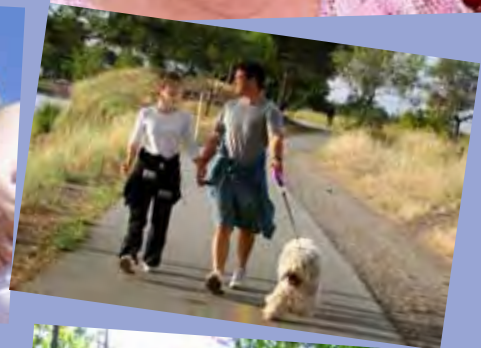


# MENTAL HEALTH RECOVERY Philosophy Into Practice A workforce development guide 2008



# **Mental Health Recovery – Philosophy into Practice**

**A workforce development guide**

**2008**

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## A workforce development guide

2008

The Mental Health Coordinating Council (MHCC) is the peak body for community mental health organisations in New South Wales.

Membership is primarily comprised of not-for-profit community organisations whose business or activity is wholly or in part related to the promotion or delivery of services for the well-being and recovery of people with mental health problems and organisations that support carers and families of people with a mental health problem.

MHCC:

- Advocates for policy development and legislative reform
- Represents sector views to government and the broader community and health sector through consultation with consumers, carers, and other stakeholders
- Builds sector capacity through partnerships, collaboration, and workforce development
- Facilitates change through policy initiatives and projects
- Informs the sector on strategic directions in community mental health and disseminates information
- Researches, publishes and reports on current directions in community mental health and wider mental health and related areas
- Provides accredited training in recovery-oriented practice, traineeships and a range of educational products through its Learning and Development Unit
- Supports and encourages its member organisations to deliver recovery-oriented services and work in collaboration with consumers, carers, other organisations and the community

# Mental Health Recovery – Philosophy into Practice

## A workforce development guide

2008

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## Foreword

The recovery philosophy provides people with mental health problems access to a set of principles by which to help them conceptualise and manage the individual and unique effects of that experience. The recovery principles also provide a set of mechanisms by which others including family and friends and those people employed within the mental health treatment and support system can frame and determine the nature of the assistance they provide.

Community mental health support services frequently use the term 'recovery-orientation' to articulate support for the application of recovery principles in their everyday work practices. The reason for development of this guide is to explore just what the specific components of 'recovery-orientation' are; to articulate what it means to operate in a 'recovery-oriented' way both in terms of support to the service user but also as a way to ensure the workforce providing that support operates from a culture that embeds the recovery principles in its own human resource operations.

The terms 'recovery' and 'recovery-orientation' have too often been applied loosely with scant understanding by individuals and services of its far reaching implications for how we understand, support and assist people with mental health problems. This guide articulates the components of effective recovery-based practice; it brings the rhetoric of 'recovery' to practical application. It promotes a recovery-oriented framework in which service users, carers, volunteers and employees are all supported to negotiate their individual paths; to contribute and achieve goals in an environment of respect and compassion.



Jenna Bateman  
Chief Executive Officer

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## Key

Throughout the guide you will see the symbols below at various points in the text. Each of the workforce pathways is accompanied by a portfolio of practical resources, for example, templates and checklists, and useful readings and websites. The symbols indicate that the reader is directed to the on-line version of the document - available on the MHCC website [www.mhcc.org.au](http://www.mhcc.org.au) - to access the relevant practical resources. These resources are designed to assist managers to get a better understanding of certain workforce practices and provide a means of beginning to put into practice strategies to move the workforce and the organisation towards achieving a recovery-oriented service system. They can be downloaded, printed and adapted to be used in the most appropriate and meaningful way for the workforce and organisation.



This symbol indicates that there is an accompanying template/checklist/resource sheet for managers to use/adapt for the workforce/organisation.



This symbol indicates that there is a recommended reading or web-site listed in the resource section. These generally provide further information and better understanding of a particular workforce practice or provide valuable and user-friendly links and resources.



This symbol indicates a workplace example or good practice example from one of the MHCC member organisations. These examples have been put together by staff from each of these organisations and speak in reference to a specific workforce development pathway. They aim to give readers an idea of how the workforce development pathway has been applied in practical terms in a community mental health organisation.

## Acronyms

AMS	Aboriginal Medical Service
AQF	Australian Qualifications Framework
AQTF	Australian Quality Training Framework
ATSI	Aboriginal and Torres Strait Islander
CALD	Culturally and Linguistically Diverse
EAP	Employee Assistance Program
KM	Knowledge Management
LDP	Leadership Development Program
MHCC	Mental Health Coordinating Council
NGO	Non-Government Organisation
NTIS	National Training Information Service
RCOM	Routine Consumer Outcome Monitoring
RPL	Recognised Prior Learning
RTO	Registered Training Organisation
VET	Vocational Education Training

# Executive Summary

This workforce development guide is the Mental Health Coordinating Council's response to an identified need for a coordinated and strategic approach to the growth of the community-based mental health sector. The guide is fundamentally structured towards a whole-of-systems approach which will assist community organisations to embody the principles of a recovery-oriented organisation and work effectively, and in collaboration with consumers and carers, to achieve these outcomes in practical terms.

The guide is structured according to the nine key workforce pathways that organisations must consider in working towards becoming, or sustaining, a recovery-oriented organisation. This guide recognises that fundamental to achieving each pathway is the mental health support workforce that the organisation relies on to implement its vision and service objectives. The vision for recovery-oriented organisations incorporates a workforce that is compassionate, collaborative, skilled and diverse. This is what makes this guide unique - it is about creating a recovery-oriented organisation through workforce development, in partnership with consumers and carers.

The guide is organised according to the following pathways. At the start of each chapter is a box which indicates the 'learning outcomes' for the specific workforce development pathway; managers may want to use this as a 'checklist' or starting point for the organisation, in partnership with staff, consumers, carers and other stakeholders. **In addition, accompanying each pathway there are practical resources, including templates and checklists, and useful references to assist managers in this workforce development process.**

## **Workforce Development Pathway 1 - Organisational Culture and Values**

A recovery-oriented service requires organisations to have clear values and beliefs which inform the organisational culture, including participation and leadership. This forms the base of any systemic framework.

## **Workforce Development Pathway 2 - Effective Partnerships and Collaboration**

A recovery-oriented service ensures a broad range of responses and shared resources and knowledge through partnerships with consumers, carers, other teams, agencies, sectors and government.

## **Workforce Development Pathway 3 - Knowledge Management**

A recovery-oriented service requires open, shared knowledge management.

## **Workforce Development Pathway 4 - Recruitment and Retention**

A recovery-oriented service requires the recruitment of staff with the appropriate values, attitudes and knowledge to support recovery processes, and retention through support for staff.

## **Workforce Development Pathway 5 - Consumer Workers and Carer Workers**

A recovery-oriented service values lived experience and focuses on recruiting and supporting Consumer Workers and Carer Workers.

## **Workforce Development Pathway 6 - Becoming a Culturally Competent Workforce**

A recovery-oriented service has a culturally competent and diverse workforce.

## **Workforce Development Pathway 7 - Professional Development**

A recovery-oriented service gives staff the opportunity to increase and enhance knowledge, engage in reflective practice and to make progress in their careers.

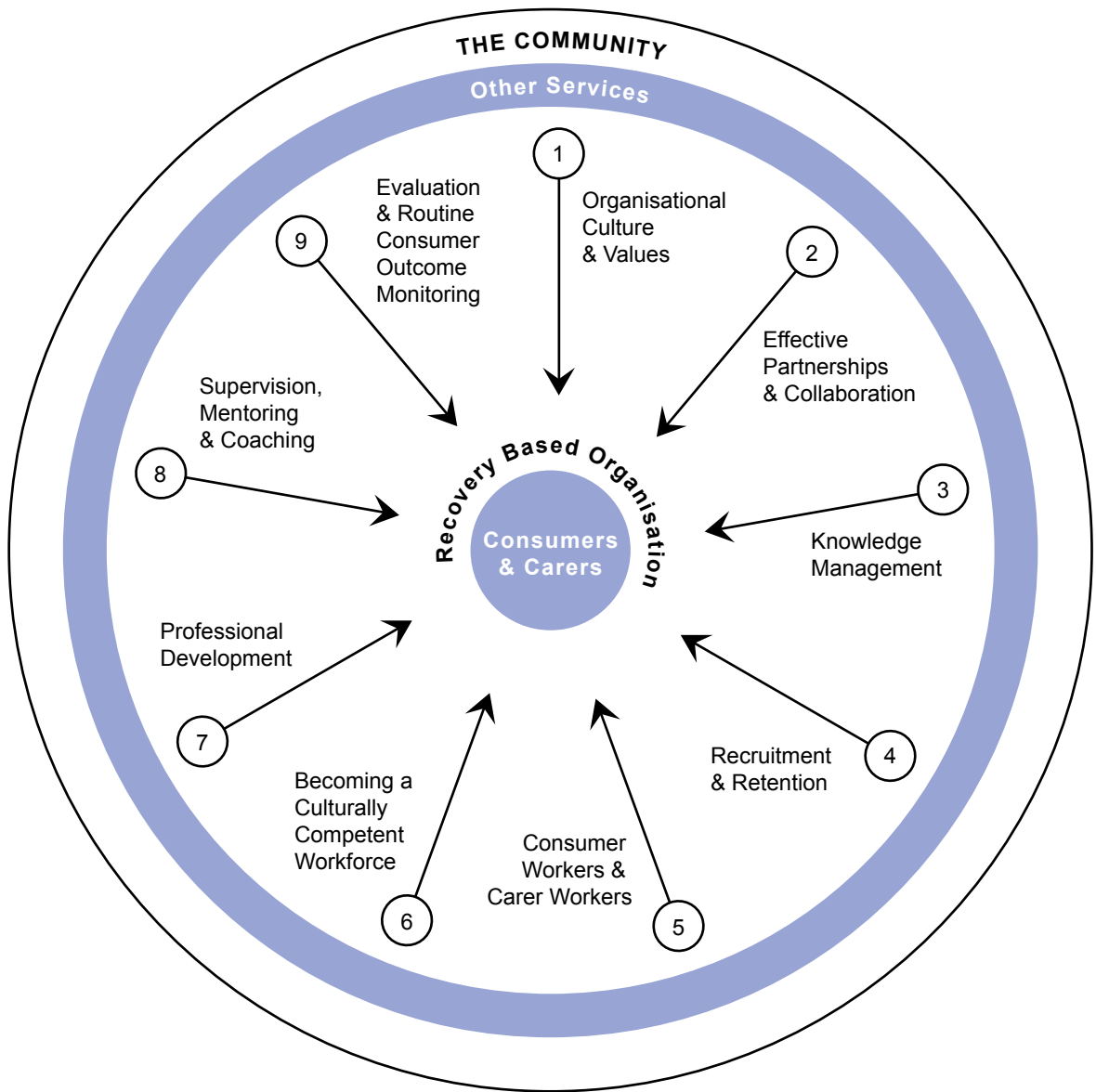
## **Workforce Development Pathway 8 - Supervision, Mentoring and Coaching**

A recovery-oriented service allows the opportunity for staff to explore and learn directly from the wisdom and experience of others.

## **Workforce Development Pathway 9 - Evaluation and Performance Management**

A recovery-oriented service assesses the effectiveness of staff and services provided through indicators that are relevant and meaningful to consumers and carers.

Diagram 1 - Workforce development pathways to a recovery-oriented organisation



# Introduction

*The workforce, in partnership with consumers and carers, is at the heart of achieving a recovery-oriented service system.*

## Aims and objectives of the guide

The aims and objectives of the guide are to:

- Improve overall effectiveness of services and outcomes for consumers and carers
- Promote 'people centred' organisations for staff, consumers, carers and stakeholders
- Promote staff development (personal and professional) that is firmly grounded within a recovery framework
- Strengthen staff development strategies used by managers to create a sustainable, modern, informed, and diverse workforce
- Promote professional and personal well-being of staff to enhance retention

## Who is this guide for?

The word Manager is used throughout the guide to apply to any person in a managerial or senior role who is responsible for leading a team of staff in a community mental health setting, for example, Team Leader, Manager or Chief Executive Officer.

Managers are in the best position to assess the organisational and staff needs and set the strategic vision for workforce development within the organisation. In setting this vision, managers fundamentally need to include a *genuine consultation framework* in planning professional and personal development pathways which involves key stakeholders, consumers, carers and staff.

Traditionally, staff development processes have often focused only on permanent employees, and the extended workforce - such as part-time, casual, volunteer, and contract workforce - have been excluded even though they may have skills and knowledge important to the organisation's goals. This guide suggests that workforce development is most effective when the full workforce is included and enabled.

The guide does not seek to be exhaustive or directive, instead it provides strategies that can assist an organisation to find a 'best fit' for the agency's staff development needs, depending on its size, resources and culture.

**The guide is unique as it sets personal and professional development firmly within a recovery framework to move the community mental health support workforce, both current and future, towards empowering, recovery-oriented service systems.**

It is acknowledged that smaller organisations and rural and remote (rural) organisations may face specific challenges and barriers to some aspects of workforce development. Collaboration and working in partnership with other service providers will assist greatly with this. These smaller or rural organisations are still able to position themselves within a recovery-oriented framework and work in partnership with consumers and carers, for example, demonstrate a positive culture, structure and leadership which forms the foundation of any recovery-oriented organisation. The workforce pathways provided can be seen as benchmarks to aspire to. All mental health services have the capacity to support recovery and to work in partnership with consumers and carers.

This guide calls into practice a view of organisations as '**people-centred**' - for staff, consumers, carers and stakeholders. It places great value on the individuality of people, and the importance of respecting and accommodating differences in people. An organisation can stand or fall as a direct result of the skills, attitudes, commitment and cohesion of the staff. The vision for recovery-oriented organisations incorporates a workforce that is compassionate, collaborative, skilled and diverse. If managers value and promote enhanced professional and personal well-being this will lead to

greater staff retention in the community mental health sector and positive changes to service delivery and recovery outcomes. People-centred services also support individual's to define their own personal situation and recovery journey.

### **Who is the workforce that this guide is relevant to?**

The community mental health support workforce consists of a range of skill sets. Some position titles include, but are not limited to, social workers, mental health workers, psychologists, occupational therapists, registered nurses, drug and alcohol workers, youth workers, community service workers, mental health support workers, project officers, trainers/assessors, psychiatrists, volunteers, administrative and management staff - who may or may not have the lived experience of mental health problems. The consumer and carer workforces also include advocates, consultants, representatives, peer support workers, volunteers, and trainers - and all of the above.

This guide refers to Community Mental Health *Support Workers* as the generic term for people working in organisations supporting people with mental health problems. This terminology is in line with recovery concepts, and the role of the Mental Health Worker to *support* people with a mental health problem. It reflects the paradigm shift to working in partnership with consumers and carers, and enables consumers to experience their individual recovery journey in a less rigid or predetermined, and more organic way.

### **Research and development method for the guide**

Of particular relevance in exploring how 'recovery-orientation' may translate across the community support sector, was the 2006 MHCC Training Needs Analysis which investigated the training needs of staff, both paid and voluntary, in NGOs providing services to clients with mental health problems.

The findings highlight a diverse workforce providing services from a range of disciplines and frameworks. The premise of this guide is that the various skill sets employed within community sector organisations have specific contributions to make but require an overarching philosophy or set of values to create a shared language and cohesive objectives.

The following table highlights the key survey findings, according to current workforce qualifications, current and future training needs, use of traineeships, size of the sector and funding sources of member agencies.

An Industry Reference Group has informed and guided this project.

The guide has been assembled from both research-informed writing and consensus opinion through consultation with the Industry Reference Group and a number of managers.

All efforts have been made to ensure information in this guide is accurate at the time of publication.

Table 1 - Key Findings of the 2006 Sector Training Needs Analysis

Survey Area	Key Findings
<b>Qualifications</b>	<p>Managers are highly qualified:</p> <ul style="list-style-type: none"> <li>• 96% had a tertiary qualification</li> <li>• 54% had a university level qualification</li> <li>• 60% attended training in the last year</li> <li>• Average of 14 years industry experience</li> </ul> <p>Staff are less qualified:</p> <ul style="list-style-type: none"> <li>• 70% had tertiary qualifications</li> <li>• 68% were not mental health specific</li> <li>• 5% have a Certificate IV in Mental Health</li> <li>• 50% attended training in the last year</li> <li>• Years of experience was not explored</li> </ul>
<b>Training</b>	<ul style="list-style-type: none"> <li>• Most agencies undertook training in the last 12 months</li> <li>• Most training was non-recognised introductory level short courses</li> <li>• Larger agencies had a greater capacity than smaller ones to train staff</li> <li>• High demand for training in mental health over the next 12 months</li> <li>• Most agencies face barriers to training including time, cost and backfill</li> </ul>
<b>Traineeships</b>	<ul style="list-style-type: none"> <li>• 22% of agencies currently making use of traineeships (eg, community services, disability)</li> <li>• 67% interested in utilising mental health traineeships if available</li> </ul>
<b>Size of Sector</b>	<ul style="list-style-type: none"> <li>• 2,500 – 3,000 FTE total staff</li> <li>• 1,500 – 2,000 FTE direct care staff</li> <li>• 44% of members used volunteers</li> </ul>
<b>Funding Sources</b>	<ul style="list-style-type: none"> <li>• 54% NSW Health (or Area Health Service)</li> <li>• 30% DADHC</li> <li>• 22% FaCHSIA</li> <li>• 22% private</li> <li>• 14% DOCS</li> <li>• 8% DEWR</li> </ul>

## Making the shift towards recovery-oriented services

### What is recovery?

It is of some concern that there is currently no consensual Australian definition of recovery. Recovery in relation to mental illness is defined as the following according to American Psychologist, William Anthony:

“Recovery is a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life, even with the limitations caused by mental health problems. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness”<sup>2</sup>

Recovery in a broad sense is about finding a way to get back on track after experiencing illness. Recovery from the consequences of mental health problems can sometimes be more difficult than recovering from actually being unwell.<sup>3</sup> Issues such as discrimination, loss of self esteem, and limitations to social, housing and employment opportunities, can all be very real barriers to recovery. **Viewing recovery as a normal human process ‘demystifies’ the process of recovery from mental health problems and puts people in a better position to support someone in their recovery journey.**

**Service providers need to reflect the principles of recovery in order to enhance the individual’s recovery journey.** This is at an organisational as well as individual level, for example, the culture of the organisation, and the individual’s frame of reference and understanding.

The principles of recovery include, but are not limited to:

- Hope and faith
- Meaning, purpose and direction
- Equality and respect
- Empowerment and self-determination
- Social inclusion and connectedness

Descriptions of recovery can become easily conceptually confused. Recovery can be seen through different lenses depending on individual and organisational agendas. The definition of recovery challenges what it means to be a service delivery organisation, a Mental Health Support Worker, a person who uses the services or a family member, and how we judge effective services and support.<sup>4</sup>

In the community mental health setting recovery can be seen as:

- **An experience**

This conveys the personal and unique journey in recovery from mental health problems. Whilst the individual defines their recovery journey, recovery is not an isolated experience. It occurs within a context where relationships are of utmost importance - family, friends, and service providers can share the recovery experience.

- **A philosophy or set of values**

Recovery is fundamentally about a set of values which promote hope, self-determination, inclusiveness, acceptance, and compassion. These values all lead to choice and control for people with the lived experience of a mental health problem.

- **An individual practice**

This refers to how the worker applies their understanding of recovery and recovery principles into action, and how it guides the way in which services and service providers work in partnership with consumers, carers, families and the community.

- **A service system**

The principles and practices of recovery have broader implications for organisations (culture, structure and leadership), communities, and the wider sector. Recovery provides an opportunity to work together to provide a range of services for consumers and carers, and to ensure better outcomes for consumers and carers.

**Managers and the workforce need to have a grasp of what recovery means when viewed through the above 'lenses' to fully understand the recovery philosophy and its implications for service planning and delivery. The nine workforce development pathways described within this guide are the key to practical application of recovery principles through workforce practices.**

### **How is recovery related to workforce development and recovery-oriented service systems?**

To ensure that the concept of recovery is put into action requires a significant paradigm shift<sup>5</sup>. First and foremost, **managers need to embody the vision for a recovery-oriented service and 'stay true' to the meaning of recovery.**<sup>6</sup> For managers to do this successfully will require organisational change, changes in anticipated outcomes, changes in power relationships and changes in the way staff are recruited, supported and developed. **The workforce, in partnership with consumers and carers, is critical to moving towards converting the philosophy of recovery into reality.**<sup>7</sup>

The recovery vision and recovery principles must be incorporated into all aspects of staff development, service planning and delivery. Recovery competencies should be closely linked to staff performance management and reflected in service delivery. This can be achieved through a continuous process of sharing knowledge and information between Mental Health Support Workers, consumers and carers. The workforce, in partnership with consumers and carers, is at the heart of achieving a recovery-oriented service system

This is the niche interest of this guide. The manager leads the workforce - Mental Health Support Worker, Consumer Worker, Carer Worker - to work effectively together and in partnership with consumers and carers for best recovery-oriented outcomes and to move the organisation forward within a recovery-oriented framework.

This is a future vision and destination for community mental health organisations and the challenge is how we get there. **The role of this guide is to show that through committed and fulfilling professional and personal development of staff, managers can create a mental health support workforce, and as a result organisations, that incorporate the principles of recovery into practice and work in collaboration with consumers and carers at all times.**



## Guiding principles, practices & attitudes of recovery-oriented workforce development

- *Journey of recovery* – Supporting each individual's journey of recovery. Service providers, consumers and carers working as partners to support recovery processes. Recovery concepts are genuinely incorporated into practice and there is a shared understanding of recovery-oriented systems.
- *Consumer and carer participation* - Engaging consumers and carers in an ongoing, respectful and genuine way in all areas of service delivery and planning.
- *Cultural competence* - Valuing cultural diversity, ensuring staff are in a position to work with culturally diverse people and employees from culturally and linguistically diverse (CALD) backgrounds & Aboriginal and Torres Strait Islander (ATSI) people, and respecting and responding to the individual needs of people that is sensitive to their age, gender, sexuality, spirituality, nationality, and religious background. This includes using preferred language and terminology at all times.
- *Reflective practice* - Committing to and engaging in continuous reflective practice to ensure personal growth, good practice and innovation. This should happen at all levels of the organisation and service delivery, and form a strong component of supervision practices.
- *Evidence-based practice* - Committing to keeping up to date with research findings, pursuing evidence-based practice within each organisation and following what is good practice in community mental health. This requires systems and structures that encourage flexibility to embrace new and improved work practices.
- *Working together in collaboration* - Sharing resources and knowledge through partnerships and collaborations, which will strengthen the community mental health sector and wider community sector. Building relationships with consumers, carers, communities and service providers.
- *Evaluation and measuring outcomes* - Constantly reviewing and looking to improve services. Ensuring that organisations are accountable for their outcomes. Committing to becoming a 'learning organisation' and continuous quality improvement.
- *Capacity building* - Building capable teams and strengthening services to respond to the needs of consumers and carers by ensuring staff is appropriately skilled and the organisation has an infrastructure that supports personal and professional growth and development.
- *Strong leadership* - Strong, committed, inspiring and forward-thinking leadership. Good leaders (Board members, CEO's, Managers) enable staff to apply the organisation's principles and values to their service delivery; enable staff to perform at their highest potential; enable consumer and carer participation; and enable successful partnerships, all of which help to create sustainable organisations where ideas and innovation can thrive.
- *Social inclusion* - Valuing the individuality and competencies of all groups from all backgrounds. Ensuring that the rights, views and values of all individuals are respected in service delivery and policy making. To commit to addressing discrimination and discriminatory attitudes towards people with mental health issues.
- *Transparency and trust* - Working honestly and openly with all people. To be responsive to the needs and views of consumers, carers and the whole workforce.