Mental Health & Substance Abuse Division

The Framework for recovery-oriented rehabilitation in mental health care 2012

Key Messages

Context

> South Australia's mental health system is undergoing significant recovery-oriented reform.
> The Stepping Up report, which has been a pivotal platform for South Australia's current reform agenda, is a starting point; however, it does not describe all rehabilitation services available to consumers of mental health services in South Australia.
> The NGO sector has grown substantially and is a key provider of mental health services in SA. This has resulted in an increase in the rehabilitation services available to consumers.
> Publicly funded government mental health services are reforming their systems and services to better meet the needs of consumers. It is vital that recovery-oriented rehabilitation services also continue to be available and grow in the publicly funded government sector. Models of care and guidelines are important in implementing this change.

Recovery

> Recovery is personal, individual and unique.
> People can and do recover from mental illness.
> ‘Recovery’ and ‘cure’ do not mean the same thing. People can and do live well with the presence of symptoms of mental illness.
> Recovery is supported by collaborative partnerships in which key partners develop facilitative relationships to meet the individual consumer's needs.
> Health workers must embrace the potential for recovery in their approach to practice.
> There is no time frame set for an individual's recovery journey. Everyone's recovery journey is unique.
> Recovery is not an intervention and professionals cannot ‘do’ recovery ‘to’ people.

Rehabilitation

> Best practice rehabilitation is recovery-oriented.
> Recovery is the potential and actualisation of person's individual journey.
> Rehabilitation is the process and tools that practitioners' utilise and provide to people to assist in their recovery journey.
> Rehabilitation should be available in all settings and begin as soon as possible.
> Rehabilitation practices should always encompass purposeful evidence based best practice interventions.
> Rehabilitation techniques provide a range of tools that can be used to assist an individual to gain / regain their independence and strive towards their recovery.
> Rehabilitation occurs on a continuum. All workers need to understand rehabilitation but not everyone needs to be an expert in providing all interventions.
> Rehabilitation enables people to connect and become part of their community and be satisfied and successful in the living, working, learning and social environments of their choice.
> People with lived experience of mental illness and their carers should be key collaborators in the development, implementation, evaluation and modification of individual and group rehabilitation programs.
> The process of establishing a positive therapeutic relationship is a part of the rehabilitation continuum. It takes effort and time.
> Rehabilitation requires effort and engagement. Although it may not 'just happen' it rewards both consumers and practitioners.
> Rehabilitation will not necessarily lead to consecutive gains for consumers. Setbacks and overcoming setbacks are parts of the rehabilitation process. Rehabilitation opportunities should be offered time and time again.
> Rehabilitation services that are shaped by goals of promoting hope, healing and empowerment ensure mental health services foster an underlying attitude that recovery is possible, offer opportunities for consumers to maximise their own experience of recovery, and create a service environment that is flexible, responsive and accessible.
> Rehabilitation is cost effective and reduces requirements for acute interventions.
Recovery-oriented rehabilitation workforce

- All workers who work in mental health need to understand the principles of recovery-oriented rehabilitation.
- All clinicians working in mental health have generic clinical skills as well as discipline specific knowledge.
- There are different roles within mental health services requiring varying levels of rehabilitation intervention knowledge.
- All workers need to be aware of the potential impact their approach to service provision can have.

Meeting everyone’s needs

- Different populations have different needs and particular consideration must be given to how best to meet these diverse needs.
- No one service or person can cater to everyone’s needs all of the time, however, mental health services must be culturally inclusive and responsive.
- It is vital that services work together in partnership to meet the needs of consumers, their carers and families.
- Country health services provide services to approximately thirty percent of the population in South Australia.
- Effective communication between services, consumers and carers needs to take place by a variety of means to meet everyone’s needs (face-to-face, with interpreters, written communication, teleconferences, telephone, etc.).

Partnerships

- The consumer is the most important person in the partnership. They and their recovery needs must be considered first.
- Sharing information is essential. The rights of each individual need to be considered when sharing information.
- It is important that the role of each partner involved in care is clearly defined and understood. All partners need to assume responsibility for ensuring smooth coordination of care and everyone needs to be able to contribute.
- Carers are an important part of partnerships and need to be considered and included whenever appropriate.
- The process of establishing partnership is as important as the outcome.
- Partnerships should exist to empower consumers, create enabling opportunities for recovery and promote the consumer’s dignity of risk.
- The partners are determined based on the needs of the consumer.

Safety and Quality

- The National Standards for Mental Health Services 2010 are applicable to all mental health services throughout Australia.
- Recovery orientation is expected and as national standard 10.1.
- All services have to perform to standards, and services are measured against these.
- Best practice is about how to continuously improve services. Feedback from partners, particularly consumers and carers, is vital in assisting to improve services.
- Supervision and reflective practice are fundamental concepts that underpin the provision of quality recovery-oriented rehabilitation services. Every worker should have access to regular supervision.
- Quality and safety are everyone’s responsibility and need to be integrated into everyday practice.
- Additional research is required to ensure best practice around recovery-oriented rehabilitation remains up to date.

For more information

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