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 Health

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

*Interdependency is a term used to describe the interaction and interdependence of people in a recovery process where the person is not only aware of their condition but also has a support network in place to help them manage their condition.*
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 lifestyle 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 lifelong learning, personal and professional development for one’s self and colleagues through supervision, appraisal and reflective practice.
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.

This Poster and companion pdf file have been edited and produced by a multidisciplinary, multi-agency group
in Derbyshire with significant assistance from Sefton Recovery Group and others. The artwork was produced
by Medical Illustration Services, Derby Hospitals NHS Foundation Trust.

It is approved by NIMHE for dissemination nationally.

For further information on developing recovery-oriented services and practices, please contact:
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Further information on Recovery can be obtained by joining the Mental Health Recovery Group at the NIMHE

Photographs
Emerging Best Practices in Mental Health Recovery
# Mental Health Recovery Process:

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

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<td>May be angry, anxious, distrustful, and uninvolved; may not accept diagnosis or accept feeling ill;</td>
<td>May experience shame &amp; stigma concerning illness; may lack experience in developing trusting relationships;</td>
<td>May or may not want to involve family and significant others; may have limited knowledge of supportive resources and medical management;</td>
<td>May be in crisis; may be employed; may have difficulty taking control of actions or their consequences;</td>
<td>May experience negative feelings; may be angry; and may resist assistance; may be isolated and/or separated from community;</td>
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<td>May not have access to resources that are necessary to live and function at an optimal level;</td>
<td>May experience positive effects of illness on relationships;</td>
<td>May or may not want to involve family and significant others;</td>
<td>Unaware of relationship between activity, employment &amp; wellness;</td>
<td>May experience positive effects of illness on relationships;</td>
<td>May be isolated and/or separated from community; may not understand how learning and education applies to achieving personal and vocational goals;</td>
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<td>May or may not want to involve family and significant others;</td>
<td>May be in crisis; may be employed; may have difficulty taking control of actions or their consequences;</td>
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**Mental Health Recovery Process:**

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

### Mental Health Recovery Process / Dependent / Aware

<table>
<thead>
<tr>
<th>Person’s Status</th>
<th>Community Support &amp; Relationships</th>
<th>Power &amp; Control</th>
<th>Stigma</th>
<th>Clinical Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Establishes relationship with the person that is reciprocal;</td>
<td>Helps the person identify their hopes, dreams, aspirations, &amp; values;</td>
<td>Values the person’s choices;</td>
<td>* Depends on professional care;</td>
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<td></td>
<td>Assists the person with identifying needs and linking to peers;</td>
<td>Teaches coping, problem-solving, &amp; decision-making skills;</td>
<td>Assists the person in understanding consequences associated with choices;</td>
<td>* Aware of illness;</td>
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<tr>
<td></td>
<td>Provides access to personal advocacy;</td>
<td>Teaches the person about gaining resources;</td>
<td>Provides opportunities for the person to vent &amp; express his/her frustration;</td>
<td>* May not actively participate in community activities;</td>
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<tr>
<td></td>
<td>Offers opportunities to the person to venture into community.</td>
<td>Helps the person build self-esteem;</td>
<td>Assists the person in coping with internalized stigma;</td>
<td>* May attempt or return to educational pursuits.</td>
</tr>
</tbody>
</table>

### Clinicians’ Roles

- **Relationship:**
  - Establishes relationship with the person that is reciprocal.
  - Assists the person with identifying needs and linking to peers.
  - Provides access to personal advocacy.
  - Offers opportunities to the person to venture into community.

- **Work/meaningful activity:**
  - Assists the person in determining employment and/or activity interests.
  - Provides environment for the person to set goals.
  - Provides support and information to overcome stigma and enhance community inclusion (e.g. through places of worship, community organizations).
  - Continues to make available peer support.

- **Power & control:**
  - Helps the person identify their hopes, dreams, aspirations, and values.
  - Teaches coping, problem-solving, and decision-making skills.
  - Values the person’s choices.
  - Assists the person in understanding consequences associated with choices.

- **Stigma:**
  - Values the person’s choices.
  - Assists the person in understanding consequences associated with choices.
  - Provides opportunities for the person to vent and express their frustration.
  - Assists the person in coping with internalized stigma.

### Community Involvement

- **Involves the person, family/significant others in educational opportunities for the purpose of establishing personal, social, and vocational goals.**
- **Provides destigmatising activities for the person.**
- **Provides education and awareness about mental illness and recovery to others.**
- **Uses knowledge to help the person set goals and move towards community participation.**
- **Continues to educate the person, family/significant others about community resources.**
- **Continues to educate about mental health and recovery issues and the person’s rights.**
- **Acts as consultant to the person regarding choices about community activities and use of community resources.**

### Education

- **Involves the person, family/significant others in educational opportunities for the purpose of establishing personal, social, and vocational goals.**
- **Provides information about resources.**
- **Follows up on appropriate service.**
- **Provides education and awareness about mental illness and recovery to others.**
- **Uses knowledge to help the person set goals and move towards community participation.**
- **Continues to educate the person, family/significant others about community resources.**
- **Continues to educate about mental health and recovery issues and the person’s rights.**
- **Acts as consultant to the person regarding choices about community activities and use of community resources.**
# Mental Health Recovery Process:

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

## Mental Health Recovery Process / Independent / Aware

<table>
<thead>
<tr>
<th>Person’s Status</th>
<th>Community Involvement</th>
<th>Access to Resources</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasonably self-confident and values personal worth.</td>
<td>- Actively seeks community involvement.</td>
<td>- Provides access to community mental health services.</td>
<td>- Establishes partnership with clinician in planning and making educational choices about treatment &amp; medication.</td>
</tr>
<tr>
<td>- Takes choices independently;</td>
<td>- Begins to develop relationships with people in community organizations;</td>
<td>- Provides opportunities for socialization and participation in community activities.</td>
<td>- Begins to understand the more complicated aspects of medications and other wellness tools.</td>
</tr>
<tr>
<td>- Identifies which family members/significant others will be involved in recovery.</td>
<td>- Begins to obtain &amp; use resources appropriately.</td>
<td>- Creates cross-system (whole system) support (e.g. one-stop shop / single point of access etc).</td>
<td>- Establishes partnership with clinician in planning and making educational choices about treatment &amp; medication.</td>
</tr>
<tr>
<td>- Continues inspiring hope strategies;</td>
<td>- Takes responsibility for his/her life goals, personal growth &amp; development and fulfilling needs.</td>
<td>- Establishes partnership with clinician in planning and making educational choices about treatment &amp; medication.</td>
<td>- Establishes partnership with clinician in planning and making educational choices about treatment &amp; medication.</td>
</tr>
<tr>
<td>- Begins to value self as a unique individual with strengths and achievable goals.</td>
<td>- Establishes partnership with clinician in planning and making educational choices about treatment &amp; medication.</td>
<td>- Establishes partnership with clinician in planning and making educational choices about treatment &amp; medication.</td>
<td>- Establishes partnership with clinician in planning and making educational choices about treatment &amp; medication.</td>
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## Clinicians’ Roles

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<tr>
<th>Clinical Care</th>
<th>Peer Support &amp; Relationships</th>
<th>Family Support</th>
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<th>Access to Resources</th>
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</thead>
<tbody>
<tr>
<td>- Takes responsibility for managing their life and illness/distressing experiences;</td>
<td>- Provides educational opportunities focused on recovery &amp; stigma-busting strategies;</td>
<td>- Ensure self-esteem improves;</td>
<td>- Begins to understand &amp; accept illness/distressing experiences;</td>
<td>- Self-esteem improves;</td>
<td>- Provides access to community mental health services.</td>
<td>- Provides access to community mental health services.</td>
<td>- Establishes partnership with clinician in planning and making educational choices about treatment &amp; medication.</td>
<td>- Provides access to community mental health services.</td>
</tr>
<tr>
<td>- Aware of choices of services, treatment, and other resources;</td>
<td>- Conducts anti-stigma campaigns.</td>
<td>- Emphasises to the person’s recovery process;</td>
<td>- Encourages independence;</td>
<td>- Lessens role as educator/motivator;</td>
<td>- Provides educational opportunities focused on recovery &amp; stigma-busting strategies.</td>
<td>- Provides educational opportunities focused on recovery &amp; stigma-busting strategies.</td>
<td>- Establishes partnership with clinician in planning and making educational choices about treatment &amp; medication.</td>
<td>- Establishes partnership with clinician in planning and making educational choices about treatment &amp; medication.</td>
</tr>
<tr>
<td>- Makes choices independently;</td>
<td>- Reframing identity &amp; separates characteristics of illness from stereotypes;</td>
<td>- Lessens role as educator/motivator;</td>
<td>- Provides the person opportunity to</td>
<td>- Expands roles as consultant;</td>
<td>- Provides educational opportunities focused on recovery &amp; stigma-busting strategies.</td>
<td>- Provides educational opportunities focused on recovery &amp; stigma-busting strategies.</td>
<td>- Establishes partnership with clinician in planning and making educational choices about treatment &amp; medication.</td>
<td>- Establishes partnership with clinician in planning and making educational choices about treatment &amp; medication.</td>
</tr>
<tr>
<td>- Reasonably self-confident and values personal worth.</td>
<td>- Begins to be resilient against stereotypes.</td>
<td>- Expands roles as consultant;</td>
<td>- Establishes partnership with clinician in planning and making educational choices about treatment &amp; medication.</td>
<td>- Expands roles as consultant;</td>
<td>- Provides educational opportunities focused on recovery &amp; stigma-busting strategies.</td>
<td>- Provides educational opportunities focused on recovery &amp; stigma-busting strategies.</td>
<td>- Establishes partnership with clinician in planning and making educational choices about treatment &amp; medication.</td>
<td>- Establishes partnership with clinician in planning and making educational choices about treatment &amp; medication.</td>
</tr>
<tr>
<td>- Chosen level of involvement with family / significant others; peer groups and community activities;</td>
<td>- Self-efficacy improves;</td>
<td>- Expands roles as consultant;</td>
<td>- Provides the person opportunity to</td>
<td>- Expands roles as consultant;</td>
<td>- Provides educational opportunities focused on recovery &amp; stigma-busting strategies.</td>
<td>- Provides educational opportunities focused on recovery &amp; stigma-busting strategies.</td>
<td>- Establishes partnership with clinician in planning and making educational choices about treatment &amp; medication.</td>
<td>- Establishes partnership with clinician in planning and making educational choices about treatment &amp; medication.</td>
</tr>
<tr>
<td>- Works toward achieving recovery goals previously developed.</td>
<td>- Focusses internally, separate from mental health system.</td>
<td>- Expands roles as consultant;</td>
<td>- Establishes partnership with clinician in planning and making educational choices about treatment &amp; medication.</td>
<td>- Expands roles as consultant;</td>
<td>- Provides educational opportunities focused on recovery &amp; stigma-busting strategies.</td>
<td>- Provides educational opportunities focused on recovery &amp; stigma-busting strategies.</td>
<td>- Establishes partnership with clinician in planning and making educational choices about treatment &amp; medication.</td>
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## Community Supports’ Roles

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<thead>
<tr>
<th>Community Involvement</th>
<th>Access to Resources</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Continues to support people with medication management;</td>
<td>- Provides access to community mental health services.</td>
<td>- Establishes partnership with clinician in planning and making educational choices about treatment &amp; medication.</td>
</tr>
<tr>
<td>- Supports the person to use personal Wellness Recovery Action Plan and Advocacy Agreements as necessary;</td>
<td>- Provides access to community mental health services.</td>
<td>- Establishes partnership with clinician in planning and making educational choices about treatment &amp; medication.</td>
</tr>
<tr>
<td>- Reviews care plans (CPAs) with the person on a regular agreed (person centred) basis ensuring care plan is consistent with process above.</td>
<td>- Provides access to community mental health services.</td>
<td>- Establishes partnership with clinician in planning and making educational choices about treatment &amp; medication.</td>
</tr>
</tbody>
</table>
## Mental Health Recovery Process:

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

### Mental Health Recovery Process / Interdependent / Aware

<table>
<thead>
<tr>
<th>Person's Status</th>
<th>Clinical Care</th>
<th>Peer Support &amp; Relationships</th>
<th>Family Support</th>
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<td></td>
<td>Works with the person &amp; their chosen support system to enhance/support chosen life role;</td>
<td>Provides information and contacts to the person to help locate other community resources &amp; supports;</td>
<td>Supports the person in higher interdependent role in community and society;</td>
<td>Continues to offer family/significant others support;</td>
<td>Assists the person in choosing a broad range of meaningful work activities, including needed supports;</td>
<td>Assists the person in celebrating success of their Wellness Recovery Action Plan;</td>
<td>Maintains role as consultant to the person;</td>
<td>Teaches the person to view self as a resource &amp; advocate;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provides information and contacts to the person to help locate other community resources &amp; supports;</td>
<td>Provides the person access to group advocacy training;</td>
<td>Continues family/significant others involvement with the person in recovery process;</td>
<td>Includes the person in service planning &amp; evaluation;</td>
<td>Facilitates access to advocacy service;</td>
<td>Assists the person in celebrating success of their Wellness Recovery Action Plan;</td>
<td>Maintains awareness of community responsibilities;</td>
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<tr>
<td></td>
<td>Provides the person ongoing continued support</td>
<td>Continues to support family/significant others involvement with the person in recovery process;</td>
<td>Continues to offer family/significant other, interventions and family education and training programmes.</td>
<td>Supports involvement of the person in system change activities;</td>
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<td>Continues educational supports of previous stage;</td>
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<tr>
<td></td>
<td>Supports the person in higher interdependent role in community and society;</td>
<td>Continues family and/or significant others support, intervention;</td>
<td>Continues to involve family/significant other, interventions and family education and training programmes.</td>
<td>Supports involvement of the person in system change activities;</td>
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<tr>
<td></td>
<td>Continues to review any treatment and care plans with person ensuring the plans are consistent with the persons own wellness plan and choice.</td>
<td>Continues to educate community about mental health, primary care led programmes;</td>
<td>Provides cross (whole) systems training for mental health systems to develop and maintain appropriate services and remove barriers (DDA&amp; RR (A.A.2000 Race Relations Act as amended));</td>
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<td></td>
<td>Makes positive, conscious decisions;</td>
<td>Continues to achieve education in schools and colleges.</td>
<td>Provides cross (whole) systems training for mental health systems to develop and maintain appropriate services and remove barriers (DDA&amp; RR (A.A.2000 Race Relations Act as amended));</td>
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<td></td>
<td>Works collaboratively with services &amp; personal support system to make choices;</td>
<td>Continues educational supports of previous stage;</td>
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<td></td>
<td>Facilitates reciprocal relationship;</td>
<td>Provides cross (whole) systems training for mental health systems to develop and maintain appropriate services and remove barriers (DDA&amp; RR (A.A.2000 Race Relations Act as amended));</td>
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<td></td>
<td>Participates in community;</td>
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<td>Supports the person &amp; family;</td>
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<td></td>
<td>Supports the person &amp; family/significant others in chosen life role;</td>
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<td>Seeks to make the person feel and others to society;</td>
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<td></td>
<td>May move out of mental health system for attainment of employment and other benefits.</td>
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</table>
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
- Identifies information about mental illness, significant others, and/or friends about stigma; promotes awareness of anti-stigma and stigma reduction; Develops self-trust by living through traumatic events with support (e.g. hospital admission, family problem, detention under the Mental Health Act); Begins to develop trusting relationships with clinician and others.

#### Peer Support & Relationships
- Involved in groups (e.g. Peer Support, Self-Help) designed to: stimulate appropriate interpersonal interaction, facilitate an open dialogue about establishing & maintaining relationships, promote opportunities to practice using social skills, share information about systems & medical management, promote openness about transitioning into community; Involved in 2-3 sessions for purposes of maintaining rapport & encouraging interaction with others; Refers to peer support & other interest groups (i.e. spiritual, cultural & recreational).

#### Family Support
- Encourages/promotes participation in meaningful activities on a regular basis; Involved in groups to enhance self-confidence; Identifies people who have been successful in recovery from their mental illness experiences to serve as role models on a regular basis; Uses various strategies to address the mental health needs of the family; Makes appropriate referrals to appropriate services; Uses approaches & materials that are culturally relevant; Involved in activities that are meaningful to the family; Facilitates an open dialogue about family and friends' responsibilities; Identifies available community supports; Identifies positive support systems; Identifies person's educational opportunities, etc.

#### Work/meaningful activity
- Identifies people in groups; Identifies positive support systems; Seeks ways to manage anger (e.g. anger management); Seeks out information on mental illness; Seeks out other people who have been successful in handling stigmas & feelings of isolation; Seeks out meaningful social, cultural, and spiritual relationships.

#### Power & Control
- Develops or maintains spiritual, social, and cultural connections; Begins to see the possibilities.
- Encourages/promotes participation in meaningful activities on a regular basis; Identifies people who have been successful in recovery from their mental illness experiences to serve as role models; Identifies positive support systems; Seeks ways to manage anger (e.g. anger management); Seeks out information on mental illness; Seeks out other people who have been successful in handling stigmas & feelings of isolation; Seeks out meaningful social, cultural, and spiritual relationships.

#### Stigma
- Performs self-trust by living through traumatic events with support (e.g. hospital admission, family problem, detention under the Mental Health Act); Begins to develop trusting relationships with clinician and others.

#### Community Involvement
- Conducts depression screenings; Develops peer support groups for specific illnesses; Involve family in groups as a resource to enhance treatment; Values family participation as an asset and source of information to enhance treatment; Provides support during employment negotiations; Values person's feelings; Identifies person’s educational opportunities, etc.

#### Access to Resources
- Provides education/recovery services to families and/or significant others about stigma; Provides person with educational materials; Values person's feelings; Identifies person’s educational opportunities, etc.

#### Education
- Identities person's educational level/preferred learning methods (e.g. visual, auditory); Provides educational materials/opportunities based upon information learned about person; Provides person with educational opportunities, etc.
- 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 roles, developing potential work, educational needs, and developing relationships.

### Person's Best Practices

#### Clinicals' Best Practices

- Identifies information about mental illness, significant others, and/or friends about stigma; promotes awareness of anti-stigma and stigma reduction; Develops self-trust by living through traumatic events with support (e.g. hospital admission, family problem, detention under the Mental Health Act); Begins to develop trusting relationships with clinician and others.

#### Community Supports'Best Practices Person's Best Practices

- Conducts depression screenings, stress tests, etc., at local health centers; Provides educational materials, programmes and opportunities that meet the needs of people with mental health problems; Makes psychoeducation & peer support groups available to families/significant others; Provides educational materials, programmes, and opportunities that meet the needs of the person; Provides hope & reassurance for recovery; Provides support during employment negotiations; Values person’s feelings; Identifies person’s educational opportunities, etc.

#### Clinician's Best Practices

- 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 roles, developing potential work, educational needs, and developing relationships.
- Identifies information about mental illness, significant others, and/or friends about stigma; promotes awareness of anti-stigma and stigma reduction; Develops self-trust by living through traumatic events with support (e.g. hospital admission, family problem, detention under the Mental Health Act); Begins to develop trusting relationships with clinician and others.
### Emerging Best Practices:

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

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</tr>
</thead>
<tbody>
<tr>
<td>✓ Gains awareness of cyclical or episodic nature of illness &amp; frail recovery process is not a linear process.</td>
<td>✓ Identifies family members/significant others aware of preferences;</td>
<td>✓ Makes family members/significant others aware of preferences;</td>
<td>✓ Begins participating in self-control planning process;</td>
<td>✓ Seeks educational opportunities that provide information about illness, medication, recovery and mental health system;</td>
<td>✓ Increases self-knowledge about illness, medication, recovery and mental health system;</td>
<td>✓ Discusses opportunities for community involvement;</td>
<td>✓ Begins to pursue education and training opportunities.</td>
<td>✓ Begins to take responsibility for gathering information about illness and recovery process.</td>
</tr>
<tr>
<td>✓ Begins to set recovery goals;</td>
<td>✓ Identifies existing support groups &amp; participants.</td>
<td>✓ Seeks support from peers &amp; friends;</td>
<td>✓ Begins making decisions;</td>
<td>✓ Maintains medication, if necessary;</td>
<td>✓ Gains knowledge about available resources;</td>
<td>✓ Begins to call all contact community &amp; identifying services/resources available within community;</td>
<td>✓ Provides or links person to work adjustment services, community resources &amp; alternative treatment;</td>
<td>✓ Recognises and begins to value self-reliance and to trust self.</td>
</tr>
<tr>
<td>✓ Places relevant resources available in community;</td>
<td>✓ Seeks educational opportunities that provide information about illness, medication, recovery and mental health system;</td>
<td>✓ Identifies existing support groups &amp; participants.</td>
<td>✓ Participates with clinician in an employment screening to determine appropriate vocational training;</td>
<td>✓ Self-evaluates decisions;</td>
<td>✓ Accepts illness/diagnosing experiences;</td>
<td>✓ Begins to collaborate community organisations as suggested by decision, family, etc.;</td>
<td>✓ Begins to understand relationship between education, work, and meaningful life activities.</td>
<td>✓ Begins to pursue education and training opportunities.</td>
</tr>
<tr>
<td>✓ Accepts illness/diagnosing experiences &amp; need for treatment;</td>
<td>✓ Makes choices based upon self-evaluation;</td>
<td>✓ Makes decision about when &amp; when not to disclose to employer;</td>
<td>✓ Seeks assistance when necessary.</td>
<td>✓ Gains knowledge about available resources;</td>
<td>✓ Becomes more trusting of services;</td>
<td>✓ Help is provided with assistance from clinicians that focus on community reintegration;</td>
<td>✓ Provides educational opportunities that focus on developing decision-making and coping skills;</td>
<td>✓ Develops partnership with family, significant others, clinicians, services, and others to ensure needs are met.</td>
</tr>
<tr>
<td>✓ Participates in peer support activities;</td>
<td>✓ Begins to pursue education and training opportunities.</td>
<td>✓ Keeps appointments with doctors and therapists;</td>
<td>✓ Gains awareness of cyclical or episodic nature of illness &amp; frail recovery process is not a linear process.</td>
<td>✓ Begins to pursue education and training opportunities.</td>
<td>✓ May wish to purchase for themselves education and treatments that are ‘family oriented’;</td>
<td>✓ Develops partnership with family, significant others, clinicians, services, and others to ensure needs are met.</td>
<td>✓ Provides educational opportunities for both persons and his/her family, significant others;</td>
<td>✓ Begins to understand relationship between education, work, and meaningful life activities.</td>
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<tr>
<td>✓ Relieves distressing experiences &amp; need for treatment;</td>
<td>✓ Assists with issues relating to disclosure;</td>
<td>✓ Gains awareness of cyclical or episodic nature of illness &amp; frail recovery process is not a linear process.</td>
<td>✓ Provides person with Peer Support to assist with medication of 'hot spots'.</td>
<td>✓ Gives education that focuses on media;</td>
<td>✓ Explores use of media to learn about physical and mental health;</td>
<td>✓ Begins to understand relationship between education, work, and meaningful life activities.</td>
<td>✓ Provides educational opportunities that focus on media;</td>
<td>✓ Provides training to person that focuses on developing problem-solving skills.</td>
</tr>
<tr>
<td>✓ Begins to make more appropriate choices/decisions;</td>
<td>✓ Involves person in groups for purposes of discussing relationship issues; learning how to manage them; identifying personal hopes &amp; achievements; planning about personal advocacy; and related prevention and advocacy programs;</td>
<td>✓ Assists person in understanding that peer support groups;</td>
<td>✓ Provides educational opportunities that focus on teachng problem solving, decision making and coping skills;</td>
<td>✓ Ensures person understands benefits and work incentive programs;</td>
<td>✓ Takes trips with person to the community to identify resources;</td>
<td>✓ Provides educational opportunities that focus on media;</td>
<td>✓ Helps person learn coping skills;</td>
<td>✓ Provides training to person that focuses on developing problem-solving skills.</td>
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<td>✓ Participates in prescribed treatment;</td>
<td>✓ Involves person in groups for purposes of discussing relationship issues; learning how to manage them; identifying personal hopes &amp; achievements; planning about personal advocacy; and related prevention and advocacy programs;</td>
<td>✓ Assists person in understanding that peer support groups;</td>
<td>✓ Develops partnership with person that focuses on developing decision-making strategies and evaluating consequences &amp; benefits;</td>
<td>✓ Assures peer supporters accompany others;</td>
<td>✓ Develops partnership with person that focuses on developing decision-making strategies and evaluating consequences &amp; benefits;</td>
<td>✓ Provides educational opportunities that focus on developing decision-making strategies and evaluating consequences &amp; benefits;</td>
<td>✓ Helps person learn coping skills;</td>
<td>✓ Provides training to person that focuses on developing problem-solving skills.</td>
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<td>✓ Provides services through Peer Support services user-run services.</td>
<td>✓ Involves person in groups for purposes of discussing relationship issues; learning how to manage them; identifying personal hopes &amp; achievements; planning about personal advocacy; and related prevention and advocacy programs;</td>
<td>✓ Assists person in understanding that peer support groups;</td>
<td>✓ Develops partnership with person that focuses on developing decision-making strategies and evaluating consequences &amp; benefits;</td>
<td>✓ Assists person in developing goals that are shaped by external ideas;</td>
<td>✓ Ensures person understands benefits and work incentive programs;</td>
<td>✓ Provides educational opportunities that focus on media;</td>
<td>✓ Helps person learn coping skills;</td>
<td>✓ Provides training to person that focuses on developing problem-solving skills.</td>
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<td>✓ Provides resource information about community programs &amp; services;</td>
<td>✓ Assists person in developing goals that are shaped by external ideas;</td>
<td>✓ Works in partnership with person’s family/significant others in family education and treatments that are ‘family friendly’;</td>
<td>✓ Works in partnership with person’s family/significant others in family education and treatments that are ‘family friendly’;</td>
<td>✓ Continues activities in the Dependent/Aware Stage.</td>
<td>✓ Provides or links person to work adjustment services, community resources &amp; alternative treatment;</td>
<td>✓ Provides educational opportunities that focus on developing decision-making strategies and evaluating consequences &amp; benefits;</td>
<td>✓ Helps person learn coping skills;</td>
<td>✓ Provides training to person that focuses on developing problem-solving skills.</td>
</tr>
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<td>✓ Continues to make available peer support groups for persons and their families/significant others;</td>
<td>✓ Provides resource information about community programs &amp; services;</td>
<td>✓ Provides or links person to work adjustment services, community resources &amp; alternative treatment;</td>
<td>✓ Provides educational opportunities that focus on teaching problem solving, decision making and coping skills;</td>
<td>✓ Begins to pursue education and training opportunities.</td>
<td>✓ Provides educational opportunities that focus on developing decision-making strategies and evaluating consequences &amp; benefits;</td>
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<td>✓ Helps person learn coping skills;</td>
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<td>✓ Provides education that focuses on overcoming stigma.</td>
<td>✓ Provides resource information about community programs &amp; services;</td>
<td>✓Provides or links person to work adjustment services, community resources &amp; alternative treatment;</td>
<td>✓ Provides educational opportunities that focus on teaching problem solving, decision making and coping skills;</td>
<td>✓ Begins to pursue education and training opportunities.</td>
<td>✓ Provides educational opportunities that focus on developing decision-making strategies and evaluating consequences &amp; benefits;</td>
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<td>✓ Provides training to person that focuses on developing problem-solving skills.</td>
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**Person’s 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 diagnoses & 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/diagnosing 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 links (i.e., 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; planning about personal advocacy; and related prevention and advocacy programs.
- May involve family memebers/significant others.
- Assures peer supporters accompany person on community trips to various support groups.
- Assists person in understanding that peer support groups.
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- Assists person in understanding that peer support groups.
- Continues to make available peer support groups for persons and their families/significant others.
- Provides education that focuses on overcoming stigma.
### 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

<table>
<thead>
<tr>
<th>Clinical Care</th>
<th>Peer Support &amp; Relationships</th>
<th>Family Support</th>
<th>Work/meaningful activity</th>
<th>Power &amp; Control</th>
<th>Stigma</th>
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<td><strong>Education</strong></td>
</tr>
<tr>
<td>- Seeks out information from services &amp; other resources.</td>
<td>- Provides advocacy training for both person mental health &amp; support services; others in planning, providing &amp; evaluating services that will help him/her achieve life goals;</td>
<td>- Includes family/significant others in planning, providing &amp; evaluating services;</td>
<td>- Provides a variety of meaningful work activities &amp; supports which accommodate the person’s career path;</td>
<td>- Seeks personal relationships &amp; support for them;</td>
<td>- Develops short-term goals;</td>
<td>- Attends community activities regularly with him/her;</td>
<td>- Educates others about his/her progress &amp; available services.</td>
<td>- Participates in developing a knowledgebase personal Wellness Recovery Action Plan;</td>
</tr>
<tr>
<td>- Participates in structured activities;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Focuses on vocational skills with less emphasis on personal situation;</td>
</tr>
<tr>
<td>- Monitors illness progression &amp; medications &amp; reports needs to clinician/GP.</td>
<td>- Develops and achieves recovery goals;</td>
<td>- Seeks out information from services &amp; other resources;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Continues to progress toward community reintegration goals;</td>
</tr>
<tr>
<td>- Develops &amp; uses own personal coping skills for dealing with residual or recurring symptoms &amp; personal support system;</td>
<td>- Provides self-determined Wellness Recovery Action Plan;</td>
<td>- Advocates for service user issues;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Maintains contact with friends;</td>
</tr>
<tr>
<td>- May keep journal that focuses on feelings, expectations, &amp; life roles;</td>
<td>- Peer Support in valued component of personal support network;</td>
<td>- Tries to understand how family influences recovery.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- May use direct payments to provide choice in support of wellness recovery plan.</td>
</tr>
<tr>
<td>- Begins to be involved in both personal &amp; group advocacy activities.</td>
<td>- Values self.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Seeks new opportunities and resources on his/her own without urging from client/family.</td>
</tr>
</tbody>
</table>

#### Emerging Best Practices:

- **Clinical Care**
  - Seeks out information from services & other resources.
  - Participates in structured activities.
  - Monitors illness progression & medications & reports needs to clinician/GP.
  - 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.

- **Peer Support & Relationships**
  - Provides advocacy training for both person mental health & support services; others in planning, providing & evaluating services that will help him/her achieve life goals.
  - Develops and achieves recovery goals.
  - Provides group advocacy activities.

- **Family Support**
  - Includes family/significant others in planning, providing & evaluating services.
  - Seeks out information from services & other resources.
  - Advocates for service user issues.
  - Tries to understand how family influences recovery.

- **Work/meaningful activity**
  - Provides a variety of meaningful work activities & supports which accommodate the person’s career path.
  - Provides appropriate employment-related benefits in a non-discriminatory fashion (i.e. sick leave, mental health days, holidays, annual leave).
  - Provides person with information about resources that are available within the community.
  - Provides educational opportunities that relate to employment accommodations & supports; establishing boundaries; developing interpersonal communication skills.

- **Power & Control**
  - Seeks personal relationships & support for them.
  - Maintains treatment programme including, medication, complementary therapies & alternative wellness tools.
  - Involves person in groups for purposes of setting goals & cultivating healthy relationalization.
  - Develops with person stress-management regimens, advocacy skills.

- **Stigma**
  - Develops short-term goals.
  - Focuses on vocational skills with less emphasis on personal situation.
  - Takes on ways to improve/diffuse stigma.
  - Seeks new opportunities and resources on his/her own without urging from client/family.

- **Community Involvement**
  - Continues to progress toward community reintegration goals.
  - Maintains contact with friends.
  - May use direct payments to provide choice in support of wellness recovery plan.

- **Access to Resources**
  - Seeks new opportunities and resources on his/her own without urging from client/family.
  - Seeks ways to grow in responsibility & ways to contribute back to community.

- **Education**
  - Participates in developing a knowledgebase personal Wellness Recovery Action Plan.
  - Focuses on how education can assist further in achieving personal, social, & physical goals.
  - Involves person in groups that focus on maximizing use of knowledge in recovery process.
### Emerging Best Practices: Mental Health Recovery Process / Interdependent / Aware

**Clinical Care**
- Reviews personal Wellness Recovery Action Plan to update & rate 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.

**Peer Support & Relationships**
- Participates in advocacy activities;
- Follows his/her Wellness Recovery Action Plan’s 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 the community;
- Values self & peers.

**Family Support**
- Values and interacts with family;
- Uses family/significant others as a component of personal recovery support network.

**Work/meaningful activity**
- 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 organizations about people who use mental health services.

**Power & Control**
- 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 circumstances.

**Stigma**
- 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 & campaigning activities.

**Community involvement**
- 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/involve & adjust goals as needed;
- Maintains contact with people in community services;
- Speaks to others about his/her community experiences;
- Develops & participates in community services for other people with mental health problems.

**Access to resources**
- Schedules & makes appointments;
- Manages finances;
- Maintains adequate housing/ accommodation;
- Makes appropriate choices;
- Negotiates support.

**Education**
- 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 & building self-confidence.

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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.