

Executive summary



About this document

This background paper is a summary of the research and policy that underpins Australia's national framework for recovery-oriented mental health services.

It provides an overview and definition of the concepts of recovery and lived experience. It outlines the policy context for a move to recovery-oriented approaches and cites relevant research. It briefly describes the practice domains and key capabilities necessary for recovery-oriented practice and service delivery. It also describes the relationship of the framework to Australia's *National Standards for Mental Health Services 2010*.

The framework is fully articulated in *A national framework for recovery-oriented mental health services: Guide for practitioners and providers* available at www.health.gov.au/mentalhealth.

About the framework

The national framework for recovery-oriented mental health services provides a vital new policy direction to enhance and improve mental health service delivery in Australia.

It brings together a range of recovery-oriented approaches developed in Australia's states and territories and draws on national and international research to provide a national understanding and consistent approach to recovery-oriented mental health practice and service delivery. It complements existing professional standards and competency frameworks at a national and state level.

The lived experience and insights of people with mental health issues and their families are at the heart of this framework. Bringing lived experience together with the expertise, knowledge and skills of mental health practitioners offers opportunities to challenge traditional notions of professional power and expertise. The framework supports cultural and attitudinal change and encourages a fundamental review of skill mix within the mental health workforce, including increased input from those with expertise through experience.

All people employed in the mental health service system¹ regardless of role, profession, discipline, seniority or degree of contact with consumers will use the framework to guide their recovery-oriented practice and service delivery. This includes practitioners, managers, leaders, volunteers and people in administration, policy development, research, program management and service planning.

The framework defines and describes recovery and lived experience. It describes the practice domains and key capabilities necessary for the mental health workforce to function in accordance with recovery-oriented principles. And it provides guidance on tailoring recovery-oriented approaches to respond to the diversity of people with mental health issues. It is underpinned by extensive research and consultation and informed by lived experience.

1 The mental health service system comprises services and programs in which the primary function is to provide promotion, prevention, early intervention, medical and psychiatric treatments and recovery support for people who experience mental health issues or mental illness, and/or their families, carers and support networks.



The framework is presented in two documents:

- *A national framework for recovery-oriented mental health services: Guide for practitioners and providers* gives guidance to mental health practitioners and services in recovery-oriented practice and service delivery.
- This companion document, *A national framework for recovery-oriented mental health services: Policy and theory*, provides background on the research and policy underpinnings of the framework.

Additional resources for practitioners, services, carers and consumers to help in the implementation of the framework are available at www.health.gov.au/mentalhealth.

It is important to recognise the significant investment that Australian mental health services have made over the last thirty years in the delivery and improvement of rehabilitation and other services that address the psychosocial needs of people experiencing mental illness. The framework benefits considerably from this investment. It was developed through an extensive consultation process involving individuals and organisations across Australia through online surveys, written submissions and consultative forums.

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 policymakers have increasingly also supported their calls for cultural change. Every Australian state and territory has embedded the concept of recovery in their policy and reform platforms.

A recovery approach aligns with national policy directions in mental health services, in particular *The Roadmap for National Mental Health Reform 2012–22* and the *Fourth National Mental Health Plan: An agenda for collaborative government action in mental health 2009–14*. The Fourth Plan has a specific priority to promote and adopt a recovery-oriented culture in mental health services (Priority area 1). Given the rights-based focus of the recovery movement, the framework also aligns with national and international developments in human rights.

The social determinants of health

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.

Most of a person's recovery occurs at home, so family, friends, communities and workplaces have an important role to play.

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).

Relationship to Australia's mental health service standards

Australia's *National Standards for Mental Health Services 2010* underpin the national recovery framework. Of particular importance are the 'Principles of recovery oriented mental health practice' and the 'Supporting recovery' standard (Standard 10.1).



Organisations that provide mental health or allied services can use the principles and the 'Supporting recovery' standard to assess and enhance the recovery orientation of their services. A number of other measures that assess an organisation's recovery orientation are identified in *A national framework for recovery-oriented mental health services: Guide for practitioners and providers*.

Recovery: the concept

Recovery-oriented approaches offer a transformative conceptual framework for practice, culture and service delivery in mental health service provision.

The lived experience and insights of people with mental health issues and their families are at the heart of recovery-oriented culture. The concept of recovery was conceived by, and for, people living with mental health issues to describe their own experiences and journeys and to affirm personal identity beyond the constraints of their diagnoses.

Recovery-oriented approaches recognise the value of this lived experience and bring it together with the expertise, knowledge and skills of mental health practitioners, many of whom have experienced mental illness in their own lives or in their close relationships. Recovery approaches challenge traditional notions of professional power and expertise by helping to break down the conventional demarcation between consumers and staff. Within recovery paradigms all people are respected for the experience, expertise and strengths they contribute.

Recovery-oriented approaches focus on the needs of people who use services rather than on organisational priorities.

Conceptual models of recovery processes

A number of useful models are available to help practitioners understand personal recovery processes. Andresen, Oades and Caputi (2003, 2006 & 2011) modelled recovery with four processes: finding and maintaining hope, re-establishing a positive identity, building a meaningful life and taking responsibility and control. Glover (2012) developed a model with five recovery processes: from passive to active sense of self, from hopelessness to hope, from other's control to self-control, from alienation to discovery and from disconnectedness to connectedness. Le Boutillier, Leamy, Bird, Davidson, Williams and Slade (2011) identified similar but differently worded processes to those proposed by Andresen, Oades and Caputi and by Glover.

The interconnectedness of personal and clinical recovery

There is growing agreement in the research that personal and clinical recovery are complementary and supportive of one another (Glover 2012; Slade 2009a). While recovery is much broader than symptom improvement, alleviation of distress associated with symptoms and assistance to manage the illness make an important contribution (Slade 2009a). Conversely, an increased sense of wellbeing regardless of continuing symptoms can contribute to a reduction in those symptoms or in their severity (Davidson & Tondora 2006).

Implications for practice include: the importance of collaborative working alliances with consumers, fostering personal responsibility, promoting shared decision making, supporting the development of motivation, self-management and self-empowerment and being responsive to families.



Recovery, self-determination and safety

Recognising that consumers' self-determination is a vital part of successful treatment and recovery, the principles of recovery emphasise choice and self-determination within medico-legal requirements and duty of care. Striking a balance requires an understanding of the complex and sometimes discriminatory nature of the goal of reducing all harmful risks (Slade 2009a, pp. 176–179). Maximising people's self-determination requires continued efforts to reduce coercion, seclusion and restraint.

There is a detailed discussion of recovery, self-determination and safety in *A national framework for recovery-oriented mental health services: Guide for practitioners and providers*.

Definitions

Personal recovery

There is no single definition or description of recovery. For the purposes of this framework, recovery is defined as 'being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues'.

Recovery-oriented mental health practice

Recovery-oriented mental health practice refers to the application of sets of capabilities that support people to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations.

Recovery-oriented practice encapsulates mental health care that:

- recognises and embraces the possibilities for recovery and wellbeing created by the inherent strength and capacity of all people experiencing mental health issues
- maximises self-determination and self-management of mental health and wellbeing
- assists families to understand the challenges and opportunities arising from their family member's experiences.



Recovery-oriented mental health service delivery

Recovery-oriented mental health service delivery is centred on and adapts to the aspirations and needs of people. It requires a shared vision and commitment at all levels of an organisation. It draws strength from, and is sustained by, a diverse workforce that is appropriately supported and resourced and includes people with lived experience of mental health issues in their own lives or in close relationships.

Recovery-oriented mental health services have a responsibility to:

- provide evidence-informed treatment, therapy, rehabilitation and psychosocial support that help people to achieve the best outcomes for their mental health, physical health and wellbeing (Victorian Department of Health 2011a)
- work in partnership with consumer organisations and a broad cross-section of services and community groups
- embrace and support the development of new models of peer-run programs and services.

Language through a recovery lens

Words and language are critically important in the mental health field where discrimination, disempowerment and loss of self-esteem can cause people to battle with self-stigma. Consistent with the language of recovery, the following 'people-first' language descriptors are used wherever possible:

- 'person', 'people with lived experience', 'lived expertise' and 'experts by experience' rather than 'clients', 'service users' or 'patients'
- 'family and support people', which includes family members, partners, friends or anyone whose primary relationship with the person concerned is a personal, supportive and caring one
- 'mental health issues', 'challenges' and 'emotional distress' are used in place of, and at times alongside, the term 'mental illness'.

Many people prefer the words 'consumers' and 'carers', and this is acknowledged in the framework.

Domains and capabilities of recovery-oriented practice and service delivery

The framework consists of 17 capabilities grouped into five fields of practice known as 'practice domains'. The domains are overlapping and should be used concurrently.

Capabilities for recovery-oriented practice and service delivery encompass underlying core principles, values, knowledge, attitudes and behaviours, skills and abilities. Individuals, teams and organisations need these capabilities in order to support people with mental health issues to live a meaningful and contributing life in their community of choice. Attaining and strengthening these capabilities is an ongoing process that takes time and commitment from leaders, professionals, staff and volunteers in mental health service provision.



A detailed description of the domains and associated capabilities can be found in *A national framework for recovery-oriented mental health services: Guide for practitioners and providers*. They are summarised in Table 1 below.

Table 1: Practice domains and capabilities

Domains	Domain 1: Promoting a culture and language of hope and optimism (overarching domain) The culture and language of a recovery-oriented mental health service communicates positive expectations, promotes hope and optimism and results in a person feeling valued, important, welcome and safe.			
	Domain 2: Person 1st and holistic	Domain 3: Supporting personal recovery	Domain 4: Organisational commitment and workforce development	Domain 5: Action on social inclusion and the social determinants of health, mental health and wellbeing
Capabilities	Holistic and person-centred service	Promoting autonomy and self-determination	Recovery vision, commitment and culture	Supporting social inclusion and advocacy on social determinants
	Responsive to Aboriginal and Torres Strait Islander people	Focusing on strengths and personal responsibility	Acknowledging, valuing and learning from lived experience	Challenging stigmatising attitudes and discrimination
	Responsive to people from immigrant and refugee backgrounds	Collaborative relationships and reflective practice	Recovery-promoting service partnerships	Partnerships with communities
	Responsive to gender, age, culture, spirituality and other diversity		Workforce development and planning	
	Responsive to lesbian, gay, bisexual, transgender and intersex people			
	Responsive to families, carers and support people			

Conclusion

Helping people to find the right combination of services, treatments and supports and eliminating discrimination by removing barriers to full participation in work, education and community life is the key to the promotion and adoption of a recovery-oriented culture within mental health services.

Application of this framework will contribute to improved mental health and wellbeing as people are supported in new ways to lead fulfilling and contributing lives. The framework will foster new and innovative service designs, and in particular services designed and operated by people with lived experience of mental health issues.

All Australian jurisdictions and all mental health services have a responsibility to promote and implement the framework.

