

Appendix—Capabilities in detail



Domain 1: Promoting a culture and language of hope and optimism

Capability 1A: The culture and language of a recovery-oriented mental health service communicates positive expectations, promotes hope and optimism and results in a person feeling valued, important, welcome and safe.

Core principles	<ul style="list-style-type: none"> • Language matters. • Services can make a significant contribution to and actively encourage people's recovery efforts by embedding and communicating a culture of hope, optimism, potentiality, choice and self-determination. • All staff can contribute to recovery outcomes by offering respectful, person-centred relationships, practices and service environments that inspire hope and optimism.
Characteristics	Mental health practitioners and providers...
Values and attitudes	<ul style="list-style-type: none"> • respect and value a person's inherent worth and importance • affirm a belief in a person's capacity to recover, thrive and lead a meaningful and contributing life • celebrate a person's recovery effort, perseverance and achievements • value the role of peers in creating optimistic and hopeful culture and language • commit to embedding positive change in language and practice
Knowledge	<ul style="list-style-type: none"> • understand the philosophical underpinnings of recovery and its origin in the consumer movement • maintain knowledge of current issues in recovery literature and research, including from broader fields like positive psychology, the human potential movement and organisational culture change • learn from research undertaken by people with lived experience of mental health issues
Skills and behaviours	<ul style="list-style-type: none"> • encourage a culture of hope by communicating positive expectations and messages about recovery • encourage a culture of hope through the use of optimistic language in interactions, in forms, records, policies, correspondence and brochures • reorient language, systems and processes to reflect and encourage positive outcomes • promote implementation of trauma-informed practice principles in all interactions (Guarino et al. 2009) • model the use of optimistic language among staff members • reframe setbacks in the context of longer term recovery outcomes and positive learning opportunities • share research with people who experience mental health issues and their families and support people
Recovery-oriented practice	<ul style="list-style-type: none"> • celebrate and promote people's recovery stories and successes • reflect and encourage strengths and positive outcomes rather than deficits • acknowledge progress and reframe setbacks using affirmative language • note and remind people of indicators of progress towards recovery goals • invite people to discuss what they want recorded about their lives and the services received • model positive and supporting behaviours among service staff and practitioners as an important adjunct to supporting people's recovery • encourage learnt optimism and positive expectations



Capability 1A: The culture and language of a recovery-oriented mental health service communicates positive expectations, promotes hope and optimism and results in a person feeling valued, important, welcome and safe.	
Recovery-oriented leadership	<ul style="list-style-type: none"> • model recovery-oriented behaviours and language in service planning, coordination and review processes • affirm the importance of creating opportunities for people to gather and share their lived experience and stories of recovery • celebrate achievements, growth and progress towards recovery goals and objectives • provide organisational support for people to advocate for themselves • lead and promote the commitment to active collaboration with lived experience in all aspects of service • initiate conversations about how to build a hopeful and optimistic organisation that communicates positive expectations.
Opportunities	
<ul style="list-style-type: none"> • Establish e-kiosks for service-wide exchange of knowledge and information about recovery concepts to ensure a critical mass of informed consumers, peers, staff and family members. • Support the development of peer-produced resources that share and celebrate recovery stories and make these available to people with a lived experience, their family members and friends through media such as films, booklets, film and art galleries, newspapers, social media, recovery blogs and so on. • Identify and support local recovery champions. • Promote positive health resources. 	
Resource materials	
<ul style="list-style-type: none"> • Our Consumer Place, www.ourconsumerplace.com.au/resources • Victorian Department of Health 2011, <i>Framework for recovery-oriented practice</i>, docs.health.vic.gov.au/docs/doc/0D4B06DF135B90E0CA2578E900256566/\$FILE/framework-recovery-oriented-practice.pdf • Williams et al. 2012, 'Measures of the recovery orientation of mental health services: systematic review', <i>Social Psychiatry and Psychiatric Epidemiology</i>, Advanced Online publication, DOI 10.1007/s00127-012-0484-y 	



Domain 2: Person 1st and holistic

Capability 2A: Holistic and person-centred treatment, care, rehabilitation and psychosocial and other recovery support

Recovery-oriented mental health practice and service delivery acknowledges the range of influences that affect a person's mental health and wellbeing and provides a range of treatment, rehabilitation, psycho-social and recovery support.

Core principles	<ul style="list-style-type: none"> • In acknowledging and accepting the centrality of people with lived experience in their own recovery, mental health services seek to create environments enabling people to direct their own lives and meet the needs they have identified. • Mental health care acknowledges and is tailored to people's preferences, life circumstances and aspirations, and to their family and personal supports. • Mental health services recognise and account for the multiple elements that affect individuals' wellbeing including personal beliefs, cultural background, values, social and family contexts, physical health, housing, education and employment.
Characteristics	Mental health practitioners and providers...
Values and attitudes	<ul style="list-style-type: none"> • believe in the ability and right of a person to make their own life decisions • respectfully explore a person's circumstances, what is important to them, and their aspirations for recovery and wellbeing • view people in the context of their whole selves and lives and view their personal recovery as the primary process of working towards wellness • respect and uphold people's complex needs and aspirations across cultural, spiritual, relationship, emotional, physical, social and economic realms—not just in relation to their illness or mental health issues • demonstrate kindness, honesty and empathy in their interactions with people
Knowledge	<ul style="list-style-type: none"> • understand the individual nature of personal recovery • incorporate bio-psychosocial theoretical perspectives of health, mental health and wellbeing • understand the interplay between physical health, mental health, disability and coexisting conditions and the importance of collaboration to address needs simultaneously • understand a range of personal recovery approaches including those developed by people with lived experience of mental health issues • know major types of treatments and therapies and their possible contributions to a person's recovery including biological and pharmacological treatments, psychological and psychotherapeutic approaches, psychosocial rehabilitation and support, physical health care, physical activity and exercise interventions, alcohol and drug treatment and counselling, traditional healing in different cultures and alternative and complementary treatments • understand the high prevalence of trauma experienced by people with a lived experience, how to assist a person affected by trauma and how to prevent the retriggering of trauma
Skills and behaviours	<ul style="list-style-type: none"> • facilitate access to information, treatment, support and resources that contribute to a person's recovery goals and aspirations • acknowledge a person's family, carers and personal supports • Promote people's self-advocacy to meet their identified needs and recovery goals • articulate the pros and cons of different treatment to promote decision making and to support people to make the best use of treatments and therapies, minimise side effects, achieve an optimal, therapeutic level of medication and to withdraw from medication where appropriate • coordinate and collaborate with a range of relevant services beyond the mental health system including health services, alcohol and drug services, disability services, employment, education, training services and housing services



Capability 2A: Holistic and person-centred treatment, care, rehabilitation and psychosocial and other recovery support

Recovery-oriented practice	<ul style="list-style-type: none"> • shape service responses to match people’s aspirations, expectations, goals and needs • investigate the potential for alternative responses to those offered by the service • demonstrate trauma-informed practice • create opportunities for improvement in physical health, exercise, recreation, nutrition, expressions of spirituality, creative outlets and stress management • learn from and are informed by a person’s understanding of what helps • maintain connections with referring agencies and explore new service partnerships
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Recovery-oriented leadership	<ul style="list-style-type: none"> • encourage flexibility in supporting people’s recovery goals • ensure holistic assessment processes that include reference to a person’s home environment, personal goals, priorities and relationships • have clinical governance and professional development processes in place to ensure that the person is central to all that is done • review procedures and service environments to ensure that they are accessible (disability and age-appropriate, access and signage) • ensure that best-practice processes for coordination and collaboration are in place (referral pathways, service conferencing, shared care and joint discharge planning).
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Opportunities

- Ensure that staff, consumers and families have access to information and narratives about recovery in different formats and mediums.

Resource materials

- Glover, *Unpacking practices that support personal efforts of recovery: a resource book written for the workers and practitioners within the mental health sector*
- Scottish Recovery Network, *Module 4: providing person-centred support*, Realising recovery, www.scottishrecovery.net/Realising-Recovery/realising-recovery.html
- Kezelman & Stavropoulos 2012, *Practice guidelines for treatment of complex trauma and trauma informed care and service delivery*, Adults Surviving Child Abuse, Sydney
- Queensland Health 2010, *Dual diagnosis clinical guidelines and clinicians’ toolkit*, www.dualdiagnosis.org.au/home/index.php?option=com_content&task=view&id=72&Itemid=1



Domain 2: Person 1st and holistic

Capability 2B: Responsive to Aboriginal and Torres Strait Islander people, families and communities	
Recovery-oriented practice and service delivery with Aboriginal and Torres Strait Islander people must recognise the resilience, strengths and creativity of Aboriginal and Torres Strait Islander people, understand Indigenous cultural perspectives, acknowledge collective experiences of racism and disempowerment, and understand the legacy of colonisation and policies that separated people from their families, culture, language and land.	
Core principles	<ul style="list-style-type: none"> The nine principles in the <i>National strategic framework for Aboriginal and Torres Strait Islander people's mental health and social and emotional wellbeing 2004–09</i> are a starting point www.health.gov.au/internet/main/publishing.nsf/content/8E8CE65B4FD36C6DCA25722B008342B9/\$File/wellbeing.pdf. In building the cultural competence and capacity of practitioners and services it is important to seek guidance and advice from Aboriginal and Torres Strait Islander Elders, leaders, mental health practitioners, advisers and members of the Stolen Generations.
Characteristics	Mental health practitioners and providers...
Values and attitudes	<ul style="list-style-type: none"> actively challenge personal attitudes and behaviours that may inadvertently support racism and discrimination of Aboriginal and Torres Strait Islander people increase their personal understanding of the culture and traditions of Aboriginal and Torres Strait Islander people value the special expertise and understanding of mental health issues that are available within Aboriginal and Torres Strait Islander communities, especially from Elders, traditional healers, Indigenous health and mental health workers, cultural advisers and members of the Stolen Generations learn from Aboriginal and Torres Strait Islander people about creating and improving models include Aboriginal and Torres Strait Islander people and community representatives in decision making
Knowledge	<ul style="list-style-type: none"> understand the importance of land, spirituality and culture to the mental health of Aboriginal and Torres Strait Islander people understand the impact mainstream Australian community attitudes and policies have had and continue to have on Aboriginal and Torres Strait Islander people recognise the connection between serious general health problems and social, emotional and psychiatric difficulties (including substance use), many of which are untreated or inappropriately treated in Aboriginal and Torres Strait Islander communities recognise that working with Aboriginal and Torres Strait Islander people may require specific expertise and understanding, for example, understanding of cultural traditions as they affect verbal and non-verbal communication have knowledge and appreciation of the contribution of traditional healing practices to the recovery of Aboriginal and Torres Strait Islander people
Skills and behaviours	<ul style="list-style-type: none"> support personal recovery efforts by affirming the resilience, strengths, creativity and endurance of Aboriginal and Torres Strait Islander people provide service environments that reduce anxiety for Aboriginal and Torres Strait Islander people and assist with engagement actively acknowledge the value systems and protocols which exist in Aboriginal and Torres Strait Islander communities draw on and use Indigenous understandings of and approaches to social and emotional wellbeing and healing collaborate with cultural and traditional ways of healing in partnership with mainstream therapies understand that it may neither be appropriate nor desirable to apply ethical and clinical models derived from a western individualistic viewpoint when working with Aboriginal and Torres Strait Islander individuals and communities, and demonstrate flexibility in modifying or not using certain aspects of such models demonstrate reflective practice by acknowledging the possible impacts on Aboriginal and Torres Strait Islander people of the values, biases and beliefs built into professional training and service systems



Capability 2B: Responsive to Aboriginal and Torres Strait Islander people, families and communities	
Recovery-oriented practice	<ul style="list-style-type: none"> • make every effort to ensure that language does not present a barrier • seek out Aboriginal and Torres Strait Islander expertise and advice concerning service requirements arising from gender, age and other cultural contexts • work with families and kinship networks, ensuring access to services across the life span including prenatal, perinatal, early childhood, early learning and early intervention programs • support communities with their self-identified priorities, for example, access to early intervention and support for children showing signs of foetal alcohol syndrome • use technology to facilitate communication with and participation by extended family and kinship networks • recognise that professional practice in this area can involve challenging government policy and community attitudes that impact negatively on Aboriginal and Torres Strait Islander people's social, emotional, cultural and spiritual wellbeing • use information about Aboriginal and Torres Strait Islander services, programs and groups in a strengths-based approach throughout a person's contact with the service
Recovery-oriented leadership	<ul style="list-style-type: none"> • recruit and support Aboriginal and Torres Strait Islander people throughout the organisation including in positions of leadership, direct practice, peer-support, policy, research, training, education and administration • partner with Aboriginal and Torres Strait Islander people, communities, organisations and groups to design culturally appropriate and safe spaces within facilities • develop flexible multidisciplinary, multiagency and cross-sectoral responses that span the geographic boundaries of service systems • with local Aboriginal and Torres Strait Islander people, develop resources that welcome a person to country and walk a person through what to expect and how the service operates • actively support local Aboriginal and Torres Strait Islander community efforts to improve mental health and social and emotional wellbeing • use existing cross-cultural and cultural competency training resources.
Opportunities	
<ul style="list-style-type: none"> • Develop a service-based reconciliation action plan. • Make an organisational commitment to provide training, employment and leadership opportunities for Aboriginal and Torres Strait islander people. • Participate in cultural events like NAIDOC Week (National Aborigines and Islanders Day Observance Committee), Reconciliation Week and National Sorry Day. 	
Resource materials	
<ul style="list-style-type: none"> • Purdie, Dudgeon & Walker 2012, <i>Working together: Aboriginal and Torres Strait Islander mental health and wellbeing practice and principles</i>, www.healthinonet.ecu.edu.au/key-resources/promotion-resources?lid=17709 • RANZCP 2009, <i>Ethical guideline 11: principles and guidelines for Aboriginal and Torres Strait Islander mental health</i>, www.ranzcp.org/Files/ranzcp-attachments/Resources/College_Statements/Ethical_Guidelines/eg11-pdf.aspx • RANZCP 2011, <i>Position statement 42: Stolen Generations</i>, www.ranzcp.org/Files/ranzcp-attachments/Resources/College_Statements/Position_Statements/ps42-pdf.aspx • Australian Psychological Society 1995, <i>Guidelines for the provision of psychological services for and the conduct of psychological research with Aboriginal and Torres Strait Islander people of Australia</i>, depressionet.com.au/dres/aboriginal_people.pdf 	



Domain 2: Person 1st and holistic

Capability 2C: Responsive to people from immigrant and refugee backgrounds, their families and communities

Recovery-oriented mental health practice and service delivery addresses barriers to services encountered by people from immigrant and refugee backgrounds including people seeking asylum.

Core principles	<ul style="list-style-type: none"> • Recovery is a collection of processes that occur within a web of relations including the individual, family and community and is contextualised by culture, language, oppression and privilege, history and the social determinants of health. • Responsiveness to people from immigrant and refugee backgrounds requires organisational capacity at different levels: systemic, organisational and practice. • Recognising the diverse ways in which the concepts of mental health, mental illness and recovery may be understood by people from immigrant and refugee backgrounds requires an awareness of the impact of the practitioner's own ethnocultural identity, as well as that of the organisation and service system.
Characteristics	Mental health practitioners and providers...
Values and attitudes	<ul style="list-style-type: none"> • demonstrate compassion and respect for people from immigrant and refugee backgrounds • reflect on their own identities and relationship to people from immigrant and refugee backgrounds • reflect on their own assumptions about people from immigrant and refugee backgrounds • demonstrate openness to other people's perspectives of mental health, illness and recovery
Knowledge	<ul style="list-style-type: none"> • have knowledge of local immigrant and refugee communities • understand the possible impacts of migration or of seeking refuge • are alert to cultural differences in idioms of distress, symptom presentation and explanatory models of health and illness • are mindful that racism, access barriers and other social factors can increase health disparities and impede people from immigrant and refugee backgrounds from knowing and exercising their rights • know community organisations and resources that support people from immigrant and refugee backgrounds
Skills and behaviours	<ul style="list-style-type: none"> • actively explore how people and their families from immigrant and refugee backgrounds understand mental health, illness and recovery • work effectively with interpreters, cultural brokers as well as immigrant and refugee settlement workers, bilingual community workers, and faith leaders to support a person's recovery plans • provide people and their families with the information they need to make decisions about their mental health care including written information in easy to read English or in community languages and/or explained via an interpreter • support people from immigrant and refugee backgrounds to know and exercise their human rights and legal rights • respond to the additional needs of people and families from refugee backgrounds
Recovery-oriented practice	<ul style="list-style-type: none"> • apply culturally responsive practice to all consumers, not just those from immigrant and refugee backgrounds • respect and respond to people's cultural and religious beliefs and faith traditions • engage with people in the context of their families and important relationships and, where appropriate, other members of their community • involve and support family members and other significant people



Capability 2C: Responsive to people from immigrant and refugee backgrounds, their families and communities

Recovery-oriented leadership	<ul style="list-style-type: none"> • put processes and service development initiatives in place to become an effective culturally responsive organisation including language policies, cultural diversity plans, data collection/analysis related to local populations, and working groups to champion cultural issues • establish systems to ensure practitioners work effectively with interpreters and provide appropriate translated material • provide staff with opportunities to acquire the core attitudes, knowledge and skills necessary for working effectively with immigrant and refugees • support practitioners to respect people's cultural and other human rights • recognise the time that is needed for practitioners to include families and carers • actively seek the participation of people with lived experience of mental health issues and family members and carers from immigrant and refugee backgrounds • foster particular workforce positions and roles that will address the specific needs of the local population, for example, bilingual workers, cultural liaison workers, immigrant and refugee peer workers, cultural portfolio holders or champions.
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Opportunities

- Develop partnerships with immigrant and refugee community organisations and ethnospecific community networks and undertake community development initiatives.
- Develop a whole-of-organisation cultural responsiveness plan.
- Participate in community events such as Cultural Diversity Week, Refugee Week and other festivals and celebrations.
- Subscribe to multicultural organisations' e-bulletins, for example, Federation of Ethnic Community Councils and the Australian Collaboration.

Resource materials

- *National cultural competency tool (NCCT) for mental health services* www.mhima.org.au/mental-health-information-and-resources/clinical-tools-and-resources
- *Position paper: guidelines for training in cultural psychiatry*, Kirmayer et al. 2012 74.220.215.217/~blogmmhr/wp-content/uploads/2012/09/En_Training-in-Cultural-Psychiatry.pdf
- Victorian Department of Health 2009, *Cultural responsiveness framework: guidelines for Victorian health services*, www.health.vic.gov.au/cald/cultural-responsiveness-framework
- RANZCP 2012, *Position statement 46: provision of mental health services to asylum seekers and refugees*, www.ranzcp.org/Files/ranzcp-attachments/Resources/College_Statements/Position_Statements/ps46-pdf.aspx



Domain 2: Person 1st and holistic

Capability 2D: Responsive to and inclusive of gender, age, culture, spirituality and other diversity irrespective of location and setting

Recovery-oriented mental health practice and service delivery is respectful of and responsive to diversity in the community.

Core principles	<ul style="list-style-type: none"> • Effective mental health services are responsive and suited to a person's age, developmental phase and gender-related needs. • Responsive and inclusive services respect and accommodate diversity among people who use services, including people from diverse cultural backgrounds, language groups and communities. • Gender, sex identity, sexual orientation, religious beliefs and spiritual practices are acknowledged and responses to diversity become core components of service delivery. • Diverse views on mental health issues/illness, wellbeing, treatments, services and recovery are understood and accommodated. • Recovery-oriented services seek to overcome the adverse impacts of location or setting.
Characteristics	Mental health practitioners and providers...
Values and attitudes	<ul style="list-style-type: none"> • embrace, value and celebrate diversity • understand their own values, assumptions and world views • recognise peoples' expression of their personal identity and beliefs • acknowledge the relevance of personal belief systems to mental health including cultural, religious and spiritual perspectives
Knowledge	<ul style="list-style-type: none"> • understand stages of human development and how approaches to recovery might differ across the life span • understand cultural diversity and its applicability to mental health practice and service delivery • understand the range of factors influencing people's expectations of safe practice
Skills and behaviours	<ul style="list-style-type: none"> • demonstrate sensitivity when working with people and families from a diverse range of backgrounds irrespective of age, developmental phase, gender, culture, religious beliefs or language group • use the information provided by diverse groups of people about their preferences and needs to develop appropriate responses • provide safe care that reflects and actively includes people's values, aspirations, goals, circumstances and previous life choices • deliver developmentally appropriate responses • support people in the practice of spiritual activities they find helpful • understand the importance of seeking out assistance when in doubt about aspects of diversity
Recovery-oriented practice	<ul style="list-style-type: none"> • provide opportunities for people to share information about their needs and expectations related to age, development, gender, sex identity, sexual orientation and spirituality • include family recovery approaches, especially for infants, children and where relevant for adolescents • ensure access to diversity and cultural support services when required • access knowledge about diversity from people with lived experience of mental health issues • establish understanding of shared and different perspectives of mental health



Capability 2D: Responsive to and inclusive of gender, age, culture, spirituality and other diversity irrespective of location and setting	
Recovery-oriented leadership	<ul style="list-style-type: none"> • ensure participation opportunities for all, including children and young people • proactively incorporate input from people with a lived experience to ensure responsiveness to age, gender and diversity in organisational policy, practice and service improvements • set in place processes for systematically identifying training needs and regularly reviewing practices to ensure that staff and volunteers embrace cultural, gender and age sensitive and safe practice • routinely offer appropriate age, gender and diversity competence development and training • have systems in place to identify and monitor the changing needs of local population groups.
Opportunities	
<ul style="list-style-type: none"> • Use e-mental health service developments to increase responsiveness to rural and remote communities and to fly in/fly out employees, their families and their adopting communities. 	
Resource materials	
<ul style="list-style-type: none"> • Women's Centre for Health Matters 2009, <i>WCHM position paper on Gender sensitive health service delivery</i>, Women's Centre for Health Matters, Canberra, www.wchm.org.au/GenderSensitiveHealthServiceProvision.htm • Victorian Department of Health 2011, <i>Cultural responsiveness framework: guidelines for Victorian health services</i>, docs.health.vic.gov.au/docs/doc/Cultural-responsiveness-framework---Guidelines-for-Victorian-health-services • AICAFMHA 2008, <i>National youth participation strategy (NYPS) in mental health</i>, www.aicafmha.net.au/youth_participation/files/AIC35_report.pdf 	



Domain 2: Person 1st and holistic

Capability 2E: Responsive to lesbian, gay, bisexual, transgender and intersex people, their families of choice, and communities

Recovery-oriented mental health practice and service delivery recognises and affirms sexuality, sex or gender diversity.

<p>Core principles</p>	<ul style="list-style-type: none"> • Recovery-oriented practice recognises and affirms diversity in sexuality, sex or gender. • Recovery-oriented practice recognises the negative impact of discrimination, stigma and phobia on the wellbeing of lesbian, gay, bisexual, transgender and intersex people. • Recovery-oriented services recognise these populations as high risk and ensure safe and welcoming environments and services free from discrimination. • Recovery-oriented services ensure a culturally competent and safe workforce that is knowledgeable and responsive to the lived experience of lesbian, gay, bisexual, transgender and intersex people.
<p>Characteristics</p>	<p>Mental health practitioners and providers...</p>
<p>Values and attitudes</p>	<ul style="list-style-type: none"> • are affirming of diverse sexuality, sex or gender • do not tolerate discrimination against lesbian, gay, bisexual, transgender and intersex people • demonstrate empathy for the impact that stigma, discrimination and prejudice can have on these people's mental health • respect intersex and other people's right to choose their own gender and, if they choose, to not conform to gender norms
<p>Knowledge</p>	<ul style="list-style-type: none"> • know current trends in the field of service provision for lesbian, gay, bisexual, transgender and intersex people • know cultures, identities, jargon and common experiences of discrimination for lesbian, gay, bisexual, transgender and intersex people • understand the fear of discrimination or violence experienced by many lesbian, gay, bisexual, transgender and intersex people • critically analyse dominant and normative cultural assumptions, beliefs and values about sexuality • know the specific issues affecting intersex people, for example, trauma from childhood genital surgery, hormone use, being forced to conform to norms, or family secrecy • know local and online community-specific support groups and organisations and practitioners who welcome lesbian, gay, bisexual, transgender and intersex people • know advocacy organisations for lesbian, gay, bisexual, transgender and intersex people • know the layers of stigma and discrimination experienced by lesbian, gay, bisexual, transgender and intersex people who also have a disability, are from culturally or linguistically diverse backgrounds, or identify as Aboriginal or Torres Strait Islander
<p>Skills and behaviours</p>	<ul style="list-style-type: none"> • establish rapport with lesbian, gay, bisexual, transgender and intersex people and understand where presenting concerns are related to diverse sexuality, sex and gender • use gender-neutral and inclusive language • use a transgendered person's preferred pronoun • advocate for and support lesbian, gay, bisexual, transgender and intersex people's self-advocacy • acknowledge and make use of a person's key sources of personal support, including their partner or close friends • work with consumers to prevent discrimination • consult lesbian, gay, bisexual, transgender and intersex people about whether to record their diverse sexuality, sex or gender on their records, and how they would like their personal information to be recorded, used and shared



Capability 2E: Responsive to lesbian, gay, bisexual, transgender and intersex people, their families of choice, and communities	
Recovery-oriented practice	<ul style="list-style-type: none"> • demonstrate understanding of and respect for people of diverse sexuality, sex or gender and their carers • provide a welcoming environment in waiting rooms, for example, display rainbow stickers, service pamphlets and posters affirming diversity • form partnerships with organisations and services that are targeted specifically to lesbian, gay, bisexual, transgender and intersex people • include appropriate options on forms such as intake, incident and feedback forms • ensure organisational promotional material is welcoming of lesbian, gay, bisexual, transgender and intersex people and provides accurate information on the mental health risks they experience • seek out and embrace training in cultural competency
Recovery-oriented leadership	<ul style="list-style-type: none"> • proactively incorporate responsiveness to the lived experience of lesbian, gay, bisexual, transgender and intersex people in organisational policy and practice • use research and evidence to support staff to improve practice, service delivery and outcomes for lesbian, gay, bisexual, transgender and intersex people and their partners and families • analyse their performance in working with lesbian, gay, bisexual, transgender and intersex people as part of an ongoing assessment of their experiences • collect information about diverse sexuality, sex and gender if it is directly related to, and reasonably necessary for, responsiveness • have systems in place for the ongoing identification and monitoring of the changing needs of consumers • demonstrate leadership in promoting acceptance of sexual diversity, and implement mechanisms to redress discrimination • routinely offer appropriate diverse sexuality, sex and gender competence development and training for staff and volunteers.
Opportunities	
<ul style="list-style-type: none"> • Establish and promote links with community-specific support groups and organisations and practitioners who welcome lesbian, gay, bisexual, transgender and intersex people. • Undertake the Rainbow Tick process: an accreditation process for inclusive practice with lesbian, gay, bisexual, transgender and intersex people in Australia www.glhv.org.au/glbti-inclusive-practice. 	
Resource materials	
<ul style="list-style-type: none"> • Victorian Department of Health 2011, <i>Well proud: a guide to GLBTI inclusive practice for health and human services</i>, www.glhv.org.au/health-service-audit/well-proud-guide-glbti-inclusive-practice-health-and-human-services • National LGBTI Health Alliance 2012, <i>Pathways to inclusion: frameworks to include LGBTI people in mental health and suicide prevention services and organisations</i>, www.lgbthealth.org.au/sites/default/files/Pathways%20to%20Inclusion%20May%202012v5.pdf • Gay and Lesbian Health Victoria, <i>Sexual diversity health service audit</i>, www.glhv.org.au/sexual-diversity-health-services-audit 	



Domain 2: Person 1st and holistic

Capability 2F: Responsive to families, carers and support people

Recovery-oriented practice and service delivery recognises the unique role of personal and family relationships in promoting wellbeing, providing care, and fostering recovery across the life span, and recognises the needs of families and support givers themselves.

Core principles	<ul style="list-style-type: none"> • A person's ability to fulfil their roles and responsibilities within significant relationships can promote and sustain personal recovery efforts; a person's parenting roles and responsibilities are particularly important. • The important roles played by family members, carers, peers and significant others is acknowledged and supported in contributing to the wellbeing of people experiencing mental health issues. • Families, carers, significant others and peers are viewed as partners. • Mental health practitioners and services acknowledge and are responsive to the needs of families, friends and other carers for information, education, guidance and support for their own needs as well as to enable them to assist a person's recovery. • Choices about the involvement in personal recovery of family and significant others rests with the person living with mental health issues, with due consideration for what is age appropriate.
Characteristics	Mental health practitioners and providers...
Values and attitudes	<ul style="list-style-type: none"> • recognise, value and affirm the importance of a person's roles and responsibilities within their personal relationships • recognise, value and respect the role of family members, carers and significant others • understand and empathise with the journeys of recovery, healing, wellbeing, growth and learning that families are undertaking • understand, respect and respond to family diversity • are sensitive and responsive to children and young people in families experiencing mental health issues
Knowledge	<ul style="list-style-type: none"> • understand the impact of mental health issues on close relationships • understand and respect the tensions inherent in balancing the wishes and personal recovery aspirations and goals of people and those of their family and carers, including tensions about privacy and personal information • recognise the diversity of family relationships and responsibilities, including but not limited to different cultures, same-sex relationships and blended families • understand the needs of families and have up-to-date knowledge of services and supports available to meet those needs
Skills and behaviours	<ul style="list-style-type: none"> • provide people with opportunities to identify and express relationship support choices and needs • assist people to maintain, establish or re-establish relationships with family and support people • support people to fulfil important roles such as parenting • assist family members and significant others to feel safe, welcome and valued • help families to support the recovery of a relative • help families to identify and meet their own support needs, for example support with their own responses, information needs, and support/education to use a recovery approach • as soon as possible, offer family and people in a person's support network assistance to navigate service systems • advocate and support self-advocacy for family members and carers when interruption to their education, training, or employment leads to economic and social hardships • seek out and incorporate the views of families and carers in practice and service delivery



Capability 2F: Responsive to families, carers and support people	
Recovery-oriented practice	<ul style="list-style-type: none"> • are vigilant in identifying and meeting the support needs of children and young people in families experiencing mental health issues • are clear about rights and responsibilities in relation to privacy and consent, including with respect to family member involvement, and encourage open discussion when views and interests are in conflict • encourage and support people when they are well to develop advanced care directives or plans for the care of their children • support people in sharing key elements of recovery goals and approaches with family and support people
Recovery-oriented leadership	<ul style="list-style-type: none"> • review organisational policy and procedures to ensure that they embrace working collaboratively with families, carers and support networks • offer flexibility in working with families, carers and support people, including opportunities for off-site, out-of-hours and in-home assessment and service • promote family and carer peer support such as family and carer consultants, parent peer support and Children of Parents with Mental Illness programs • ensure that staff, consumers, families and support people are aware of sources of family and carer support, including peer support.
Opportunities	
<ul style="list-style-type: none"> • Increase opportunities for the employment of family/carer peer workers and for the co-design of family peer support programs. • Support the use of advanced care directives. 	
Resource materials	
<ul style="list-style-type: none"> • COPMI 2013, eLearning courses: 'Keeping children in mind' and 'Family focus' www.copmi.net.au/professionals/professional-tools/elearning-courses.html • Victorian Mental Health Carers Network 2013, 'Families as partners in mental healthcare: training for mental health professionals' www.carersnetwork.org.au/Families-as-Partners.php • Topor et al. 2006, 'Others: the role of family, friends, and professionals in the recovery process', <i>American Journal of Psychiatric Rehabilitation</i>, vol. 9, pp. 17–37 	



Domain 3: Supporting personal recovery

Capability 3A: Promoting autonomy and self-determination

Recovery-oriented mental health practice and service delivery affirms a person's right to exercise self-determination, to exercise personal control, to make decisions and to learn and grow through experience. Personal safety is upheld and service models are implemented that reduce if not eliminate the need for coercion.

Core principles	<ul style="list-style-type: none"> • Staff interactions with people using mental health services promote increased personal control. • Mental health services have a responsibility to respect people as partners in decisions affecting their mental health care. • People's personal experiences, understandings, priorities and preferences shape decision making concerning service responses. • Mental health services ensure the safety and promote the wellbeing and personal growth of people and commit to reducing, if not eliminating, coercion and involuntary interventions.
Characteristics	Mental health practitioners and providers...
Values and attitudes	<ul style="list-style-type: none"> • affording primacy to the wishes and views of a person accessing the service • respect people's right to self-determination • support people's decision making and respect their choices
Knowledge	<ul style="list-style-type: none"> • understand autonomy as fundamental to recovery • understand both recovery possibilities and limitations when coercion, seclusion and restraint are used • understand the importance of minimising involuntary practices like seclusion, restraint and involuntary treatment, and know how to reduce these practices • understand the importance of positive learning and positive risk taking to recovery • know ways to help people determine what happens in a future crisis, for example, by using advance directives • know mental health consumer advocacy and carer groups, and support their involvement in service delivery and decision making
Skills and behaviours	<ul style="list-style-type: none"> • actively inform people of their rights in service settings, support them in exercising those rights and remove barriers to their exercise of rights • help people to enhance their skills for informed decision making, including skills for obtaining, evaluating and applying information • engage with people in ways that heighten a person's sense of self-agency and personal control • help people to identify personal aspirations, goals and intrinsic motivators, including what's important for the person, what they want out of life, what they see as their most pressing challenges and difficulties, and what they want to do and change as a matter of priority • create nurturing environments where people feel sufficiently safe to challenge themselves, take positive risks and strive for growth
Recovery-oriented practice	<ul style="list-style-type: none"> • emphasise personal autonomy and self-determination in assessment processes and forms • use recovery and wellbeing planning tools that have been developed by and validated through lived experience • remove service barriers to people engaging in tasks of daily living • collaboratively explore strategies for avoiding coercion • promote the use of person-held service records



Capability 3A: Promoting autonomy and self-determination	
Recovery-oriented leadership	<ul style="list-style-type: none"> incorporate and uphold principles of autonomy and self-determination in service policies and procedures develop and implement evidence-based service models, models of care and practice skills that reduce coercion and the use of seclusion and restraint ensure that any limitations on a person's choice, autonomy and self-determination are least restrictive as possible and removed as soon as practicable maximise opportunities for autonomy and self-determination in referral, assessment, service coordination and discharge policies and procedures.
Opportunities	
<ul style="list-style-type: none"> Establish opportunities for wellbeing resources to be designed and developed by people with a lived experience. Establish on-site recovery programs—training and education delivered by people with experience of mental health issues www.nottinghamshirehealthcare.nhs.uk/our-services/local-services/adult-mental-health-services/recovery-education-college. People can conduct their own research and prepare their own wellness and recovery plans, family plans, crisis prevention plans and advance directives using computer hubs and internet cafes. 	
Resource materials	
<ul style="list-style-type: none"> RANZCP 2010, <i>Position statement 61: minimising the use of seclusion and restraint in people with mental illness</i>, www.ranzcp.org/Files/ranzcp-attachments/Resources/College_Statements/Position_Statements/ps61-pdf.aspx Queensland Health 2008, <i>Policy statement on reducing and where possible eliminating restraint and seclusion in Queensland mental health services</i>, www.health.qld.gov.au/mentalhealth/docs/sandrpolicy_081030.pdf NMHCCF 2009, <i>Ending seclusion and restraint in Australian mental health services</i>, www.nmhccf.org.au/documents/Seclusion%20&%20Restraint.pdf WRAP and Recovery Books 2013, 'The wellness tool box', www.mentalhealthrecovery.com/wrap/sample_toolbox.php Andresen et al. 2011, <i>Psychological recovery: beyond mental illness</i> Slade 2009a, <i>Personal recovery and mental illness: a guide for mental health professionals</i> O'Hagan 2006, <i>Acute crisis: towards a recovery plan for acute mental health services</i>, www.maryohagan.com/resources/Text_Files/The%20Acute%20Crisis%20O'Hagan.pdf Ashcroft & Anthony 2005, <i>A story of transformation: an agency fully embraces recovery</i>, www.recoveryinnovations.org/pdf/BHcare%20Apr%202005.pdf Ashcraft 2006, <i>Peer services in a crisis setting: The Living Room</i>, www.recoveryinnovations.org/pdf/LivingRoom.pdf Fulford 2007, <i>Values-based practice: a new partner to evidence-based practice and a first for psychiatry?</i> www.msmonographs.org/article.asp?issn=0973-1229;year=2008;volume=6;issue=1;spage=10;epage=21;au last=Fulford Scottish Recovery Network, <i>Module 1: understanding recovery and Module 5: sharing responsibility for risk and risk-taking</i>, <i>Realising recovery</i>, www.scottishrecovery.net/Realising-Recovery/realising-recovery.html Recovery Devon 2010, <i>Recovery oriented prescribing and medicines management</i>, www.recoverydevon.co.uk/index.php/recovery-in-action/as-practitioners/80-recovery-orientated-prescribing-and-medicines-management 	



Domain 3: Supporting personal recovery

Capability 3B: Focusing on strengths and personal responsibility

Recovery-oriented mental health care focuses on people's strengths and supports resilience and capacity for personal responsibility, self-advocacy and positive change.

Core principles	<ul style="list-style-type: none"> • People have the capacity to recover, reclaim and transform their lives. • People with mental health issues want what everyone else does. • The personal resourcefulness, resilience and strengths of people with mental health issues are recognised and drawn upon. • A focus on strengths motivates and assists people to feel good about themselves and believe in their capacity for personal recovery. • Personal recovery begins when people reclaim responsibility for their wellbeing and decisions. • 'Nothing about me, without me'—a person is the director of the therapeutic relationship. • The preferred setting for service delivery is in the community. • Naturally occurring supports are preferred. • People draw on the resources and strengths of their families and close relationships, and on naturally occurring resources, to recover.
Characteristics	Mental health practitioners and providers...
Values and attitudes	<ul style="list-style-type: none"> • convey their belief in people's capacity to reach their aspirations and to shape a life rich in possibility and meaning • acknowledge and positively reinforce people's strengths and capacity for personal recovery • reflect a strengths focus in attitude, language and actions
Knowledge	<ul style="list-style-type: none"> • know strengths-based approaches to service planning, including the incorporation of elements of positive psychology • know and understand concepts of resilience
Skills and behaviours	<ul style="list-style-type: none"> • actively support people to recognise and draw on their strengths to build recovery skills and capacity for self-management of their mental health • support people as they build self-advocacy skills • work with people to understand what works well for them in their recovery efforts • foster people's belief in their capacity for growth as well as their capacity to fulfil responsibilities such as parenting and personal and household management • support people to self-manage distressing aspects of their condition like negative moods, voices, self-harm and suicidal urges • relate supportively with people when they are distressed • support people to self-monitor triggers and early warning signs • support people with medication management as well as physical health and wellbeing management • actively foster people's resilience and recognise its impact on recovery outcomes
Recovery-oriented practice	<ul style="list-style-type: none"> • incorporate methods of enquiry that encourage learning and using mistakes or setbacks as opportunities for growth • use collaborative assessment processes and service planning to amplify a person's strengths and assets, to foster responsibility, support positive identity and nurture hope • prompt people to consider what has worked well for them in the past • positively reinforce people's successes and achievements and encourage their translation into other life contexts • support family and support people to focus on strengths and to encourage personal responsibility



Capability 3B: Focusing on strengths and personal responsibility	
Recovery-oriented leadership	<ul style="list-style-type: none"> • foster opportunities within and beyond the service setting for people to apply and build on identified strengths • draw on lived expertise when incorporating strengths-based approaches into policies and procedures • use language in assessment processes, forms and tools and data collection that emphasises strengths and personal roles and relationships • encourage the co-design of new strength-based approaches and solutions with people who have a lived experience • model strengths-based approaches with staff and highlight the strengths of staff.
Opportunities	
<ul style="list-style-type: none"> • Use self-stigma reduction resources. • Adopt a strengths-based model of practice. • Develop information resources that promote positive messages and emphasise strengths. 	
Resource materials	
<ul style="list-style-type: none"> • Rapp & Goscha 2011, <i>Strengths model: a recovery-oriented approach to mental health services</i>, www.mindshare.org.au • Scottish Recovery Network, 'Multimedia', www.scottishrecovery.net/Multimedia/multimedia.html • Scottish Recovery Network, <i>Module 3: enabling self-direction</i>, Realising recovery, www.scottishrecovery.net/Realising-Recovery/realising-recovery.html • Bird et al. 2012, 'Assessing the strengths of mental health consumers: a systematic review', <i>Psychological Assessment</i>, Advance online publication, doi: 10.1037/a0028983 • Leamy et al. 2011, 'Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis', <i>British Journal of Psychiatry</i>, vol. 199, pp. 445–452 	



Domain 3: Supporting personal recovery

Capability 3C: Collaborative relationships and reflective practice

Recovery-oriented mental health practitioners demonstrate reflective practice and build collaborative, mutually respectful, partnership-based relationships with people to support them to build their lives in the ways that they wish to.

Core principles	<ul style="list-style-type: none"> Recovery-oriented mental health practice and service delivery are built upon mutually respectful and collaborative partnerships. Supporting another person's recovery requires mental health practitioners to reflect on their own culture, values and beliefs and be aware of their own mental health. High-quality therapeutic relationships require ongoing critical reflection and continuous learning.
Characteristics	Mental health practitioners and providers...
Values and attitudes	<ul style="list-style-type: none"> demonstrate openness and willingness to learn from the person in recovery as well as from their family and support people value and warmly invite a collaborative relationship are open to adapting to people's different and changing needs and doing things differently convey respect for a person as an equal partner in the therapeutic relationship demonstrate a commitment to reflective practice and its role in authentic engagement and building mutually respectful and collaborative relationships
Knowledge	<ul style="list-style-type: none"> understand the impact their own culture, values and life experience have on their relationships and interactions with people using services know and can use a range of collaborative practices know and demonstrate proficiency in reflective practice
Skills and behaviours	<ul style="list-style-type: none"> acknowledge the possible impacts on people of the values, biases and beliefs built into professional training and service systems persist with engaging respectfully with those who have declined assistance or who do not feel motivated build trust and reciprocity with consumers encourage honest and open discussion of areas of agreement and disagreement as well as difference in values and priorities collaboratively work through differences of opinion, negotiate and resolve conflict and establish a mutually acceptable compromise or middle ground acknowledge and explore power differences in the therapeutic relationship and their possible impacts where appropriate, share aspects of one's own life experience to empathise with a person as well as to amplify a person's sense of motivation
Recovery-oriented practice	<ul style="list-style-type: none"> within a collaborative, partnership-based relationship, offer knowledge about the best available treatments and supports offer professional expertise to alleviate distressing symptoms, minimise the impact of mental health issues and prevent relapse, hospitalisation and harmful risk encourage honest discussion and collaborative decision making about treatment choices, including medication and its role alongside a wide range of other types of resilience-promoting supports, skills and strengths



Capability 3C: Collaborative relationships and reflective practice	
Recovery-oriented leadership	<ul style="list-style-type: none"> • provide opportunities for staff to recognise, reflect on and celebrate a person's recovery achievements and outcomes • build opportunities for consumers to be involved in service change, practice development and professional development • incorporate a focus on collaborative practice in policies and procedures as well as in recruitment, professional development and continuous quality improvement • recognise that good collaborative care takes time, both time spent with people and within the team • support staff to prioritise the space and time necessary for collaborative and reflective practice.
Opportunities	
<ul style="list-style-type: none"> • In collaboration with people with lived experience of mental health issues develop resources to support the building of collaborative therapeutic relationships. 	
Resource materials	
<ul style="list-style-type: none"> • Oades et al. 2005, 'Collaborative recovery: an integrative model for working with individuals who experience chronic and recurring mental illness', <i>Australasian Psychiatry</i>, vol.13, no. 3, pp. 279–284 • Mental Health Association of Central Australia, 'Helen Glover: collaborative recovery training program', www.mhaca.org.au/helen-glover-training.html • Scottish Recovery Network, <i>Module 2: using self to develop recovery-oriented practice</i>, Realising recovery, www.scottishrecovery.net/Realising-Recovery/realising-recovery.html 	

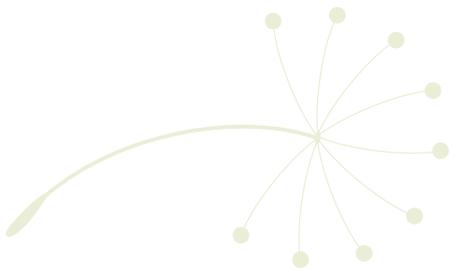


Domain 4: Organisational commitment and workforce development

Capability 4A: Recovery vision, commitment and culture	
A recovery orientation emanates from the vision, mission and culture of a mental health service.	
Core principles	<ul style="list-style-type: none"> The primary goal of a mental health service and of mental health practice is to support personal recovery. The belief in a person's capacity to recover is communicated in the organisation's vision and inspires and drives service delivery. The physical, social and cultural environment of a service inspires hope, optimism and humanistic practices.
Characteristics	Mental health providers...
Values and attitudes	<ul style="list-style-type: none"> view the promoting of personal recovery as core business rather than additional business demonstrate organisational commitment to learn from people with lived experience of mental health issues about how best to support personal recovery efforts demonstrate commitment to maximise opportunities for people to develop self-direction and self-responsibility
Knowledge	<ul style="list-style-type: none"> are abreast of emerging best practice related to supporting personal recovery and maximising a person's decision making and control know tools, resources and training for recovery-oriented cultural change understand that the expertise and knowledge required to promote recovery comes from both within and beyond mental health services support staff to reflect on their own lived experience of mental health issues and to use this knowledge appropriately
Skills and behaviours	<ul style="list-style-type: none"> embed recovery values and principles in the organisation's mission statement, philosophy, language, strategic plan, promotional material and website embed recovery principles, values and language in assessment tools and forms, service plans, consumer records and service delivery reports embed recovery principles in recruitment, supervision, appraisal, audit, planning and operational policies and procedures use recovery language in all correspondence include the fundamentals of recovery-oriented practice in staff induction, orientation training and ongoing professional development
Recovery-oriented practice	<ul style="list-style-type: none"> actively seek and use knowledge, information and feedback from people with lived experience of mental health issues and their families to innovate and improve services foster connections between lived experience and professional expertise to create a collaborative body of knowledge celebrate success in increasing the recovery orientation of practice and service delivery
Recovery-oriented leadership	<ul style="list-style-type: none"> champion the organisation's recovery vision, commitment and culture champion the participation of a diversity of consumers, families and carers model recovery language, values and principles in all aspects of their work include a commitment to proficiency in recovery-oriented practice and service delivery in position statements, service agreements and contracts ensure workplaces are safe, healthy, supportive, nurturing and recovery enhancing champion peer-run services and programs provide staff with ready access to information, research and resources that help to embed recovery-oriented principles and practice in the organisation review the time and resources required to implement and sustain recovery-oriented practice and service delivery.



Capability 4A: Recovery vision, commitment and culture
Opportunities
<ul style="list-style-type: none"> • Bring together people with lived experience, their families and carers and practitioners to discuss how to increase the recovery orientation of practice and services www.trialogue.co.
Resource materials
<ul style="list-style-type: none"> • RANZCP 2010, <i>Position statement 62: consumer and carer engagement</i>, www.ranzcp.org/Files/ranzcp-attachments/Resources/College_Statements/Position_Statements/ps62-pdf.aspx • Sainsbury Centre for Mental Health 2010, <i>Implementing recovery: a methodology for organisational change</i>, www.centreformentalhealth.org.uk/pdfs/implementing_recovery_methodology.pdf • Sainsbury Centre for Mental Health 2009, <i>Implementing recovery: a new framework for organisational change</i>, www.centreformentalhealth.org.uk/pdfs/implementing_recovery_paper.pdf • NHS Education for Scotland/Scottish Recovery Network 2007, <i>Realising recovery: a national framework for learning and training in recovery focused practice</i>, www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/mental-health-and-learning-disabilities/publications-and-resources.aspx • Williams et al. 2012, 'Measures of the recovery orientation of mental health services: systematic review', <i>Social Psychiatry and Psychiatric Epidemiology</i>, Advanced Online publication, DOI 10.1007/s00127-012-0484-y



Domain 4: Organisational commitment and workforce development

Capability 4B: Acknowledging, valuing and learning from people's lived experience and from families, staff and communities

Recovery-oriented mental health services value, respect and draw upon the lived experience of mental health issues of consumers, their families and friends, staff and the local community.

Core principles	<ul style="list-style-type: none"> The lived experience of mental health consumers, their families and friends, staff and the local community is valued and respected. Recovery-oriented mental health services provide meaningful roles and positions, including leadership positions, for people with lived experience of mental health issues and mental illness (either personally or in their family or significant relationships). The organisational culture supports and empowers staff with lived experience of mental health issues to draw on that experience when responding to the people who use their services.
Characteristics	Mental health practitioners and providers....
Values and attitudes	<ul style="list-style-type: none"> are open to and enthusiastic to learn from, and be changed and challenged by, people with lived experience of recovery and mental distress and their families are committed to building a workforce with more professionals who have lived experience of mental health issues as well more peer practitioners/workers
Knowledge	<ul style="list-style-type: none"> understand participation issues for consumers in different settings and contexts—for example, forensic or compulsory settings—and know how to address these issues
Skills and behaviours	<ul style="list-style-type: none"> incorporate into their practice knowledge gained from working with people with lived experience of mental health issues support mental health professionals with lived experience to draw on their experience seek and obtain a representative view of what consumers think and use this information to drive and shape practice and service delivery provide opportunities for people in recovery wishing to learn from the peer workforce, for example, peer-led mentorship, coaching, education and training programs as well as traineeships and scholarships
Recovery-oriented practice	<ul style="list-style-type: none"> champion robust participation processes seek out advice from consumer and carer leaders and organisations support and collaborate with peer-run independent initiatives learn from colleagues who have accumulated experience and wisdom in incorporating their own lived experience of mental health issues into their practice
Recovery-oriented leadership	<ul style="list-style-type: none"> ensure that recruitment processes for all professional positions encourage applications from suitably qualified mental health professionals who also have lived experience of mental health issues/illness either personally, in their family or in significant relationships involve people with lived experience of mental health issues in decision-making processes (including recruitment processes) provide dedicated roles—including leadership positions—for people whose lived experience of mental health issues appropriately equips them to work within the service and who are resourced to develop roles and position statements provide the same management support, supervision and professional development opportunities to peer workers and other workers with lived experience as are provided to other professional groups bring together people with lived experience, family and carers and service providers in partnership and use their experiences to design, develop and improve services provide education and training programs conducted by peers and people in recovery for all staff, across all professions and at all levels provide opportunities for research and evaluation conducted by peers and people in recovery, and incorporate findings into quality improvement initiatives and ongoing organisational change.



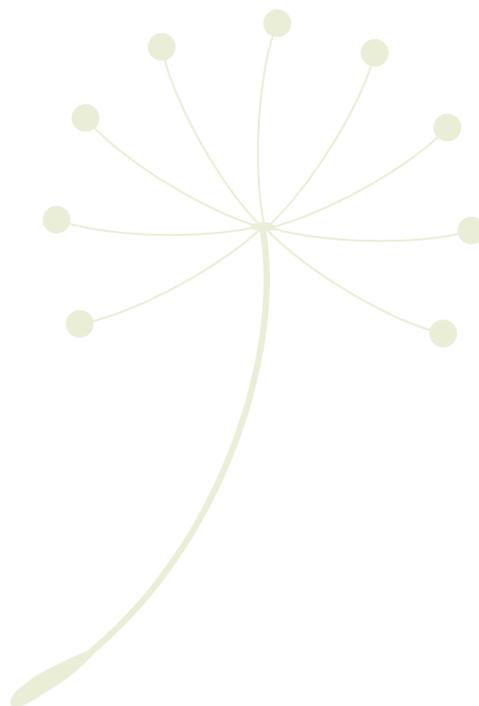
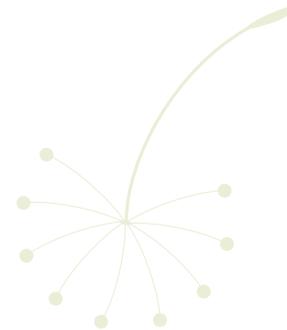
Capability 4B: Acknowledging, valuing and learning from people's lived experience and from families, staff and communities

Opportunities

- Explore and develop new peer-run service models and programs, for example:
 - peer support in the community www.brookred.org.au
 - peer services in crisis and acute settings www.recoveryinnovations.org/pdf/LivingRoom.pdf
 - lived experience in clinical training and professional development
 - Hospital to Home canmentalhealth.org.au/resources/forms/hospital-to-home.html
 - peer support and hospital avoidance and discharge informahealthcare.com/doi/abs/10.1080/09638230701530242
 - warmlines (help and support telephone services) www.lifeline.org.nz/Warmline272.aspx
 - recovery colleges www.nottinghamshirehealthcare.nhs.uk/our-services/local-services/adult-mental-health-services/recovery-education-college/
 - peer support training.

Resource materials

- MH ECO: Experience Co-Design, www.mheco.org.au
- Scottish Recovery Network 2012, *Experts by experience: implementation guidelines*, www.scottishrecovery.net/View-document-details/328-Experts-by-Experience-Form-view.html
- Centre for Excellence in Peer Support Victoria, www.peersupportvic.org
- Daniels et al. 2010, *Pillars of peer support: transforming mental health systems of care through peer support services*, www.pillarsofpeersupport.org/final%20%20PillarsofPeerSupportService%20Report.pdf



Domain 4: Organisational commitment and workforce development

Capability 4C: Recovery-promoting service partnerships

A recovery-oriented mental health service establishes partnerships with other organisations both within and outside of the mental health sector.

Core principles	<ul style="list-style-type: none"> • Many services and supports outside the mental health system play an important role in helping to promote recovery and wellbeing by connecting people with their communities, traditions and cultures and reconnecting them with their developmental trajectories. • Partnerships can increase the efficiency of the mental health system by making the best use of different but complementary resources. • Mental health services and practitioners work through strong and sound service partnerships to support people to gain maximum benefit from locally available services and resources.
Characteristics	Mental health practitioners and providers...
Values and attitudes	<ul style="list-style-type: none"> • are outward looking and embrace service partnerships • welcome person-directed or initiated opportunities for new service partnerships and pathways • acknowledge that strong service partnerships enable holistic and comprehensive mental health care • recognise and value the expertise and contribution of other services • respect partnering agencies and their staff as equals
Knowledge	<ul style="list-style-type: none"> • maintain up-to-date knowledge of local services, resources, referral points and processes • maintain up-to-date knowledge of emerging evidence and best practice in service partnerships and service coordination
Skills and behaviours	<ul style="list-style-type: none"> • invest time, staff, materials, resources or facilities in service partnerships • coalesce with partners around the clear and shared goal of supporting personal recovery and a person's aspirations, choice and self-management • ensure that respective roles, responsibilities and expectations are clearly defined and understood by all partners • ensure that the administrative, communication and decision-making structure of the partnerships are as simple and easy to use as possible • standardise wherever possible common processes across agencies such as protocols, referral processes, service standards, data collection and reporting • use partnership analysis tools to reflect on and strengthen existing alliances and to establish new alliances • strategically, systematically and routinely draw on the strengths, knowledge, expertise and resources of other services to augment and support personal recovery
Recovery-oriented practice	<ul style="list-style-type: none"> • develop service partnerships to support people and their families to access the services and supports they require which may include health care, advocacy, education, training and employment, rehabilitation and support, exercise and nutrition, recreation, family support, childcare, housing and volunteering • access lived expertise in determining supportive, responsive, person-centred service partnerships
Recovery-oriented leadership	<ul style="list-style-type: none"> • validate and actively support service partnerships • build the requirement for service partnerships and service coordination into recruitment, professional development and continuous quality improvement • encourage and reward collaborative action by staff and reciprocity between agencies • take the time and resources to build effective partnerships and service coordination, with other services and within the team • support staff to prioritise the space and time necessary for good service partnerships and effective service coordination.



Capability 4C: Recovery-promoting service partnerships
Opportunities
<ul style="list-style-type: none">• Establish local recovery communities of practice.• Subscribe to and circulate the e-newsletters of community organisations.
Resource materials
<ul style="list-style-type: none">• VIC Health 2011, <i>The partnership analysis tool: a resource for establishing, developing and maintaining partnerships for health promotion</i>, www.vichealth.vic.gov.au/Publications/VicHealth-General-Publications/Partnerships-Analysis-Tool.aspx• Scottish Recovery Network, <i>Putting a network together</i> and <i>Sustaining a network</i>, www.scottishrecovery.net/Local-Recovery-Networks/supporting-resources.html



Domain 4: Organisational commitment and workforce development

Capability 4D: Workforce development and planning

Recovery-oriented mental health services prioritise building a workforce that is knowledgeable, compassionate, collaborative, skilled, diverse and committed to supporting personal recovery first and foremost.

Core principles	<ul style="list-style-type: none"> The vision for recovery-oriented organisations incorporates a workforce that is knowledgeable, compassionate, collaborative, skilled and diverse. Ongoing learning, skill development and reflection for recovery-based practice is built into an organisation's professional development processes and continuous quality improvement.
Characteristics	Mental health providers...
Values and attitudes	<ul style="list-style-type: none"> are open to changing, developing and embracing new work practices commit to being a learning organisation and to continuous quality improvement welcome lived expertise as a tool for strengthening organisational commitment to compassionate, person-centred ways of working are generous and share resources and knowledge through partnerships and collaboration to contribute to the development of a skilled workforce
Knowledge	<ul style="list-style-type: none"> know and understand the evidence base embracing new work practices required for an increased recovery orientation understand relevant legislation and its requirements regarding safety and rationale for coercive intervention seek knowledge in a wide range of fields to support recovery-oriented workforce development
Skills and behaviours	<ul style="list-style-type: none"> are proficient in using measures to assess the recovery orientation of the organisation collaborate with people with lived experience when formulating plans for organisational and workforce development build teams that are skilled and equipped to strengthen the recovery orientation of their practice and service delivery have a plan and infrastructure for supporting the personal and professional development of staff contribute to service innovation at all levels of the organisation
Recovery-oriented practice	<ul style="list-style-type: none"> have open and shared knowledge management recruit staff with the appropriate values, attitudes and knowledge to support recovery processes retain staff through a supportive, healthy and nurturing workplace recruit people with lived experience to applied lived experience positions and peer worker positions as well as people with lived experience who also have professional training and experience views applied lived experience as a discipline that contributes skills and expertise to mental health services builds a culturally competent and diverse workforce provide staff with opportunities to increase and enhance knowledge, engage in reflective practice and make progress in their careers provide equal opportunities for staff in supervision, mentoring and coaching so they can explore, critically reflect and learn directly from the wisdom and experience of others have effective performance management systems to assess workers' progress with supporting recovery and providing recovery-oriented services with indicators that are validated as well as relevant and meaningful to consumers and families



Capability 4D: Workforce development and planning	
Recovery-oriented leadership	<ul style="list-style-type: none"> • reward strong, committed, inspiring and forward-thinking leadership enables, resources and supports staff to apply recovery-oriented principles and values to their practice • work together and in partnership with consumers and their families to move the organisation forwards in recovery-oriented framework • enable staff to perform at their highest potential in their roles of supporting personal recovery.
Opportunities	
<ul style="list-style-type: none"> • Establish learning circles and communities of practice for applying recovery in life and work. 	
Resource materials	
<ul style="list-style-type: none"> • Mental Health Coordinating Council 2008, <i>Mental health recovery philosophy into practice: a workforce development guide</i> www.mhcc.org.au/documents/Staff%20Development%20Guide/Introduction-revised.pdf 	



Domain 5: Action on social inclusion and the social determinants of health, mental health and wellbeing

Capability 5A: Supporting social inclusion and advocacy on social determinants	
Recovery-oriented practice and service delivery advocates to address poor and unequal living circumstances that adversely impact personal recovery.	
Core principles	<ul style="list-style-type: none"> • People with mental health issues want to, and should be able to, enjoy the same social, economic and educational opportunities as everyone else. • Housing, transport, education, employment, income security, health care and participation are social determinants of health and wellbeing, and poor and unequal living conditions in these areas create disadvantage and poor health and mental health outcomes. • Because opportunity is a vital element of recovery, services ensure a focus on social inclusion. • Although mental health services are not part of a person's natural support networks, they can act as a conduit for people to their communities of choice. • Mental health services can play an important role in helping people to maintain naturally occurring supports and networks, access health care, maintain stable housing and take advantage of education, employment and other opportunities.
Characteristics	Mental health practitioners and providers...
Values and attitudes	<ul style="list-style-type: none"> • uphold the human rights of people with lived experience to participate in community and social settings that exist outside of mental health services • acknowledge the importance to personal recovery of naturally occurring supports, connections and opportunities • acknowledge that social exclusion or lack of opportunity can adversely impact on people's wellbeing • challenge barriers to social inclusion, including within their service
Knowledge	<ul style="list-style-type: none"> • understand that social inclusion is a determinant of health and wellbeing • understand the impacts on recovery of poor and unequal living conditions • know about community services and resources and actively support people to seek out information about the services they want • understand how self-stigma might impede a person from taking up naturally occurring opportunities for participation • maintain knowledge of current legislation, instruments, protocols and procedures governing people's human rights and legal rights: <ul style="list-style-type: none"> – <i>The United Nations universal declaration of human rights (1948)</i> – <i>The United Nations Convention on the rights of persons with disability (2006)</i> – <i>The United Nations Principles for the protection of persons with mental illness and for the improvement of mental health care (1991)</i> – antidiscrimination legislation



Capability 5A: Supporting social inclusion and advocacy on social determinants	
Skills and behaviours	<ul style="list-style-type: none"> • draw attention to inequity and contribute to community partnerships to mitigate this • support people to understand and act on their human rights and to self-advocate • actively support people's access to naturally occurring community resources, supports and networks • discuss recovery goals, make appropriate referrals and support access to services and resources that can contribute to: <ul style="list-style-type: none"> – meaningful social engagement – education, vocational training and employment opportunities – income security – housing stability – general health and wellbeing outcomes • help people and their families to get the most and best out of services—that is, to identify what they want from services, understand when and how to access services, build effective working relationships, make complaints, decide when to exit and so on • are familiar with the criminal justice system and develop working relationships with police, justice, corrections and probation and parole
Recovery-oriented practice	<ul style="list-style-type: none"> • use knowledge of human and legal rights and service systems to challenge social exclusion and disadvantage and to advocate for social justice • are active partners in broad-based alliances that advocate for action on social exclusion and the social determinants of health and wellbeing
Recovery-oriented leadership	<ul style="list-style-type: none"> • model a positive service culture that promotes inclusion of people using their services and their families at all levels • regularly review support plans and service activities to ensure they are inclusive of naturally occurring social connections and opportunities for participation in the community • collaborate to provide referral pathways into and out of services that can contribute to recovery outcomes • validate and support the advocacy efforts of staff, consumers, families and communities • input into relevant public inquiries and reform processes.
Opportunities	
<ul style="list-style-type: none"> • Develop strong working relationships with community development officers in local councils. • Use social media to promote community resource directories and information on community events, clubs, associations and services. • Participate in Social Inclusion Week. • Participate in and contribute to community festivals and events. 	
Resource materials	
<ul style="list-style-type: none"> • Mental Health Coordinating Council 2007, <i>Social inclusion: its importance to mental health</i>, www.mhcc.org.au/resources/social-inclusion.aspx • Victorian Department of Health, <i>Promoting social inclusion and connectedness</i>, www.health.vic.gov.au/healthpromotion/downloads/mhr_promoting.pdf • UK Office of the Deputy Prime Minister 2004, <i>Action on mental health: a guide to promoting social inclusion</i>, webarchive.nationalarchives.gov.uk/+/www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/publications_1997_to_2006/action_on_mh.pdf • Slade 2012, 'Mental illness and well-being: the central importance of positive psychology and recovery approaches', <i>BMC Health Services Research</i>, vol. 10, no. 26, www.biomedcentral.com/1472-6963/10/26 	



Domain 5: Action on social inclusion and the social determinants of health, mental health and wellbeing

Capability 5B: Actively challenging stigmatising attitudes and discrimination, and promoting positive understandings	
Recovery-oriented practice and service delivery promotes positive understandings of mental illness and challenges stigma and discrimination.	
Core principles	<ul style="list-style-type: none"> • Direct personal contact with people who experience mental health issues is the best approach to reducing stigma. • People with a lived experience of mental health can best design and deliver antistigma education. • Empowerment helps people with experience of mental health issues to develop a sense of self-efficacy and thereby helps to combat discrimination and the internalising of stigma.
Characteristics	Mental health practitioners and providers...
Values and attitudes	<ul style="list-style-type: none"> • accept, value and celebrate difference • reject and challenge stigmatising and discriminating attitudes and behaviours • acknowledge that stigma and negative attitudes can exist within mental health service settings as well as being internalised among people with a lived experience
Knowledge	<ul style="list-style-type: none"> • understand concepts of stigma and discrimination and their impacts on people experiencing mental health issues, including internalised stigma • understand that stigma and discrimination can be experienced as trauma • understand stigma and discrimination in the health, mental health and related workforces • understand the role of media in both perpetrating and redressing discrimination • know antidiscrimination legislation, policy frameworks and mechanisms for complaint and redress • know best practice in stigma reduction—what works and how individuals, organisations and communities can assist
Skills and behaviours	<ul style="list-style-type: none"> • actively challenge stigmatising attitudes within service settings and community settings and engender hope and positivity among people with a lived experience • provide accurate information about mental health issues and promote positive messages and images • support people with mental health issues, their families and carers to work through self-stigma and their own negative beliefs and views • encourage and support appropriate disclosure
Recovery-oriented practice	<ul style="list-style-type: none"> • model non-discriminatory practice, including the use of non-stigmatising and non-discriminatory language • support and foster leadership of people with experience of mental health issues • facilitate and support peer-led antistigma campaigns and activities
Recovery-oriented leadership	<ul style="list-style-type: none"> • model a positive service culture that rejects stigmatising attitudes, policies and processes within service settings • audit service delivery against agreed antistigma criteria and act on any areas needing change • employ people with lived experience of mental health issues • acknowledge and promote the role of consumer and carer leaders within the service • ensure safe spaces for peers to meet, gather and organise • initiate peer-designed and peer-run programs and services • collaborate with peer-run services in the community • ensure organisational and staff participation in and contribution to local initiatives aimed to promote positive understanding and reduce stigma and discrimination.



Capability 5B: Actively challenging stigmatising attitudes and discrimination, and promoting positive understandings

Opportunities

- Make an organisational commitment to challenge stigma and discrimination.
- Sponsor local awards and competitions that seek to address stigma by promoting positive messages.
- Link to existing advocacy groups and activities from non-health areas (for example, sporting associations, the arts and media).

Resource materials

- See me, Scotland's national campaign to end the stigma and discrimination of mental ill-health, www.seemescotland.org
- Like Minds, Like Mine, www.likeminds.org.nz/page/5-Home
- World Health Organisation, 'Ottawa charter for health promotion', www.who.int/healthpromotion/conferences/previous/ottawa/en
- VicHealth 2009, *The Melbourne charter for promoting mental health and preventing mental and behavioural disorders*, www.vichealth.vic.gov.au/Publications/Mental-health-promotion/Melbourne-Charter.aspx
- Mindframe National Media Initiative, www.mindframe-media.info



Domain 5: Action on social inclusion and the social determinants of health, mental health and wellbeing

Capability 5C: Partnerships with communities

Recovery-oriented practice and service delivery seek to maximise personal recovery by working in partnerships with local communities.

Core principles	<ul style="list-style-type: none"> • The experience of mental health issues provides a person with significant additional knowledge, resilience, skills and resources that can enrich local communities. • Communities value the resources and contribution of local mental health services. • A wealth of diverse knowledge, skills, strengths and resources reside in local communities. • As people with experience of mental health issues, local communities and mental health services have much to gain from each other, mental health services have a responsibility to assist to create opportunities for interaction and collaboration. • Communities—whether a few neighbourhoods or particular groups—are seeking to recover from events that have adversely impacted on their social and emotional wellbeing. • Mental health services have a role in supporting a community's recovery goals and efforts.
Characteristics	Mental health practitioners and providers...
Values and attitudes	<ul style="list-style-type: none"> • are known, respected and valued by their communities • welcome and initiate collaboration with local communities • have a vision for a mentally healthy community where people with experience of mental health issues flourish and have strong futures • value local diversity, knowledge, strengths and skills • understand and respect local expectations, traditions, customs and processes • supports to communities to be inclusive
Knowledge	<ul style="list-style-type: none"> • have an understanding of communities as social constructs and knowledge of evidence-based good practice in working with communities • understand and know their communities—community leaders, services and agencies, service clubs, schools, business chambers, local councils, sporting and recreation associations and so on • have up to date knowledge concerning sources of funding for community partnerships, capacity building, community development and volunteers
Skills and behaviours	<ul style="list-style-type: none"> • demonstrate skills of facilitation, networking and partnership building • use language that is readily understood • are proficient in harnessing or unlocking community goodwill, resourcefulness and creativity • support local promotion and prevention, early intervention, resilience, mental health literacy and capacity building initiatives • support peer-led community partnerships and initiatives
Recovery-oriented practice	<ul style="list-style-type: none"> • are active members of local interagency networks • partner with peer workers and local peer leaders when participating in community initiatives • collaborate with national and state-based community initiatives such as beyondblue, Rotary, MindMatters and Headspace • collaborate with national, state and locally based sporting, art, performing arts, recreational and volunteering organisations



Capability 5C: Partnerships with communities	
Recovery-oriented leadership	<ul style="list-style-type: none"> • acknowledge the importance of community partnerships to effective mental health care and to personal recovery • acknowledge community as the space for recovery, social inclusion and meaning for people • view recovery-enhancing community partnerships as core business and not a discretionary extra • acknowledge and reward staff for their role in community partnerships • acknowledge and make provision for the time and resources required • maintain organisational visibility and ensure organisational representation at important or locally valued events • when representing the organisation at community events and meetings, do so in partnership with local peer leaders • ensure sound working relationships with local media organisations.
Opportunities	
<ul style="list-style-type: none"> • Embrace National Mental Health Week and 'piggy back' on other national weeks and days, for example, National Heart Week. • Establish a field education program for postsecondary, undergraduate and postgraduate students undertaking studies relating to community development, capacity building, health promotion and prevention, community education, sport, exercise and physical education and event management. 	
Resource materials	
<ul style="list-style-type: none"> • Annapolis Valley Health 2013, 'Healthy and flourishing communities', www.avdha.nshealth.ca/program-service/mental-health-addiction-services/healthy-and-flourishing-communities • Scottish Recovery Network 2004, <i>Recovery and community connections</i>, SRM discussion paper series: paper 2, www.scottishrecovery.net/Local-Recovery-Networks/supporting-resources.html • Scottish Recovery Network, <i>Module 6: connecting with communities</i>, Realising recovery, www.scottishrecovery.net/Realising-Recovery/realising-recovery.html • McKnight & Black 2010 <i>The abundant community: awakening the power of families and neighbourhoods</i>, www.abundantcommunity.com 	

