



Recovery Principles Policy

CATEGORY: Service Delivery

THIS POLICY APPLIES TO: RW Staff, Volunteers, Students & Clients



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1	May 2008	
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Policy Context	
Applicable standards, legislation or other requirements.	QIC Health and Community Services Standards National Standards for Mental Health Services 2010 AMHS Services Organisation Information Mental Health Commission Outcome Statements Fourth National Mental Health Plan 2009-2014 National Framework for Recovery Oriented Mental Health Services 2013 Mental Health Act 2014
Related RW documents	

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1. Purpose

The purpose of this policy is to ensure that service provision is informed by the relevant standards and recovery principles aimed at enabling our clients to create and rebuild meaningful lives.

2. Introduction

This policy is based on Richmond Wellbeing's vision and purpose which guides all aspects of service delivery, and should be read in conjunction with the RW values.

The Why: this policy in context

Over the past two decades there has been a growing awareness of the importance and reality of deeply understanding Recovery in the field of mental health service provision. In both governmental policy directives and provider mission statements, Recovery practice has become the expected approach, not something added onto services but the guiding theme to all services.

The *Fourth National Mental Health Plan 2009-2014* states that "Staff in the mental health sector need to have a greater understanding of how to promote social and emotional wellbeing and bring a stronger recovery orientation to their work" and this is consistent with the National Standards for Mental Health Services 2010 and the National Framework for Recovery Oriented Mental Health Services 2013. The National Framework for Recovery calls on us to ensure we are supporting "personal recovery" (Domain 3) after Slade (2009).

3. Policy

The fundamental aim of all organisational activities is to enable recovery for people who experience mental ill-health and/or distress. RW operates on the assumption that *people can and do recover*.

Recovery Defined

At the core of Richmond Wellbeing's stance on recovery is the belief that it is possible to recover from even the most debilitating experiences of mental distress. There is ample evidence to support such an approach in the literature and from personal narrative; however, the term recovery is imbued with much debate and disagreement with individuals and organisations having varying interpretations on what it means.

Richmond Wellbeing conceptualises recovery as an active, ongoing and individual process.

"Recovery is a process, a way of life, an attitude, and a way of approaching the day's challenges. It is not a perfectly linear process. At times our course is erratic and we falter, slide back, regroup and start again. (Deegan, 1993, as cited in Timaru, 2005, 4-5).

Recovery is defined ... as the ability to live well in the presence or absence of one's mental illness (or whatever people choose to name their experience). NZ Blueprint

“[Recovery is] the process of regaining valued social roles, [or simply] getting a life” (Glover, 2007).

Personal Recovery is defined within this framework 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’ (the National Framework for Recovery Oriented Mental Health Services 2013, p. 11).

Slade articulated the importance of differentiating between Personal Recovery (which is about creating or rebuilding a meaningful life) and Clinical recovery (which is more about, ‘fixing what’s broken’, eradicating / managing ‘symptoms’).

Recovery Themes

In order to help set parameters for working towards recovery from mental ill health many organisations have established a set of themes, elements or principles. These principles in nearly every case are extractions from what people who have recovered have reported finding useful in helping them on that recovery journey. Richmond Wellbeing has adapted its own recovery principles from a number of different organisations.

These principles are not exhaustive but are to guide every service contact, program development and strategic planning that Richmond Wellbeing engages in.

Key themes of Recovery include the following:

Hope is the key element

- Provides the motivating message for a better future.
- There is an expectation that people will recover.
- That one can recover despite current and past experience.
- Is internalised but can be fostered by peers, friends, workers, families and others.

Self-direction

- Consumers lead and direct their own recovery journey.
- Consumers define their own goals.

Focus on strengths and wellness

- A redefinition of the self away from illness and disability.
- Working with resilience, talents and coping abilities.
- Finding meaning and purpose in life.
- Contextualising one’s experience of distress.

- The importance of language and not using labels.

Relationship

- Warm, respectful and trusting relationship is the basis of all work done with people.
- It is the personal qualities and not qualifications that are essential to forming working relationships.

Holistic

- All aspects of a person's quality of life are important.
- Good health is influenced by social, environmental, physical and individual factors.
- Recovery is not just about symptom management.
- All physical health needs must be catered to, not just mental health needs.

Peer support

- Utilising the experience of others already on the recovery journey.
- The person is the expert of their experience.
- Professional workers view themselves as facilitators and mentors – not as “experts”.
- Employment of staff who have a lived experience.

Non linear

- A process and not an end point.
- It has advances and retreats.
- Mistakes not seen as relapses.

Taking ownership and responsibility

- For one's choices thereby re-establishing control over one's life.
- Finding meaning in their experiences.

Reintegration into the community.

- Becoming citizens rather than patients.
- Utilising ordinary mainstream services for things such as employment, recreation, education and housing.

Recovery Values & Elements

- Personal Recovery as differentiated from social recovery and clinical recovery (National MH Recovery Framework; Slade, 2009, Coleman, 2011)
- Rachel Perkins's: Control, Hope, Opportunity
- Anthony's: Choice, Hope, Person-centred, Partnership
- Slade's: Connectedness, Hope, Identity, Meaning, Empowerment (CHIME)
- Coleman's: Choice, Ownership People and Self
- SAMHSA's: Hope, Person-Driven, Many Pathways, Holistic, Peer Support, Relational, Culture, Addresses Trauma, Strengths/Responsibility and Respect.

Richmond Wellbeing maintains an optimistic and hopeful view of what is possible with recovery and expectations of staff must always remain high. At the same time, we fully recognise that recovery is a personal concept and that staff expectations will not always correlate with individual outcomes. What is imperative is that staff do nothing that hampers or limits a person's journey of recovery.

Measuring Planning

Richmond Wellbeing believes in the importance of good recovery planning. Whilst recovery planning tools are many and varied, common tools we use at RW are PATH - Planning Alternative Tomorrows with Hope (Pipi, 2010), MAPS -- Making Action Plans (Forest, Pearpoint, & O'Brien, 2007) and WRAP – Wellness Recovery Action Plan).

Measuring Recovery

Richmond Wellbeing believes that recovery need not be a vague and illusory process but something that can and should be measured. To this end the organisation has undertaken to implement ongoing recovery assessment through The Recovery Oriented Systems Indicator Measure (ROSI), the Recovery Star, exit interviews and the Personal Wellness Indicator.

Recovery stories will be collected as an outcome measure and also a resource for Richmond Wellbeing staff and clients alike. Stories will be collected according to the Recovery Stories Policy.

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