

A National Framework for Recovery in Mental Health

A national framework for mental health service providers to support the delivery of a quality, person-centred service



2018-2020



Building a
Better Health
Service

Seirbhís Sláinte
Níos Fearr
á Forbairt



Mental Health
Services

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Foreword



Anne O'Connor
National Director
Mental Health Services

National Framework for Recovery 2018-2020

It is over ten years since *A Vision for Change: Report of the Expert Group on Mental Health Policy* (2006) identified recovery as a central value informing and underpinning what was then a new and exciting mental health policy. Since then, admission to hospital has become a far less frequent experience and the length of stay in hospital for those experiencing acute mental health difficulties is coming down. Most mental health services are now provided in the communities in which service users live, closer to peoples' homes and sometimes in those homes. The range of professionals working in mental health has expanded and multi-disciplinary teams are providing a wider menu of interventions.

The importance of lived experience and peer led services has become more established with innovations such as Recovery Education, Peer support and Peer led involvement centres. At a national and local level, the HSE Mental Health Division has supported the development of a number of initiatives to build recovery capacity within services including the Office of Mental Health Engagement, Advancing Recovery in Ireland, Peer Support Working and 'Eolas'.

However, there remain variances across the service in relation to the understanding of, commitment to, and measurement of, recovery. The HSE wishes to begin to address these variances through the development of this 'National Framework for Recovery 2018- 2020'.

The development of the **National Framework for Recovery** has only been possible because of the generous and innovative work of so many service users, family members, carers and professionals at a local service level over the past number of years. Their efforts have enabled the National Framework for Recovery working group to co-produce the framework which will act as a baseline from which services can increase their recovery orientation over the next two years. I congratulate and thank everyone who has been involved in any way in the development of this framework.



Recovery and Recovery-Oriented Service

Understanding recovery and a recovery-oriented service

“Recovery is a deeply personal unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life even with limitations caused by illness. Recovery includes the development of new meaning and purpose in life as one grows beyond the catastrophic effects of mental illness” (Anthony 1993).

Through the process of developing this framework, the following understanding of recovery has emerged: **recovery is intrinsically about people experiencing and living with mental health issues in their lives and the personal goals they want to achieve in life, regardless of the presence or severity of those mental health issues.**

Put simply, it is living a life of one's own choosing, having dreams and ambitions, with or without the presence of mental health challenges, and regardless of the severity of those challenges.

These understandings of recovery are becoming more widely established. They are best achieved through the primacy of personal decision-making supported by **informed clinical best practice** and **lived mental health experience.**



Recovery is a strategic priority for the Irish Mental Health Service set out by our national policy **'A Vision for Change' (2006)**. The recovery approach is underpinned by a number of quality requirements for mental health services, ***The Judgement Support Framework 2017, Best Practice Guidance for Mental Health 2017*** and in service and operational planning over a number of years.

Significant progress has also been made towards developing mental health services that are more recovery-oriented with national developments such as the ***Office of Mental Health Engagement, Eolas, Enhancing Teamwork*** and ***Advancing Recovery in Ireland***, as well as numerous recovery initiatives at local Community Healthcare Organisation level.

The development of the **'National Framework for Recovery in Mental Health'** is a further step in ensuring the provision of recovery-oriented services in Ireland. The framework will ensure **a consistent, good quality, evidenced-based, co-produced and clinically excellent** approach to establishing recovery-focused services in Ireland. It provides an overview and definition of what recovery-oriented service means, and the key principles, actions and measures that underpin such a service in an Irish context.

Traditionally, in mental health recovery has been described as where the person has ***"full symptom remission, full or part-time work / education, independent living without supervision by informal carers, having friends with whom activities can be shared sustained for a period of 2 years."*** (Lieberman RP, Kopelowicz A (2002) .

This understanding of recovery has been enhanced by the narrative of people experiencing and living with mental health issues in their lives and in the pursuit of the personal goals they want to achieve in life regardless of the presence of those mental health issues.

Service users' narratives, opinions and experiences are recognised as being a valuable addition to clinical interventions as,

'Patient narratives provide a source of information and explanation which is complementary to a conventional 'evidence-based medicine', approach' (Roberts, 2000).

These narratives identify that recovery is very much determined by what recovery means to an individual service user and through the articulation of their desires, beliefs and choices to realise their potential.



Recovery Themes

A systematic literature review of over 1100 recovery narratives by Mary Leamy and Mike Slade (2011) identified five common processes that people with mental health conditions considered essential for recovery to occur in their lives.

These are Connectedness, Hope, Identity, Meaningful Roles and Empowerment.

- **Connectedness:** Having social connection in one's life, feeling a part of your community rather than being isolated from it through illness.
- **Hope:** Having a belief that life can and will get better.
- **Identity:** Having identities in life beyond that of service user.
- **Meaningful Role:** Building on strengths and skills to have fulfilling and esteem-building activities in life.
- **Empowerment:** Having the information, choices and confidence to make informed decisions on one's own life.



Stages of Recovery

At an organisational level, recovery is facilitated by the provision of clinically excellent services and lived mental health experience, all underpinned through the values of hope, empowerment and self-determination.

Hope

Hope is the one essential ingredient required for recovery to occur in a person's life - a hope that life can get better, and that mental health challenges will become more manageable, diminish or disappear. Hope needs to be nurtured and other stakeholders may initially need to be the holder of that hope. However, if recovery is to happen in a person's life, hope must begin to translate into an expectation and a reality of that better life.



Empowerment

Empowerment in mental health refers to the level of choice, influence and control that users of mental health services can exercise over events in their lives. Empowerment involves the transformation of power relations between individuals, communities, services and governments (*User Involvement in Mental Health. A Statement by the WHO 2010*).

In the context of mental health services, empowerment means that service users, their family members and carers have the skills, resources and opportunities to explore and articulate what self-determination means in their lives. How this process is achieved and supported should be recorded in the person's care plan. Access to peer support and experts by experience is a key enabler of stakeholder empowerment.

Self-Determination

Self-determination means that mental health service users should define what recovery means in the context of their own lives. They should be active in moving the recovery process forward. They should engage in informed, shared decision-making and co-production processes with access to supports and services that will best facilitate them in achieving their personal recovery outcomes.

Self-determination is underpinned by choice and co-production with recovery-focused stakeholders. It must take place in an environment of a recovery culture that promotes positive risk taking.

In cases where involuntary detention and treatment are required to ensure a person's safety and wellbeing, the principles of recovery and self-determination must still be considered and honoured as much as possible.

The self-determination of service users should be expressed by them and included as a central part of their care plan.

In expressing self-determination, advocacy services should be available to support service users, particularly in cases where an individual's ability to self-determine has been diminished by other challenges such as fluctuating capacities or intellectual disability.





Recovery-Oriented Service

The concept of 'Recovery' has become dominant for mental health systems internationally in the 21st century (*World Health Organisation Mental Health Action Plan, 2013-2020*). Recovery approaches such as **Recovery Colleges** (*Perkins & Slade 2012*), **Peer Support Workers** (*Pitt et al 2013*), and pursuit of **Personal Recovery Principles** (*Leamy et al 2011*) are emerging around the world to support the development of recovery-oriented services. To sustain recovery in services, structural, organisational and cultural changes within services must occur. These are outlined in approaches such as '*Making Recovery a Reality*' (Sainsbury Centre for Mental Health UK 2008), '*Guidelines for Recovery-Orientated Practice*' (MHC Canada 2015) '*A National Framework for Recovery-Orientated Mental Health Services, A guide for practitioners and providers*' (Australian Government 2013).

An inclusive concept

A recovery-oriented service is built on a culture of **hope** and **expectation** that the person can recover from their mental health challenges and build a fulfilling life of their own choosing. Such a service is outward-looking to engage with all the aspects and supports that will constitute and sustain recovery in an individual's life.

With this new understanding of recovery, the role of the service provider is evolving to one that empowers and facilitates the process of an individual's self-determined recovery. A recovery-oriented service understands and embraces the holistic nature of recovery as part of the overall health and well-being of an individual, that "*means everyone achieving his or her own potential to enjoy complete physical, mental and social wellbeing*" (*A Framework for Improved Health and Well-being 2013-2025*). In a recovery-oriented service, mental health staff practise in a manner that is guided by a set of recovery principles which are set out in this framework.



A National Framework for Recovery in Mental Health

What is the National Framework for Recovery in Mental Health?

The National Framework for Recovery in Mental Health:

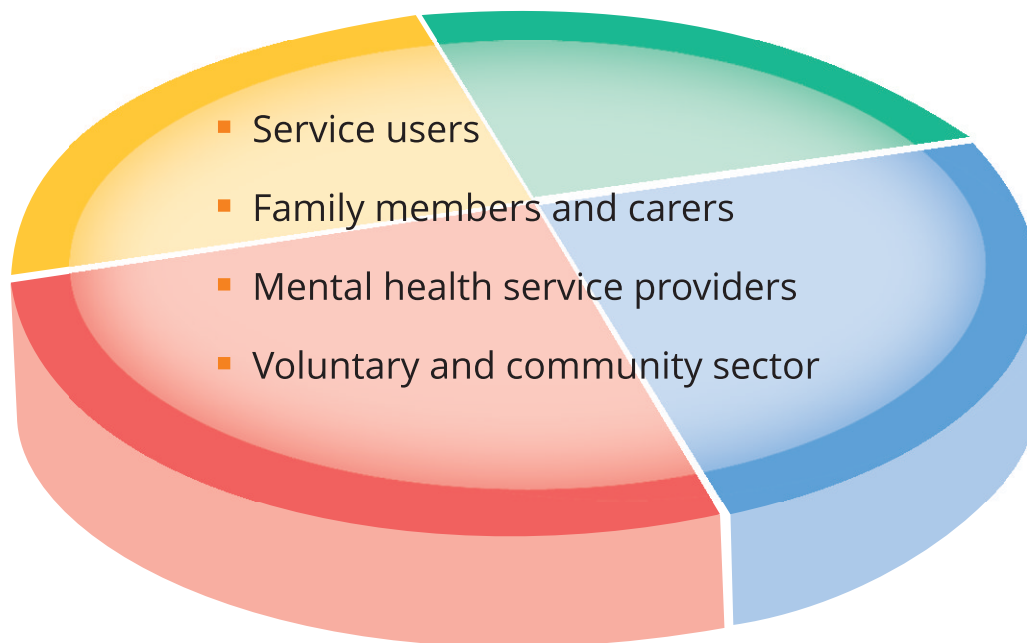
- defines the core principles of a recovery-oriented service;
- describes the key characteristics and benefits of each principle, and the actions and measures that support the practical implementation of that principle;
- provides guidance to mental health services to support them in ensuring they deliver a quality, person-centred and recovery-focused service;
- recognises that a quality, recovery-oriented service engages all stakeholders: service users, family members and carers, the voluntary sector, the community at large, HSE mental health staff and other public service departments and agencies;
- recognises that some groups of service users may require additional support in progressing their recovery journey;
- reflects the considerable international evidence supporting recovery and the engagement with all relevant stakeholders in drafting the framework.
- informs the planning, monitoring and evaluation of services.
- develops a consistent, equitable, high-quality and measurable approach to the development of recovery-oriented services in Ireland.



This first National Framework for Recovery in Mental Health builds on the committed efforts in recent decades of Irish service users, family members, carers and service providers to develop a more recovery-oriented service worthy of those who use and provide that service. It was developed based on our current understanding of recovery and how mental health service provision supports recovery. In keeping with the recovery ethos, it was co-produced with service users, family members and carers and experts by experience.

The framework will act as a roadmap for developing recovery-oriented services from 2018-2020, at which point it will be reviewed.

Who is the Framework for?





The Recovery Principles

These principles were identified based on the experience of developing the recovery orientation of services over a number of years and in consultation with key recovery informed stakeholders.

The principles will be reviewed at the end of the lifetime of the current framework to inform the next iteration of the **'National Framework for Recovery in Mental Health'**. The development of these principles is part of the recovery journey of the Irish mental health services and our understanding will continue to grow through the deployment of the framework over the course of the next three years.

Each principle is intrinsic to a recovery-oriented service and must be embedded into service provision with an agreed understanding of its meaning, its characteristics and the core actions that sustain it in practice.

The principles are consistent with the person-centred values of the HSE and mental health services of: Compassion, Trust, Learning, Safety, Quality, Care and Recovery.

Principle 1: The centrality of the service user lived experience.

Centrality of lived experience

Principle 2: The co-production of recovery-promoting services, between all stakeholders.

Co-Production

Principle 3: An organisational commitment to the development of recovery-oriented mental health services.

Organisational Commitment

Principle 4: Supporting recovery-oriented learning and recovery-oriented practice across all stakeholder groups.

Recovery Learning & Practice



Principle 1 The centrality of the service user lived experience

“I am learning to take responsibility and take my power back. I am beginning to make better decisions and managing my condition more wisely”. (service user 2016)



The service user must be at the heart of the recovery process. This is achieved in two ways.

Firstly, service users take the lead in determining their own recovery. They do this by setting out what is important to them in their own lives.

Definition

Secondly, at an organisational level, the recognition that service user, family member and carer expertise is crucial to the design, delivery and evaluation of services as they bring a wealth of experience in relation to living with, and recovering from mental health challenges.

Service users provide a crucial insight into and expertise relating to their own recovery process which can act as a resource both to other individuals seeking recovery, and to the mental health services.

The recovery expertise of service users, family members and carers has three core elements: Lived Experience, Recovery Experience and Experts by Experience.



Key Concepts

Lived Experience

People who have a mental health condition and who engage with services or are a family member or carer of a service user, have a unique insight into the experience of:

- having that condition,
- using mental health services, and
- the impact of both on their lives.

Recovery Experience

As people come to an understanding, acceptance and ownership of their mental health condition, they begin to reclaim their lives from illness. This may involve developing strategies, techniques and skills that will help them to achieve the self-determined goals and objectives that are important to them in their lives. The process of achieving this is integral to the recovery journey, and the articulation and sharing of this process can be considered *Recovery Experience*.

Experts by Experience

The processing of “lived experience”, that is the knowledge and insights gained on the road to recovery from a mental health condition, is what makes lived and recovery experience really valuable in a recovery-oriented mental health service. Through the framing and the processing of the meaning of their mental health journey, service users, family members and carers become *Experts by Experience*. This can act as a resource for developing and enabling the recovery orientation of services.

The three elements of the recovery process described are not linear and can occur interchangingly or simultaneously as illustrated in the Venn diagram above.



Mental Health staff have a reservoir of **practice wisdom** built up over their careers through working in a way that supports recovery. This can be invaluable to service users seeking recovery.

Also, many mental health staff have their own personal experience of mental health challenges - either in their own lives or in the life of someone close to them. In a recovery-oriented service, staff can draw on this experience as appropriate to support the recovery of service users.







Benefits of including lived experience to a recovery-oriented service

Including service users' experience safeguards their right to participate meaningfully in decisions about their health and well-being (UN Human Rights Council 2017). Also, lived experience is invaluable to others seeking recovery, and also benefits the services hoping to facilitate recovery. The benefits of including lived experience are:

- increased therapeutic value,
- fostering hope and inspiring recovery,
- creating empathy,
- supporting service improvement,
- empowerment,
- providing recovery-supporting roles.



Implementing Centrality of lived service user experience in services

|  Action |  Measure |  Targeted Principle |  Owner |
|---|--|---|--|
| <p>1.1. Service users are supported to have the understandings and knowledge to define their own recovery with access to the opportunity and resources to pursue that recovery.</p> | <p>1.1.1. Service users are provided with access to recovery education programmes.</p> | <p>Centrality of lived experience</p> | <p>Local CHOs</p> |
| | <p>1.1.2. Service users are provided with access to peer support, either at group or individual level which is defined in the person's care plan.</p> | <p>Centrality of lived experience</p> | |
| <p>1.2. Service users define their own recovery goals for their lives, utilising service supports as appropriate. The articulation of self-determination is a central component of the care planning</p> | <p>1.2.1. The care plan contains the goals of the service user articulated in his or her own words.</p> | <p>Centrality of lived experience</p> | |
| | <p>1.2.2. There is evidence in the clinical file that the service user's goals are met as per set out in his or her care plan.</p> | <p>Centrality of lived experience</p> <p>Co-Production</p> <p>Organisational Commitment</p> | |



Principle 2 The Co-production of recovery-promoting services, between all stakeholders

“It’s really exciting working alongside service users and carers. You learn so much from their experience and knowledge. We are definitely not the only experts”. (service provider 2016)



Definition

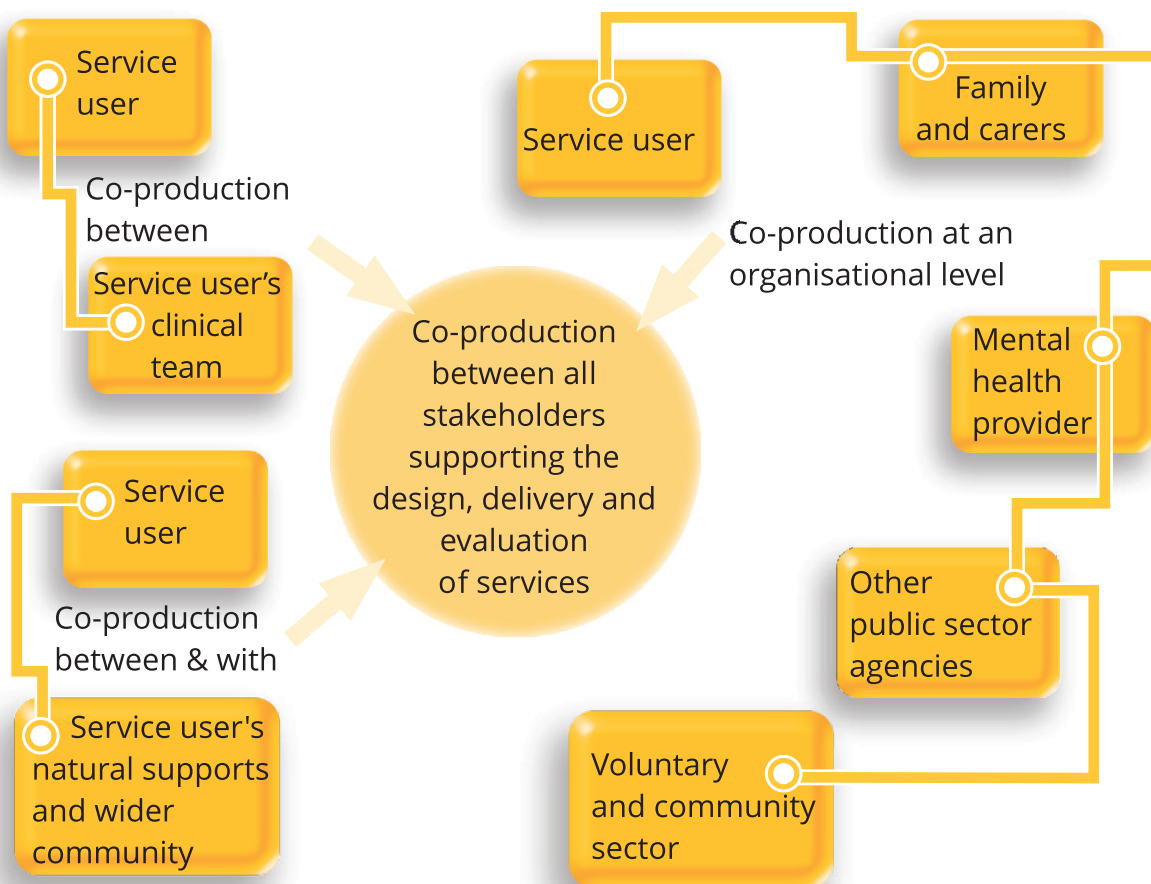
“Co-production has been defined as delivering public services in an equal and reciprocal relationship between professionals, people using the services, their families and their neighbours” (NEF 2009).

In mental health, co-production recognises that clinical supports and services are only one part of an individual’s recovery and sustained recovery involves a wide range of community and other supports such as housing, employment and social integration.



Key Concepts

Co-production in a mental health service occurs in three ways.



Co-production works by focusing on each person's individual strengths. It recognises that each stakeholder brings unique strengths and expertise to the process. It allows them to work together with a parity of esteem to achieve better recovery outcomes. Co-production increases the capacity of the service to deliver these outcomes.



Benefits of Co-production

Co-production optimises resources. It recognises service users', family members' and carers' involvement as a strength. It honours diverse expertise, develops recovery-promoting relationships and creates a sense of team. It improves learning and sustainability outcomes and a shared responsibility of risk.



Implementation of Co-production into a recovery-oriented service

| Action | Measure | Targeted Principle | Owner |
|--|--|---------------------------|----------------------------------|
| <p>2.1. Service users are supported to co-produce their own recovery objectives.</p> | <p>2.1. There is evidence in the clinical file that service users are supported in the co-production of their care plans.</p> | <p>Co-Production</p> | <p>National</p> |
| <p>2.2. The service will have capacity building measures on co-production and opportunities for all stakeholders to participate in co-production.</p> | <p>2.2.1 The service will provide access to co-production training</p> <p>2.2.2 The service will provide evidence of the uptake of the co-production training.</p> | <p>Co-Production</p> | <p>Local CHOs</p> |
| <p>2.3. The contribution of all stakeholders is recognised as having a value attached and the stakeholder is rewarded appropriately.</p> | <p>2.3. A mechanism will be developed to recognise and value the respective contribution of all stakeholders partaking in co-production.</p> | <p>Co-Production</p> | <p>National</p> |
| <p>2.4. The service has or will develop a strategic approach to co-production, shared decision-making and recovery-promoting relationships.</p> | <p>2.4. There is evidence that national and local operational plans are co-produced with service users, family members and carers.</p> | <p>Co-Production</p> | <p>Local CHOs & National</p> |



Principle 3 An organisational commitment to the development of recovery-oriented mental health services

“As a management team we want a recovery strategy underpinned by recovery values. We need to work with all stakeholders to achieve this” (service provider 2016)



Definition

In a recovery-focused mental health service, the organisation is committed to a strategic approach to bring about the cultural and structural changes that are required at both organisation and service level to make them more recovery-oriented.

Such a service recognises and utilises a diverse range of resources and expertise provided by service users, family members and carers, clinicians, community organisations and others to fulfil its role as a facilitator of personal recovery outcomes for its users.

To become recovery-oriented, mental health services may need to reconfigure their current services to deliver a quality, evidenced based approach to recovery that continues to meet all its statutory requirements.



Key Concepts

The key elements of an organisational commitment to recovery are creating a recovery culture, communicating recovery values and evaluating the recovery orientation of the service.

Creating a recovery culture: The service is committed to including and honouring the recovery values of 'hope', 'empowerment' and 'self-determination' at all levels of the organisation.

Communicating recovery values: A recovery-oriented service recognises the multiple stakeholders involved in recovery and their diverse needs, and has a communication plan that will reach and articulate the key values of recovery, self-determination and empowerment appropriately to all stakeholders.

Evaluation: A recovery-oriented service ensures that the service provided meets the needs of its service users through providing high-quality, evidenced-based and timely recovery-focused interventions. The service will use processes and outcome measures that will determine this. The organisation needs to develop outcome and process measures that will effectively evaluate recovery orientation in services.







Benefits of organisational commitment in a recovery-oriented service

A strategic organisational commitment to recovery ensures the creation of a recovery-focused service that:

- meets the needs of service users,
- has a consistent approach to recovery,
- ensures a quality and evidence-based service,
- is faithful to recovery principles,
- has a recovery-focused workforce,
- uses resources efficiently to support recovery,
- engages in co-production and collaboration with all stakeholders including family and supporters of service users,
- is committed to making recovery 'business as usual'.







Implementing organisational commitment to a recovery-oriented service

|  Action |  Measure |  Targeted Principle |  Owner |
|--|--|--|---|
| <p>3.1. The service has a co-produced mission, vision and values statement that promotes recovery contained in its service plan.</p> | <p>3.1. The current mission, vision and values statement is reviewed with service users, family members and carers to ensure that it is recovery-informed.</p> | <p>Organisational Commitment</p> | <p>National</p> |
| <p>3.2 All mental health staff are supported to adopt the mission, vision and values of recovery in all their interactions with service users, families, carers and other stakeholders.</p> | <p>3.2.1. The service has a mechanism for delivering recovery education.</p> <p>3.2.2. Care plans will reflect how the staff have adopted the recovery ethos of the organisation as set out in its service plan.</p> | <p>Organisational Commitment</p> | <p>Local CHOs & National</p> |
| <p>3.3. The experience of the service user, family members and carers in engaging with mental health services is used to support the design and delivery of services.</p> | <p>3.3. The service has a process to capture a spread of experience from service users and family members and carers engaging with the service on an agreed basis.</p> | <p>Organisational Commitment</p> <p>Co-Production</p> | <p>Local CHOs</p> |
| <p>3.4. The service has a strategic approach to engaging people with lived experience as part of its workforce.</p> | <p>3.4. The service will begin to introduce lived experience supports into the workforce during the lifetime of this framework.</p> | <p>Organisational Commitment</p> <p>Co-Production</p> <p>Centrality of lived experience</p> | <p>Local CHOs</p> |



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|  Action |  Measure |  Targeted Principle |  Owner |
|--|---|---|--|
| <p>3.5. The service supports a full range of participation of service users, family members and carers, tailoring supports for populations or individuals who may need support to advocate for themselves.</p> | <p>3.5. The service is developing mechanisms to support vulnerable individuals and populations in advocating for themselves.</p> | <p>Organisational Commitment</p> <p>Co-Production</p> <p>Centrality of lived experience</p> | <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Local CHOs & National</p> |
| <p>3.6. The service will co-produce a strategy to communicate the recovery approach of the service to meet the diverse communication needs of its stakeholder groups.</p> | <p>3.6. The service will ensure that the National Framework for Recovery in Mental Health is communicated to all stakeholder groups.</p> | <p>Organisational Commitment</p> <p>Co-Production</p> | |
| <p>3.7. The service will adopt an organisational approach to co-produced evaluation strategies to monitor the effectiveness of its recovery approach and will include appropriate validated outcome and process measures from all stakeholder perspectives.</p> | <p>3.7. The service will develop an implementation plan to ensure that the actions set out in the framework are implemented and evaluated appropriately.</p> | <p>Organisational Commitment</p> <p>Co-Production</p> | |



Principle 4 Supporting recovery-oriented learning and recovery-oriented practice across all stakeholder groups

“I am being supported to become more reflective, to reawaken the original values that brought me into this work, to think about what recovery really means and what service users and families are really saying.” (service provider 2016)

“Through going to the recovery college, I learned to accept, understand and manage my mental health condition better. It gave me hope, and I began to think about what I wanted to do with my life.” (service user 2016)



Definition

In a recovery-oriented service, the recovery approach is sustained through a culture that supports recovery-focused learning and practice. All stakeholders are empowered with the recovery literacy and capital to take ownership of their role in the recovery process.

They can be participants in their own recovery, supporters of a recovery service, or providers of recovery-oriented services.

These stakeholder skills and qualities are achieved through recovery education and recovery-promoting clinical practice.



Key Concepts

Recovery Education

Recovery education is the process by which individuals explore, assimilate and create the knowledge required for recovery to occur in their own lives, in the lives of those they support, or provide services to and in the communities that sustain them.

It is based on an adult education approach which offers the choice to engage in learning opportunities. It is underpinned by the values of self-direction, personal experience, ownership, diversity, and hopefulness (HSE Ireland, 2017).

Services and the organisation as a whole should engage with third-level educational institutions on the promotion of recovery among clinical professions.

Recovery promoting Clinical Practice

Mental Health staff should practice in a manner that is guided by the recovery ethos utilising person-centred and recovery-focused competencies, which support the recovery objectives of their service users. Professionals should practice to the highest standard of their own profession incorporating appropriate clinical supervision and reflective practice. This should be in alignment with all statutory requirements for Irish mental health services.

A recovery-focused approach to practice will be sustained by a culture of recovery, hope, autonomy, opportunity and co-production, supported by using a recovery language.

A recovery-focused service recognises the value of the **practice wisdom** of mental health staff generated from their experience of working in a recovery-oriented way.

Practice wisdom integrates **clinical excellence** with the practical experience of working with and supporting individuals to achieve self-determined recovery outcomes in their lives. A practitioner's practice wisdom is informed by the entirety of their life experience.



Benefits of recovery learning and practice in a recovery-oriented service





In a recovery-oriented service, stakeholders are empowered to engage in and fulfil their particular role in recovery through education and practice supports.

Mental health staff will be provided with the additional skills to practise and sustain recovery approaches and roles. In a culture focussed on recovery learning and practice the service will:

- Have a shared stakeholder understanding of the service recovery objectives and mission.
- Develop recovery literacy of stakeholders to support their role in recovery.
- Engage experts by experience.
- Have a commitment to co-production.
- Have supports for stakeholders in their recovery roles.
- Have a recovery education strategy and a mechanism to deliver recovery education.
- Support family and carers in their role and well-being.
- Effectively monitor and evaluate services.



Implementing recovery promoting learning and practice into a recovery-oriented service

|  Action |  Measure |  Targeted Principle |  Owner |
|---|---|---|--|
| <p>4.1. The service develops a co-produced recovery education plan to build the recovery capital and literacy of all stakeholders.</p> | <p>4.1.1. The service includes its recovery education plan in its service and operational plan.</p> <p>4.1.2. The service has a mechanism for delivering recovery education.</p> <p>4.1.3. The service provides recovery principles and practice workshops to all staff within 2 years.</p> <p>4.1.4. All multi-disciplinary teams (MDTs) measure their fidelity to recovery practice for example - Team Recovery Implementation Plan (TRIP).</p> <p>4.1.5. All staff have at least two team reflective practice sessions on recovery annually.</p> <p>4.1.6. The service will communicate the framework to all clinical schools and clinical training providers.</p> | <p>Recovery Learning & Practice</p> <p>Organisational Commitment</p> | <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Local CHOS</p> |



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| Action | Measure | Targeted Principle | Owner |
|---|---|--|----------------------------------|
| <p>4.2. The service has a Human Resources strategy that supports recovery at every level of the organisation by ensuring that appropriate supports and resources on recovery are available to staff.</p> | <p>4.2. The service has a strategy to support staff in their recovery orientation with key recovery expertise in each section of the organisation.</p> | <p>Recovery Learning & Practice</p> <p>Organisational Commitment</p> | <p>Local CHOs & National</p> |
| <p>4.3. The organisation as a whole will develop a set of universal recovery competencies for all mental health staff.</p> | <p>4.3. The organisation will develop a plan to identify universal recovery competencies for all mental health staff.</p> | <p>Recovery Learning & Practice</p> <p>Organisational Commitment</p> | <p>National</p> |



Implementation of the Framework

Implementation Timeframe and Governance





This first edition of the framework covers the period 2018 to 2020. In 2020 it is proposed that it be reviewed in response to feedback on its performance to 2020. The National Mental Health Division will set up a national governance structure to:

- Enter the implementation phase of the Framework for Recovery to the portfolio of projects of the Mental Health Division Change Board.
- Monitor the implementation of the framework.
- Progress the actions assigned to the National Division.
- Assess the learning from the implementation phase of the framework.





The framework was drafted in its current form based on our collective experience of striving to develop a recovery-oriented service. Our understanding of recovery and its application in services is an incremental process and will have further evolved over the next three years for the review of this framework. This review will be informed by the development of a service improvement forum in services which will draw on the experience of a variety of recovery-focused initiatives such as Advancing Recovery in Ireland and the Service Reform Fund.

The framework is underpinned by the four recovery principles outlined previously. Within each principle there are actions and measures outlined in order to assist in the implementation of the framework. All Community Healthcare Organisations (CHOs) should establish a multi-stakeholder co-produced forum to develop a plan for the implementation of the framework locally. This will be monitored by the national governance structure.



|  Action |  Measure |  Targeted Principle |  Owner |
|---|--|---|--|
| <p>1.1. Service users are supported to have the understandings and knowledge to define their own recovery with access to the opportunity and resources to pursue that recovery.</p> | <p>1.1.1. Service users are provided with access to recovery education programmes.</p> <p>1.1.2. Service users are provided with access to peer support, either at group or individual level which is defined in the person's care plan.</p> | <p>Centrality of lived experience</p> | |
| <p>1.2. Service users define their own recovery goals for their lives, utilising service supports as appropriate. The articulation of self-determination is a central component of the care planning process</p> | <p>1.2.1. The care plan contains the goals of the service user articulated in his or her own words.</p> <p>1.2.2. There is evidence in the clinical file that the service user's goals are met as per set out in his or her care plan.</p> | <p>Centrality of lived experience</p> <p>Co-Production</p> <p>Organisational Commitment</p> | <p>Local CHOs</p> |
| <p>2.1. Service users are supported to co-produce their own recovery objectives.</p> | <p>2.1. There is evidence in the clinical file that service users are supported in the co-production of their care plans.</p> | <p>Co-Production</p> | <p>National</p> |
| <p>2.2. The service will have capacity building measures on co-production, and opportunities for all stakeholders to participate in co-production.</p> | <p>2.2.1 The service will provide access to co-production training</p> <p>2.2.2 The service will provide evidence of the uptake of the co-production training.</p> | <p>Co-Production</p> | <p>Local CHOs</p> |
| <p>2.3. The contribution of all stakeholders is recognised as having a value attached and the stakeholder is rewarded appropriately.</p> | <p>2.3. A mechanism will be developed to recognise and value the respective contribution of all stakeholders partaking in co-production.</p> | <p>Co-Production</p> | <p>National</p> |
| <p>2.4. The service has or will develop a strategic approach to co-production, shared decision-making and recovery-promoting relationships.</p> | <p>2.4. There is evidence that national and local operational plans are co-produced with service users, family members and carers.</p> | <p>Co-Production</p> | <p>Local CHOs & National</p> |
| <p>3.1. The service has a co-produced mission, vision and values statement that promotes recovery contained in its service plan.</p> | <p>3.1. The current mission, vision and values statement is reviewed with service users, family members and carers to ensure that it is recovery-informed.</p> | <p>Organisational Commitment</p> | <p>National</p> |
| <p>3.2 All mental health staff are supported to adopt the mission, vision and values of recovery in all their interactions with service users, families, carers and other stakeholders.</p> | <p>3.2.1. The service has a mechanism for delivering recovery education.</p> <p>3.2.2. Care plans will reflect how the staff have adopted the recovery ethos of the organisation as set out in its service plan.</p> | <p>Organisational Commitment</p> | <p>National & Local CHOs</p> |
| <p>3.3. The experience of the service user, family members and carers in engaging with mental health services is used to support the design and delivery of services.</p> | <p>3.3. The service has a process to capture a spread of experience from service users and family members and carers engaging with the service on an agreed basis.</p> | <p>Organisational Commitment</p> <p>Co-Production</p> | <p>Local CHOs</p> |



|  Action |  Measure |  Targeted Principle |  Owner |
|--|---|--|--|
| <p>3.4. The service has a strategic approach to engaging people with lived experience as part of its workforce.</p> | <p>3.4. The service will begin to introduce lived experience supports into the workforce during the lifetime of this framework.</p> | <p>Organisational Commitment</p> <p>Co-Production</p> <p>Centrality of lived experience</p> | <p>Local CHOs</p> |
| <p>3.5. The service supports a full range of participation of service users, family members and carers, tailoring supports for populations or individuals who may need support to advocate for themselves.</p> | <p>3.5. The service is developing mechanisms to support vulnerable individuals and populations in advocating for themselves.</p> | <p>Organisational Commitment</p> <p>Co-Production</p> <p>Centrality of lived</p> | <p>Local CHOs & National</p> |
| <p>3.6. The service will co-produce a strategy to communicate the recovery approach of the service to meet the diverse communication needs of its stakeholder groups.</p> | <p>3.6. The service will ensure that the National Framework for Recovery in Mental Health is communicated to all stakeholder groups.</p> | <p>Organisational Commitment</p> <p>Co-Production</p> | |
| <p>3.7. The service will adopt an organisational approach to co-produced evaluation strategies to monitor the effectiveness of its recovery approach and will include appropriate validated outcome and process measures from all stakeholder perspectives.</p> | <p>3.7. The service will develop an implementation plan to ensure that the actions set out in the Framework are implemented and evaluated appropriately.</p> | <p>Organisational Commitment</p> <p>Co-Production</p> | |
| <p>4.1. The service develops a co-produced recovery education plan to build the recovery capital and literacy of all stakeholders.</p> | <p>4.1.1. The service includes its recovery education plan in its service and operational plan.</p> <p>4.1.2. The service has a mechanism for delivering recovery education.</p> <p>4.1.3. The service provides recovery principles and practice workshops to all staff within 2 years.</p> <p>4.1.4. All MDTs measure their fidelity to recovery practice for example -TRIP.</p> <p>4.1.5. All staff have at least two team reflective practice sessions on recovery annually.</p> <p>4.1.6. The service will communicate the framework to all clinical schools and clinical training providers.</p> | <p>Recovery Learning & Practice</p> <p>Organisational Commitment</p> | <p>Local CHOs</p> |
| <p>4.2. The service has a HR strategy that supports recovery at every level of the organisation by ensuring that appropriate supports and resources on recovery are available to staff.</p> | <p>4.2. The service has a strategy to support staff in their recovery orientation with key recovery expertise in each section of the organisation.</p> | <p>Recovery Learning & Practice</p> <p>Organisational Commitment</p> | <p>Local CHOs & National</p> |
| <p>4.3. The organisation as a whole will develop a set of universal recovery competencies for all mental health staff</p> | <p>4.3. The organisation will develop a plan to identify universal recovery competencies for all mental health staff</p> | <p>Recovery Learning & Practice</p> <p>Organisational Commitment</p> | <p>National</p> |



Additional Information

- **Resources**
- **Glossary**
- **Key steps in developing the Framework**
- **Contributors & Acknowledgments**
- **References**



Resources

Supports available for the implementation of the framework

The office of Mental Health Engagement has established the role of Area Mental Health Engagement Lead to establish a network of local fora across the country to ensure local and national engagement with service users, family members and carers. The role of Peer Support Worker has recently been created and their roles are being integrated into teams across the country. *Best Practice Guidance for Mental Health Services* to which this framework is aligned, is another useful resource.

Eolas

Eolas is a mental health information and learning programme for service users and family members. It provides information through service users or family members and clinicians working together using knowledge gained by lived experience and clinical expertise.

Community and voluntary supports

The community and voluntary sector provide a range of recovery supports that are available to service users and family members to support their recovery processes. Additionally these supports are a co-production resource to services. These can be accessed through your local mental health service.

Advancing Recovery Ireland (ARI)

ARI is a National Mental Health Division initiative that brings together people who provide our services, those who use them and their families and community supports, to work on how we make our mental health services more recovery-focused.

Service Improvement Forum

Services are engaging with a number of recovery innovations and initiatives to increase their recovery orientation and the quality of their services such as ARI and the SRF. As part of the implementation of the *Framework for Recovery*, services will initiate a service improvement group to strategically plan and support the implementation of the framework and all other service improvement and quality initiatives under one governance.

Recovery Principles and Practice Workshops (RPPW)

This is a 4-hour evidence-informed workshop which has been co-produced for delivery by trained facilitators primarily to HSE Mental Health Teams.

Best Practice Guidance for Mental Health Services (2017)

This publication consists of best practice guidance, checklists and a self-assessment framework, which are intended to support and guide further quality improvement within mental health services.



Glossary

Advancing Recovery in Ireland (ARI): A national HSE initiative aimed at bringing about the organisational and cultural change in mental health services necessary to support services to become more recovery-oriented. It recognises the reality that true partnership between those who use, those who support and those who provide our services, delivers better outcomes than care driven by one party alone.

Approved Centre : A 'centre' is defined in the Mental Health Act 2001 as "*a hospital or other in-patient facility for the care and treatment of persons suffering from mental illness or mental disorder*" and an approved centre is a centre that is registered by the Mental Health Commission.

A Vision for Change: The national policy to guide the recovery approach in Irish Mental Health services published in 2006.

Biomedical: The focus on purely biological factors and excluding all other influences in diagnosing and treating a mental health issue.

Psychosocial: Relates to the relationship between the social factors in a person's life and their thoughts and behaviours.

Care plan: A document produced by the multi-disciplinary team in consultation with the service user. It records a set of regularly reviewed goals. The care plan specifies the treatment and care required which will be in accordance with best practice and identifies the necessary resources to achieve those goals. (MHC 2012)

Community Healthcare Organisation (CHO): The broad range of services that are provided outside of the acute hospital system including Primary Care, Social Care, Mental Health and Health and Wellbeing Services. There are 9 CHO regions across Ireland. (HSE 2016)

Community and Voluntary sector: Non-state organisations and agencies that engage in supporting communities in a social, cultural and humanitarian context. They are funded from a variety of sources including state funding through section 38 & 39 agreements.

Enhancing Teamwork: An initiative that supports MDTs to improve their effectiveness as a team and build progressive services in a co-production approach with service users, family members and carers: (HSE 2017)



Eolas: Mental health information and learning programmes designed for persons diagnosed with enduring mental health issues like schizophrenia or bi-polar disorder and their families and close friends.

The programme is implemented collaboratively by service users, family members, clinical practitioners and voluntary organisations with a focus on assisting people in their recovery journey.

Family Member and Carer: This includes relatives, friends and other supporters who are involved in the care and support of service users in their mental health recovery journeys.

ImROC: (Implementing Recovery through Organisational Change) A UK based consultancy organisation which supports mental health services to become more recovery-oriented.

Mental Health Service Provider: A professional or other role (e.g. Psychiatrist, Nurse, Occupational Therapists, Social worker, Peer support worker) that provides care treatment and support to people using mental health services.

Multi Disciplinary Team (MDT): A group of health care workers who are members of different professional disciplines (e.g. Psychiatrists, Nurses, Social workers, Occupational Therapists and peer support workers each providing specific services to service users).

Office of Mental Health Engagement: The purpose is to develop structures, systems and mechanisms for service user, family member and carer engagement to inform and participate in service design delivery and evaluation.

Peer Support Worker PrSW: An individual who has had personal lived experience of mental health issues and now enjoys a good level of recovery who is employed in a professional role to use their expertise and experience to inspire hope and recovery in others who are undergoing similar mental health experiences.

Recovery Capital: Refers to the knowledge, resources and opportunity that a stakeholder requires to fulfil their role in the recovery process. This may be as a participant in their own recovery or as a supporter, enabler or service provider of that recovery process.

Recovery Competencies: These are the set of skills both professional and interpersonal, that supports the delivery of a recovery-focused approach to care and treatment for service users.

Recovery Literacy: Refers to stakeholders understanding of recovery at an individual level and the ability to articulate that understanding to others. Additionally, recovery literate stakeholders are aware of their own role in the recovery process as either participants, supporters, facilitators or service providers.



Recovery College: A location where all mental health stakeholders can come together to engage in co-producing and co-facilitating the delivery of recovery promoting education based on an adult education philosophy.

Service Plan: Is the National Mental Health annual document which outlines the resources available, and the quantum of services to be delivered with the resource provided in that year and the priorities and objectives of care that will guide that provision.

Service User: A person who is either a current or past user of mental health services (A Vision for Change 2006). As in 'A Vision for Change', service user in this document also includes family members and carers except in contexts where family members and carers are specifically named. Additionally it will be apparent from the context where the term service user applies only to those using mental health services.

Service Reform Fund: A partnership between the Department of Health, the HSE, Genio and Atlantic Philanthropies to reform how mental health services are delivered in Ireland to a person-centred model that supports self-direction by service users and a recovery-focused approach.

Social Inclusion: The participation of individuals in the social, cultural and commercial activities of their local and wider community.

Stakeholder: An individual, group, professional or organisation who has an interest or actively participates in promoting recovery at an individual or organisational level.

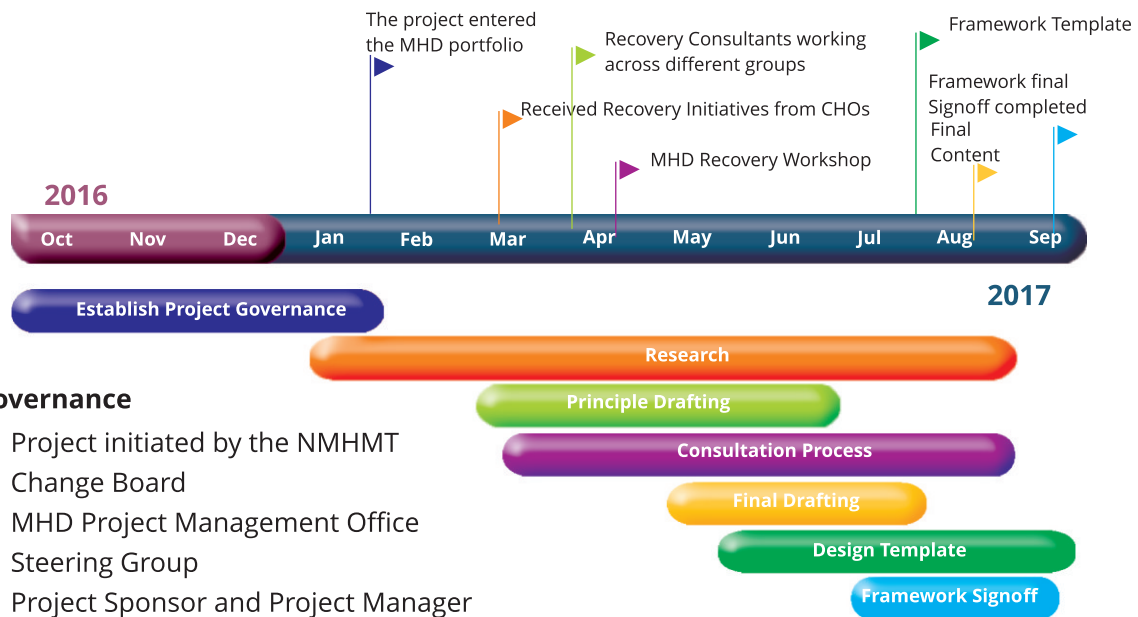
Statutory Requirements: The obligations of a mental health service provider under a range of legislation including health and safety and employment law, Irish Mental Health Legislation and the Mental Health Act.

The Judgement Support Framework: The Judgement Support Framework was developed as a guidance document to assist approved centres to comply with the Mental Health Act 2001 (Approved Centre) regulations 2006. The Framework also promotes the continuous improvement of the quality of services provided to residents of approved centres.

TRIP (Team Recovery Implementation Plan): A self-assessment process by which service providers can measure their fidelity to recovery principles and practice designed by ImROC.



Key steps in developing the framework



Governance

- Project initiated by the NMHMT
- Change Board
- MHD Project Management Office
- Steering Group
- Project Sponsor and Project Manager
- Implemented according to the Project Plan

Research

- Literature Review
- Review of current best practice (ARI, Eolas, MH Engagement etc)
- Review of current CHO recovery strategies & guidelines

Principle drafting

- Drafting of initial principles with Recovery Consultants
- Refining of principles by steering group
- Drafting of recovery measures by G. Shepherd
- Refining of recovery measures by Recovery Consultants

Consultation process

Clinical team, Consumer panel, Discipline constituencies, (ARI Steering Group) Mental Health Reform, Heads of service, Area leads, NMH division, Mental health commission, College of Psychiatry, Recovery Consultants, NALA

Final drafting of Framework

- Integrate feedback
- Update framework content
- Agreement of final content by steering group
- Measures review & Framework QA G. Shepherd

Design of Framework Structure & Style

- Review of existing Frameworks
- Discussion with HSE Communications
- PMO drafting of template
- Steering group sign off

Final Framework signoff

- National Steering group
- HSE communications
- National Mental Health Management Team



Contributors and acknowledgments

National Mental Health Division

Community Healthcare Organisations

Community Healthcare Organisations' Head of Service

National Office for Suicide Prevention

Mental Health Reform

Grow

Individual service users & family members and carers as well as their organised groups

Dr Steevens' Library

Kilkenny Consumer panel

College of Psychiatrists of Ireland

Mental Health Ireland

Genio

National Adult Literacy Agency

HSE Communications department

Centre for Effective Services

Strategic Portfolio and Programme Management Office Mental Health Division



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