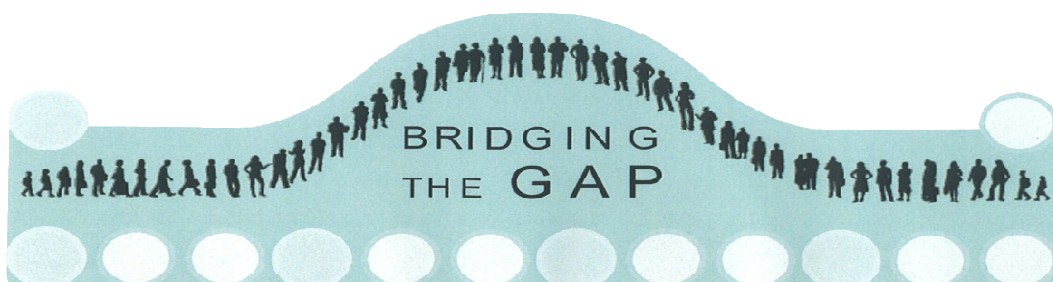




## **Moving Recovery from Policy to Practice in NSW**

**NSW CAG's Recovery Forum 2009**

**Outcomes Paper**



NSW CAG: Bridging the gap between mental health consumers and the NSW Government

The NSW Consumer Advisory Group – Mental Health Inc.  
is funded by the NSW Department of Health

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## ABOUT NSW CAG

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The NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) is the peak statewide body in NSW representing the views of mental health consumers (people who use mental health services) at a policy level, working to achieve and support systemic change.

Our vision is for all mental health consumers to experience fair access to quality services that reflect their needs.

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# TABLE OF CONTENTS

About NSW CAG	i
Table of Contents	ii
1. Introduction	1
2. The Recovery forum	6
3. Outcomes from the Recovery Forum	9
4. References	27

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# 1. INTRODUCTION

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The NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) is the peak, independent, statewide organisation representing the views of people who use mental health services (consumers) at a policy level, working to achieve and support systemic change. NSW CAG's vision is for all mental health consumers to experience fair access to quality services that reflect their needs.

Through our core work we are aware that recovery oriented service provision is a catch phrase often used in national and state policy. However, when we speak with consumers and others we hear that a recovery orientation to services is not a reality in practice in services across the state. There is still much work to do around understanding recovery from the consumer perspective, and building this into the way that services are delivered in order to support each person's individual recovery journey.

The idea to hold a "Recovery Forum" arose for NSW CAG as it became evident that many services were struggling to build recovery orientation into current medically dominated models of care, that view recovery from mental illness as being about a cure or removal of symptoms. We hear from consumers that recovery goes beyond this, and is about individualised care based on each person's needs and goals, and is not necessarily about cure or not experiencing symptoms. Recovery, from this view is different for each person, and services need to be flexible to tailor service provision to support each person's recovery journey. We hear recovery is about integrating a person's experiences into their life rather than returning to how a person was before an episode or experience of mental illness.

So the purpose of the Recovery Forum was to bring people from a number of different backgrounds who experience mental health services together to create a shared understanding of what is needed in services to progress recovery oriented services across NSW. The aim of the day was to have discussions around core concepts of recovery, and ideas for moving recovery orientation forward, and to share ideas about how each and every one of us can commit to being active in the change that is needed.

Participants came from a range of different backgrounds, including people from consumer, carer, clinical, community, academic, government and policy backgrounds.

To provide a context for the Forum and the outcomes achieved, a discussion about what recovery is follows.

### **Defining recovery**

In organising the Recovery Forum NSW CAG identified that a barrier to recovery oriented service provision is the way that people understand the nature of recovery.

The term “recovery” has a wide range of definitions and conceptualisations. By some it is considered to be a process, and by others an outcome. Through NSW CAG’s work on recovery, it has become clear that two definitions of recovery exist (the clinical and personal views), which have a large impact on the way that recovery is understood, what the outcomes of recovery are viewed to be, and the way that services are delivered.

### ***The Clinical View***

The clinical view of recovery from mental illness stems from the medical model in health care, where recovery is seen as being objective (not based on human thought or feeling). Recovery is understood to be a return to a former state of health, making the concept similar to the everyday use of the term “recovery” where it is associated with “being cured”. This understanding of the term places recovery as an outcome; the outcome of being well or cured. Within the clinical view, recovery is measured through reduced symptoms, hospitalisation and medication use (Slade, Amering and Oades, 2008).

Slade (2009) outlines the key features of clinical recovery:

- It is an outcome or a state
- It is observable: it is objective rather than subjective, with evidence of recovery arising from a decrease in symptoms
- It is rated by the expert clinician, not the consumer
- The definition of recovery is the same for all people

Consumers view clinical recovery as a model that prevents an holistic “whole person” approach to their treatment and care. The clinical approach to recovery can also mean that consumers’ needs are often not met, and that consumers do not receive the support they need.

The clinical view can overlook the individual needs of a consumer, and often the assumption is made that the professional is always working in the best interest of the consumer (Lauder, 1999). These individual needs may include, but are not limited to: provision of adequate information about mental illness; symptoms and medication; social supports; access to education and training, access to employment and accommodation; social inclusion in the community; and having hope for the future.

### ***The Personal View***

At NSW CAG we hear from consumers that aspects of each person’s whole life situation need to be considered as a part of their recovery, which means that services need to consider each person holistically.

The personal view of recovery is driven by people’s lived and individually defined experiences of mental illness and recovery (Schiff, 2004). It acknowledges that recovery is about a journey that is a unique and personal experience for each individual (Davidson & Staeheli, 2004; Meehan, King, Beavis, & Robinson, 2008).

The personal view of recovery is informed by the lived experience of mental illness, consumer experience, acknowledging that every person has unique experiences and responds to mental illness in their own way (Meehan, King, Beavis & Robinson, 2008). The personal view separates itself from the clinical view, in that it does not simply mean a “cure” from the illness (Deegan, 1996), nor does it solely refer to the absence of symptoms or an improvement in deficits caused by the illness. Instead, the notion of being “in recovery” can mean learning how to live a safe, dignified, full and meaningful life, at times in the presence of symptoms of mental illness” (Davidson, Drake, Schmutte, Dinzeo & Andres-Hyman, 2009, p.324). An assumption of this view is that at some point a person will be capable of directing their own care and life choices (Andreson, Oades, & Caputi, 2003).

From the personal view of recovery, there is not one definition of “recovery”, as it is accepted that “recovery” may mean different things to different people. However many people describe recovery as including the concepts outlined below in Table 1.

*Table 1 Individual experiences of recovery*

Concepts of recovery include
<ul style="list-style-type: none"><li>• Being able to live a meaningful life</li><li>• Being symptom free or having control over symptoms</li><li>• Healing</li><li>• Being able to participate in the community</li><li>• Taking responsibility</li><li>• Having good relationships</li><li>• Having choice in treatment and support options</li><li>• Having a positive identity</li><li>• Being able to share experiences and stories</li><li>• Making certain life adjustments</li><li>• Overcoming stigma and discrimination associated with mental illness</li><li>• Understanding the illness</li><li>• Knowing how to stay well</li><li>• Having goals</li><li>• Having a healthy lifestyle</li><li>• Recovery is possible for everyone</li><li>• Mental illness is only one aspect of an individual</li><li>• Services may only be a small part of a person’s recovery journey</li></ul>

(Sources: Anthony, 2008; Kelly & Gamble, 2005; Mental Health Commission New Zealand, 1998; NSW CAG consumer consultations, 2009; Queensland Health, 2008; Slade, Amering and Oades, 2008; and Townsend & Glasser, 2003).

From this view of recovery, people with the lived experience of mental illness are the 'experts by experience' on what recovery encompasses (Glover, 2007; Roberts & Wolfson, 2004). Consumers are seen to have expert knowledge gained through their lived experiences, which can be used to better understand what helps them in their recovery. This knowledge can also be used by organisations and services as a useful form of knowledge to plan, inform and evaluate service provision.

NSW CAG advocates that mental health services, which are currently dominated by clinical models of care, need to move towards practice that integrates the personal view of recovery. Mental health services have the responsibility of providing the right environment for consumers to engage in their recovery journey, and provide the support needed to enhance this journey. Mental health services need to be acknowledged as only one aspect of a person's journey, with other areas of a person's life also being considered as important in their recovery.

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## 2. THE RECOVERY FORUM

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On 10 December 2009, NSW CAG convened the inaugural *NSW CAG Recovery Forum: Moving Recovery from Policy to Practice in NSW* at the Mercure Hotel, Sydney. One hundred and twenty (120) people from diverse backgrounds and experiences with mental health services throughout NSW were brought together to identify ways to progress recovery oriented service provision in practice. Participants included consumers, carers, service providers, clinicians, academics, researchers, and representatives from NSW Health, including the Director of the Mental Health and Drug and Alcohol Office.

The capacity for the day was 120 participants. In addition to the 120 forum participants, NSW CAG had 58 people on a waiting list, which demonstrates the interest generated by this event.

The Forum was based on the *World Café* style of facilitation and was structured so that each person had the opportunity to contribute to the discussion. World Café is an internationally used facilitation technique that allows all participants to contribute equally to ideas and discussions (The World Café, 2008). The process provides opportunity for meaningful conversations to occur between everyone involved. For more information on the World Café please visit [www.worldcafe.com](http://www.worldcafe.com).

The Forum started with an interview between Karen Oakley (Executive Officer, NSW CAG) and Helen Glover (Consultant and trainer in recovery-based practice, who also has the lived experience of mental illness). This interview is available as a downloadable video on NSW CAG's website:

[http://www.nswcag.org.au/page/recovery\\_forum\\_project.html](http://www.nswcag.org.au/page/recovery_forum_project.html)).

This interview set the tone for the day, and discussed ideas about how to achieve recovery oriented service provision in mental health services.

During the interview, Helen Glover identified areas where services need to enhance their recovery orientation:

- By providing an environment where people can experience and progress their recovery journey;
- Having flexibility where a person can access tailored services that suit their needs and recovery goals;
- Mental health service workers believing that recovery is possible for each person, and working with hopefulness;
- Believing in the importance of consumers driving their own recovery journey by choice, using their own experiences to inform what recovery looks like; and
- Connecting the expertise and experience of everyone involved in experiencing and delivering mental health services to inform recovery oriented service delivery.

Following the interview, conversations occurred around small café-style tables, where everyone had the opportunity to contribute to a set of key questions on recovery orientation (see Table 2). There was also opportunity for participants to move between tables to create a “cross-pollination” of ideas, creating richer thinking, and encouraging diverse perspectives to be shared. Participants were asked to record conversations on paper tablecloths that were supplied. Post-it notes were also used to capture and sort the ideas that were discussed. The information provided was then collected and sorted into themes. At the end of the day a group discussion was held to share key ideas that had emerged from the conversations of the day.

During the forum, participants wore name badges; however their backgrounds were not identified. Therefore the information that was collected did not identify forum participants’ backgrounds or attribute comments to particular groups of participants.

*Table 2: Summary of questions posed to participants at the Recovery Forum 2009*

*What is recovery oriented service provision?*

*What is needed to create a recovery orientation in service delivery?*

*What are people's shared ideas for progressing recovery orientation?*

### **Data analysis**

The Recovery Forum generated a large amount of information. The nature of the day encouraged open discussion that allowed themes to emerge and be built upon as the day progressed, and allowed data to emerge inductively, from what forum participants said, rather than having prescribed topic areas for conversation. Data collected included participants' notes on tablecloths and post-it notes. These were then analysed using inductive thematic analysis<sup>1</sup>. This involved three members of NSW CAG's staff looking at the information collected and grouping them into categories or themes. The three staff then discussed their groupings to reach an agreed set of themes that emerged from the day.

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<sup>1</sup> Thematic analysis is a process for encoding qualitative (descriptive) information. A theme is a pattern found in the information that describes and organises, or interprets the information (Boyatzis, 1998, p.vii)

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### 3. OUTCOMES FROM THE RECOVERY FORUM

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While participants came from diverse roles and backgrounds, what emerged from the day was a shared understanding of recovery, and a shared vision of the concepts of recovery oriented service delivery, what it looks like in practice, and forum participants had many ideas in common about how recovery orientation can be progressed. A constant theme that was also shared by many was that recovery oriented services are not a destination – they require continuous reflection, evaluation and quality improvement processes in order to evolve and progress recovery orientation that provides an environment that is supportive of each consumers' recovery needs and goals.

#### **The nature of recovery and mental illness**

Conversations at the Recovery Forum clarified that recovery and recovery oriented service delivery are two separate things. When forum participants talked about *recovery*, they talked about their own unique experiences and interpretation of those experiences. They talked about recovery as being something that happens in the community where people live, in health services, or a combination of both. When forum participants talked about *recovery oriented service provision*, broadly they talked about services meeting people's individual needs in a way that supports their recovery.

This subsection describes what forum participants identified on the day as being related to their personal experiences of *recovery*.

Forum participants talked about their experiences of recovery; about the nature and essence of recovery, whether it was from a consumer, carer, service provider, academic or government perspective. What became evident from these discussions was that, although forum participants had different experiences and backgrounds, the nature of recovery was understood by many forum participants as being about similar concepts:

- Recovery is about living life. It is about what is happening in the present, rather than a destination in the future. Recovery can happen here and now.

- Recovery is about connecting people's experiences. It is about acknowledging a shared humanity that all people have, and working from the heart. A strong theme in the discussion was that recovery is about emphasising the things that people have in common; about normalising the experience of mental illness rather than emphasising the differences.
- Recovery is a social movement. It is a movement that connects people with the experience of mental illness in advocating for improved quality health services that support recovery, and sharing stories of recovery. Forum participants talked about the recovery movement going beyond policy and being about attitude, empowerment and a way of life.
- Recovery has different philosophies. There is the clinical or medical model view of recovery; and there is the consumer-driven or personal view of recovery. Forum participants talked about the need for the medical model perspective to extend to include factors of the personal view of recovery, which include a psychosocial approach and a shift to a more person-centred and facilitative approach to recovery that is tailored to each person's needs and goals.
- Recovery is a journey, and relapse may be a part of this journey. Forum participants described relapse being a way to learn and grow from experience, and that importantly relapse does not equal failure.

From these discussions it was clear that recovery oriented service provision needs to be based on an understanding of recovery from the personal, rather than clinical perspective.

The following sections detail what forum participants identified on the day as being related to *recovery oriented service provision*, based on the key questions asked.

## 1. What is recovery oriented service provision?

Forum participants were asked to discuss the characteristics of recovery oriented service provision. A key idea that emerged was that the role of the service is to work to meet each person where they are, and to be flexible in doing this in a supportive environment that does not hinder a person's goals and recovery journey. It was clear in this discussion that when forum participants talked about recovery oriented services, they were considering this in light of the consumer-driven, personal understanding of recovery rather than the clinical understanding of recovery.

Features of recovery oriented practice identified at the Recovery Forum are listed below.

### Values and attitudes: Celebration and acknowledgement

Forum participants identified a range of service provider values and attitudes that support a person's recovery. These included service providers having hopefulness for a person's future, being positive, compassionate, empathetic and nurturing. Forum participants described that celebration of successes, however small, and acknowledgement of their experiences supports recovery. Recovery oriented service provision is not judgmental, does not make assumptions about a person's future, and is not stigmatising.

### Relationships: Togetherness and the connection of experiences

Forum participants discussed that central to recovery oriented practice is good relationships between service providers, and consumers, carers and families. They described that in a good relationship the service provider will seek to share power with the consumer – working in partnership with the person, and clearly communicate the boundaries of the relationship. When developing relationships service providers will get to know the person beyond their illness, and seek to develop rapport and trust.

Forum participants talked about the need for a personal and positive approach to relationships, where there is a sense of “togetherness”, a strengths-based approach, and where service providers and consumers can connect over shared experiences

rather than differences. Forum participants described a good relationship as being one that is validating and empowering, and one that uses language that is understood by all parties. A strong theme that emerged around relationships that support recovery was workers having good listening skills that allow the consumer to feel like they have been heard.

Questions forum participants identified that service providers can ask to support a meaningful relationship and recovery for consumers included:

- What do you need?
- What is your dream?
- Do you feel like you have been heard?
- Would you like your family and/or carer involved?
- Has this happened before? What helped last time?

Forum participants also talked about the importance of the opportunity to share stories and experiences with others, and to learn from other's experiences of mental illness and their recovery journeys.

### *Belief in recovery*

Forum participants discussed that the belief in recovery held by service providers and others is central to recovery. Forum participants described that a facilitator of recovery is the expectation that recovery is possible, and the importance of service providers encouraging a consumer's activity rather than passivity in their own treatment, care and recovery journey. Simply put by participants on the day, consumers want service providers to recognise their ability and to "believe in me".

A range of stakeholders talked about the need to "hold the space" for consumers on their recovery journey, with the expectation that if a person hasn't yet begun their recovery journey that it will one day be possible when they make that choice.

Broad discussion was held around the need for services to abandon assumptions about the nature of recovery as conceptualised from the medical model view. There is a need to integrate the wisdom learnt from the consumer perspective, that recovery is possible for every consumer, and that its definition extends beyond clinical indicators for many

people. Central to this shift in understanding the nature of recovery is the shift that must come in services to believe that recovery is possible for each and every person, based on the consumer's own understanding of what recovery means to them, and what their goals are for their recovery journey.

#### *Consumer-directed recovery: The consumer is the expert*

A key characteristic of recovery oriented service provision identified at the Forum was consumer-directed recovery in the context of service provision. This included service provision that supports:

- Recovery being in a consumer's own time frame
- Consumers identifying their own goals and challenges
- Consumers being acknowledged as experts through their experience, and the acknowledgement that their experience of mental illness can be gained through no other source
- Consumers making informed decisions at every opportunity in service delivery
- Working towards the self-management of mental illness, including providing consumers and carers with information about self-management strategies

#### *Holistic approach to healthcare*

An identified key characteristic of recovery oriented service provision was holistic care. Forum participants discussed holistic care to be about care that nourishes the mind, body and spirit; and looks beyond mental illness to see the whole person. They talked about the importance of service providers assessing physical health and nutrition, and providing therapeutic options in addition to the use of medication. Some forum participants discussed that treatment is not only about medication, it is also about access to complementary therapies and being on the lowest level of medication needed to treat the illness.

Forum participants also identified that it is important that service providers acknowledge that a person should not have to be unwell to access a service – the door to a recovery oriented service needs to be open for consumers when they need it.

## **2. What is needed to create a recovery orientation in service delivery?**

Forum participants were asked to consider what is needed to create a recovery orientation in service delivery. The results from this discussion highlighted that everyone regardless of their background shared similar ideas for what is needed to progress recovery oriented practice. Forum participants identified what they saw as gaps in the current system, and ideas around what is needed to support genuine recovery based practice, as we look to the future. To follow is a summary of these.

### *Environments that support recovery*

Forum participants highlighted that a key feature of recovery oriented service provision relates to the environment in which services are provided. Key features of a recovery oriented service environment identified at the Recovery Forum included:

### *Services that support a recovery culture*

It was expressed that fostering a recovery culture in services is fundamental to supporting consumers' recovery journeys. Forum participants considered that services need to have a clear vision and value-base around recovery that is clearly articulated for all who experience the service. There was general agreement that services need to work firstly around articulating their values around recovery oriented service provision. This includes validating that the consumer experience is legitimate and can inform and improve healthcare outcomes. It was identified that for many services this will mean that culture change needs to happen, along with processes that support culture change.

What is also needed is a greater understanding of how services can support people's recovery, not do recovery for them. It's about learning how to put the person at the centre of their care by creating appropriate organisational systems and support.

### *Services that provide access to information*

It was widely agreed that access to information is key to consumers, carers and their families learning about other services and supports that are in their local area, and also about learning about recovery and treatment options. Forum participants suggested that more information needs to be available on mental illness, including behaviours, causes and research into mental illness.

Forum participants identified that information on physical health including nutrition, exercise and meditation is also beneficial, as well as information on complementary therapies such as art and music therapy.

#### *Services that have clear communication channels*

Forum participants considered that clear communication is imperative to recovery oriented practice. They talked about the need for strong communication between a consumer's treating team, and also communication with the consumer in a format and language that they can understand. It was acknowledged that there is a gap in sharing clinical information with community managed organisations, and vice versa, and that work needs to be done in ensuring that relevant information relating to a person's treatment and care is transferred across a range of settings. Also highlighted was the importance of services communicating with carers and family members, where this is a consumer's wish.

#### *Services that provide support before and after a crisis*

Many forum participants identified that services need to be available before and after crisis to support people before becoming, or after they are acutely unwell. A central message from participants was that services need to be available when people need them, rather than when they fit in with an acute-driven system. Forum participants identified the need for access to:

- Step up and step down services in the community
- Services, even if a person has not been to that service for a period of time
- Services before a person becomes acutely unwell – a crisis avoidance or pre-crisis service
- Respite services
- A service provider that follows up care post-discharge

#### *Services that have programs and a physical environment that support recovery*

Physical space and programs within the hospital setting were viewed by forum participants to be an essential facilitator of recovery. Forum participants talked about the importance of being able to have opportunities to participate in activities in hospital— including activities such as going for walks, and programs such as learning about nutrition, the mind, and mindfulness - rather than experience boredom.

Forum participants also identified that starting a ward group to talk about recovery could be supportive in the recovery process.

Ideas that were shared around recovery oriented physical environments included those that are comfortable, safe, secure, least restrictive and provide opportunity for interactions with staff. Court yards, open green space, and gyms were also factors that forum participants identified as being supportive in recovery.

Some forum participants specified that there is a need for a “special” place for intervention, whether it be a time out retreat, a space to identify with oneself again, or somewhere that a person can get their mind off the stresses in their life.

#### Opportunities for consumer participation

Forum participants identified that opportunities for consumer participation must be present in recovery oriented practice, and exist in both hospital and community settings. Many forum participants talked about the benefits of participating in their recovery journey, and the importance of the consumer expressing what activities were meaningful to them. Ideas generated at the Forum identified the following participation opportunities needed in service delivery to support recovery:

- Involving consumers and carers in the development of health service policy
- Consumer groups that function in hospital and community settings
- Consumer involvement in the clinical review processes
- Consumer involvement in interview panels
- Consumer involvement in management committees of health services
- Consumer involvement in other committees relating to health service delivery
- Consumers engaging with peers
- Consumers leading and running their own groups

Forum participants discussed the need for services to provide information about, and where possible, link consumers into opportunities for participation in their community. It was recognised that recovery for some people may happen outside of services, so there is a need for services to assist people in engaging in the communities that they live in. As one person said “individuals need to be engaged in the community and not just mental health services”.

Examples that were provided on the day were:

- Opportunities to learn life skills and personal care
- Learning about good parenting skills
- Learning from peers about their experiences of recovery
- Linking in with services that provide opportunities for career development, including developing academic qualifications
- Finding physical health and exercise options in the community – yoga, Tai Chi, learning about nutrition
- Finding relaxation options in the community – massage
- Connecting with friends and family in the community, “having a chat with someone”
- Engaging in recreational activities in the community – fishing, comedy, music
- Creating more consumer-run services

Forum participants also reflected that the lived experience can be used to educate others about the nature of recovery, including providing training to service providers and the community.

Opportunities for employment were also highlighted, with many forum participants indicating that consumers should be paid for the time that they spend educating others and providing advocacy services.

#### *Presence of consumer workers and peers*

Forum participants stressed the importance of the role and function of Consumer Workers and peers in helping others along in their recovery journey. They identified that there is work to be done to clarify the roles and structures for Consumer Workers in services, particularly around:

- Supporting Consumer Workers with sufficient training and resources
- Other health professionals acknowledging the value that Consumer Workers can bring to health services
- Developing clear supervision structures

Some forum participants reflected on rewarding experiences in sharing their stories and experiences with peers, and the benefits of mentorship and learning from others.

### Stronger support for carers

Support for carers was associated at the Forum with a services' recovery orientation. There was discussion around the need for learning opportunities to be presented to carers around what helps and what hinders a person's recovery journey. Forum participants expressed that services need to facilitate information sharing around when a carer is being helpful or unhelpful, and also about the side effects of helping and how to learn how to step back so a consumer can make progress in their recovery.

### Change at a policy level

Policy is a key driver that assists services in understanding what it means to work in a recovery orientation. Clear policy was identified as being needed to support services in understanding and operationalising recovery orientation in practical terms. Discussion identified that policy is where the philosophy of personal recovery and the consumer perspective needs to be explicitly spelled out.

Ideas for change at policy level to progress recovery orientation included:

- Rephrasing inappropriate language in policy that is not consumer friendly. An example provided at the Forum was changing the title "Case Manager" to "Care Coordinator" or "Care Collaborator" as a way to equalise the power that is reinforced in the title
- Creating a policy document for different cultures and languages around recovery and recovery orientation
- Developing guidelines for recovery practice in health services
- Creating an education policy for front line workers around recovery orientation
- Funding and performance agreements that require evidence of recovery orientation
- Accreditation of recovery oriented services
- Exploring the current risk focus of the system, and identifying opportunities to reorient to a recovery focus

A reoccurring theme was the need for services to translate policy into practice, Key Performance Indicators (KPIs) need to be developed that measure processes that services use to meet each consumer where they are at in their recovery.

Ideas for KPIs that need to be developed to measure a service's recovery orientation include the number of care/wellness plans a service creates, the number of consumers who attend clinical review meetings, and the number of consumer identified KPIs.

Some measurement tools for recovery were discussed, and it was identified that current tools need a wider scope to have a greater consumer focus. The Evaluation and Quality Improvement Program (EQUIP) was highlighted as needing a greater recovery focus and measures around consumer participation, and less focus on risk.

Also highlighted was the Mental Health Outcomes and Assessment Tools (MH-OAT), and the need for MH-OAT to have a greater focus on relationships.

#### Development of organisational systems

One of the most discussed topics was the need for organisational systems to support recovery-based practice. An issue identified by many was that there are gaps in organisational systems that need to be strengthened or changed to have a greater recovery focus.

There were a range of ideas that were shared about the organisational systems that need to be in place to support recovery-based practice. These included:

- Opportunities for continuous quality improvement. This included tools that can be used to identify opportunities for organisations to improve on their practice and continue to learn about recovery. Forum participants identified the value of organisations implementing reflective practice into organisational processes, and allowing a space for people to do this.
- Moving beyond a culture of fear. Staff members expressed that in some cases they felt that the culture in organisations prevented learning and understanding of genuine recovery orientation. Some forum participants expressed the fear of speaking out against practice and staff members who are not recovery oriented.
- Moving towards being a learning organisation. Forum participants discussed that it is ideal for organisations to support learning around recovery orientation, particularly through training and education of staff members, and reflective practice. A reoccurring theme was the need for staff members to be trained by people with the lived experience of mental illness.

- Creating opportunities for consumer participation across all aspects of service provision including in individual care planning, employment opportunities, and service design and evaluation.
- Organisational systems need to clearly articulate the philosophy of recovery; and this should also flow through to strategic planning, recruitment and induction processes. Strong leadership with an in-depth understanding of recovery was also discussed as being fundamental to recovery oriented service provision in practice.
- “Protected time” as a time to relax where there are no visitors or phone calls, that provides an opportunity for staff and consumers to interact.
- Building a shared language of recovery with service providers and consumers in practice, and policy and procedures. An issue identified was that service providers sometimes use language that is alienating to consumers, their carers and families; and that shared dialogue and respectful language is a key to a recovery oriented workplace.
- Knowledge of legislation that impacts recovery oriented service provision  
Systems to support staff in setting appropriate boundaries
- Building recovery into position descriptions

#### *Anti-stigma campaigns and community awareness*

Stigma and discrimination were identified as being a barrier that mental health consumers face both in mental health services and in the community. It was considered that anti-stigma campaigns are essential in normalising perceptions of mental illness across a range of settings. Forum participants identified that a range of actions are needed to reduce stigma and discrimination, including:

- Media campaigns that educate the community about the nature of, and how to respond to mental illness. Some suggestions were to look at successful campaigns in other countries, such as the *See Me* campaign in Scotland, and the *Like Minds, Like Mine* campaign in New Zealand.
- Exploring ways to distribute accurate information about mental illness to the public, for example through libraries and community services, and public relations agencies.

- Creating a symbol around mental health awareness that is publically acknowledged, for example a “mad hat day”, purple shirt day or cap day every year.
- High profile mental health champions from a range of social backgrounds – either people with a high profile who have experienced mental illness, or people who support the cause.
- Positive media stories about people’s experiences of mental illness.
- Culture change in mental health services so that stigma and discrimination are not tolerated at any level.
- Creating awareness in education – through curricula in universities, TAFE courses and school programs. Forum participants discussed that theory and practical application of recovery orientation need to be taught in higher education institutes.
- Surveying people on their attitudes to mental health.

### Advocacy

A central theme in supporting recovery-based practice was the importance of advocacy to improve systems and human rights for people living with mental illness. Two types of advocacy were identified – individual advocacy and systemic advocacy. Discussion included identifying opportunities for individual advocacy, including the idea of “thinking globally and acting locally” to share knowledge and empower consumers to advocate for improved services.

Also discussed was the need for systemic advocacy work to improve human rights for consumers; including around insurance, rates of pension, and the need for a national group to lobby around the transformation of services to a genuine recovery orientation.

### Enhancing resourcing towards mental health

Forum participants identified resources to be inadequate across the state, and that in order for services to support recovery there needs to be greater investment in prevention and early intervention services, more staff trained in mental health fields, and more community mental health services.

### Research

To progress recovery orientation, further research in the field was identified as being essential to enhancing practice. Forum participants identified that research needs to be conducted into Community Treatment Orders and whether they are having the desired outcomes for consumers, strengthening the evidence base around recovery oriented practice, and research around the intersection of risk, capacity and recovery.

### **3. Ideas for progressing recovery orientation**

Forum participants were asked to identify commitments that they as individuals, groups, health services, or organisations could commit to progress recovery based practice. The outcomes from this discussion are listed in Table 3.

Opportunities identified by participants at the Recovery Forum that NSW CAG can use to progress recovery orientation are listed in Table 4.

*Table 3: Individual, group, and health service identified commitments that can be made to progress recovery based practice.*

**Commitments identified at the Recovery Forum to progress recovery based practice**

Individuals and groups	<ul style="list-style-type: none"> <li>• Challenge stigma and discrimination</li> <li>• Speak out against what recovery practice is not</li> <li>• Challenge the media when inaccurate about mental illness</li> <li>• Share the success of [my personal] recovery stories</li> <li>• Intend to be active</li> <li>• Communicate to everyone I meet that recovery is possible</li> <li>• Celebrate lifetime achievements</li> <li>• Set up a recovery webpage</li> <li>• Promote the idea that recovery is possible</li> <li>• Create discussion groups in the community</li> <li>• Go back to my role and talk about it [recovery]</li> <li>• Continue the discussion of recovery oriented service provision and get these discussions heard by the:             <ul style="list-style-type: none"> <li>○ Mental Health and Drug and Alcohol Office</li> <li>○ Consumer Sub-Committee to the Mental Health Program Council</li> <li>○ Media and in the community</li> </ul> </li> </ul>
Health services	<ul style="list-style-type: none"> <li>• Use every opportunity to support each other in recovery</li> <li>• Conduct sound research into recovery oriented service provision</li> <li>• Keep recovery on the agenda</li> <li>• Discuss the ideas and concepts of recovery with other non-government organisations</li> <li>• Conduct weekly/bi-weekly recovery meetings with all service providers and mental health staff</li> <li>• Create a recovery community in all mental health services</li> <li>• Change the environment to support recovery practices</li> <li>• “Article of the week” – featured in staff rooms and waiting rooms</li> <li>• Challenge the attitudes of service staff, in order to foster recovery orientation</li> <li>• Create recovery tools that can be adapted into mental health services</li> <li>• Have recovery champions in each mental health service, that can promote recovery principles in each Area Health Service</li> <li>• Consult with mental health services to ensure that their policies and procedures are aligned to promote the principles and practices of recovery</li> <li>• Hold “recovery days”, where recovery practice is celebrated and promoted</li> <li>• Recovery “planning days” for all mental health services</li> <li>• Incorporate recovery into supervision and handover processes</li> </ul>

*Table 4: Possibilities identified by participants at the Recovery Forum for NSW CAG to progress recovery orientation*

<b>Opportunities identified for NSW CAG to progress recovery orientation in NSW</b>	<b>What NSW CAG is doing</b>
To continue holding forums and discussions around recovery oriented service provision	NSW CAG is holding a Recovery Forum 2010 to build upon the discussions that took place at the 2009 Forum
Development of a Recovery Framework to be rolled out across NSW	NSW CAG will lobby NSW Health for the development of such a Framework and contribute to its development
Recovery modules developed for undergraduate education at University	Not in scope of NSW CAG's role; however NSW CAG will look to lobbying universities to include recovery training in nursing, psychology, medicine, social work and occupational therapy so that culture change is happening right at the beginning of people's careers.
Recovery Forums targeted at Acute Unit staff and allied services	As these need to occur locally, this is not in the scope of NSW CAG's role
Policy position developed on recovery oriented service provision and send to Ministers, politicians, NSW Health – including the Mental Health Program Council, health services, consumers and carers. Inform the government about what recovery orientation is	Aim of the outcome of NSW CAG's Recovery Forum 2010
NSW CAG to come up with or develop a framework for clinicians to use in case meetings/ conferences that focus on consumers' recovery	Not in scope of NSW CAG's role; however NSW CAG can work to lobby NSW Health around undertaking such work
Training to be developed for Consumer Workers on recovery oriented service provision	NSW CAG is currently undertaking the Consumer Workers' Forum Project in collaboration with the Consumer Workers' Forum Organising Committee to develop a framework for mental health consumer workers in NSW mental health services. This project will develop best practice for consumer training and a code of professional

	standards that will be ratified by the NSW Health Mental Health Program Council. The work NSW CAG is doing around recovery will be fed into this project.
Advocate for a mass media campaign to target stigma and discrimination in the wider community	NSW CAG continues to lobby around a national anti-stigma campaign in submissions and meetings with Ministers
Create recovery discussion groups	As these need to occur locally, this is not in scope of NSW CAG's role.
Have World Café conversations in hospitals and in the community	NSW CAG continues to consult with consumers across the state. We use a variety of consultative techniques when we talk with consumers in hospital and community settings.
To ensure recovery stays on the agenda in all mental health services Develop a recovery tool Develop a recovery tool instead of MHOAT Assist NSW Health to develop more appropriate measures that reflect recovery and not just clinical outcomes.	NSW CAG continues to lobby for recovery orientation to be on the agenda in health workplaces. We do this through submissions and project work – in particular the Recovery Oriented Service Self Assessment Toolkit (The ROSSAT) that has been developed for mental health community managed organisations. This project was conducted by NSW CAG in partnership with the Mental Health Coordinating Council. Trialling and further development of the ROSSAT have been identified as future project work to be undertaken. See <a href="http://www.nswcag.org.au">www.nswcag.org.au</a> and click on our work / projects / NSW CAG and MHCC Recovery Project.
Present the findings from the Forum at TheMHS 2010 Conference	NSW CAG presented the outcomes of the Recovery Forum 2009 at TheMHS 2010.
Use the video from the interview to trigger awareness among peers about recovery	NSW CAG created videos from the Recovery Forum 2009. These videos are of the opening interview between Karen Oakley, NSW CAG Executive Officer and Helen Glover, facilitator. These are now available as downloadable videos from NSW CAG's website <a href="http://www.nswcag.org.au">www.nswcag.org.au</a>
More training for consumers in advocacy.	NSW CAG conducted <i>The Kit Training: A Guide to the Advocacy we Choose To Do</i> in Lismore in November 2010. This training is aimed to teach people about advocacy and empower people with the skills and knowledge to undertake advocacy activities. We aim to conduct this training annually.
Write a paper on individuals' recovery stories to present at	NSW CAG continues to seek consumers' individual stories of recovery. We invite people to

seminars	<p>provide their contributions for our quarterly newsletter.</p> <p>NSW CAG is also collecting stories of people's recovery at the 2010 Recovery Forum.</p>
Recovery champions funding through NSW CAG in each area to do a recovery roadshow.	This is not in the scope of NSW CAG's role or funding allocations. Discussions need to occur with NSW Health about the funding of such roles.
NSW CAG to write a quarterly newsletter informing people about what NSW CAG does.	NSW CAG currently publishes a quarterly newsletter. The newsletter contains information about NSW CAG's representation work, project work, information on the mental health system and reforms, advocacy tips, participation opportunities, and consumer contributions and stories.
NSW CAG to add recovery oriented practice to newsletter.	NSW CAG will ensure articles on recovery are included in our newsletter.
Conduct evidence-based research and appoint consumer workers as researchers.	<p>NSW CAG continues to lobby for more consumer directed research through the NSW Health Expert Advisory Group on Mental Health Research and other committee representation.</p> <p>All research conducted by NSW CAG involves consumer participation in the research process.</p>

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## 4. REFERENCES

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