

IN THE MATTER OF THE ROYAL COMMISSION
INTO FAMILY VIOLENCE

ATTACHMENT MOB-13 TO STATEMENT OF DR MARK OAKLEY BROWNE

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This is the attachment marked '**MOB-13**' produced and shown to **DR MARK OAKLEY BROWNE** at the time of signing his Statement on 17 July 2015.

Before me:



Department of Health

health

Framework for recovery-oriented practice

Framework for recovery-oriented practice

Acknowledgements

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Minister's foreword

The intention that specialist mental health practitioners work with people towards their self-defined personal recovery has gained momentum in the mental health sector over recent years. The recovery movement, as it has become known in mental health, has evolved from the work of the physical disability sector from the era of deinstitutionalisation. People accessing services and community partners have long advocated for the rights of people with a disability to be supported to take up full citizenship and participate in community life.

The early voices for recovery orientation in mental health were clearly those of people with lived experience, who actively advocated for the wellbeing and recovery of people with experiences of mental illness. More recently, the voices of health professionals and policymakers have increasingly joined those of advocates in calling for health services to facilitate recovery and to systematically dismantle barriers to full engagement and recovery.

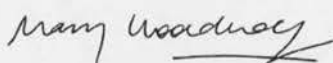
The orientation of service delivery towards recovery involves the need to focus on strong partnerships in decision making between people and providers. It also requires partnerships with people's significant others. In order to forge genuine partnerships, practitioners must do the work of listening closely to the experiences of people accessing services and their support people. This necessary work can be very challenging, especially when listening means acknowledging people's distress associated with accessing services.

Recovery orientation requires that service models and practitioners favour collaborative practices in everyday work. This involves supported approaches to decision making across the full spectrum of service provision, from assessment and acute treatment to therapeutic programs, long-term rehabilitation, accommodation and employment. This requires careful negotiation and collaboration.

A number of efforts are underway across the Victorian specialist service system to work in recovery-oriented ways. This framework is intended to pull these activities and efforts together. As a living document, the *Framework for recovery-oriented practice* will be adapted over time to suit the evolving system.

This framework presents an invitation of the specialist mental health workforce to continue to develop and enhance practice in line with recovery principles. It offers an opportunity for services and individual practitioners to reaffirm the aspirations they held when entering the mental health sector and, most importantly, to create more positive experiences for people accessing the services.

I look forward to working with mental health practitioners, managers and service leaders as we ensure that Victorians who live with a mental illness are able to access services that respond to their strengths, wishes, needs and circumstances.



Hon Mary Wooldridge MP
Minister for Mental Health

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Purpose

In the paradigm of mental health, the concept of recovery is understood to refer to a unique personal experience, process or journey that is defined and led by each person in relation to their wellbeing. While recovery is owned by and unique to each individual, mental health services have a role in creating an environment that supports, and does not interfere with, people's recovery efforts. To this end, the *Framework for recovery-oriented practice* explicitly identifies the principles, capabilities, practices and leadership that should underpin the work of the Victorian specialist mental health workforce. As such, the framework is intended to provide broad guidance to both individual practitioners and service leaders, spanning different practice settings and age ranges throughout the specialist mental health service system, specifically clinical and PDRS services. It is intended to complement existing professional standards and competency frameworks.

Definitions

Recovery

The concept of recovery emerged from the consumer movement in the 1970s and 1980s and continues to be utilised and further developed by people with lived experience internationally (Anthony 2007; Slade 2009). The term also has increasing currency in mental health policy and service systems internationally but is employed in a variety of ways. Consequently, there is some ambiguity around its definition. To overcome this ambiguity, a distinction is sometimes made between what can be termed clinical recovery and what can be understood as personal recovery. Clinical recovery is primarily defined by mental health professionals and pertains to a reduction or cessation of symptoms and 'restoring social functioning', while personal recovery is defined by the person and refers to an ongoing holistic process of personal growth, healing and self-determination (Slade 2009). In this document, the term 'recovery' is considered an overarching philosophy that encompasses notions of self-determination, self-management, personal growth, empowerment, choice and meaningful social engagement.

As an ongoing process or journey, recovery is not concerned with 'achieving' a state of being 'recovered' via treatment of mental illness. Indeed, recovery can be considered a multidimensional interplay between people's experience of their mental health and their circumstances. The literature suggests that recovery is a non-linear process of continual growth whereby the pathway is informed by the person's unique strengths, preferences, needs, experiences and cultural background (US Department of Health & Human Services 2011). Therefore, recovery can be understood as a highly personalised journey unique to and led by the individual and thus cannot be 'provided', standardised or replicated within a service context. Similarly, as an ongoing journey of personal growth and wellbeing, the notion of recovery does not equate with a particular model of care, phase of care or service setting. However, the literature on recovery outlines a range of practices and behaviours at both organisational and individual practitioner levels that create an environment supportive of people's recovery and that can be used to guide practice across clinical and non-clinical services.

Recovery-oriented practice

The aim of a recovery-oriented approach to mental health service delivery is to support people to build and maintain a (self-defined and self-determined) meaningful and satisfying life and personal identity, regardless of whether or not there are ongoing symptoms of mental illness (Shepherd, Boardman & Slade 2008). Thus a recovery-oriented approach represents a movement away from a primarily biomedical view of mental illness to a holistic approach to wellbeing that builds on individual strengths (Davidson 2008).

The term 'recovery-oriented practice' describes this approach to mental health care, which encompasses principles of self-determination and personalised care. Recovery-oriented practice emphasises hope, social inclusion, community participation, personal goal setting and self-management. Typically, literature on recovery-oriented practice promotes a coaching or partnership relationship between people accessing mental health services and mental health professionals, whereby people with lived experience are considered experts on their lives and experiences while mental health professionals are considered experts on available treatment services.

For the purposes of this framework, recovery-oriented practice is understood as encapsulating mental healthcare that:

- encourages self-determination and self-management of mental health and wellbeing
- involves tailored, personalised and strengths-based care that is responsive to people's unique strengths, circumstances, needs and preferences
- supports people to define their goals, wishes and aspirations
- involves a holistic approach that addresses a range of factors that impact on people's wellbeing, such as housing, education and employment, and family and social relationships
- supports people's social inclusion, community participation and citizenship¹.

Balancing risk

Given that a recovery approach involves promoting people's choice, agency and self-management, a degree of risk tolerance in services becomes necessary. As such, services can empower people – within a safe environment and within the parameters of duty of care – to decide the level of risk they are prepared to take as part of their recovery journey. In supporting people's recovery efforts, it is necessary for services to articulate the threshold of risk appropriate to the particular service setting. Accordingly, services should consider providing guidance, training and support to staff on how to reconcile flexibility and responsiveness to people's unique circumstances and preferences with appropriate risk management obligations. This involves working with the inherent tension between encouraging 'positive risk taking' and promoting safety (Department of Health 2007).

A note about language

There are a number of terms employed throughout international mental health policy, legislation and literature to refer to people accessing mental health services, such as consumers, clients, service users and patients. In this document, wherever possible, the terms 'person', 'individual', 'people with lived experience' and 'people accessing mental health services' are used to model humanistic language in line with a recovery approach. Similarly, because many people do not identify with the term 'carer' and the kind of relationship this term denotes, this document uses terms such as 'support people', 'support networks' and 'significant others', to recognise the plurality of relationships of importance to people.

¹ Citizenship in this context is understood to refer to people's full inclusion and participation in all aspects of public, social and cultural life.

Background and method

Policy analysis

A policy analysis examined a number of Victorian and national policies, projects and legislation relevant to recovery. Recovery has featured as a core component in a range of Victorian policy documents that guide reform across the mental health service system. Recovery is also embedded in the *Fourth national mental health plan* (Commonwealth of Australia 2009) and the *National standards for mental health services 2010* (Department of Health and Ageing 2010). In addition, principles of recovery are included in a range of other national policies. As such, a recovery orientation has emerged as a key feature of contemporary reform to mental health service delivery.

Literature review

A literature review was undertaken of Australian and international literature pertaining to recovery-oriented practice. The primary objective of the literature review was to provide an overview of relevant literature that defines good-practice mental health care within a recovery paradigm. To this end, the literature review focused on practice at organisational and individual practitioner levels. However, the literature review did not examine broader systemic issues that impact on mental health practice and people's experiences of care. Additionally, the literature review primarily focused on recovery-oriented practice in services working with adults because available literature on recovery is predominantly adult focused. The literature that does pertain specifically to child and youth mental health emphasises resilience, hope, strengths and growth, while the literature regarding older people's mental health highlights the need to support people to participate in valued activities, to preserve a sense of personhood and to celebrate life achievements (Boardman et al 2010).

Consultation

In addition, an advisory committee comprised of consumer, carer, clinician and psychiatric disability rehabilitation and support (PDRS) service representatives with expertise across the age ranges was established to provide ongoing guidance towards the development of the framework.

Broad literature findings

Organisational practice

The literature outlined the following as being important components of recovery-oriented practice at an organisational level:

- organisational culture and commitment to facilitate a reorientation to a recovery approach and the embedding of recovery principles in practice
- inclusion of recovery principles in all management processes, such as recruitment, professional development, supervision, appraisal, audit, service planning and operational policies
- incorporation of recovery values and language into all key organisational documents and publications
- a degree of risk tolerance in encouraging people's choice, balanced with duty-of-care obligations

- routine documentation of people's preferences, ambitions, resources and support networks
- ongoing provision of information in multiple forms to people regarding rights, complaint processes, treatment options, advocacy support options and access to records
- a peer support workforce
- involvement of people with lived experience and their significant others in processes such as recruitment, education, training and development, and quality-improvement activities
- responsiveness to people's feedback, for example, through using outcome-measures, surveys, quality audits, complaints, service planning and evaluation activities and training led by people with lived experience
- providing evidence-based interventions that assist in achieving the best outcomes for people's mental health and wellbeing
- using models of care compatible with a recovery approach such as strengths-based approaches and individual recovery planning
- fostering partnerships between the service, people accessing services and their significant others; partnerships between different service providers for integrated and coordinated care; and partnerships with community to aid social inclusion of people in communities of their choosing.

Individual practice

The literature suggested the following as being important components of recovery-oriented practice for individual practitioners:

- collaborative relationships with people to understand each person's strengths, wishes and opportunities
- responsiveness to the particular strengths, preferences, concerns, needs, goals and values of individuals
- responsiveness to the things, people, activities and roles that people identify as important to their wellbeing and recovery (and ensuring that mental health care enhances rather than interferes with these)
- promoting decision making led by people accessing the services in accordance with each person's values, needs, circumstances and resources
- demonstration of empathy and resourcefulness in communicating with and responding to people
- active challenging of stigmatising attitudes within the service and the broader community
- utilising people's existing support networks
- use of interventions that promote people's personal agency, self-esteem and overall wellness
- active listening and responsiveness to people's views, understandings of their experiences and advice on what they find helpful
- use of person-centred and optimistic language that promotes hopefulness
- practice that is responsive to gender, sexuality, culture, family and community.

Framework for recovery-oriented practice

The framework utilises findings from the literature review and advice from the advisory committee to crystallise guidance to the specialist mental health workforce on recovery-oriented practice.

While recovery is understood as a unique personal journey that belongs to individuals, mental health professionals can practice in ways that encourage and support people's recovery journeys and improve people's experiences of mental health care. To this end, the framework is intended to align the practice of all people working in the Victorian specialist mental health system, across clinical and non-clinical practice settings and spanning the age ranges, with principles of recovery. In addition, the framework describes the key capabilities necessary for the specialist mental health workforce to function in accordance with these principles.

The framework is intended for use at both individual practitioner and governance/leadership levels across the workforce including the peer workforce, clinicians, workers, service managers and leaders. As such, the framework is targeted at all people employed in the Victorian specialist mental health system, regardless of their role, health profession, degree of contact with people accessing the service or level of seniority. The framework clarifies the principles that should underpin practice to ensure the quality of people's experiences of mental health care. In as much, the framework is intended to complement existing professional standards and competency frameworks.

The framework is structured into domains that reflect key fields of recovery-oriented practice. There is some overlap between the different domains, which are intended to be used concurrently to inform the ongoing provision of mental health care. The order of the domains does not reflect their importance.

The domains include:

- Promoting a culture of hope
- Promoting autonomy and self-determination
- Collaborative partnerships and meaningful engagement
- Focus on strengths
- Holistic and personalised care
- Family, carers, support people and significant others
- Community participation and citizenship
- Responsiveness to diversity
- Reflection and learning.

Within each domain, there are four sections.

1. Core principles that should govern all practice, decisions and interactions in the provision of mental health care within the relevant domain.
2. Key capabilities required to enact these core principles including the behaviours, attitudes, skills and knowledge consistent with recovery-oriented practice.
3. Good practice examples, intended to support individual practitioners to translate principles of recovery into their daily practice. Some examples may be more relevant to clinical settings, while others are more applicable to PDRS staff.
4. Good leadership examples, directed at service leaders and managers, that describe activities and governance structures that could be expected of a recovery-oriented organisation.

DOMAIN

Promoting a culture of hope

Creating and sustaining a service culture of hope is essential to ensuring an organisational environment that encourages and supports people's recovery efforts. Everyone participates in creating and maintaining organisational culture through the perpetuation of behaviours and attitudes. However, governance/leadership roles are responsible for leading efforts to establish a positive and hopeful culture conducive to people's recovery.

Core principles

Mental health services promote principles of hope, self-determination, personal agency, social inclusion and choice.

A service environment supportive of people's recovery is one that sustains and communicates a culture of hope and optimism and actively encourages people's recovery efforts.

The physical, social and cultural service environment inspires hope, optimism and humanistic practices for all who participate in service provision.

Key capabilities

Mental health professionals:

- | | |
|------------|--|
| Behaviours | <ul style="list-style-type: none"> • actively uphold a culture of hope by using optimistic language, supporting people, their significant others and colleagues, and celebrating people's recovery efforts • understand and work to create the environment, conditions and practices that support people's recovery efforts. |
| Attitudes | <ul style="list-style-type: none"> • sustain and express hope, optimism and the conviction that people can, will and do recover. |
| Skills | <ul style="list-style-type: none"> • use hopeful recovery-oriented language in all interactions and documentation. |
| Knowledge | <ul style="list-style-type: none"> • understand and effectively communicate recovery principles, emphasising hopefulness and optimism towards people's recovery • have knowledge of up-to-date research on recovery outcomes and can express this to colleagues, people accessing the service and their significant others. |

Good practice

- Actively seek, celebrate and share (with permission) people's stories of recovery.
- Emphasise achievements and successes, highlighting progress using affirmative language.
- Note behaviours and events that signal improvements and remind people of these.
- Sustain hope for people's recovery, especially when people feel unable to carry hope themselves.
- Understand the philosophical underpinnings of the concept of recovery and its origin in the consumer movement.
- Keep up to date with research on positive outcomes.
- Recognise that team relationships impact on people's wellbeing.
- When working with older people, celebrate life achievements and support people to retain their sense of personhood (such as through interests, hobbies, habits and preferences).

Good leadership

- Provide avenues for people to gather and share their lived experience and stories of recovery (such as through monthly on-site gatherings).
- Model recovery-oriented behaviours and language in case conferences and case reviews.
- Foster a culture of high expectations of recovery and hope.
- Celebrate rights of passage and achievements.
- Recognise when a person has developed effective coping strategies for stressful situations.
- Support people to become advocates or peer support workers, where appropriate.
- Work to showcase mental health as an exciting area of innovation and positive outcomes in the broader health context.
- Broadcast research on recovery outcomes and create opportunities for service-wide discussions of the research.
- Use outcome-measures data to promote positive messages of recovery among staff and clients.
- Ensure treatment and recovery planning involves routine conversations about people's aspirations and hopes.

DOMAIN

Promoting autonomy and self-determination

Although the human rights of people accessing mental health services may be impacted by mental health and other legislation, the principles outlined in this domain are applicable regardless of people's legal status. In this way, practices should always be directed towards facilitation or resumption of people's own decision making in all areas of life. Where a person is unable to self-advocate at any time, services should ensure that the person's views are properly represented in all decision-making processes.

Core principles

Mental health services have a responsibility to involve people as partners in their mental health care.

Mental health care aims to promote people's self-determination and to support people's capacity to manage their mental health.

Lived experience and expertise is recognised, elicited and acted on in all decision-making processes.

Every person should have access to high-quality recovery-oriented mental health care that is responsive to their particular needs.

Recovery-oriented mental health care encourages informed risk taking² within a safe and supportive environment.

The safety and wellbeing of people accessing the service and their support networks is central to the provision of mental health care and the service environment is organised to ensure people's safety and optimal wellbeing.

Key capabilities

Mental health professionals:

Behaviours	<ul style="list-style-type: none"> • provide all the necessary information to support people to make decisions about their mental health care • inform people of their rights and actively protect and promote these rights • support people to exercise their rights • remove barriers that unnecessarily limit people's rights • make every effort to ensure people's safety, comfort and wellbeing at all times • consider people's varying levels of vulnerability and resilience at different times.
Attitudes	<ul style="list-style-type: none"> • recognise and support people's rights of self-determination and choice • are committed to facilitating the involvement of people accessing the service and their significant others in all aspects of service delivery • acknowledge and value people's lived experience and expertise.
Skills	<ul style="list-style-type: none"> • are informed and skilful in supporting people's self-determination, decision making and informed risk taking, without compromising safety • are able to support people's self-advocacy and to advocate on people's behalf when required with a view to facilitating a restoration of people's self-advocacy as soon as possible • continue to develop the skills and capacity to support people to exercise their rights and make decisions about their mental health, wellbeing and lives.
Knowledge	<ul style="list-style-type: none"> • have knowledge of human rights principles and relevant frameworks • are aware of consumer and carer movements and advocacy groups, and support their involvement in service delivery and service improvement • have knowledge of relevant legislation and policies on consumer rights and consumer and carer participation in a range of processes.

² See next page (14) for footnote.

Good practice

- Assist people to make informed decisions about their mental health care by providing information, resources and other support.
- Sit down with people to explain their rights upon admission or initial contact and regularly throughout the period of service and using different media to ensure that people are well informed of their rights.
- Engage in ongoing dialogue and enquiry about people's needs, wishes and experiences.
- Use advanced directives, advanced statements or equivalent.
- Develop the required knowledge and understanding of the *Victorian Charter of Human Rights and Responsibilities Act 2006* and understand principles of self-determination, privacy and informed consent.
- Take care to create a safe and supportive environment in which people feel safe and secure; this includes avoiding practices that people may experience as traumatic.
- Recognise the shared responsibility of staff and people accessing services to maintain an environment that feels safe and secure for everyone.
- Seek feedback from people accessing the service and their significant others to inform ongoing practice.

Good leadership

- Ensure that systems are in place to inform people of their rights at all times and through a variety of different media; this information should be routinely communicated upon admission or initial contact and regularly throughout the period of service.
- Set up systems to actively seek lived experience and expertise from people accessing the service and their significant others.
- Make it easy to provide feedback and make complaints (for example, provide open access for families and clients to make complaints in multiple forms).
- Ensure consumer and carer consultants are represented in feedback and complaints processes (such as on panels or review teams).
- View feedback and complaints as opportunities for service improvement and set up systems to ensure that feedback and complaints are translated into service changes and that these are communicated to staff and clients.
- Review local policies and procedures to incorporate principles of autonomy, self-determination and choice.
- Ensure that position descriptions reflect the requirement to understand and be able to communicate rights and to enact people's rights in practice.
- Support staff to work well with informed risk taking as an important part of promoting people's choice and self-determination.
- Engage in an active and ongoing discussion with staff about risk.
- Be clear about people's responsibilities as well as rights.
- Encourage staff to communicate transparently with people.
- Ensure that wherever there are limitations on a person's choice, autonomy and self-determination, that these limitations are removed as soon as possible.

² (from previous page) Informed risk taking here refers to what is documented in literature on recovery as dignity of risk or positive risk taking. Informed risk taking involves optimising informed choice and consumer-led decision making, even where this involves a degree of perceived risk. Consumer-led literature on recovery highlights the importance of self-determination, self-responsibility and supporting people to decide the level of risk they are prepared to take with their health and wellbeing. However, in the context of a mental health service setting, practitioners and service leaders are required to balance the need to encourage informed risk taking with the need to create a safe environment and adhere to duty-of-care obligations. Nevertheless, risk management processes should always be oriented towards promoting consumer choice and restoring choice as soon as possible if it is limited in any way.

DOMAIN

Collaborative partnerships and meaningful engagement

This domain details how mental health professionals can engage with people at all times in ways that are conducive to supporting their recovery efforts. Central to recovery-oriented practice is the development of collaborative partnerships between mental health professionals and people accessing the service, which are inclusive of their support networks and significant others. These partnerships involve health professionals providing information, skills, networks and support to people to maximise their choices, manage their mental health and wellbeing and get access to the resources they need. This relationship is characterised by openness, equality, a focus on people's strengths, reciprocity and power sharing (Shepard, Boardman & Slade 2008).

Core principles

Mental health services provide personalised care through meaningful engagement and collaborative practices, ensuring that people are able to exercise optimal choice, personal agency and flexibility.

Recovery-oriented mental health care involves working sensitively, responsively, respectfully and collaboratively with people and their support networks.

Mental health services work constructively with people to make sense of their experiences and to find positive meaning in their personal stories.

Mental health services work to promote people's mental health, wellbeing and recovery by establishing and sustaining collaborative partnerships with people.

Key capabilities

Mental health professionals:

Behaviours	<ul style="list-style-type: none"> • work in partnership and engage meaningfully with people and their significant others • demonstrate genuine care, warmth, consideration, honesty, transparency and empathy in their interactions with people • communicate respectfully and sensitively with people at all times, using non-judgemental, positive and affirming language • respond to people's self-defined goals and aspirations in their practice • listen, reflect and respond to people's lived experience and expertise.
Attitudes	<ul style="list-style-type: none"> • value collaborative approaches to working with people and their support networks • acknowledge, value and respond to people's lived experience and that of their support people and significant others • are committed to promoting people's choice and personal agency by eliciting and responding to people's unique wishes, needs, cultural values and circumstances.
Skills	<ul style="list-style-type: none"> • utilise well developed interpersonal skills to successfully build positive collaborative relationships with people and their significant others • use their professional expertise to fully inform people of the complete range of options available to them • actively seek and incorporate people's preferences and expertise in the provision of mental health care • support people to make decisions about their lives and mental health care in accordance with their unique values, strengths, needs, goals and circumstances • respond to people's lived experience and adapt their professional practice to suit individual wishes, needs, goals and aspirations • support people to find affirmative meaning in their experiences using constructive and recovery-oriented language.
Knowledge	<ul style="list-style-type: none"> • have knowledge and proficiency in the use of a range of collaborative practices.

Good practice

- Demonstrate empathy and respect in all interactions with people and their significant others.
- Use person-centred humanistic language and do not identify people as their diagnosis.
- Elicit people's preferences and give people maximum choice in big and small decisions, and be accommodating and flexible in responding to people's preferences.
- Work to understand what is important to people.
- Support people to make sense of their experiences and to find positive meaning.
- Acknowledge and respond to people's views, understandings and experiences.
- Work with people in the context of their cultural identity and values.
- Work to understand people's triggers for episodes of 'unwellness' and what they find works well for them in their recovery efforts.
- Use inquisitive and active listening and personalised, supportive, positive and hopeful language.
- When a person does not express their point of view, actively seek their viewpoint through gentle enquiry.
- Use aspects and examples from one's own life and experiences to create a friendly, professional relationship.
- Utilise professional skills and expertise to provide people with optimal choice and tailored support.

Good leadership

- Review local policies and procedures to incorporate collaborative practice.
- Recognise that good collaborative care takes time, both time spent with people and within the team.
- Authorise and support staff to prioritise the space and time necessary for good collaborative practice.
- Build the requirement for meaningful and collaborative engagement into performance management systems and into business management processes.

DOMAIN

Focus on strengths

Recovery-oriented practice involves an orientation of services towards a positive approach that emphasises and builds on people's strengths. This is in contrast to a deficit-based outlook that highlights problems and needs. Strengths-based practice focuses on supporting and building people's strengths, resources, resilience and ability to manage their life.

Core principles

Recovery-oriented mental health care focuses on people's strengths, resources, skills and assets.

In promoting people's wellbeing, mental health services support people to build their confidence, strengths, resourcefulness and resilience.

Key capabilities

Mental health professionals:

Behaviours	<ul style="list-style-type: none"> • work with people to identify, utilise and build on their strengths, resourcefulness and resilience • work with people to support and sustain their existing resources, assets, networks and relationships • facilitate people's self-management of their mental health.
Attitudes	<ul style="list-style-type: none"> • acknowledge and value people's strengths and resilience.
Skills	<ul style="list-style-type: none"> • utilise strengths-based approaches to support people's recovery • are able to support people to further develop their resilience.
Knowledge	<ul style="list-style-type: none"> • develop their knowledge of strengths-based approaches to support people in their recovery.

Good practice

- Ask people about their strengths, what they have done well and what they have found easy.
- Use enquiry that emphasises solutions to situations rather than just the problems.
- Assist people to tap into existing strengths and resilience by considering what has worked well for them in the past.
- Encourage self-sufficiency in accordance with people's wishes and goals.
- Assist people and their significant others to assess their own needs and to choose how those needs are met.
- Celebrate people's successes and achievements.
- In history taking and reflections with the person, include recognition of areas of functioning where there are no problems and times in their lives when they did cope well.
- Emphasise successes and achievements prominently at first contact.
- Encourage clients to take personality strengths that are causing problems in one area and use them to improve functioning in another (for example, a young client can find drugs at any time in any part of town – can that tenacity and resourcefulness be focused on obtaining housing?).
- Remind people of how they have overcome adversity already.
- Support people to approach new challenges or to revisit old challenges.

Good leadership

- Review local policies and procedures to incorporate strengths-based approaches.
- Create opportunities for people to exercise and build on their strengths (for example, if someone's good at writing, create a newsletter for them or find other newsletters they could contribute to).
- Foster a willingness within the organisation and workforce to try new things and support people to give new things a go.
- Model a responsiveness to people's strengths, not only with people accessing the service but also within teams and the broader organisation by creating new activities based on team members' strengths (for example, create an opportunity for staff to practise their particular skills for the benefit of the organisation; make the most of times of good staffing to incorporate a new activity).
- Find ways to encourage peer support within the organisation.

DOMAIN

Holistic and personalised care

As recovery is understood to be multidimensional, a recovery-oriented approach considers people holistically and acknowledges the multitude of factors that affect a person's wellbeing. In understanding that people's wellbeing, recovery and lives are their own to direct, mental health services may be well placed to support people in a range of other aspects of their lives, if people request support in these areas. As such, services create an enabling environment to assist people to live in accordance with their values and wishes and to find ways to meet their needs.

Core principles

Mental health care is personalised and informed by people's particular circumstances, preferences, goals and needs.

Mental health service providers understand that a range of factors impact on people's wellbeing and the corresponding need to consider people in the context of their cultural values and beliefs, social networks, family, community, housing, physical health, education and employment.

Mental health care is responsive to the whole person and all the factors that impact on their wellbeing.

Mental health care is relevant, appropriate and responsive to people's age and developmental stage.

Mental health care is responsive to the range of different needs people may have, which involves effective collaboration with non-mental health service providers.

Key capabilities

Mental health professionals...

Behaviours	<ul style="list-style-type: none"> tailor their practice to provide relevant, appropriate and responsive care in accordance with people's values, needs, aspirations and circumstances use practices that are appropriate and sensitive to people's age and developmental stage support people to access opportunities, resources and services to meet their needs and attain their recovery goals.
Attitudes	<ul style="list-style-type: none"> view people in the context of their whole selves, lives and wellbeing, including their cultural values and relationships value and support people's aspirations and recovery efforts.
Skills	<ul style="list-style-type: none"> are sensitive and respectful in enquiring about people's individual needs, wishes and circumstances advocate, coordinate and collaborate effectively with non-mental health service providers to support people to meet their needs and attain their recovery goals support people to live lifestyles of their choosing develop a range of skills to support personalised practice.
Knowledge	<ul style="list-style-type: none"> work to continually enhance their knowledge of opportunities, resources and services available and support people to access these have an understanding of different age-related and developmental stages and acknowledge the impact of culture on these stages.

Good practice

- Routinely enquire about people's wishes, support needs, goals, values and interests and use this information to personalise care.
- Support people to fulfil their social, educational, vocational and caring responsibilities.
- Incorporate different non-conventional and non-clinical approaches to supporting people's mental health and wellbeing.
- Support people to improve their social and emotional wellbeing.
- Congratulate and celebrate people's successes and achievements.
- Network and build partnerships with non-mental-health service providers to ensure that people are supported to meet their needs.
- Find out what services have been involved in a person's mental health care when the person is referred to the service and involve these services as appropriate.
- Support people to enjoy full physical health and to address health concerns when they present.

Good leadership

- Encourage home visiting and environmental assessments to assist in understanding the person, their priorities, relationships, circumstances and strengths.
- Review the service environment to see if it makes sense to people accessing the service and is age appropriate (for example no low chairs in the waiting room if people using the service are older people; easy way-finding).
- Seek ways to flexibly respond to people's needs and availability.
- Promote good holistic practice for shared care (for example, advise relevant people if a person is being discharged for coordinated discharge planning).
- Ensure regular case conferences, even when people are doing really well.
- Ensure staff are skilled at networking and building partnerships with other organisations and that this aspect of their work is recognised and supported by the organisation.
- Support people to access the broad spectrum of health services available.
- Review local policies and procedures to incorporate personalised approaches.

DOMAIN

Family, carers, support people and significant others

Not all people accessing mental health services require a carer or identify with the kind of relationship that the term 'carer' implies. Similarly, not all consumers have close relationships with family. As such, terms such as support people, support networks and significant others are intended to capture the full range of relationships of importance to people, including family and caring relationships where these are present. This domain is intended to be applied to work with all people who have a role in supporting a person's wellbeing. Other important sources of social and community relationships and support are discussed in the Community participation and citizenship domain.

Core principles

Family, support people and significant others have a significant and important role in supporting people's recovery. Mental health service providers support people to utilise and enhance their existing support networks.

Key capabilities

Mental health professionals...

Behaviours	<ul style="list-style-type: none"> assist people to identify their support needs, to utilise and strengthen existing support networks and to build new support networks.
Attitudes	<ul style="list-style-type: none"> value the role of families, support people and significant others in supporting people's recovery.
Skills	<ul style="list-style-type: none"> work effectively and inclusively with people's support networks using evidence-based practices are able to build a rapport of trust, respect and understanding with people and their significant others support people to engage, re-engage or develop meaningful relationships with family, support people and significant others assist support people to identify their own support needs and encourage them to look after themselves.
Knowledge	<ul style="list-style-type: none"> understand the multiple and varied ways that experiences of mental illness may impact on family, caring and social relationships have knowledge of support networks and resources available to support people ensure people are aware of the context and limits of support available to them understand that, at times, people's rights may be in tension with the rights of families and significant others have knowledge of policies and protocols that clarify the information that services are permitted to share with families and significant others.

Good practice

- Communicate that it is standard practice to seek a person's consent to involve their family and significant others in their recovery; where a person does not consent to the involvement of family and significant others, their decision will be respected.
- Recognise that family, support people and significant others have their own needs for information, support and development of skills to continue in their supporting roles.
- Listen to family members and significant others and provide only general information where people do not consent to sharing personal information.
- Be clear about what constitutes personal information.
- Where people do not consent to sharing personal information and involving family members, regularly revisit people's preferences and find out what would make it possible for contact to be acceptable to the person.
- Seek to understand diverse family and kinship structures and caring relationships and the way individuals direct their relationships with their support people.
- Demonstrate sensitivity to the range of other responsibilities and pressures that support people may have and support them to look after themselves.
- Develop expertise in support options for families, carers and significant others.
- Develop knowledge and understanding of *A Victorian charter supporting people in care relationships 2010* and the *National Carer Recognition Act 2010*.
- Recognise family and significant others as individuals with special knowledge of the person receiving care.
- Consider families a key part of the team involved in supporting a person's mental health.
- Model recovery-oriented behaviours and language in front of families and significant others.
- Ask to see people's family and significant others with the person present and be transparent about what will be said (and not said) to family, whether the person wishes to be present or not.
- Recognise that support and caring relationships occur across age, gender and relationships.
- Support people to re-establish previous relationships where these have not been sustained.

Good leadership

- Consider working with families to be standard practice; if work is not underway with a person's family, there should be a compelling reason.
- Actively promote outreach work.
- Review local policies and procedures to incorporate principles of working with families and significant others.
- Promote flexible working arrangements to accommodate the needs of some family and significant others to be seen outside of standard office hours.
- Facilitate family and support people getting involved in mental health care.
- As leaders, participate in family and carer support groups to legitimise peer support work in the organisation.
- Ensure staff routinely review involvement of families and significant others as partners in supporting people's recovery.

DOMAIN

Community participation and citizenship

This domain relates to people's social and community life. In recognising the importance of social engagement and community participation to mental health and wellbeing, mental health services have a role in supporting people to engage in social and vocational networks and communities of their choosing. While it is not possible for mental health services to ensure that people are adequately included in all social and community networks outside the mental health care setting, mental health professionals can practice in ways that encourage people in their social endeavours and support people to access opportunities in the community.

Core principles

People with lived experience of mental illness are capable of making meaningful social contributions, regardless of the presence or absence of symptoms of mental illness.

Positive relationships, meaningful opportunities and community engagement are important elements of recovery.

Stigmatising attitudes towards people with lived experience of mental illness adversely impact on their mental health, recovery and wellbeing.

Mental health services actively promote people's social and community participation.

Key capabilities

Mental health professionals...

Mental health professionals...	
Behaviours	<ul style="list-style-type: none"> actively support and encourage people to utilise opportunities in the community, in line with their personal values, interests and aspirations support people's relationships and use practices that do not compromise or interfere with people's relationships and social networks support people to locate, utilise, enhance and create opportunities for social and vocational participation support people to access mainstream community resources actively challenge stigmatising attitudes, discrimination and social exclusion, and work to promote positive attitudes, understandings and images of people with lived experience of mental illness within the service and in the wider community.
Attitudes	<ul style="list-style-type: none"> recognise and promote people's right and ability to contribute in meaningful ways in the community and in social settings of their choosing recognise the importance and value of social and community engagement for people's recovery and wellbeing recognise that stigmatising attitudes can mean that some people with mental illness are excluded from opportunities in the community recognise that experiences of social exclusion can adversely impact on people's mental health, wellbeing and recovery acknowledge that people can, at times, experience stigmatising attitudes within mental health care settings that adversely impact on their mental health, wellbeing and recovery.
Skills	<ul style="list-style-type: none"> can identify and utilise people's social and community networks as potential vehicles to support their recovery can assist people to identify and access social and vocational opportunities in the community identify situations in which negative attitudes towards people with mental illness are present and actively challenge these attitudes.
Knowledge	<ul style="list-style-type: none"> develop knowledge of opportunities for meaningful social engagement, education and employment in people's local communities.

Good practice

- Support people's relationships and social networks.
- Be aware of the cultural, social and historical factors that limit people's access to resources and opportunities.
- Develop awareness of mainstream community resources and incorporate them into practice whenever possible.
- Network and build partnerships with non-mental-health service providers to ensure that people have the best opportunity to participate in their communities.
- Make every effort to support and facilitate access to the community (for example, driving someone somewhere, making phone calls, arranging first contact for someone).
- Develop a thorough understanding of evidence-based approaches, such as education and employment support, social skills training and family psycho-education, which can help support people's community participation.
- Work constructively with peer support workers towards people's recovery goals.

Good leadership

- Facilitate and support peer support processes and ensure peer support workers have adequate resources.
- Recognise the importance of, and encourage opportunities for, social enterprises.
- Ensure the organisation supports people to access mainstream services.
- Systematically establish relationships with community organisations and networks to create pathways for people and to build the capacity of organisations to work with people accessing mental health services.
- Actively support people to access opportunities (for example, offer to make initial phone calls, arrange initial contact).
- Explore innovative options to meet people's needs and wishes.

DOMAIN

Responsiveness to diversity

Effective mental health care involves providing personalised, tailored care that is responsive to each person's needs, values and circumstances. This involves working sensitively and responsively with people from diverse groups within the community. To this end, services must ensure the sensitivity, effectiveness and appropriateness of mental health care for people from diverse cultural backgrounds, communities, language groups, and gender and sexual identities. Working with people from diverse backgrounds and communities is not an optional add-on but a core part of mainstream service delivery. In supporting people's recovery, services should be responsive to people from collectivist cultures, recognising that identity and wellbeing in collectivist communities are considered at group level, rather than individually.

Core principles

In supporting people's recovery, high-quality mental health care is personalised, respectful, relevant and responsive to diversity including people's culture and community background, gender and sexual identity.

Recovery-oriented mental health care considers people in the context of their identity, culture and community.

Key capabilities

Mental health professionals...

Behaviours	<ul style="list-style-type: none"> engage in ongoing respectful enquiry about people's cultural beliefs, values, practices and needs actively consider how to integrate the wishes and needs of people and their significant others, and adapt their practice accordingly make every effort to support people to actively practice their culture and values, recognising that cultural practices can be important for people's recovery.
Attitudes	<ul style="list-style-type: none"> acknowledge and promote people's right to live in accordance with their identities, values and beliefs recognise and respect diverse perspectives and understandings of mental health, such as different cultural and spiritual interpretations.
Skills	<ul style="list-style-type: none"> work competently, sensitively and responsively with all people, regardless of their background including but not limited to age, gender, sexuality and cultural, community and language background are flexible in personalising and tailoring their practice to suit people's particular needs and values demonstrate sensitivity and responsiveness to Aboriginal³ understandings of social and emotional wellbeing respond sensitively to individuals and their families and significant others from diverse backgrounds and communities ensure that their practice is sensitive to differences based on gender, gender identity and sexuality.
Knowledge	<ul style="list-style-type: none"> enhance their cultural responsiveness to diverse groups through ongoing professional development and enquiry demonstrate knowledge of different ways of understanding mental health.

³ In this document, the term Aboriginal is used to refer to both Aboriginal and Torres Strait Islander peoples.

Good practice

- Understand how cultural differences affect people and their experiences.
- Understand different cultural communication styles and utilise respectful ways of communicating.
- Use non-technical language and utilise the services of an interpreter when necessary.
- Recognise that different people have different understandings and experiences of community and that community has different significance for different people.
- Respectfully enquire about people's background and cultural needs.
- Use innovative practices to meet people's different needs.
- Understand and demonstrate respect in relation to different understandings and meanings attributed to mental health across different cultures.
- Recognise the diverse family and kinship structures across different cultures and the need for family work to accommodate these.
- Be aware of personal values that may unintentionally affect practice.
- Develop knowledge of concepts of Aboriginal social and emotional wellbeing and the historical and contemporary factors that impact on Aboriginal Australians' wellbeing.

Good leadership

- Ensure the availability of interpreters.
- Develop links with community leaders and community-managed organisations and resource centres where there is a significant cohort of clients from a particular culture or community.
- Conduct service planning and mapping that recognises the diverse populations that the organisation services, and make staff aware of this as part of care planning for individual clients.
- Review local policies and procedures to incorporate principles of responsiveness to diversity including people's culture and community background, gender and sexual identity.

DOMAIN

Reflection and learning

This domain outlines the kind of insight, self-reflective professional practice and learning necessary for mental health professionals to provide high-quality recovery-oriented mental health care. This domain also addresses the need for feedback from people accessing the service and their significant others to inform ongoing service improvement.

Core principles

High-quality mental health care requires ongoing critical reflection and continuous learning.

Lived expertise based on people's experiences of mental illness and recovery is a valuable resource utilised in the delivery of high-quality mental health care.

Key capabilities

Mental health professionals...

Behaviours	<ul style="list-style-type: none"> actively pursue professional learning, supervision and development opportunities to continuously build their capacity to provide high-quality recovery-oriented mental health care seek feedback from people accessing the service and their significant others, as well as from colleagues, managers and supervisors to identify their own strengths and needs challenge stigma and discrimination in their own and others' practice through processes of professional reflection.
Attitudes	<ul style="list-style-type: none"> are committed to ongoing improvement of their professional practice value opportunities to reflect on their practice are committed to enacting recovery values and principles in practice and upholding people's rights value the expertise and active involvement of people with lived experience and their significant others in professional development, research and quality improvement activities.
Skills	<ul style="list-style-type: none"> demonstrate self-awareness and self-reflection to identify their own strengths and opportunities for development to continuously improve their practice can articulate how their own values, attitudes and beliefs inform their practice, particularly when working with people from diverse backgrounds are able to use their own experiences to communicate and empathise with people use a range of evidence-based skills, practices and approaches to assist people in their recovery efforts.
Knowledge	<ul style="list-style-type: none"> have knowledge of and utilise a range of service models and approaches that are consistent with principles of recovery continually update their knowledge of the diverse range of support options available to people work to continually enhance their knowledge of the current evidence base and different interventions, including complementary therapies and treatments, to expand the choices available to people demonstrate some knowledge of and openness to a range of biomedical, psychotherapeutic, self-help, traditional healing, Aboriginal and complementary therapies and treatments contribute to the existing knowledge and evidence base by conducting research within the service.

Good practice

- Reflect on whether professional practice is aligned with a recovery approach.
- Use professional supervision, support, mentoring and debriefing to examine one's own approach and the degree to which one's practice is recovery-oriented.
- Undertake professional development led by people with lived experience.
- Undertake regular team-based reviews of work to discuss emergent difficulties and showcase progress.
- Reflect on one's own values, development needs and limitations.

Good leadership

- Ensure a range of opportunities for people with lived experience to provide leadership in service planning, delivery and improvement.
- Ensure a range of opportunities for people with lived experience to provide leadership in professional development activities such as recovery training and supervision.
- Use feedback from people accessing services and their significant others to inform quality improvement.
- Model a willingness to seek advice, support and ideas from others.
- Model an approach and a culture of enquiry, hope, innovation and reflection.
- Embrace opportunities for innovations.
- Regularly review whether the service provided is recovery oriented.
- Lead service-based research.
- Seek peer supervision.
- Create and utilise opportunities for learning and ensure the service culture values learning.
- Ensure the involvement of consumer and carer consultants in team-based case reviews or clinical reviews.
- Ensure that people with lived experience sit on service governance structures.
- Promote peer workforce and co-design.
- Incorporate a recovery orientation into recruitment processes; understanding the capabilities required to practice in line with a recovery approach and working competently with people from diverse backgrounds might be conditions of staff recruitment.

Conclusion

This framework represents an important collaborative endeavour and is intended to support people working across the specialist mental health service system to deliver high-quality recovery-oriented care. In doing so, the framework is directed at both strengthening existing recovery-oriented practice and providing a platform from which further innovations and recovery-oriented practice development can occur.

As such, Victorian mental health professionals are invited to embrace, utilise and further develop this framework in an effort to continually improve the quality of care, support people's mental health and wellbeing and ensure more positive experiences for people accessing mental health services. It is expected that the framework will be revisited and updated as recovery-oriented practice increasingly becomes embedded in service delivery and the Victorian specialist mental health service system continues to evolve towards a recovery approach.

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