3   Policy context

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

Every Australian state and territory has embedded the concept of recovery in their policy and reform platforms, and many mental health professionals promote person-led recovery and have incorporated a recovery-oriented approach into their practice. A national recovery framework will support consistent and high-quality recovery-oriented service delivery and practice nationally.

The *Fourth National Mental Health Plan: An agenda for collaborative government action in mental health 2009–14* recognises the role that mental health services and practitioners play in creating environments supportive of recovery. The Australian Health Ministers' Advisory Council, a body comprising all Australian health ministers, endorsed the plan and each of its actions. Priority area 1 of the plan is 'Social inclusion and recovery', and one action in this priority area is to 'adopt a recovery oriented culture within mental health services, underpinned by appropriate values and service models'.

The Safety and Quality Partnership Standing Committee of the Mental Health, Drug and Alcohol Principal Committee is responsible for progressing the plan's action on recovery, and is providing oversight to the development and implementation of this national recovery framework.

Australia's *National Standards for Mental Health Services 2010* apply to all state and Commonwealth funded mental health services. They were developed to foster continuous quality improvement and to provide clear direction to embed recovery principles into service delivery, culture and practice. This national recovery framework will provide guidance to mental health services in their implementation of Standard 10.1, known as the 'Recovery standard'. More detail about the relationship between the national recovery framework and the standards is provided in the section entitled 'Relationship to Australia's mental health service standards'.

The revised *National practice standards for the mental health workforce* (2013) were informed by this national recovery framework and other national and international work on mental health practice. The practice standards include elements consistent with recovery-oriented care.

The *Mental health statement of rights and responsibilities*, revised in 2012, is a key policy of the *National mental health strategy*. The statement highlights the vital importance of the opportunity to achieve recovery. It clearly sets out the rights and responsibilities of individuals who seek assessment, support, care, treatment, rehabilitation and recovery.

The Roadmap for National Mental Health Reform 2012–22, launched in December 2012 as an initiative of the Council of Australian Governments, articulates the vision for the future of mental health care in Australia:

> … a society that values and promotes the importance of good mental health and wellbeing, maximises opportunities to prevent and reduce the impact of mental health issues and mental illness and supports people with mental health issues and mental illness, their families and carers to live full and rewarding lives (COAG 2012).

The ongoing reform set out in the roadmap includes recovery-oriented care elements.

Australia's policy and service reforms, like those of other nations, are occurring against a backdrop of significant developments in international human rights. Of relevance to this framework are the following international agreements:

- *The United Nations universal declaration of human rights (1948)*
- *The United Nations Convention on the rights of persons with disability (2006)*
- *The United Nations Principles for the protection of persons with mental illness and for the improvement of mental health care (1991).*

In recent years, Australian jurisdictions have been reviewing and changing their mental health legislation in an attempt to attain a greater focus on human rights and to provide for external and independent review.
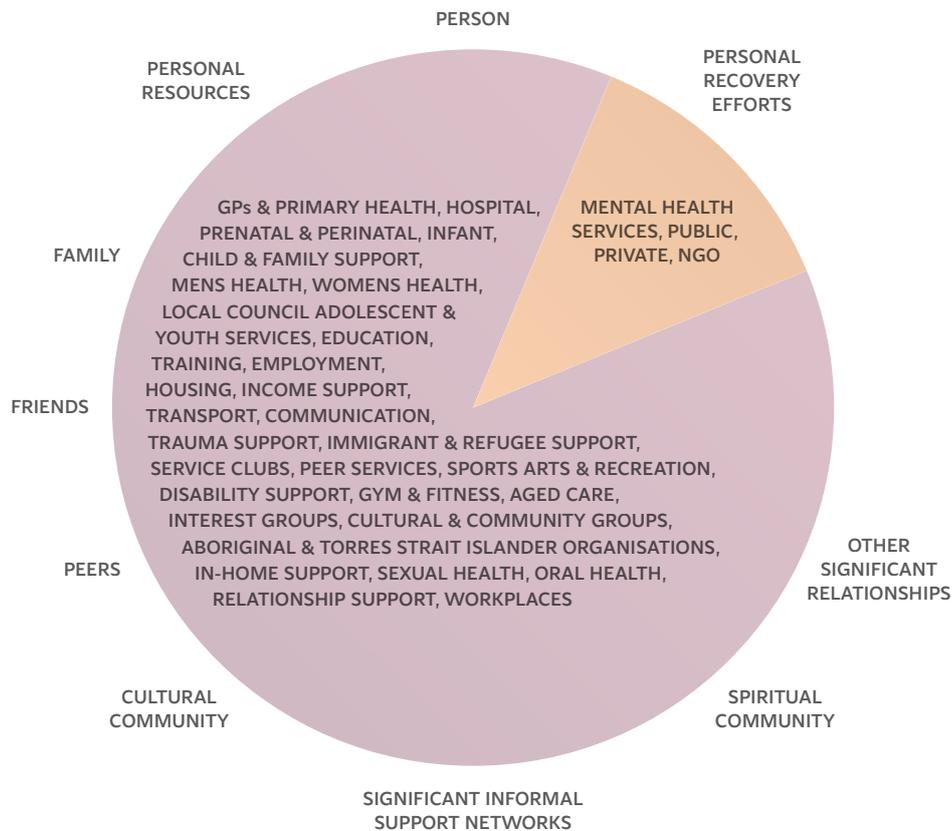
Recovery and the social determinants of health

Biological, psychological, physical, environmental, economic, social and political factors all impact on health and wellbeing at a personal, local and global level. The mental health system reports on key outcomes that indicate recovery including (but not limited to) housing, employment, education and social and family relationships as well as health and wellbeing measures.

Recovery occurs within a web of relations, including the individual, family and community, and is contextualised by culture, privilege or oppression, history and the social determinants of health. Recovery also occurs within the context of gender, age and developmental stages.

Many practitioners, services and organisations outside the mental health service system will contribute to an individual's recovery process. Government, private and non-government agencies from other service sectors have an impact on how people with mental illness can maximise their quality of life. Figure 1 shows some of these agencies, including providers of employment support, education, training and housing.

Figure 1: Groups involved in a person's recovery

PERSON

PERSONAL RECOVERY EFFORTS

PERSONAL RESOURCES

MENTAL HEALTH SERVICES, PUBLIC, PRIVATE, NGO

FAMILY

GPs & PRIMARY HEALTH, HOSPITAL, PRENATAL & PERINATAL, INFANT, CHILD & FAMILY SUPPORT, MENS HEALTH, WOMENS HEALTH, LOCAL COUNCIL ADOLESCENT & YOUTH SERVICES, EDUCATION, TRAINING, EMPLOYMENT, HOUSING, INCOME SUPPORT, TRANSPORT, COMMUNICATION, TRAUMA SUPPORT, IMMIGRANT & REFUGEE SUPPORT, SERVICE CLUBS, PEER SERVICES, SPORTS ARTS & RECREATION, DISABILITY SUPPORT, GYM & FITNESS, AGED CARE, INTEREST GROUPS, CULTURAL & COMMUNITY GROUPS, ABORIGINAL & TORRES STRAIT ISLANDER ORGANISATIONS, IN-HOME SUPPORT, SEXUAL HEALTH, ORAL HEALTH, RELATIONSHIP SUPPORT, WORKPLACES

FRIENDS

OTHER SIGNIFICANT RELATIONSHIPS

PEERS

CULTURAL COMMUNITY

SPIRITUAL COMMUNITY

SIGNIFICANT INFORMAL SUPPORT NETWORKS

Most of a person's recovery occurs at home, so their family, friends, neighbours, local community, church, clubs, school or workplace have an important role to play. Recovery-oriented services can facilitate and nurture these connections so people gain the maximum benefit from these supports.

Recovery is a concept everyone can relate to, because everyone experiences growth, satisfaction and happiness as well as change, uncertainty, loss and grief. Many people in the community are living with or recovering from illness, disabilities, injuries or trauma. Others are struggling with financial stress and other socioeconomic hardship, dislocation, voluntary or forced migration, disasters and local area decline or rapid development. In this sense recovery is everyone's business and requires a whole-of-community approach.

The significance of community connection and participation in a person's recovery highlights the importance for practitioners and services to address the social determinants of health and wellbeing. This includes the effects of discrimination and other social consequences of having a mental illness, all of which may impede recovery (Wilkinson & Marmot 2003).