

5 Recovery-oriented service delivery



Recovery-oriented mental health services provide evidence-informed treatment, therapy, rehabilitation and psychosocial support that aims to achieve the best outcomes for people's mental health, physical health and wellbeing (Victorian Department of Health 2011).

Service delivery is centred on, and adapts to, people's needs and aspirations rather than people having to adapt to the requirements and priorities of services. Recovery-oriented services welcome all people and afford them respect and safety.

Recovery is a vision and commitment shared at all levels of an organisation. The vision is sustained by a diverse, appropriately supported and resourced workforce that includes people with lived experience. It includes peer-run programs and services.

Recovery-oriented service delivery takes into account the fact that people with unresolved trauma struggle to feel safe. The possibility of unresolved trauma is acknowledged in all service settings and the core principles of trauma—safety, choice, collaboration, trustworthiness and empowerment—are incorporated into service provision.

Services recognise and respond to Aboriginal and Torres Strait Islander cultures, values, belief systems and perspectives of identity, family, mental health, health and wellbeing. They respond to the trauma experienced by Stolen Generations and Forgotten Australians.

In advocating for the social inclusion and human rights of people with mental health issues, and in seeking to reduce stigma and discrimination, recovery-oriented services work in partnership with consumer organisations and a broad cross-section of services and community groups.

A recovery-oriented mental health service acts within its legislative and budgetary settings to:

- develop and draw on its own expertise and resources as well as the experiences and resources of people with lived experience of mental health issues
- support people as they take responsibility for and reclaim an active role in their life, mental health and wellbeing
- support people to embrace their strengths, resilience and inherent capacity for living a full and meaningful life of their choosing
- support local communities to accept, welcome and include people with mental health issues
- embrace and enable people with mental health issues, their families and their communities to interact and draw benefit from one another (New Zealand Mental Health Commission 2001)
- recognise the possibility that anyone accessing the service may have unresolved trauma underlying their mental distress.



Tools to assess the recovery orientation of mental health and allied services

The Australian Mental Health Outcomes and Classification Network *Review of recovery measures* (Burgess, Pirkis, Coombs & Rosen 2010) has identified four tools designed to measure the recovery orientation of services.

- Recovery-oriented Systems Indicators Measure (ROSI)
- Recovery Self-assessment (RSA)
- Recovery-oriented Practices Index (ROPI)
- Recovery Promotion Fidelity Scale (RPFS)

Slade (2009b, p. 25) suggests a number of other measurement tools.

- *Practice guidelines for recovery-oriented behavioral health care*, Connecticut Department of Mental Health and Addiction Services (2006)
- Fidelity Assessment Common Ingredients Tool (FACIT), a fidelity measure for peer-run services
- Pillars of Recovery Service Audit Tool (PoRSAT), a measure to inform service development
- Recovery-promoting Relationships Scale, a consumer-rated measure of the extent to which relationship supports recovery processes.

The *Review of recovery measures* suggests the following criteria that organisations might apply in any tool they use to measure their recovery orientation. An essential criterion is that people with lived experience have led or contributed to the tool's development. In addition, any tool should:

- explicitly measure domains related to personal recovery or the recovery orientation of services
- be brief and easy to use (≤50 measures for personal recovery domains and ≤100 measures for services' recovery orientation)
- take a consumer perspective
- yield quantitative data
- have undergone appropriate processes of development, piloting and documentation, and ideally been scientifically scrutinised
- be applicable to the Australian context
- be acceptable to people with a lived experience
- promote dialogue between providers and people with a lived experience.

Organisations should also use Australia's *National Standards for Mental Health Services 2010* to assess the recovery orientation of their mental health services. More detail on the relationship between the national mental health standards and the framework can be found in the companion to this document, *A national framework for recovery-oriented mental health services: Policy and theory* available at www.health.gov.au/mentalhealth.

