring why stigma exists.	• Maintains hopeful attitude and encourages community reintegration; • Introduces person to others who are involved in community; • Talks to person's family and friends about activities that he/she enjoyed when healthy and uses the information learned to help them select opportunities for community involvement; • Educates himself/herself about community resources & activities; • Provides person with brochures, phone numbers, contact people; • Speaks about mental health issues at community events, & to media; • Reviews current research findings to keep up-to-date with community projects; • Introduces person to librarian; • Obtains information from Internet.	• Provides educational information via sources appropriate for person (e.g. printed materials, oral communication, different languages); • Refers person to appropriate services; • May involve person in self-help groups for the purpose of educating about illness, recovery, and resources; • Maintains office hours that are convenient for person; • Discusses and decides with the person what services are needed and will be initiated.	• Identifies person's educational level/preferred learning methods (e.g. visual, auditory); • Provides educational materials/opportunities based upon information learned about person; • Provides person with information about his/her illness and medication; • Educates community about mental health issues; • Involves person in educational support groups to inspire hope; • Makes person and others aware of impact education has on recovery.	**Clinicians' Best Practices**
• Conducts depression screenings, stress tests, etc. at health fairs; • Provides educational products, programmes and opportunities that meet the needs of people with mental health problems; • Makes psycho-education & peer support groups available to families/significant others; • Provides & supports Drop-In Centres.	• Makes hospital visits & provides literature/information on peer support system; • Provides hope & reassurance for recovery to person using personal disclosure; • Develops rapport with person; • With clinician's guidance, begins to engage person in non-threatening social tasks (i.e. getting cup of coffee, light conversations).	• Family/significant others provide safe & supportive environment; • Provides 'Family to Family' training; • Provides training within community (e.g. hospitals, schools, places of worship, community centres) through seminars and educational materials; • Makes transport available for scheduled activities.	• Maintains resource list of community action organisations, recreation facilities, volunteer opportunities, etc; • Makes grants available to businesses to develop non-traditional work opportunities that will accommodate individuals recovering from mental illness; • Mental health agencies place job advertisements in business sections in newspapers; • Invites speakers to community agencies to discuss persons' and employment needs; • Mental health agencies employ, train, and retain people in recovery.	• Makes information about housing, food, transportation, etc. available within community (e.g. places of worship, hospitals, out-reach programmes); • Mental health agencies establish collaborative relationships with local criminal justice system (i.e. police, Bar Association); • Provides opportunities for the persons' involvement; • Expects person to use self-reliant model; • Provide independent mental health advocacy services.	• Community organisations sponsor stigma-busting activities; • Person and family organisations partner with community organisations in co-ordinating stigma-busting activities.	• Community mental health centres develop & maintain contact with other community organisations & share information about resources & local events with their families and/or significant others; • Community organisations place people who use services/user groups on their mailing lists & invite them to participate in local events; • Supporters contact community mental health organisations in order to educate themselves about mental illness & recovery; • Community organisations survey persons to gain information about how to best include them in community activities; • Community provides Drop-In Centres; • Community makes peer support groups available.	• Family/significant others/care manager accompany person to community agencies; • Mental health professionals make presentations about mental illness and recovery in the community (e.g. homeless shelters, outreach programmes, prisons); • Disseminates information within community (e.g. hospital bulletin boards, hostels, recovery clubs, shelters, places of worship); • Develops peer support groups for specific illnesses; • Conducts depression screenings; • Entitlement organisations hold training/ informational seminars regarding access to available services.	• Community provides educational materials, programmes, and opportunities that meet the needs of the person; • Community ensures educational opportunities are accessible, appropriate & available; • Community assures people are aware of educational programmes, products, or opportunities.	**Community Supports' Best Practices**

Emerging Best Practices:

Defines the current best practices that the person, clinicians and community supports use to facilitate the recovery process. New best practices are continuing to emerge.

Mental Health Recovery Process / Dependent / Aware

	Clinical Care	Peer Support & Relationships	Family Support	Work/Meaningful Activity	Power & Control	Stigma	Community Involvement	Access to Resources	Education
Person's Best Practices	• Gains awareness of cyclical or episodic nature of illness & that recovery is not a linear process; • Begins to set recovery goals; • Uses available resources; • Accepts illness/distressing experiences & need for treatment; • Participates in peer support activities; • Reshapes identity; • Begins to make more appropriate choices/decisions; • Participates in prescribed treatment; • Keeps appointments with doctors and therapists; • Attends & participates in self-help group meetings; • Seeks alternative treatment (e.g. vitamins/herbs, social interactions).	• Identifies self-esteem issues, short-term goals & strategies to overcome fear of self-disclosure; • Becomes interested in returning to community & identifying services/resources available within community; • Accepts mental illness/distressing experiences; • Learns about personal symptoms of illness; • Begins to build Wellness Recovery Action Plan; • Develops meaningful, supportive personal relationships.	• Makes family members/significant others aware of preferences; • Seeks support from peers & friends; • Identifies existing support groups & participates.	• Begins participating in self-centred planning process; • Begins making decisions; • Participates with clinician in an employment screening to determine appropriate vocation; • Makes decision about when & when not to disclose to employer.	• Seeks educational opportunities that provide information about illness, medication, recovery and mental health system; • Maintains medication, if necessary; • Self-evaluates decisions; • Makes choices based upon self-evaluation; • Seeks assistance when necessary.	• Increases self-knowledge about illness, medication, recovery and mental health system; • Gains knowledge about available resources; • Accepts illness/distressing experiences; • Becomes more trusting of services; • May begin to promote and participate in anti-stigma activities.	• Discusses opportunities for community involvement; • Asks for brochures, phone numbers, contact people; • Begins to call/contact community organisations as suggested by clinician, family, etc.; • Develops goals with assistance from clinician that focus on community reintegration; • Writes goals down; • Measures progress made towards community reintegration.	• Develops partnership with family, significant others, clinicians, services, and others to ensure needs are met; • May wish to purchase for themselves care that meets assessed needs through direct payments.	• Begins to take responsibility for gathering information about illness and recovery process; • Recognises and begins to value self-reliance and to trust self; • Begins to understand relationship between education, work, and meaningful life activities; • Begins to pursue education and training opportunities.
Clinicians' Best Practices	• May involve person in groups designed to target issues related to transitioning back to community, goal setting, and building relapse prevention strategies and Advance Agreements; • Refers family/significant others to psycho-education classes; • Provides (as appropriate) printed information on diagnosis & available resources; • Continues to use hope-inspiring strategies; • Helps person learn coping skills; • Keeps current on research & treatment to assist person in gaining mastery over symptoms/distressing experiences; • Assists person in developing goals that are shaped by external ideas; • Develops with person his/her Wellness Recovery Action Plan and Advanced Agreements.	• Utilises team tasks (e.g. recreational, psycho-social groups) to establish sense of teamwork; • Involves person in groups for purposes of discussing relationship issues; learning how to manage them; identifying personal hopes & achievements; learning about personal advocacy; and relapse prevention and Advance Agreements; • May involve family members/significant others; • Assures peer supporters accompany person on community trips to various support groups; • Assists person in understanding that peer relationships are fluid and must be nurtured.	• Encourages family/significant others in supporting person to use mental health services, community resources & alternative treatment; • Asks person about his/her preferences related to involving family members/significant others in family education and treatments that are 'family friendly'.	• Provides or links person to vocational training, including developing cv, preparing for interviews, dressing for success, and making use of available transport; • Provides or links person to work adjustment groups to discuss the benefits of employment and share success with other employed persons who are in their recovery process; discuss work stressors that impact illness; and identify strategies for reducing stress; • Ensures person understands benefits and work incentive programmes; • Assists with issues relating to disclosure; • Involves person in groups for purposes of understanding role of a 'good employee', establishing & maintaining relationships & understanding safety issues.	• Works with person to help identify survival techniques; • Provides person with Peer Support to assist with realisation of 'hope'; • Provides educational opportunities that focus on teaching problem-solving, decision-making and coping skills; • Takes trips with person to the community to identify resources; • Develops partnership with person that focuses on developing decision-making strategies and evaluating consequences & benefits; • Develops with person his/her Wellness Recovery Action Plan and Advance Agreements; • Celebrates with person when goals are achieved; • Facilitates access to independent mental health advocacy service.	• Uses groups (e.g. Mental Health Education, Self-Esteem) to discuss cause and effect of stigma and persons responsibility for his/her actions; • Uses speakers from other groups to discuss stigma & stigma-busting strategies (e.g. Rethink, Manic Depression Fellowship, Mentality, Mind etc); • Works in partnership with person's, families/ significant others in anti-stigma activities.	• Supports person's community involvement by attending community activities with person; • Celebrates with person when goals are achieved; • Sets up visits to community organisations & possible employment sites; • Provides transport & introduces person to contact people within community; • Assists person in developing a list of employment preferences & leisure activities; • Assists person in developing goals that are shaped by internal versus external ideals; • Educates about community resources and activities; • Speaks about mental health issues at community events & to media; • May involve person in groups focused on issues involved in transitioning back to community.	• Develops partnership with person to ensure appointments are kept and needs are met; • Provides educational opportunities for both person and his/her family, significant others; • Encourages use of media to learn about physical and mental health; • Takes person on community trips to explore available resources, encouraging independence; • Educates person about how to access and maximise use of community services and resources; • Keeps current regarding resources and criteria to access resources.	• Provides training to person that focuses on developing problem-solving skills; • Teaches person how to maximise use of community services & resources; • Helps person learn coping skills; • Teaches person symptom management.
Community Supports' Best Practices	• Continues providing psycho-education; • Designs inclusive support activities for person & family/ significant others; • Continues to make available peer support groups for persons and their families/significant others; • Provides education that focuses on overcoming stigma.	• Provides resource information about community programmes & services; • Accompanies person on community trips to explore support groups; • Continues to accept and gain increased insight into mental illness; • Accompanies person to substance misuse support groups in community when appropriate.	• Assists person in identifying transportation options; • Makes transportation available to scheduled activities; • Provides information about support groups & training opportunities; • Continues activities in the Dependent/Unaware Stage.	• Provides people with a complementary array of services that are acceptable & meet their needs; • Provides services through Peer Support services/ service user-run services.	• Provides resource materials in waiting rooms at Mental Health Centres and other facilities; • Mental health services conduct public relations activities within community & focus on media; • Media includes mental health and recovery in health reporting. • Provide independent mental health advocacy services.	• Establishes & maintains Speakers' Bureau; • Conducts anti-stigma campaigns; • User groups & family organisations conduct media/ legislative watch & response activities.	• Assists person in identifying transport options; • Makes transport available for person to attend scheduled events; • Provides person with names & phone numbers of contact people; • Offers opportunities for volunteer work in libraries, places of worship, hospitals, etc.	• Makes available information about community services & programmes within community (e.g. day centres, outreach services, places of worship, media); • Community organisations share information.	• Integrates educational printed materials into a multi-lingual unified learning programme; • Continues activities in the Dependent/Unaware stage.

Emerging Best Practices:

Defines the current best practices that the person, clinicians and community supports use to facilitate the recovery process. New best practices are continuing to emerge.

Mental Health Recovery Process / Independent / Aware

	Clinical Care	Peer Support & Relationships	Family Support	Work/Meaningful Activity	Power & Control	Stigma	Community Involvement	Access to Resources	Education	
Person's Best Practices	• Seeks out information from services & other resources; • Participates in structured activities; • Monitors illness/experiences & medications & reports needs to clinician/GP; • Develops and achieves recovery goals; • Develops & uses own personal coping skills for dealing with residual or recurring symptoms & personal support system; • May keep journal that focuses on feelings, expectations, & life roles; • Begins to be involved in both personal & group advocacy activities.	• Gives support to others; • Obtains & uses resources, supports, and services; • Uses self-determined Wellness Recovery Action Plan; • Active in Peer Support Group; • Peer Support is a valued component of personal support network; • Values self.	• Includes family/significant others in recovery process; • Advocates for service user issues; • Tries to understand how family influences recovery.	• Through employment counselling and/or working with job coach/supports, develops appropriate boundaries & interpersonal skills for transition into desired level of employment; • Develops a sense of balance relative to work & other functional roles, i.e. stress management, etc.	• Seeks personal relationships & support for them; • Maintains treatment programme including, medication, complementary therapies and alternative wellness tools; • Engages in forums for educating & dispelling stigma for purposes of gaining more power; • Aware of accomplishments; • Celebrates success & learns from mistakes.	• Develops short-term goals; • Focuses on vocational skills with less emphasis on personal situation; • Participates in support groups that focus on ways to improve/diffuse stigma; • Accepts illness/distressing experiences; • Separates self from stereotypes.	• Attends community activities regularly by him/herself; • Obtains & uses community resources when appropriate; • Continues to progress toward community reintegration goals; • Maintains contact with people in community; • Seeks new opportunities and resources on his/her own without urging from clinician/family; • Seeks ways to grow in responsibility & ways to contribute back to community.	• Educates others about his/her progress & available services; • Controls personal finances; • Maintains contact with friends; • May use direct payments to provide choice in support of wellness recovery plan.	• Participates actively in developing a knowledgeable personal Wellness Recovery Action Plan; • Focuses on how education can assist him/her in achieving personal, social, & physical goals; • Participates in user groups; • Obtains more formal/informal education.	**Person's Best Practices**
Clinicians' Best Practices	• Assists person in connecting with ordinary community services based upon his/her needs; • Works with person to review & monitor status of his/her goals; • Works with person to define Recovery Support Plan, Wellness Recovery Action Plan, and Advance Agreements; • Assists person in contacting agencies & services that will help him/her achieve life goals & support recovery-enhancing activities (i.e. recovery groups, housing options, volunteer opportunities); • Refers to Job Centre Plus and other Social Security and employment services to learn about how to use work incentives; • Supports & assists person in developing personal coping skills; • Assists person in developing a personal crisis plan including peers, friends, significant others.	• Uses volunteers to share information & experiences of recovery; • Involves person in groups with Peer Supporters that participate regularly in some type of recreational/social activity; • Supports person's choice to involve peers in process to refine their Wellness Recovery Action Plan, and Advance Agreements.	• Re-evaluates with person his/her Wellness Recovery Action Plan with respect to family/significant others and establishes next steps.	• Provides educational opportunities that relate to employment accommodations & supports; establishing boundaries; developing interpersonal communication skills; and stress-management techniques; • Observes person in work environment & provides feedback; • Provides opportunities for work adjustment; group discussion of productivity issues, strategies & techniques for meeting fellow employees; techniques for interacting with fellow employees in social situations; • Reviews with person workday schedule; • Refers to Job Centre Plus, Condition Management Programme and other similar employment support schemes.	• Supports person when needed; • Empowers person to be independent & healthy; • Involves person in groups for purposes of setting goals & cultivating healthy relationships; • Develops with person stress-management regime, advocacy skills; • Works with person on maintaining Wellness Recovery Action Plan, & Advance Agreements; • Uses other peers as mentors for purpose of identifying strategies that result in successful living within the community; • Facilitates access to independent mental health advocacy service.	• Encourages person to volunteer (e.g. nursing homes and/or drop-in centres etc); • Develops & teaches leadership and advocacy skills; • Uses groups to focus on "good citizenship" behaviours; • Uses group discussion to focus person on appropriate self-disclosure; • Advocates for person as full partner in recovery.	• Continues to celebrate with person when goals are achieved; • Continues to assure person's involvement in community by setting up appointments at organisations & introducing to contact people; • Reviews with person list of preferred employment & activity choices; • Teaches person to use supports to avoid crises; • Educates person about community issues (e.g. drugs, HIV) & how to avoid victimisation; • Educates about community resources & activities; • Speaks about mental health issues at community events & to media.	• Assists person with learning self-advocacy and problem-solving skills; • Encourages use of media to learn about jobs, hiring, interviewing and getting along in the work place; • Reviews with the person progress and/or outcome of use of resources; • Arranges for assessment for Direct Payments and encourages the person to purchase and manage their own support services.	• Develops with persons effective education and symptom management activities to enhance their personal Wellness Recovery Action Plan; • Involves person in groups that focus on maximising use of knowledge in recovery process.	**Clinicians' Best Practices**
Community Supports' Best Practices	• Supports & provides opportunities for volunteer work, paid employment, vocational training, technical training, and college opportunities; • Provides housing options including independent housing and home ownership; • Provides opportunities for person to be included in cultural, social, physical, & entertainment activities; • Includes person & his/her family/significant others in planning, providing & evaluating mental health & support services; • Provides advocacy training for both person & his/her family/significant others.	• Conducts meetings at hospitals and other mental health facilities; • Recruits people interested in becoming peer supporters; • Involves person regularly in some type of social/recreational activity.	• Conducts dialogues that focus on importance of establishing collaborative relationships that result in effective dissemination of educational materials focused on family involvement in recovery process.	• Provides a variety of meaningful work activities & supports which accommodate developing the person's career path; • Provides appropriate employment-related benefits in a non-discriminatory fashion (e.g. sick leave, mental health days, holidays, annual leave).	• Provides person with information about resources that are available within the community; • Provides educational opportunities that focus on interpersonal & social skills; • Expects person to be involved in community; • Rewards positive participation & celebrates success. • Provide independent mental health advocacy services.	• Establishes & maintains support groups; • Continues anti-stigma activities and collaboration.	• Selects people in recovery to be on Boards & to fulfil leadership roles within community organisations; • For example PPI forums. Civic partnership consultation forums. Neighbourhood renewal and Urban Regeneration Schemes.	• Makes transport available; • Establishes multipurpose agencies; • Makes housing options available; • Peer support groups schedule social activities & provide information to community organisations/ programmes (e.g. places of worship, outreach services); • Support for Direct Payment schemes	• Peer Support Groups provide educational opportunities that focus on vocation & life issues; • Offers personalised career opportunity programmes.	**Community Supports' Best Practices**

Emerging Best Practices:

Defines the current best practices that the person, clinicians and community supports use to facilitate the recovery process. New best practices are continuing to emerge.

Mental Health Recovery Process / **Interdependent** / **Aware**

	Clinical Care	Peer Support & Relationships	Family Support	Work/Meaningful Activity	Power & Control	Stigma	Community Involvement	Access to Resources	Education
Person's Best Practices	• Reviews personal Wellness Recovery Action Plan to update & note accomplishments; • Reviews journal to determine progress; • Takes an active part in peer & advocacy efforts; • Works with peers to achieve personal life goals; • Uses mental health services on an 'as needed' basis; • May choose to use alternative system based upon opportunities; • May use self management opportunities such as expert patient programme	• Participates in advocacy activities; • Follows his/her Wellness Recovery Action Plan/ crisis management plan; • Takes responsibility for own wellness; • Maintains purpose in daily routine through participation in meaningful activities (e.g. paid work, therapeutic groups, peer support groups, and volunteer work) and gives back to community; • Values self & peers.	• Values and interacts with family; • Uses family/significant others as a component of personal recovery support network.	• Uses mature support system as needed; • Maintains work for self; • Values work as it relates to recovery; • Acts as role model for fairness in employment & expansion of work opportunities for users of mental health services; • Advocates for fairness in employing & expansion of work opportunities for people who use mental health services; • Educates employing organisations about people who use mental health services.	• Volunteers to help other people with mental health problems gain awareness & take risks to eliminate stigma; • Maintains preferred treatment programme; • Maintains personal & professional relationships; • Accepts responsibility for own wellness; • Makes decisions based upon awareness and understanding of consequences.	• Accepts his/her illness; • Seeks to educate public about mental illness, recovery and mental health; • Gets involved in community activities to help dispel stereotypical beliefs; • Media training and campaigning activities.	• Plans & executes events with other community leaders (e.g., art show, mentoring programme); • Establishes his/her daily schedule to include living, working, recreating; • Uses clinician/family as resource; • Monitors his/her progress/involvement & adjusts goals as needed; • Maintains contact with people in community; • Speaks to others about his/her community experiences; • Develops and/or participates in community services for other people with mental health problems.	• Schedules & makes appointments; • Manages finances; • Maintains adequate housing/ accommodation; • Makes appropriate choices; • Negotiates support.	• Focuses on targeted life goals, career plans at work & satisfying intimate relationships; • Asks family/significant others, friends, peers for feedback; • Takes responsibility for gathering information about illness, recovery process, stigma, self-esteem and building self-confidence.
Clinicians' Best Practices	• Supports person in monitoring Wellness Recovery Action Plan; • Ensure person directs review in any CPA process; • Provides support/assistance in maintaining recovery; • Advocates use of community resources; • Encourages & supports person in becoming more involved in community activities; • Keeps person/family current about new medications, alternatives and complementary treatments.	• Is available to support and assist in refining person's peer support choices; • Has up to date contact with local voluntary sector coordinator; • Aware of significant peer support networks / has a directory available.	• Is available to support and assist in refining person's choice regarding family/significant others' involvement in recovery process.	• Assists person in defining life goals; • Works with person on developing skills that result in cultivating relationships at work & outside of work; • Works with person on refining stress-management skills; • Consider employment support /vocational profiling/ job brokerage; • Flexible appointments for people who are in employment. May apply in other stages.	• Evaluates with person the effects of various intervention strategies; • Works in partnership with person to maintain recovery and supports the persons' choices; • Ensure all areas of practice within clinicians control support effective expert by experience involvement in all stages of delivery, planning and appraisal (PPI); • Facilitates access to independent mental health advocacy service.	• Monitors the mental health system to minimise internal stigmatising of persons and families; • Works with person to take leadership role in advocacy and support groups; • Encourages person to make presentations; • Creates opportunities to celebrate person's achievements.	• Is available to refer or advise person's family/significant others regarding community involvement on an as-needed basis.	• Helps person use work incentives for example Condition Management Programme, Job Centre Plus; • Encourages use of media to learn about community events; • Is available as needed.	• Helps person to integrate skills learned into his/her chosen life style.
Community Supports' Best Practices	• Expands community support; • Increases opportunities for person to become involved in community; • Continues anti-stigma public education; • Enables access to good quality information i.e. web links to approved sites in libraries and primary health care centres.	• Involves person in peer support services; • Conducts workshops & in-service trainings designed to increase people's awareness about mental illness and recovery; • Provides social activities and retreats; • Involves people in recovery in planning community activities.	• Provides opportunities for families to gather and participate in social events focused on supporting people in recovery.	• Advocates for peoples work rights; • Works to reduce stigma, especially in work place; • DDA compliant work environment; • Support for reasonable adjustments.	• Remains available to support person as needed; • Provide independent mental health advocacy services.	• Establishes and maintains support groups, anti-stigma activities and collaboratives.	• Continues to maintain and support people in recovery, families, significant others and the mental health community about community activities and events and with alternative anti-stigma activities.	• Emphasises to person the importance/value of contributing back to community.	• Provides updated & upgraded educational opportunities; • Makes educational opportunities accessible (e.g. community colleges, universities, mental health centres); • Peer supporters mentor others.