

SUBMISSION TEMPLATE

Recovery Principles – Australian Mental Health Services and Programs

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Organisation: NSW Consumer Advisory Group – Mental Health Inc.

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General Comments:

After looking at the proposed draft of the National Recovery Principles, NSW CAG is concerned that the concept of recovery as it is being explored and understood in NSW is not being realised at the national level. The draft principles appear to be attempting to be aligned with the personal view of recovery, however the dominance of clinical definitions and current systems/ways of thinking are overshadowing this possibility.

NSW CAG believes it is time to step completely away from conventional biomedical views, systems and practices and realise that the personal view of recovery is about a journey that can best be articulated when viewed separately to current service provision. This requires stepping away from the need to have measurable outcomes based on professional interpretation. Rather what is important is the individual's experience of their journey.

How personal views of recovery are realised stems from the individual. NSW CAG therefore recommends that the recovery principles reflect this. Once this is truly achieved then a new and invigorated practice at the service level can be informed based on an individuals identified requirements for enhancing their journey.

It is therefore strongly recommended that a grass roots level consultation occurs to build recovery principles from current conversations that are occurring on this topic in Australia. Should this not be a possibility, below, we have made recommendations concerning the draft principles provided.

NSW CAG also advocates that the name "recovery principles" be changed to be "principles of recovery based practice". Otherwise, it is portrayed that the principles for an individual's journey are being described, and this is contradictory to the underlying philosophy of recovery itself.

NSW CAG advocates that the lived experience of people with mental illness must inform and underpin mental health service provision. Consumers need to be in the driver's seat with mental health professionals acting in a supportive role. The mental health service has the responsibility of providing the right environment for consumers to engage in the personal work in their recovery journey, and provide the support needed to enhance their journey. The mental health service also needs to be acknowledged as only one aspect of a person's journey, with other areas of a person's life being just as important to their journey of recovery.

NSW CAG acknowledges the tension between the two views of recovery widely described as the personal view versus the clinical view. After focusing key aspects of our work on recovery (including hosting the Recovery Forum in NSW involving over 120 stakeholders in December 2009 and working in partnership with the NSW Mental Health Coordinating Council to develop a resource to assist organisations in the mental health community sector to deliver recovery oriented services) it has become clear that the two definitions need to be understood in terms of their impact on how services are delivered. For many people who experience mental illness they may recover from symptoms of the illness, however they still proceed on their recovery journey throughout life having had that experience. This is in line with the clinical view as well as the personal view. However there are also many who may not recover from symptomology, yet manage to live a meaningful life in the face of this, which is in line with the personal view. This suggests that there is a continuum of unique and individual experiences of what it means to be in recovery. Helen Glover (2006) talks about recovery as a continuum from 'managed care' to 'person centred care' to 'self managed'. Whilst this is a spectrum of experiences which may or may not occur, it does not make each experience mandatory to an individual's personal journey; rather the focus needs to be on the individual's experience within such a continuum and a removal of focus on traditional notions of outcomes, including the complete removal of symptoms. These considerations need to be captured within any principles of recovery.

Principles	Suggested Change(s)	Rationale for Change
Introduction	NSW CAG recommends the following be included: <i>"The purpose of Recovery Principles is to ensure that mental health services are being delivered in a way that supports the recovery journey of mental health consumers".</i>	Consumers have indicated that they would like to see the purpose of the recovery principles in the introductory section.

	<p>NSW CAG recommends the following definition for the introduction:</p> <p>“Recovery is about a journey that is a unique and personal experience for each individual. It has often been said to be about: gaining and retaining hope, understanding of ones abilities and limitations, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self.</p> <p>Essentially, recovery is about a life journey of living a meaningful and satisfying life. It is about learning, growing in understanding about ones self and the world, setting goals and working towards them, changing goals as life changes, and seeking a meaningful and satisfying life. Every experience, positive and negative is therefore a part of the individual’s recovery journey.</p> <p>For some people recovery may mean experiencing an absence of symptoms. For many, it is about finding meaning and living a satisfying life while still experiencing symptoms and/or being in treatment. Sometimes people with a mental illness become unwell, and their quality of life is not what they would like it to be. This does not mean that they are no longer on a journey of recovery. Rather, they are at a different point in their journey.</p>	<p>There needs to be a clearer definition of recovery that is in line with the personal view. The recommendations put forward by NSW CAG stem from our work with consumers, and the work done in the past 12 months on understanding what recovery oriented service provision is. We also recommend further consultation with consumers about how recovery is defined prior to the finalisation of the principles.</p> <p>Currently the definition reads “From the perspective of the person with mental illness, recovery means”. However, recovery and what this means and looks like is different for each individual.</p> <p>“Every person can reasonably expect recovery from mental illness” – This is in line with the clinical view of recovery. NSW CAG recommends the emphasis on ‘recovery from’ be removed. The language “reasonably expect” does not provide hope, which is a strong feature of recovery oriented service provision</p> <p>The current introduction reads - “Understanding of one’s abilities and disabilities”. However, the way this is written is not emphasising a strengths-based approach. The principles need to be focusing on the strengths, preferences and skills of the person and what they can achieve.</p> <p>NSW CAG found the language of “chronic and persistent illness” illness-focused, and was not inclusive of consumers who felt that they were not experiencing “illness”, but symptoms <i>of</i> mental illness. It also does not focus on people’s strengths.</p> <p>The language of “<i>resume</i> and maintain a quality of life” assumes that an individual cannot experience a quality of life while experiencing chronic and persistent symptoms of mental illness. The language of ‘resume’ is only appropriate for a person who has experienced an intermittent episode and the Principles need to ensure that they are inclusive of all consumers’ experiences. For example, if an individual</p>
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	The principles of recovery oriented practice underpin all forms of mental health care. The role of services in recovery is to provide an environment where a person can work towards their goals with the support they need.”	has a life goal of attending university and achieves this, but at the same time continues to experience persistent symptoms of schizophrenia such as hearing voices, they are still maintaining their quality of life. For many consumers, these symptoms are challenges that they face while experiencing their illness, rather than restrictions on their quality of life.
1. Individual uniqueness	1.2 Break sentence into two as follows: <i>“Accepts that recovery outcomes are personal and unique for each person”</i> <i>“<u>Goes</u> beyond an exclusive health focus to include an emphasis on social inclusion and quality of life”</i>	There are two key parts to the sentence that need to be emphasised. NSW CAG suggests this can be achieved by breaking the sentence into two.
	1.3 NSW CAG recommends a change from <i>“Empowers individuals so they recognise they are at the centre of the care they receive”</i> To: <i>“Empowers individuals <u>to be at the centre of the care they receive</u>”</i>	It is not enough for an individual to recognise that they are at the centre of care; they also need to be empowered to <u>be</u> at the centre of care.
Suggested additions:	<i>“Actively encourages the continued development of personal meaning and identity.”</i>	This involves assisting the consumer to develop a positive identity of their self, which may or may not exist outside mental illness.

	<p><u><i>“Encourages individuals to direct their own recovery journey, using their own experience as a guide”</i></u></p>	<p>As the recovery journey is different for each individual, each person needs to be encouraged to understand and acknowledge their own experiences and circumstances. This means that services need to support this by not imposing meanings and assumptions about what they believe is important, instead focusing on the individual’s goals and enhancing awareness for other opportunities.</p> <p>When an individual uses their own experience as a guide to their recovery, they reflect on their own personal experience, learn from it and re-orientate plans in the future. For many, recovery is about the transition from being clinically managed, through to person centred care, and ultimately self management (Glover, 2006).</p> <p>To assist the consumer through this process, services need to assist individuals to develop the knowledge and skills for managing their mental health.</p>
<p>2. Individual Driven Journey</p>	<p>Title of section two – suggested change from “Real choices” to “Individual Driven Journey”</p>	<p>This section is broader than being about choices; it is about people directing their journey. Choice is only one part of this.</p>
	<p>2.1 NSW CAG recommends a change from <i>“Supports and empowers people to make their own choices about how they want to lead their lives and acknowledges choices need to be meaningful and creatively explored”</i> to: <i>“Supports and empowers people to make choices about how they want to lead their <u>life</u> and acknowledges choices need to be meaningful <u>to the individual</u> and creatively explored.”</i></p>	<p>It is important that what is considered ‘meaningful’ is determined by the consumer.</p>
	<p>2.2 NSW CAG recommends the following additions as underlined: “Supports individuals to build on their strengths, <u>resilience and experience</u> and take as much responsibility for their lives as they can at any given time”.</p>	<p>It is important that consumers are empowered with coping skills to give them the skills to cope with setbacks and other life events. The recovery journey is not a linear process, and may involve relapse. It is important that setbacks and relapse are normalised and considered a valuable opportunity to learn from the past and re-orientate future wellness plans. Taking positive risks and allowing the chance for setbacks are necessary in life – they should be seen as a sign of health and not illness. The recovery journey is also informed and understood by the consumer’s experience.</p>

	2.3 NSW CAG recommends a change from <i>“Ensures that there is a balance between duty of care and support for people to take positive risks and make the most of new opportunities”</i> to <i>“Ensures that there is a balance between duty of care and support for people to take positive risks and make the most of <u>all</u> opportunities.”</i>	Consumers need to be supported not just ‘new’ opportunities, but <i>all</i> opportunities.
Suggested additions	<i><u>“Provides a variety of support and treatment options with the understanding that medication is one of many options”</u></i>	Many consumers have indicated that they would like the system to support them in exploring alternatives to medication as part of their recovery journey. This includes supporting the personal view of recovery which recognises that the recovery journey is not just about the symptoms of mental illness, but that it is also an emotional, physical, intellectual, social and spiritual journey.
	<i><u>“Sees the individual as part of the solution”</u></i>	Recovery is not something that is <i>done</i> to a consumer. It is up to services and staff to foster an environment in which consumers can continue on their journey of recovery. The recovery process is owned by the individual, and they need to be seen as part of the process and solution.
	<i><u>“Ensures access to information about medication and potential side effects”</u></i>	NSW CAG is regularly told by consumers that they want more information on medication and its potential side effects, so they can play a role in the management of their own health.
	<i><u>“Ensures access to information about different treatment options”</u></i>	Consumers regularly indicate a need for different treatment options to be made available to them. This may mean that recovery oriented mental health services can either provide multiple options or provide information on options that are available outside of the service.
	<i><u>“Ensures people have the opportunity to develop plans to inform interventions if and when they become unwell”</u></i>	As part of promoting the individual directing their own recovery journey and care, consumers have also indicated that they would like support in developing their own advance directives and wellness plans, which ensure that their values remain at the centre of care during crisis. Wellness Recovery Action Plan (WRAP) developed by Mary Copeland (2002) is an example of a template commonly used to develop wellness plans with individuals.

3. Attitudes and Rights	NSW CAG recommends a change in the title of Principle 3 from <i>“Attitudes and rights”</i> to <i>“People’s Rights”</i>	NSW CAG found that attitudes and rights do not mean the same thing, which created some confusion over this standard. The concept of ‘attitudes’ is more aligned with Principle 4, with ‘dignity and respect’ being inherent in attitude. In this regard, NSW CAG advocates for the identification of an individual’s rights to be a stand-alone principle.
	3.2 NSW CAG recommends a change from <i>“Promotes and protects people’s legal and citizenship rights”</i> to: <i>“Promotes and protects people’s <u>human rights, including social, cultural, political and economic rights</u>”.</i>	NSW CAG is unsure why there is such specific attention to individual’s legal and citizenship rights without greater recognition for other basic human rights, such as social, cultural, political and economic rights. NSW CAG believes that services engaging in good practice should be aiming to recognise the ideals of basic human rights, which are essential to supporting an individual’s recovery journey regardless of whether or not this is recognised in constitutional law.
	3.3 NSW CAG recommends a change from <i>“Supports people to maintain and develop meaningful social, recreational, occupational and vocational activities which enhance mental wellbeing”</i> To: <i>“Supports the <u>individual to develop and maintain meaningful social, <u>peer</u>, recreational, occupational and vocational activities which enhance mental wellbeing.</u>”</i>	Developing something comes before maintaining it. Also, under the Recovery Principles, the focus is on the individual and not on ‘people’. There needs to be reference to the importance of peer support for individuals in their recovery journey. Consumers have regularly indicated that peer involvement can directly contribute to their recovery including mutual self-help groups, peer support specialists and peer-run programs.
Suggested additions	Instils hope in a person’s future and ability to live a meaningful life.	There is no reference to the importance of services and staff instilling ‘hope’. Hopefulness and optimism are central themes to recovery, and it’s about fostering an environment where there is hope for each individual to live a meaningful life. It’s about looking towards the future, and being strengths focused. NSW CAG recommends that Principle 3 include a statement that recognises the importance of staff instilling ‘hope’ to support the individual’s recovery journey.
4. Dignity and respect	4.2 NSW CAG recommends a change from <i>“Involves sensitivity and respect for each individual’s own values and culture”</i> to: <i>“Involves sensitivity and respect for each <u>individuals own values, <u>culture, spirituality, gender</u></u>”</i>	Many different features make up a persons identity, and this principle needs to be expanded to include spirituality, gender and age.

	<i>and age.”</i>	
	4.3 NSW CAG recommends a change from “Challenges discrimination and stigma whether it exists within our own services or the broader community” to: “Challenges discrimination and stigma whether it exists <u>within services</u> or in the broader community. <u>This also includes identifying and challenging internalised stigma which may be experienced by the individual</u> ”	This principle also needs to highlight the role of mental health services and staff to identify and challenge internal stigma that may be experienced by the individual.
Suggested additions:	<i>View the person as a whole, and not as an illness.</i>	Recovery affects every aspect of a person’s life, and hence demands a holistic response to mental illness that involves seeing the whole person rather than only the illness. Consumers regularly talk about the need for clinicians and other mental health staff to recognise them as an individual with an identity that exists independently from illness.
	<i>Acknowledges shared humanity and the life experience of all people</i>	In order to provide respectful practice, it is important to remember people’s shared humanity and acknowledge people’s life experiences.
	<i>Respects that people have their own beliefs and interpretations of mental illness and works with these.</i>	The experience of mental illness is different for each individual, and their interpretations need to be respected and factored into how services interact with the individual.
	<u>“All care and service provision is a collaborative and interactive process”.</u>	It is important that a mutual relationship is developed, which is led by the priorities of the individual. This relationship needs to be collaborative and mutual, which respects that everyone has recovered from challenges.
5. Partnership and Communication	Title changed to “Partnership, relationships and communication”	NSW CAG advocates that this Principle title emphasise the importance of mental health staff building relationships with consumers. NSW CAG has frequently heard consumers identify that they would like to build a stronger relationship with their service provider. Services need to support staff by ensuring that service staff have the space and opportunity to build relationships with individuals.

	5.2 NSW CAG recommends a change from <i>“Values the importance of sharing appropriate information and the need to communicate clearly to enable effective engagement”</i> to: <i>“Values the importance of <u>providing information in a format that is accessible to the individual, to enable effective engagement</u>”</i> .	NSW CAG questions the use of the word ‘appropriate’ in this sentence. This gives the clinician a lot of power to decide what information is appropriate. Consumers need to be provided with the opportunity to access as much information as possible to foster their recovery journey. Such information needs to be given in a way that is accessible to each individual.
Suggested additions:	<i>Acknowledges the importance of continuity of care. Services and staff therefore build relationships with other services to ensure that links between services are made and continuity of care is achieved.</i>	Our constituents frequently argue that the provision of information about what services are available is a pivotal part of their recovery journey. Further to this, supporting people to link into other services that they identify as appropriate is also important. Mental Health Services have a responsibility to ensure that individuals are supported by enabling continuity of care. This involves adequate discharge planning and communication between supporting agencies. By strengthening relationships between different services such links can be strengthened.
6. Evaluating Recovery	<i>NSW CAG recommends this principle be changed to “Evaluating Recovery Oriented Mental Health Practice”</i>	Recovery cannot be evaluated. This is putting personal recovery into the system of medical recovery where we look for outcomes. What is important is the evaluation of the services’ recovery orientation. This could be done through people tracking their own progress, seeking experiences of care, consumers reflecting on the support they have received to achieve their goals and what additional support is needed.
	6.2 NSW CAG recommends a change from <i>“Services are seen to use the individual’s experiences of care to inform quality improvement activities”</i> to: <i>“Services <u>seek</u> the individual’s experiences of service provision <u>and this is used</u> to inform quality improvement activities”</i>	The language of “being seen to use” does not ensure that services “are” drawing on people’s experiences of services to inform quality improvement activities.
	6.3 NSW CAG recommends removing <i>“the mental health system reports on key outcomes that indicate recovery including (but not limited to) housing, employment and education as well as health and well being measures”</i> .	This is based on an outcomes measure as determined by clinicians. It is deciding what indicates recovery for individuals. This is inconsistent with the philosophy of recovery. For some people none of these measurable things will be their goals for recovery.

Suggested additions:	<i>Services and staff are continuing evaluate how they are providing recovery oriented services</i>	Staff need to be supported by their services to continually reflect on recovery oriented service provision. This can be achieved through an ongoing evaluation process. NSW CAG hears often of services that claim to be recovery oriented, however when asked what they are doing differently to the past it is unclear.
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REFERENCES

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