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Recovery Oriented Practice Framework



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Recovery Oriented Practice Framework

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Mission Australia stands together with Australians in need until they can stand for themselves

This overarching objective echoes the collaborative nature of the approach undertaken at Mission Australia in support of recovery oriented mental health practice.

This framework outlines Mission Australia's approach to recovery oriented, person led practice across all mental health programs in order to provide high quality collaborative support. These practices emphasise the importance of self-determination and choice by each individual with a lived experience of mental illness, their families and friends and others that support them.

This framework provides a set of core principles that underpin Mission Australia's recovery oriented practice, provides guidance about recovery models used within service delivery and articulates how recovery language is used across our organisation. Importantly, Mission Australia's commitment to expanding a peer workforce will enhance our capacity to support people with mental illness.

A diverse, appropriately supported and resourced peer workforce of individuals with lived experience expertise is critical to our mental health service design and delivery.

This framework has been developed by the Mental Health and Wellbeing Community of Practice, established to share knowledge, experience and best practice expertise across our mental health programs. This framework has been informed by relevant sector standards and frameworks, Mental Health Coordinating Council (MHCC) consultancy, and most importantly, by carers and peer workers with lived experience expertise in connection with Mission Australia's Partners in Recovery (PIR) consortium in Northern NSW.

This framework is a living document which will be periodically reviewed and updated in consultation with people with lived experience consistent with Mission Australia's commitment to best practice and continuous quality improvement.

Mission Australia is privileged to support people with lived experience on each unique and personal recovery journey.

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The concept of recovery

At Mission Australia we understand recovery to be a journey that is unique to each individual. We walk alongside people with lived experience to support them to make positive choices about the path of their own individual journey.

Our services focus on the positive potential and capacity of individuals and provide supportive environments and meaningful opportunities to explore possibilities, rediscover hope and experience personal empowerment.

Recovery refers to the process through which people are able to live, work, learn and participate in their communities. For some, recovery is the ability to live a fulfilling and productive life despite the presence of mental illness. There are stages of change unique to each individual in the recovery journey.

The process of recovery is unique to each individual and encompasses life experiences, circumstances, abilities, interests, aspirations and internal and external resources. It isn't something that is imposed on, or 'done to' a person but rather worked towards collaboratively; led and directed by the individual, to make positive changes and reach their goals.

The lived experience and insights of people with mental health concerns and their families are at the centre of a recovery oriented and trauma aware culture. Recovery oriented practice at Mission Australia is person led and values the individual as the expert in their own recovery. A successful collaborative, coaching recovery practice relationship draws upon the skills, knowledge and lived experience expertise of individuals accessing services, and peer workers, combined with the skills and knowledge of our staff.



Recovery practice principles

‘Recovery isn’t about getting back to how you were before, it’s about building something new’ – Anonymous

.....

1 Recovery is a unique and personal journey. Mission Australia focuses on promoting opportunities for a valued and contributing life for people whose lives are significantly affected by mental illness, recognising that there are multiple pathways to recovery that involve progress, setbacks and learning from experience.

2 Person led care means starting with the person as an individual with strengths, preferences, aspirations and needs, and acknowledging that they are at the centre of the process of identifying these needs. People are encouraged to recognise their options and supported to extend themselves. A crisis can often be an opportunity to learn and grow.

3 Service delivery must focus on maintaining human rights and dignity by respecting individual values, beliefs and culture and focusing on enhancing a sense of self and worth in support of individual recovery journeys.

4 Person led services are aimed at building the capacity of people to self-manage supports and apply self-care strategies. What we learn from the expertise of individuals with lived experience, in collaboration with practitioner’s knowledge and skills, informs recovery oriented practice.

5 We must continue to focus on the quality and strength of the relationship between people who access services, practitioners, and support networks. Recovery oriented collaborative relationships are led by the lived experience expertise of individuals, supported by practitioner knowledge and skills.

6 In a recovery oriented service environment, practices that uphold dignity of risk and ensure safety can be difficult to navigate. We take a balanced approach to risk, understanding how both are important aspects of a person’s recovery journey.

7 Enhancing a peer workforce will enable us to better understand the value of lived experience, and realise the many benefits peer work can bring to recovery focused practice. We are to actively engage people with lived experience expertise in policy development, planning, evaluation, education and training, advocacy and service delivery that is more inclusive to the range and needs of people with lived experience.

8 We will continue to develop collaborative partnerships with people who access programs, family and friends, specialist support services and other service providers to ensure that people are supported in their recovery journey.

9 Improving social inclusion, and challenging stigma and discrimination associated with mental illness requires that we create awareness of the issues that affect people with lived experience, and ensure they have access to independent advocacy.

10 Recovery oriented language seeks to recognise and address imbalances in traditional paradigms and is critical to recovery focused practice. Promoting a recovery oriented culture requires the use of language that conveys positivity, hope and optimism, and an understanding and expectation of recovery.

Language of recovery

The way that language is used is a key element of recovery focused practice. Promoting a recovery oriented culture requires the use of words that convey positivity, hope and optimism.¹ The words that are used when speaking with, and about, people are a critical tool to ensure that we are able to engage with and effectively respond to people accessing services.

There are many different ways for people to understand their experiences, and different ways in which experiences are interpreted. We must respect the rights of individuals to decide how they and their families and support networks are referred to.

Mission Australia's language will be:

- ➔ Respectful
- ➔ Non-judgemental
- ➔ Clear and understandable
- ➔ Free of jargon, acronyms, confusing data, and speculation
- ➔ Positive, hopeful and committed to providing opportunity for change²
- ➔ Focused on positively contributing to recovery

To ensure consistency of recovery language used across the organisation, Mission Australia will refer to:

People accessing mental health services (previously consumers, clients, service users and patients) as:

- ➔ 'person', 'individual', 'person with lived experience', 'person accessing mental health services' or in accordance with a preferred term of their choice

Their carers, families, guardians and other significant relationships as:

- ➔ Family, friends, 'support person', 'support networks', 'significant others', or in accordance with a preferred term of their choice

Consistent with the *Mental Health Coordinating Council Recovery Oriented Language Guide* we take a 'person first' approach.

Mission Australia's recovery oriented language reframes problems so they're seen within the context of the whole person, as an active agent with positive strengths and achievements, as well as difficulties. Language used must support this view of people we walk alongside.

1. Language selected is from the National Framework for Recovery-Oriented Mental Health Practices

2. MHCC Recovery Oriented Language Guide



Trauma-informed care

An understanding of trauma-informed care is integral to a recovery oriented approach. The recovery journey is best supported when an individual feels safe physically and emotionally³. Supporting recovery through trauma-informed care, aims to promote self and community wellness and connectedness.

Mission Australia understands that people with a lived experience may have experienced various traumas throughout their lives. We also acknowledge the traumas that may have been inflicted on people through involvement in complex structures, systems and treatment services. The mental health system has historically depersonalised and devalued people by subjecting people to unwanted, unwarranted, and sometimes dangerous interventions.

A recovery approach aims to support people accessing our services through providing dignity, compassion and respecting a person's agency and self-direction over their own life. Mission Australia has a commitment to the co-design and delivery of services by people with a lived experience through shared governance, collaboration and genuinely valuing their input and life experiences.

The key principles of trauma-informed care include safety, trustworthiness, choice, collaboration and empowerment, and an understanding of trauma and its effects on individuals and their support networks. It involves creating safe physical and emotional spaces and supporting individual choice and control. While trauma remains unresolved, recovery can be a challenging process. Where an individual is supported to resolve past trauma, they are instead building resilience and empowerment.

In order to facilitate recovery for people who have experienced trauma, our practice must be flexible, individualised, recovery oriented and prioritise personal safety.

3. Trauma and Recovery, Herman J L



Recovery oriented practice

Mission Australia's mental health programs apply evidence based, person led approaches to recovery focused practice, in accordance with the recovery principles.

This framework provides key information about the Collaborative Recovery Model (CRM) as a model of choice for mental health programs. There are a number of mental health programs that have chosen to apply other models of recovery because of their 'best fit' for these particular programs. These models include the Wellness Recovery Action Plan (WRAP) model, and Recovery Oriented Service Transformation Initiative (ROSTI). Information about these models has also been included.

Collaborative Recovery Model (CRM)⁴

The Collaborative Recovery Model (CRM) is a recovery model designed to incorporate practices that have been shown to assist people living with enduring mental health problems. The model and training was developed by the Illawarra Institute for Mental Health (iiMH), a research unit within the Faculty of Social Sciences at the University of Wollongong. Neami National is the training organisation responsible for delivering and accrediting practitioners in this model.

The Collaborative Recovery Training Program is designed to equip mental health workers to assist those living with mental illness. The model is relevant to the broader "system of recovery" i.e. support networks and whole organisations, in addition to mental health workers.

CRM incorporates influences from a number of sources:

- The Recovery Movement – Power & Autonomy
- Positive Psychology – Hope, Strengths & Wellbeing
- Consumer Participation Movement
- Evidence-Based Practice
- Coaching-style relationships
- Organisational & Workforce Development

Guiding Principles

Recovery as an Individual Process - Recovery is a unique and personal journey towards hope, meaning, identity and responsibility for self. CRM focuses on increasing wellbeing rather than decreasing symptoms, and aims to promote the processes of recovery.

Collaboration and Autonomy Support - The strength of the relationship that exists between an individual living with a mental health issue and the people that support them has a significant influence on recovery outcomes. CRM focuses on the collaborative nature of this relationship; it should be a working alliance which supports individual autonomy.

Four Components

- Change Enhancement
 - Supporting the individual to explore their relationship with change and build confidence and capacity to engage in a change process
 - Change is an individual process and occurs at different rates for different people
- Collaborative Strengths and Values Identification
 - Identifying and bringing into focus the personal strengths and values of the individual as they start to visualise a life of meaning and purpose for themselves
- Collaborative Visioning and Goal Striving
 - Setting goals in collaboration with the individual to further express their strengths and values in their day to day lives
 - Allows for self-determination and ownership of the process
- Collaborative Action and Monitoring
 - Identifying supports needed to achieve the individual's goals and developing action plans to realise the goals

Advantages of the Collaborative Recovery Training Program:

- Generic skills that can be used flexibly
- Approaches that are relevant across case management and psychosocial rehabilitation contexts
- Emphasis on issues of autonomy, hope, and individual experience which are central to the recovery movement within mental health
- Skills based components that have an evidence base
- Incorporates a system of measurement, consistent with the need for mental health services to measure impact

Further information about the training programs and resources can be found in **Appendix (A)** of this practice framework.

4. Collaborative Recovery Model, University of Wollongong

The Collaborative Recovery Training Program is designed to equip mental health workers to assist those living with mental illness. The model is relevant to the broader “system of recovery” i.e. support networks and whole organisations, in addition to mental health workers.





Recovery oriented practice (cont)

Wellness Recovery Action Plan (WRAP)⁵

The Wellness Recovery Action Plan (WRAP) is a self-designed prevention and wellness process that anyone can use to get well, stay well and shape their life the way they would like it to be. It was developed in 1997 by a group of people who were searching for ways to overcome their own mental health concerns and move on to fulfilling their life dreams and goals. It is now used extensively by health care and mental health community sector practitioners.

The WRAP program is modelled on best practices to engage individuals in an understanding that they have personal resources they can use to direct their own wellness, help them stay well, feel better, and equip others to best support them in times of crisis.

Wellness Recovery Action Plan (WRAP) – Key recovery concepts

- ➔ **Hope** – People who experience mental health difficulties get well, stay well and go on to meet their life dreams and goals.
- ➔ **Personal Responsibility** – It's up to you, with the assistance of others, to take action and do what needs to be done to keep yourself well.
- ➔ **Education** – Learning all you can about what you are experiencing so you can make good decisions about all aspects of your life.
- ➔ **Self-Advocacy** – Effectively reaching out to others so that you can get what it is that you need, want and deserve to support your wellness and recovery.
- ➔ **Support** – While working toward your wellness is up to you, receiving support from others, and giving support to others will help you feel better and enhance the quality of your life.

WRAP is based on the premise that there are “no limits” to recovery. The person who is developing their WRAP decides if they want to do it, when they want to do it, how long they

will take, what it will include, and who assists and supports them in the process. The focus is on individual strengths and away from perceived deficits.

WRAP aims to assist individuals to:

- ➔ Discover their own simple, safe Wellness Tools
- ➔ Develop a list of things to do every day to stay as well as possible
- ➔ Identify upsetting events, early warning signs and signs that things have gotten much worse and, using Wellness Tools, develop action plans for responding at these times
- ➔ Develop a Crisis Plan or Advance Directive
- ➔ Understand Post Crisis Planning

Further information about the training programs and resources of this practice framework can be found at **Appendix (B)**.

Recovery Oriented Systemic Transformation Initiative (ROSTI)⁶

ROSTI is a twelve month initiative providing a learning platform to maximise the opportunities for organisations to embed recovery-based practice in service design. Through participation in a range of workshops in the context of an organisational team, ROSTI provides a learning platform for people to appreciate the personal efforts of recovery and identify the natural and service environments that facilitate this process. Team members share this learning within their organisation, and together develop initiatives that strengthen the delivery of recovery oriented services.

ROSTI highlights the research that underpins recovery and recovery based practice including the supporting beliefs, practice principles, the dichotomies of practice to establish relevance and fit of services in people's lives. It draws upon participants situational and scenario based learning as a medium to reflect and rethink how services can be positioned in people's lives in order to foster opportunities for people to reclaim a life beyond the impacts of mental illness and distress.

Further information about ROSTI can be found at **Appendix (C)**.

5. Wellness Recovery Action Plan, Mary Ellen Copeland

6. Recovery Oriented Systemic Transformation Initiative, Helen Glover

Dignity of risk and recovery

Dignity of risk refers to an individual's right to make an informed choice to take advantage of opportunities for learning, developing competencies and independence and, in doing so, taking calculated risks.

Mission Australia believes that all people have the right to take risks which will assist them to enjoy the broadest range of life opportunities and experiences. Everyone has a right to an assumption of competence.

'Positive' risk taking opportunities are important to the process of recovery as people are supported to take on challenges, to learn, grow and develop through the process of making conscious choices to take risks. 'Positive' risk taking can provide an opportunity to discover and build on an individual's capacity to manage their own safety, promote resilience, people's choice and agency, increase self-worth and self-esteem, and enhance responsibility for recovery.

A degree of positive risk taking is necessary in the provision of high quality person led recovery oriented services, which are based on collaborative, trusting relationships where individuals feel they are supported and trusted to make their own choices.

Duty of care is breached by failing to do what is reasonable or by doing something unreasonable that results in harm, loss or injury to another. This can be physical, emotional and sexual violence, abuse, financial exploitation or psychological trauma. Duty of care must be balanced with dignity of risk, that is, the right of informed individuals to take calculated risks. Informed decision making involves a general awareness of the consequences of the decision, and the decision being made voluntarily and without coercion.

Mission Australia's recovery oriented services take a balanced approach to risk management, which aims to reconcile flexibility and responsiveness to people's unique circumstances and preferences, with appropriate risk management obligations.



Risk management practices aim to reduce harmful risks, by upholding a duty of care for individual and staff safety, whilst maximising choice and supporting opportunities for the dignity of 'positive' risk taking in a recovery oriented environment.

Navigating this balance in practice:

- ➔ People are placed at the centre of care and support arrangements.
- ➔ Risk Assessment is a collaborative and recovery focused process that involves joint decision making with the individual, and family and friends and service partners with the individual's permission. Input in decision making is sought from appropriate stakeholders including clinical services involved in an individual's care, including support people and peer workers.
- ➔ Assessment includes an accurate account of histories, and an informed understanding of both static and dynamic risk factors.
- ➔ Risk assessment informs the development of risk management plans which include practical strategies and supports to manage risk.
- ➔ Risk information and changes to risk assessment information and management plans are shared, with an individual's consent and in accordance with duty of care obligations, with relevant parties involved in the individual's care.
- ➔ Risk assessments are undertaken at referral, throughout recovery planning, and upon transition from services. Risk assessments and plans are reviewed every 13 weeks.

In supporting an individual's recovery journey, this collaborative process means that discussions focus on:

- ➔ identifying where a person, as the expert in their life, has and/or is already successfully managing levels of vulnerability and risk;
- ➔ asking people about their perspective and context to any previous risks or incidents;
- ➔ exploring the potential for these risks to occur again;
- ➔ understanding the person's decisions about the level of risk they are prepared to take as part of their recovery journey;
- ➔ the threshold of risk appropriate to the particular service setting; and
- ➔ the support required to assist a person in managing their own risk taking behaviour and remaining in control.

a. Staff safety

Mission Australia's *Individual Client Risk Assessment Tool* is used to evaluate risks which may be incurred by staff when working with an individual. Risk Assessments are conducted to ensure that delivery of services can be provided in a safe environment. These risks might be:

- ➔ environmental, such as a dangerous animal restricting safe access to the person's home;
- ➔ personal or behavioural, such as intoxicated or aggressive behaviour; or
- ➔ transport related, which could occur when travelling to visit an individual.

This tool is used by all services that provide individually assessed and tailored services to individuals, including, but not limited to, care coordination, clinical services and services with a residential component. However, this tool does not apply to those services which are drop-in, outreach street programs, or are otherwise not responded to via individual assessment and planning methods. Such services will address these risks via the *MA WHS Risk Management Action Plan (RMAPs)*.

The use of the *Individual Client Risk Assessment Tool* is a Work Health and Safety (WHS) legislated requirement. Other tools which are used to support risk assessment and management practices at Mission Australia include service level Standard Operating Procedures and Safe Work Practices (SWPs) for client home visiting and outreach, transporting clients, working alone, personal security, managing safety, violence and aggression.

b. Safety of individuals accessing services

Risk assessment tools are also used to evaluate risks to individuals accessing services. These tools cover risks to the individual or community because of their own circumstances or behaviour. Many of our community based mental health programs are provided with specific client centred risk assessment tools by our funders, or apply particular tools consistent with the adopted recovery model.

Peer workforce

At Mission Australia we all share a single objective – to stand together with Australians in need until they can stand for themselves. This echoes the philosophy of peer work – through the unique relationship peer workers are able to develop with people who access services in support of individual recovery journeys.

What is a Peer Workforce?

*'Peer workers are not intended to replace any existing mental health services or roles, but rather are an opportunity to enrich the provision of mental health services through the direct participation and expertise that people with personal experience of mental health problems and using services can bring.'*⁷

Peer workers are people who have lived experience, who are trained and employed to work in a collaborative role in support of others in their recovery journey. Peer workers contribute to the development of person led and recovery focused support and care throughout the organisation because they are able to bring skills and knowledge gained through lived experience and engagement with support services, to collaborate with others on their recovery journey.

Supporting the enhancement of a peer workforce, is an opportunity to enrich the provision of mental health services through the direct participation and expertise

that people with personal experience of mental illness and of accessing supports through community mental health programs can bring. It is a powerful means of developing and delivering recovery focused services that better value lived experience expertise.

Why is a Peer Workforce critical?

*'Experience and research suggest that peer support can offer immense benefits from a number of perspectives. Peer workers, people coming into contact with peer provided services and wider teams can all benefit from the enhanced perspective offered by peer support.'*⁸

A peer workforce:

- ➔ Brings together lived experience expertise with the knowledge and skills of mental health practitioners.
- ➔ Provides a unique opportunity for people with lived experience to model recovery and, through this, bring hope to individuals accessing services.
- ➔ Enhances recovery-focused, collaborative and participatory services.
- ➔ Has a unique understanding of the journey that people may take, and has the potential to form strong, trusting working relationships with them.
- ➔ Contributes to the development of person led and recovery focused support and care throughout the organisation, and provides individuals the choice to engage with people with lived experience.
- ➔ Provides a different perspective for staff when working with individuals through sharing unique skills and knowledge of recovery experiences and needs.⁹
- ➔ Offers opportunities for profound cultural change in the way it challenges traditional notions of professional power and expertise.¹⁰

What needs to be done?

*'Peer workers offer hope and understanding as well as knowledge and support to people who experience mental illness, and research shows they can be highly effective in supporting people's recovery. We must develop strategies to train and support a large number of peer workers and integrate them as respected colleagues in mental health teams.'*¹¹

Peer work has already been introduced in Mission Australia. A recommended approach to the organisational

7. Experts by Experience p5

8. Ibid p13

9. Implementing Peer Support: A Scoping Study (currently unpublished) p9

10. A National Framework for recovery-oriented mental health services p7

11. Living Well. Putting people at the centre of mental health reform in NSW: a report p75

responsibilities and changes required to expand a peer workforce, and the development of peer worker roles within Mission Australia is being prepared for consultation with service delivery staff, peer workers and people who access mental health services. Core factors for consideration in development of this approach will include:

- Creating identified peer worker positions with flexible employment options.
- Reviewing and establishing position descriptions outlining clear definitions, and a diverse range of functions and roles including peer support, individual and systemic advocacy and representation, health promotion, education and training, quality and research, coordination and management.
- Creating guiding principles, a code of ethics and values.
- Identifying and meeting peer worker induction, training and support needs including supervision; minimum qualifications; professional development; ongoing training; external peer supports; training resources; recognition of prior learning; guidelines for mentoring and coaching and the development of wellness plans.
- Creating career pathway opportunities and reviewing internal policies, procedures and structures to ensure they are peer worker inclusive.
- Training for staff on the scope, purpose and value of lived experience and the peer support worker roles and its importance to recovery oriented service provision.
- Strategies to embed peer worker direction on service provision and design into continuous quality improvement processes.
- Ongoing monitoring and evaluation of the approach.



Clinical supervision

*'Clinical Supervision is a designated interaction between two or more practitioners, within a safe and supportive environment, which enables a process of reflective analysis of care to ensure quality service.'*¹²

Supervision is a process for building capacity, promoting best practice, maintaining staff wellbeing, enhancing professionalism, building team cohesion and sharing experience across Mission Australia. Supervision is a fully accountable process which supports, affirms and develops the knowledge, skills and values of an individual, group or team to enhance recovery oriented practice.

All staff at Mission Australia engage in regular management supervision which ensures that staff perform their work to a professional standard. Management supervision is provided to a worker by their line manager, and covers performance and expectations of work roles, critical reflection of practice, professional development and administrative responsibilities.

As a component of best practice service delivery, Mission Australia staff also engage in clinical supervision which may also be referred to as 'practice' supervision¹³. Managers of practitioners working in Mission Australia services may engage a clinical supervisor who is external to their service and independent of the organisation. Staff accessing clinical supervision may benefit from its greater level of confidentiality and clear separation from the functions of line management¹⁴.

Clinical Supervision may be:

- ➔ Individual – an ongoing arrangement between one staff member and a clinical supervisor.
- ➔ Group – two or more staff members in a supervision process with one supervisor with everyone in the group agreeing on the structure and processes used.
- ➔ Peer (individual or group) – the process through which one or more staff members are supported by, and able to access, the experience and expertise of a colleague, including peer workers.

The objective of Clinical Supervision is to provide staff with a confidential, safe and supportive environment, to critically reflect on professional recovery oriented

practice. Clinical Supervision aims to improve recovery oriented practice by:

- ➔ Further developing the worker's professional identity, recovery orientation and knowledge.
- ➔ Ensuring workers are operating within relevant clinical (if appropriate), organisational, ethical and professional boundaries.
- ➔ Supporting the worker's wellbeing and coping capacity in relation to their work.
- ➔ Improving outcomes for individuals accessing a service.¹⁵

Regular recovery oriented supervision supports the provision of quality services, fosters reflective practice, and supports staff wellbeing, professional development, accountability, skills and expertise. Clinical Supervision is recovery oriented when it is based on the firm premise that mental health recovery is a unique and personal journey, and supports staff to apply the core principles that underpin person led recovery oriented practice.

The benefits of clinical supervision are:

- ➔ Staff support, debrief and workplace stress management which may reduce burnout
- ➔ Staff coaching, skill development and identification of areas for development
- ➔ Validation of skills and increased confidence of staff
- ➔ Exploration of ethical implications, work dilemmas and boundaries
- ➔ Continuous quality improvement of practice
- ➔ Improved staff communication
- ➔ Increased job satisfaction
- ➔ Ongoing reflective practice:
 - Reflecting on and enhancing staff knowledge base, linking theory to practice.
 - Reflecting on the impact and effectiveness of their practice/performance.
 - Articulating their practice framework (where relevant).
 - Articulating solutions through reflection and critical analysis.

12. Clinical Supervision Guidelines for Mental Health Services p7

13. Implementing Practice Supervision in Mental Health Community Managed Organisations in NSW

14. Ibid p(x)

15. Ibid p45

Reflective practice

The core aims of supervision within mental health services are to maintain standards of care and ethical practice and encourage independent reflective thinking. Reflective practice in supervision provides a unique opportunity for staff to be encouraged and supported to understand and incorporate Mission Australia's values and philosophies, e.g. genuine participation by individuals and their family, friends and support network, recovery oriented services and evidence-based practice.

Reflective practice allows mental health practitioners to review their practice to determine if they:

- ➔ 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, building mutually respectful and trusting 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, building mutually respectful and collaborative relationships

Selecting a Clinical Supervisor

Mission Australia will consider the following when selecting a clinical supervisor:

- ➔ Relevant qualifications
- ➔ The supervisor's level of experience in delivering recovery oriented clinical supervision to community based mental health programs
- ➔ Impartial and non-judgmental approach
- ➔ Understanding and knowledge of the service/s provided by Mission Australia
- ➔ The cultural appropriateness of the supervisor in relation to the person/s they will be supervising

What should an agreement between supervisor and supervisee contain?

Professional supervision processes are to be clearly communicated to participating staff members and all professional supervision activities are to be properly documented. The supervision agreement should contain:

- ➔ Goals for supervision
- ➔ Expected outcomes of supervision
- ➔ Mutual obligations in the supervision process
- ➔ Structure of supervision
- ➔ Evaluation processes
- ➔ Limits of confidentiality
- ➔ Ethical issues



Standards and sector frameworks

The development of this document has been informed by the following sector standards and frameworks which are intended to work together to support the ongoing development and implementation of best practice service delivery and to guide continuous quality improvement.

1. A National Framework for Recovery oriented Mental Health Services: guide for practitioners and providers, Australian Health Minister's Advisory Council

This framework is a guide to recovery oriented mental health service provision for mental health practitioners and services.

It provides definitions for the concepts of recovery and lived experience and describes the practice domains and key capabilities necessary for the mental health workforce to function in accordance with recovery oriented principles.

The framework brings together a range of recovery oriented approaches developed in Australia's states and territories and draws on national and international research to enhance and improve mental health service delivery in Australia. It supports cultural and attitudinal change and encourages a fundamental review of skill mix within the workforce of mental health services, including increased input by people with expertise through lived experience.

All people employed in the mental health service area should use the framework to guide their recovery oriented practice and service delivery. This includes practitioners, leaders, volunteers and people in administrative, policy development, research, program and service planning and decision-making positions.

A National Framework for Recovery oriented Mental Health Services: guide for practitioners and providers can be found [here](#).

2. National Standards for Mental Health Services 2010, Australian Government

Our mental health programs are required by contract to meet the National Standards.

The National Standards for Mental Health Services focus on recovery and are based on values related to human rights

and dignity. They promote the empowerment of people accessing mental health services, their carers and families and emphasise recovery oriented practices which support continuous improvement in service quality.

The principles behind the National Standards apply equally across all parts of the mental health service system regardless of the type of service, or the community or people it serves, and are underpinned by the principles of recovery oriented mental health practice. These principles are:

- ➔ Mental health services should promote an optimal quality of life for people with mental health problems or mental illness.
- ➔ Services should be delivered with the aim of sustained recovery.
- ➔ People accessing services should be involved in all decisions regarding their treatment and care, and, as far as possible, should have the opportunity to choose their treatment and setting.
- ➔ Individuals have the right to have their nominated carers involved in all aspects of their care.
- ➔ The role played by carers, as well as their capacity, needs and requirements should be recognised separately from people accessing services.
- ➔ Participation by individuals and carers is integral to the development, planning, delivery and evaluation of mental health services.
- ➔ Mental health treatment, care and support should be tailored to meet the specific needs of the individual.
- ➔ Mental health treatment and support should impose the least personal restriction on the rights and choices of individuals, while taking into account their living situation, level of support within the community and the needs of their carers.

The National Standards establish the minimum national expectations of service providers. The implementation process for each service provider will vary, but all should be able to demonstrate that over time they are enhancing the quality of their services by working according to the principles of recovery oriented mental health practice and the National Standards.

The National Standards for Mental Health Services 2010 can be found [here](#).

3. National Mental Health Core Capabilities 2014, Health Workforce Australia

The National Mental Health Core Capabilities have been developed to support both good practice and workforce innovation and reform in the mental health sector. The aim is sustainable, high quality, recovery focused mental health care for all Australians. The capabilities support, and should be used in conjunction with, other frameworks, competencies, standards and requirements by focusing on the essential values, attitudes and behavioural skills necessary for all people working in mental health. Implementing the capabilities supports a coordinated approach to professional development and service improvement.

The capabilities are divided into 6 domains which identify areas of shared activity across the mental health workforce in the delivery of treatment, care, and support and articulate the underpinning behavioural skills that characterise this work being performed well.

The development and use of the capabilities are underpinned by 8 principles:

1. Person-centred
2. Responsive to family and carers
3. Recovery focused
4. Evidence based
5. Flexible
6. Inclusive
7. Useful
8. Forward thinking

The National Mental Health Core Capabilities can be found [here](#).

4. Victoria's Framework for Recovery oriented Practice 2011, State Government Victoria

This framework is also intended to provide guidance to both individual practitioners and service leaders.

Victoria's Framework for Recovery oriented Practice outlines the principles, capabilities, practices and leadership that should underpin the work of the recovery oriented mental health workforce.

The concept of recovery in the mental health sector is understood to refer to a unique personal experience, process or journey that is defined and led by each person in collaboration with mental health services. While recovery is owned by and unique to each individual, mental health services have a role in creating an environment that supports, and does not interfere with, people's recovery efforts.

For the purposes of this framework, recovery oriented practice is understood as encapsulating mental healthcare that²²:

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

Recovery oriented service delivery requires strong partnerships in decision making between people and services. It also requires partnerships with people's family and support networks. In order to forge genuine partnerships, services must respect the knowledge gained through lived experiences of people accessing services and their support people, and work collaboratively with them.

Victoria's Framework for Recovery oriented Practices 2011 can be found [here](#).

Quality improvement

Mission Australia's Quality Program

Mission Australia's Quality Program provides a framework for staff to apply an ongoing continuous improvement approach to reviewing practice and service systems, and implementing strategies to achieve improvements that will be sustained over time.

Objectives

Mission Australia's Quality Program has the following objectives:

1. To embed a principled approach to service delivery where individuals accessing our services are supported to exercise choice in their life decisions and assist us to shape service delivery.
2. To embed processes that focus on individual and community outcomes, rather than an output-orientated approach.
3. To embed a culture of critically reflective practice by the provision of a set of activities and tools that drive collaboration and effective partnerships across Mission Australia services.
4. To embed quality systems to ensure equitable and consistent service delivery and manage risk.
5. To provide transparency for individuals accessing our services, service providers, government, funding bodies and the community about what they can expect from Mission Australia services in relation to standards of practice.

The Standards

The Quality Program consists of four Quality Standards which outline Mission Australia's expectations of service provision across a range of areas that together contribute to improved outcomes for individuals accessing our services. The Standards have been informed by sector standards relevant to our community services, including those outlined within Section 10 of this document, the *National Disability Standards*, as well as the knowledge and expertise of our staff. They reflect our shared commitment and responsibility to delivering the best possible outcomes for individuals accessing our services.

Mission Australia's Standards are:

Standard 1 – We promote the rights of all people and support individual choice

Standard 2 – Our case management practice is coordinated, evidence-based and focused on the individual

Standard 3 – We are professional, skilled and accountable

Standard 4 – Our management and governance systems support consistent service delivery

Continuous Improvement

The Quality Program adopts a continuous quality improvement approach where services critically reflect on their practice against the Quality Standards, through completion of a series of activities and tools. Each service maintains a SharePoint Workspace as the platform by which service staff can complete, track, and monitor the quality activities. Staff are also able to schedule service specific activities in accordance with individual service models and contractual, accreditation and licensing requirements. These activities are conducted throughout the year to allow individual services to take a planned approach to improvement.

The activities and tools for Mission Australia's mental health programs have been developed to support services to embed and critically reflect on quality service provision and recovery focused practice. The activities have been aligned with the core focus areas of this Framework and with the expectations outlined within the standards and sector frameworks on page 18.

Learning and Practice Communities

Learning and practice communities are forums for practitioners to share practice knowledge, work through challenges and barriers, and to leverage our skills, knowledge, experience and expertise across Mission Australia's community services. Mission Australia supports two kinds of learning and practice communities, each with a different purpose.

Program Reference Groups

Program Reference Groups are peer support groups that enable practical, program focused peer support for program managers and senior staff in same or like programs. Program Reference Groups are run by practitioners, for practitioners. They facilitate peer engagement to share information, update each other on progress and performance, work through practical solutions to common challenges, and provide a forum by which staff are able to share practice skills and expertise, and examples of best practice.

Communities of Practice

Communities of Practice are learning communities with a thematic focus on areas of strategic priority for Mission Australia's practice and program design. They comprise expert practitioners from across Mission Australia services and service streams. They work to share current research and evidence-based best practice, hear from experts in research and practice, and inform the development of Mission Australia's practice frameworks, guidance and supports to ensure currency and best practice across our programs. Communities of Practice are coordinated by the Practice Support team and convened by State Leaders or State Directors.

Impact measurement

*'Measuring Impact with people who access our mental health programs can facilitate recovery by providing a point of feedback and dialogue to reflect on progress throughout recovery journeys.'*¹⁶

Mission Australia's goal is to support individuals with mental health conditions to lead contributing lives in the community, reduce homelessness and strengthen communities. The use of Impact measurement tools assists in understanding the way Mission Australia's services positively contribute to the lives of the individuals who access the services, their support networks and the communities we work within.

We collect information using impact measures relevant to specific areas relating to individuals, their support networks, our staff and services. The evidence base is drawn from lived experience expertise, knowledge and skills of individuals who access services and the skills and knowledge of practitioners.

Information collected through this process assists services to understand the indicators that contribute to a positive recovery experience and the effectiveness of programs and practices, as well as encourage a culture of service improvement.¹⁶ Measuring the effectiveness of our services with the individuals and communities we work with also informs service design.

We record and monitor the key outcomes relevant to each individual indicating their progress along the recovery journey towards leading a positive, meaningful and contributing life, engaged with peers, family and community. We measure our impact by measuring a shift over time in the individual's circumstances, skills/knowledge and attitudes, opinions and behaviour by undertaking the same measurements at periodic intervals. The initial measurement will establish the baseline for the individual – where they are currently at in recovery, with subsequent measurements used to assist an individual to monitor and redefine goals.

Mission Australia's Impact and Analytics team coordinates the implementation of impact measurement across our community services. Mission Australia has adopted a Results Based Accountability Approach (RBA), to identify indicators of progress that are important, meaningful and will add value to our recovery oriented practice. This approach is in alignment with, and mapped to, Mission Australia's Outcomes Hierarchy.

To date, impact measurement has been implemented for both Personal Helpers and Mentors (PHaMs), and Family Mental Health Support Services (FMHSS). The captured information is used to inform individual recovery plans and further identification of individual goals.



16. Implementing routine outcome measurement in community managed organisations. P3

Appendices

A. Collaborative Recovery Model (CRM)

What are the training requirements?

In order to implement the Collaborative Recovery Model (CRM), program staff are required to attend initial training, and then a one day booster. The initial training consists of a 3 day workshop conducted either on site at the service, or in another suitable location. It may be held in conjunction with another provider to reduce costs depending on numbers. The training is provided by [Neami National](#).

The initial training program outline is as follows:

Day 1 – overview of the Collaborative Recovery Model and Guiding Principles

Day 2 – theory and practice of:

- Change enhancement
- Strengths-based practice
- Values alignment
- Coaching model
- Experiential learning

Day 3 – Use of the CRM LifeJET tools, identifying goals and how to achieve them

After 6 months of utilising the model concepts and tools, the one day booster training is required. This day is focused on how CRM is being applied in practice, and discussion of strategies to overcome any identified barriers or obstacles.

Is this accredited training and what are the ongoing requirements?

For services wishing to achieve accreditation, 75% of staff at participating services must, in addition to the above initial training and one day booster, complete a half-day booster session each year that focuses on emerging practice issues and celebrating achievements.

Services achieving CRM accreditation will be provided with an accreditation certificate and entitled to full use of all CRM LifeJET^ tools which include:

- **The Camera** – to bring into focus personal values and strengths
- **The Compass** – to identify future life directions and set goals
- **The Map** – plan the next step, identify the path to follow to achieve goal progression
- **The Good Life Album** – reflexive exercise to bring together the outputs of the camera, compass and map

What do I do next?

There is a higher cost involved in the implementation of CRM which must be met from the service's training budget. Current available costings are available on the Practice Leadership intranet page. If you are interested in utilising this model in your service, or require further information regarding costs, please contact [Neami National](#), or the National Policy and Practice Support Team at practicesupport@missionaustralia.com.au.

B. Wellness Recovery Action Plan (WRAP)

What are the training requirements?

WRAP includes a range of recovery oriented resources that can be used with people accessing services. These resources may be used without formal training. Optional training is available via a correspondence course.

The correspondence course - designed to teach mental health recovery concepts and how to develop a WRAP is offered by the [Copeland Center](#). Divided into six lessons with reading assignments, projects, activities, and discussion with the instructor, the course takes you through recovery topics, peer support, trauma, lifestyle issues, WRAP, and reflection on the recovery journey.

Access to this model and the required resources are available online.

What tools and resources are available?

WRAP tools can be purchased online. WRAP provides a low cost option for services wanting to further develop recovery oriented practice skills by utilising the tools and resources to support practice.

The tools available are:

- **WRAP Action Plan and WRAP Workbook** - This is the "go to" book for people seeking a recovery resource and is the building block for individuals who are starting their own WRAP program. The workbook contains the WRAP forms, forms for the lists and for the action plans, as well as forms for the Crisis Plan (Advance Directive) and Post Crisis Plan. It also has brief descriptions of each part of WRAP.
- **The WRAP Essentials Media Bundle** has the Wellness Recovery Action Plan, WRAP for Addictions, the WRAP DVD, My WRAP and My WRAP Crisis tools.

These tools can be purchased [here](#).

^ These are paper based or soft copy documents that can be co-branded with CRM and Mission Australia logos if the service is fully accredited.

Is this accredited training and what are the ongoing requirements?

Certification is available for services wishing to further develop practitioner skills in the use of WRAP in small groups. Facilitator training is a 5 day course and this training requires purchase of the following resource:

- ➔ **Facilitator Training Manual** - Designed for use in facilitating Mental Health Recovery and WRAP groups, the curriculum can also be used for working with individuals one-on-one.

This educational evidence-based curriculum presents an approach which is complementary to, but not a replacement for, other mental health treatment protocols. It is flexible and easily adaptable to meet different needs. A variety of formats, timelines, and activities are included. This manual allows for a tailored program design.

What do I do next?

This is a lower cost option for programs wishing to access evidence based recovery oriented practice resources. There is, however, still a cost involved which must be met from the service's training budget, and an additional cost for programs wishing to also participate in training by correspondence. Current available costings are available on the Practice Leadership intranet page. If you are interested in utilising this model in your service, or require further information regarding costs, please access the [Copeland Center website](#), or contact the National Policy and Practice Support Team at practicesupport@missionaustralia.com.au.

C. Recovery Oriented Systemic Transformation Initiative (ROSTI)

What are the training requirements?

ROSTI is a 12-month initiative providing a learning platform to maximise the opportunities for organisations to embed recovery-based practice in service design. This initiative involves a Foundational Pre-Requisite Workshop, which must be attended by all team members.

A ROSTI team is comprised of 3-6 individuals and can consist of members at any level including frontline workers, managers, and those who access services. Each team is required to contain at least one manager and at least one individual accessing a service and a member of their support network.

The team is required to remain engaged throughout the entire program period, be willing to share the learning they receive from participating in ROSTI to their organisation, meet with others to facilitate service initiatives and practice change, and meet regularly with their other team members.

There is an expectation that all participants who enrol in the program will continue through to its completion. There will be opportunities to learn with, and from, other ROSTI teams participating in the program who come from other organisations.

What tools and resources are available?

This is a tailored 12 months' commitment that includes the development of resources to suit the specific program requirements.

Is this accredited training and what are the ongoing requirements?

There is an expectation that all participants who enrol in the program will continue through to its completion. There will be opportunities to learn with, and from, other ROSTI teams participating in the program who come from other organisations. There are a number of workshops that may be selected by the team which include:

OPEN WORKSHOPS (open to all ROSTI team members)

| | |
|-----------------------------------------------------------------------------------------------------------|--------|
| Navigating the self, natural, community and service resource basis required to support personal recovery | 1 Day |
| What do people want to get spectacularly good at? : Hearing, negotiating and responding to people's needs | 1 Day |
| Whose Plan Is It Anyway? : Ensuring service plans are relevant to people's personal plans | 2 Days |
| How can you uphold recovery based practice and a duty of care simultaneously? | 1 Day |

LEADERSHIP WORKSHOPS (open to those in leadership ROSTI team members)

| | |
|----------------------------------------------------------------------------------------------|------------|
| Peer-to-Peer Engagement: Embracing and embedding 'peer wisdom' at the heart of our work | 1 Day |
| Designing Service Frameworks that Uphold a Recovery Orientation at its heart | 2 Days |
| Leading, Aligning and Transforming Service Structures to become Recovery Oriented | 2 Days |
| Establishing Supervision Frameworks that support workers to work from a recovery orientation | 1 Day |
| Leadership Community of Practice Groups (workshops) | 6 x ½ Days |

SPECIALITY WORKSHOPS (open to all ROSTI team members)

| | |
|--------------------------------------|------------|
| Peer to Peer Leadership Learning Hub | 3 x 2 Days |
|--------------------------------------|------------|

What do I do next?

As this service is provided by an external contractor, there will be a higher cost involved. A quote is provided based on discussion with the contractor, depending on the unique needs of the service. Contact Enlightened Consultants at info@enlightened.com.au to discuss your service requirements, or the National Policy and Practice Support Team at practicesupport@missionaustralia.com.au.

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standing together with
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