Promoting recovery in mental health and related services:
handbook for personal use and teaching

WHO QualityRights training to act, unite and empower for mental health

(P I L O T   V E R S I O N)

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What is the WHO QualityRights initiative?

WHO QualityRights is an initiative which aims to improve the quality of care in mental health and related services and to promote the human rights of people with psychosocial, intellectual and cognitive disabilities, throughout the world. QualityRights uses a participatory approach to achieve the following objectives:

1 Build capacity to understand and promote human rights, recovery and independent living in the community.

2 Create community based and recovery oriented services that respect and promote human rights.

3 Improve the quality of care and human rights conditions in inpatient, outpatient and community based mental health and related services.

4 Develop a civil society movement to conduct advocacy and influence policy-making to promote human rights.

5 Reform national policies and legislation in line with best practice, the CRPD and other international human rights standards.

For more information: http://www.who.int/mental_health/policy/quality_rights/en/

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WHO QualityRights - Guidance and training tools

The following guidance and training tools are available as part of the WHO QualityRights initiative:

Service assessment and improvement tools

- **The WHO QualityRights Assessment Tool Kit**
- **Implementing improvement plans for service change**

Training tools

Core modules
- **Understanding human rights**
- **Promoting human rights in mental health**
- **Improving mental health and related service environments and promoting community inclusion**
- **Realising recovery and the right to health in mental health and related services**
- **Protecting the right to legal capacity in mental health and related services**
- **Creating mental health and related services free from coercion, violence and abuse**

Advanced modules
- **Realising supported decision making and advance planning**
- **Strategies to end the use of seclusion, restraint and other coercive practices**
- **Promoting recovery in mental health and related services**
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Guidance tools

- **Providing individualized peer support in mental health and related areas**
- **Creating peer support groups in mental health and related areas**
- **Setting up and operating a civil society organization in mental health and related areas**
- **Advocacy actions to promote human rights in mental health and related areas**
- **Putting in place policy and procedures for mental health and related services (in preparation)**
- **Developing national and state-level policy and legislation in mental health and related areas (in preparation)**
- **Guidance on CRPD compliant community-based services and supports in mental health and related areas (in preparation)**

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About this training and guidance

This handbook and teaching guide on recovery has been designed to complement the QualityRights training module on Promoting Recovery in Mental Health and Related Services. The handbook and teaching guide covers much of the same material, but also contains additional text and exercises. It can be given to participants at the end of the training sessions so that they are able to review the concepts and material learned during the training.

Alternatively, it can be used independently as a standalone document to deliver training on recovery over 4-5 training days. The handbook/ teaching guide does not rely on PowerPoint presentations to deliver the training. Instead all participants should have a copy of the handbook/ teaching guide and work through the text and exercises either in plenary or in groups based on the discretion of the facilitator for the training.

Who is this training workshop and guidance for?

- **People with psychosocial disabilities**
- **People with intellectual disabilities**
- **People with cognitive disabilities, including dementia**
- **People who are using or who have previously used mental health and related services**
- **Managers of general health, mental health and related services**
- **Mental health and other practitioners** (e.g. doctors, nurses, psychiatrists, psychiatric nurses, neurologists, geriatricians, psychologists, occupational therapists, social workers, peers supporters and volunteers)
- **Other staff working in or delivering mental health and related services** (e.g. attendants, cleaning, cooking, maintenance staff)
- **Non-Governmental Organizations (NGOs), associations and faith-based organizations working in the area of mental health, human rights or other relevant areas** (e.g. Organizations of Persons with Disabilities (DPOs); Organization of users/survivors of psychiatry, Advocacy Organizations)
- **Families, care partners and others support people**
- **Ministry of Health policymakers**
- **Other government institutions and services** (e.g. the police, the judiciary, prison staff, law reform commissions, disability councils and national human rights institutions)
- **Other relevant organizations and stakeholders** (e.g. advocates, lawyers and legal aid organizations)

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Preliminary note on language

We acknowledge that language and terminology reflects the evolving conceptualisation of disability and that different terms will be used by different people across contexts over time. People must be able to decide on the words that others use to describe them. It is an individual choice to self-identify or not, but human rights still apply to everyone, everywhere.

Above all, a diagnosis or disability should never define a person because we are all individuals, with a unique personality, autonomy, dreams, goals and aspirations and relationships to others.

The choice of terminology adopted in this document has been selected for the sake of inclusiveness.

The term psychosocial disability includes people who have received a mental health related diagnosis or who self-identify with this term. The terms cognitive disability and intellectual disability are designed to cover people who have received a diagnosis specifically related to their cognitive or intellectual function including but not limited to dementia and autism.

The use of the term disability is important in this context because it highlights the significant barriers that hinder people's full and effective participation in society.

We use the terms "people who are using" or "who have previously used" mental health and related services to also cover people who do not necessarily identify as having a disability but who have a variety of experiences applicable to this guidance.

In relation to mental health, some people prefer using expressions such as "people with a psychiatric diagnosis", "people with mental disorders" or "mental illnesses", "people with mental health conditions", "consumers", "service users" or "psychiatric survivors". Others find some or all these terms stigmatising.

In addition, the use of the term "mental health and related services" in these modules refers to a wide range of services including for example, community mental health centres, primary care clinics, outpatient care provided by general hospitals, psychiatric hospitals, psychiatric wards in general hospitals, rehabilitation centres, day care centres, orphanages, homes for older people, memory clinics, homes for children and other 'group' homes, as well as home-based services and supports provided by a wide range of health and social care providers within public, private and non-governmental sectors.

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Defining recovery

Many mental health and related services around the world are based either on a clinical understanding of recovery or, at worst, a belief that recovery of any sort is not possible for many people. Based on a substantial and growing body of evidence, it is now well established that in the context of mental health, people can, and do recover. There is also greater clarity on the process of recovery and what can help or hinder this as discussed below (1). The introduction of recovery-specific policies needs to become mainstream practice within the mental health system of all countries.

The traditional or clinical understanding of recovery is when a person is no longer behaving 'strangely' or when any symptoms related to the emotional distress have subsided. However, for many people, recovery is not about "being cured" or "being normal again". It is about gaining control of their identify and life, having hope for their life and living a life that has meaning for them; whether that be through work, relationships, community engagement or some of all of these.

> "What matters in recovery is not whether we're using services or not using services, using medications or not using medications. What matters in terms of a recovery orientation is, are we living the life we want to be living? Are we achieving our personal goals? Do we have friends? Do we have connections with the community? Are we contributing or giving back in some way?" (2)

> "Recovery is happening when people can live well in the presence or absence of their mental illness and the many losses that may come in its wake, such as isolation, poverty, unemployment, and discrimination." (3)

Recovery is highly personal and its meaning can be different for each person. For example, some people in recovery may find working paid jobs very helpful for their mental health, because they feel they are contributing and find meaning in their work. For some people experiencing particularly difficult times, certain styles of working may feel overwhelming and stressful and may become a hindrance to the person's recovery. It is therefore essential to consider values and preferences of each individual when supporting people in recovery and to provide support and accommodation in line with their wishes and values in order to help people overcome barriers to achieve their life goals and dreams.

> At this point show participants **The voices in my head** video from Eleanor Longden (4) (14:17 min.), a woman who hears voices and who has successfully regained control over her life. https://www.ted.com/talks/eleanor_longden_the_voices_in_my_head?language=en, accessed 03 August 2016

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Box 1: What recovery means to people from diverse countries and cultures such as the United States of America and Uganda.

What does recovery mean to a group of people in the United States of America (5)?

- Recovery from emotional distress is not like recovery from the flu. It's recovering your life and your identity.
- Recovery for me is having good relationships and feeling connected. It's being able to enjoy my life.
- I don't dwell on the past. I'm focusing on my future.
- Being more independent is an important part of my recovery process.
- Not having symptoms any more is my definition of recovery.
- Recovery for me is a series of steps. Sometimes the steps are small, like fixing lunch, taking a walk, following my daily routine. Small steps add up.
- Having a "mental illness" is part of my life, but not the center of my life.
- Recovery is about having confidence and self-esteem. I have something positive to offer the world.

What does recovery mean to a group of people in Uganda (6)?

- **Recovery is returning to a 'normal' state.** "It is when the water in my heart stops boiling." It means resuming normal functioning after being disturbed by mental illness. Having more energy and better concentration which helped get back to the way they normally live their lives. This tends to happen in stages or phases of recovery.
- **Recovery is an active process.** "Recovery is an ongoing journey rather than a final destination." Being able to manage symptoms and live with one's illness. This meant being able to manage stress and daily challenges.
- **Recovery is about freedom.** Recovery is associated with not being in hospital. Freedom to move where they wanted and choice of activities.
- **Recovery means social wellness.** Being able to be around others and communicate with them. Being able to join in with family life and activities again like going to church, singing, dancing, and working.
- **Recovery means being able to contribute and be useful.** "I'm giving back to my family and the community." Being able to support others and feel equal to them.
- **Recovery is economic stability.** Being able to be independent, support oneself and meet one's responsibilities is important. This is important on many levels, such as having a good standing in the community and being able to access ongoing medical treatment.
- **Recovery is about acceptance.** Understanding and accepting oneself and one's condition.
- **Recovery is about forgiveness.** Forgiving others for the things they did and also forgiving oneself.
- **Recovery is a process for caregivers too.** "When he recovered, I recovered too." Caregivers talked about how they and their families joined the process of recovery.
- **Recovery is making use of resources. "**Having a good relationship with my doctor." "Participating in my treatment."
- **Recovery is about triumph.** Recovery is doing things you didn't previously think were possible. It is about experiencing positive change and overcoming the struggles that recovery involves.

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What recovery is NOT

To gain a better understanding of what recovery means, it is important look at the flipside, that is, what recovery is not.

Recovery is not (7):

- A cure or the absence of a "condition, diagnosis or symptoms"
- Something practitioners or others "do" to people
- A new word for rehabilitation
- A theoretical model
- Something that has always been done
- A reason for closing down mental health services
- 'Blaming' individuals for their situation

1. **Recovery is NOT** necessarily a cure or the absence of a condition, diagnosis or symptoms as people with psychosocial, intellectual and cognitive disabilities can still recover and lead a fulfilling life in the presence of any one of these. In other words, for some people, being free from what they perceive and interpret as symptoms is a key feature of their recovery. But in other cases, people may continue to have these but still experience recovery
   - Recovery is happening when people can live well in the presence or absence of a condition, diagnosis or symptoms (3).
   - Recovery involves dealing with and returning from the many losses that a person may experience, such as isolation, poverty, unemployment, and discrimination. Mental Health affects all aspects of our lives so "getting better" means that these aspects of our lives are "recovering" as well.
   - The person may not recover all of their losses such as their old job or previous relationships, but they can still live fulfilling lives – for example, getting a new job and starting new relationships.

2. **Recovery is NOT** something that practitioners, families or care partners "do" to people. Recovery is led by the individual concerned. Those involved in the life of people with psychosocial, intellectual and cognitive disabilities can be coaches or support persons that can assist a person on their journey of recovery.

3. **Recovery is NOT** a new word for rehabilitation. Rehabilitation is still often practiced within the framework of the medical model and in many cases rehabilitation practices do not put the individual and the life they want to lead at the center.

4. **The recovery approach is NOT** a theoretical model. The recovery approach is very practical and can be readily applied in mental health and related services. It is not something confined to paper.

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5. **Recovery is NOT** something that has been widely practiced despite the common usage of the term in some contexts. Recovery involves rethinking the way mental health and related services and supports are designed and provided.

6. **The Recovery approach is NOT** a reason for closing down services. Some people fear that the recovery approach will be used as a justification for closing down formal mental health and related services and reducing spending on mental health. This should never be the case.

7. **The recovery approach is NOT** 'blaming' the individual for their situation and recognizes the social inequalities, discrimination and violations of rights at community and societal levels that lead people to situations of emotional distress and act as important barriers to the recovery process. It recognizes that policy, legislative reform and social justice at a much larger scale are required to truly promote recovery.

> At this point in the presentation show participants the video: **Rory Doody on his experience of services within the mental health system** (35:36 min.). Rory is a man with lived experience who now works as a Recovery Development Advocate and leads a full and meaningful life despite being told that he would not be able to do so.(8)
> https://www.youtube.com/watch?v=GGlig8w_oZQ, accessed 04 August 2016

Exercise 1.1. – Recovery-oriented services in practice

- Without the need for specific details, would anyone like to share their experience of a time when either you yourself or someone you know had set low expectations for you? What was the situation, and how did it make you feel?
- What aspects of this story can you identify with either as a person with a psychosocial, cognitive or intellectual disability, a person who is using services, or who has previously used services; or as a practitioner, family member, peer supporter or other?
- What type of services have you experienced in your life (either in terms of using services or in terms of providing services)? What sort of approach were the services promoting? A medical approach, recovery approach, or a mix?

Key components of recovery (7),(9),(10)

Recovery as an approach that everyone can relate to and which applies to everyone. It is an approach that can be used to empower all individuals to live the way they would like, achieve personal goals, have friends and connections in their community and to contribute and give back in some way.

While recovery is often described as a "journey", this does not necessarily mean that it has an end-point. People tend to see recovery as a lifelong journey of growing and learning, gaining resilience, managing setbacks and celebrating successes.

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In this way, recovery is a process that is individual and unique to each person. There may be occasions when the person feels worse or experiences a crisis, but a recovery approach enables the person to learn and gain experience from these setbacks and use the skills developed to help them achieve their goals in life.

1. **Connectedness: Recovery reconnects people**
    - **Inclusion** is important for recovery and means much more than receiving mental health and related services. People in recovery need to be able to access the same opportunities, services and resources in the community as any other person. The services that promote recovery should be influenced by and based on the local culture. It is also important to remember that inclusion goes beyond the individual. It involves the community and society as a whole to assist with inclusion.

    - **Relationships** are key to all people's lives, hence friends, partners, family members, health workers, support staff and peers including peer supporters and groups all have a key role to play in supporting people in recovery.

2. **Hope: Recovery is about hope and optimism for the future**
    - **Hope** is universally seen as key to recovery and without it people can give up their recovery journey. Hope is often taken away from people when they are told that they have a lifelong, permanent illness and that they need to give up many of their activities and expectations.

    - **Belief** is central to the recovery approach, specifically belief that a change in circumstances is possible. This belief can be fostered by hope-inspiring relationships. These include relationships with friends, family, care partners and practitioners who value successes and encourage dreams and aspirations.

3. **Identity: Recovery means maintaining your identity**
    - **Identity** can broadly be defined as how one sees oneself as an individual and in relation to others and the community that one lives in.

    - **Identity** is a sense of self that people can feel they lose once they receive a diagnosis. The recovery approach supports people to reconnect, rebuild or redefine their identity as well as overcome self-stigma that can put identity at risk.

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4. **Meaning in life: Recovery supports people to rebuild and find meaning in their lives**
    *   **Meaning and purpose in life** varies for everyone. For example, some people may find spirituality important, while others may find meaning and purpose through the development of stronger links with friends, family or community links.
    *   **Dreams and aspirations** are key for recovery as they can empower and support people to find meaning and fulfilment in their lives.

5. **Empowerment: Recovery is a positive message that empowers people and gives back control**
    *   **Control and choice are central to recovery**. People are often denied the right to decide about their own care and treatment. A recovery approach, in contrast, respects a person's right to exercise their legal capacity including the person's right to make their own choices, with or without support from others. Sometimes people may need support to make decisions. (These topics are covered in detail in the QualityRights training modules "Protecting the right to legal capacity in mental health and related services" and "Realising supported decision making and advance planning").

    *   **Encouraging people to develop or strengthen skills to help themselves** is crucial to recovery. These recovery skills enable people to understand and take control of their own life and wellbeing.

    *   **Recovery means managing ups and downs.** Recovery supports people to develop the skills that are required for managing the negative moments in life as well as triggers that can affect wellbeing.

6. **Risk-taking: Recovery involves taking risks (11),(12)**
    *   **Risk-taking** may be required if people are to embark on a recovery journey. People must be free to take the same risks and make mistakes as everyone else. Recovery-focused practice requires practitioners, families, care partners and other supporters to accept people's right to take risks.

    *   **Creativity and courage** are required in order to support positive risk-taking to help people move forward and achieve their goals.

Although qualitative research has identified these as important factors for recovery, it is important to acknowledge that what helps (or hinders) a person's recovery can vary widely from person to person and culture to culture. It is always important to explore this on an individual basis and not to make assumptions or generalizations about what factors are useful for someone's recovery journey.

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The key components of the recovery approach are summarized in the hand out available in the Recovery-Oriented Mental Health Care – Additional Resource (Appendix 1.) (9),(10),(7)

Summary: Key components of recovery

1) **Inclusion** – This is important for recovery as people need to be able to access the same opportunities as any other person and be included in the community.

2) **Relationships** – These includes friends, partners, family members, mental health and other practitioners, and peers including peer supporters and groups in the community. All of these relationships have an important role in supporting people in recovery.

3) **Hope** – This is universally seen as key to recovery and without it people can give up their recovery journey.

4) **Belief** – Believing that a change in one's situation is possible is central to the recovery approach and can be fostered by hope-inspiring relationships.

5) **Identity** – Redefining or rebuilding identity is a central component of recovery because people often lose their sense of 'self' when they are given a diagnosis.

6) **Meaning and purpose** – This can vary for everyone but it is important that recovery supports people to rebuild and find meaning in their lives.

7) **Dreams and aspirations** – the recovery approach helps empower and support people to develop and achieve their dreams and aspirations in life.

8) **Control and choice** –Recovery focuses on respecting a person's right to exercise their legal capacity to make their own choices and on providing supports to do so whenever this is seen as helpful by the person.

9) **Managing ups and downs** – Recovery enables people to develop skills that are required to manage negative moments in life and any associated triggers.

10) **Positive risk-taking** – This is essential for recovery as it allows individuals to learn and grow from their experiences and it is important that people are supported while embarking on positive risk-taking.

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What supports or hinders recovery

Research in several countries has identified some common themes around what promotes or prevents recovery.

"Recovery is facilitated by relationships and environments that provide hope, empowerment, choices and opportunities that promote people reaching their full potential as individuals and community members". (13)

Box 2 highlights recovery facilitators and obstacles, identified by over 60 individuals from Scotland with lived recovery experience (14): Factors that support and hinder recovery span all areas of life (health and non-health related) and need to be addressed in a recovery approach.

Box 2. Key Facilitators of Recovery (12)

Recovering Identity	Relationships
• Confidence • Hope and optimism • Self-acceptance, responsibility, belief and esteem • Self-efficacy • Self-awareness • Growing beyond the label • Reclaiming power and self-determination • Belonging- cultural, social and community identity • Activism • Spirituality • Coping • Taking control	• Friendships • Supportive family relationships • Intimate relationships (i.e. partner) • Parenting • Peers • Pets • Service Professional (a critical friend) • Mutual trust and recognition • Hopeful relationships
Engagement and finding meaning and purpose	**Services and supports**
• Being valued • Engaging in meaningful roles • Volunteering, employment, career and education • Learning about self and condition • Community and social engagement • Communities and housing • Exercise and creativity • Other people's experiences	• Feeling informed and in control • Continuity and flexibility • Treatments and therapies • Security • Peer support • Relationships, attitudes and power • Housing and community supports • Financial security

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Box 3. Recovery Obstacles (6)

Recovery obstacles which hinder recovery

- **Stereotypes** – False assumptions about people, for instance that they are violent, which can damage their confidence and prevent recovery.

- **Stigma and discrimination** – When people are excluded from communities or opportunities in life, or are thought not to be worthy of support, this can hinder their recovery.

- **Poverty** – Not being able to meet one's personal and family needs. This can be a trigger for emotional distress and can hinder recovery.

- **Lack of quality health services** – People require suitable health services, access to treatment and supports to maintain wellness and to promote their recovery.

- **Lack of independence and control** – Services and individuals can sometimes disempower people, which may hinder their recovery.

- **Lack of services and supports in the community** – People may require a range of services and supports in order to live a fulfilling life in the community. For example social, housing, employment services, educational opportunities, training for independent living, peer support, personal assistance etc. Without these, people may continue to be excluded from society, which also negatively impacts their well-being and recovery.

Exercise 1.2 – Supporting Recovery

Miguel visits his family doctor to discuss the overpowering feelings of anxiety that he has continued to experience over the last three years and which have becoming increasingly difficult to live with. He tells his doctor that as much as he thrives on the work that he does, the anxiety that he experiences is particularly overwhelming when he is at work and especially when he is facing deadlines.

After a long discussion, Miguel's doctor is very sympathetic and tells Miguel that this is likely to be a problem he will have for the rest of his life and that Miguel should consider important life changes which would include leaving his current job to find something "more suitable", with less stress and responsibility.

Miguel leaves the consultation feeling low and despondent.

Think about the following questions. Then, write down your ideas.

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In what ways has Miguel's family doctor supported Miguel's recovery?

Some answers may include:
- He is sympathetic
- They seem to have a good relationship
- He takes the time to discuss the situation with Miguel

How would you feel if you were Miguel?

Some answers may include:
- Hopeless
- Lack of optimism for the future
- There is no point to life
- I will never recover
- I am incapable

What could you have done differently to make Miguel not feel so hopeless?

Some answers may include:
- Think about ways that Miguel could be supported to discover and use tools to manage his anxiety
- Concentrate on positive experiences in the workplace, when anxiety has not been a problem
- Find out how Miguel manages his anxiety in other situations
- Instill hope for a positive outcome to the situation
- Work with Miguel to identify his strengths and how to use them to overcome the anxiety he experiences
- Connect Miguel to supports to help maintain the job he values
- Connect Miguel to fellow peers who have had similar experiences

Exercise 1.3 – What facilitates or hinders recovery

Think of a time in your life when you have recovered from something. It could be a health problem, departure of a close friend or perhaps a loss or bereavement that you are comfortable discussing.
1. What supported your recovery? Think about people, actions and places.
2. What hindered your recovery? Think about things such as people, actions and places.
3. Compare the list you made to the issues listed in **Box 2 & 3**. Make a note of similarities and differences.
4. Discuss your answers with others. Are there common themes and issues? Do you think the helpful things you identified are also relevant to the people you work with?

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Key defining features of recovery-oriented services including promoting human rights, addressing trauma, overcoming power imbalances and supporting self-determination.

Promoting human rights
- Recovery-oriented services promote the core human rights principles of equality, non-discrimination, legal capacity, informed consent and community integration, amongst others, which are enshrined in international human rights instruments, in particular the Convention on the Rights of Persons with Disabilities (CRPD).
- Being in control of one's recovery and making choices and decisions, whether it is about treatment or other aspects of life more generally, is at the centre of the recovery approach and also an important element of the right to exercise legal capacity as described in article 12 of the CRPD.
- Thus, involuntary admission and treatment within mental health and related services goes directly against a fundamental goal of recovery and against the CRPD, since it prevents people from being in control of their journey and remaining in control of their life decisions.
- Contrary to the commonly held belief amongst mental health and other practitioners, involuntary admission does not reduce rates of readmission (15). Instead, people understandably fear further admissions or contact with mental health and related services.
- In a similar way, providing people with support in decision making when they want is also central to the recovery approach and is also in line with the CRPD's focus on supported decision making.

Addressing Trauma
- Recovery-oriented services acknowledge and address negative and traumatic experiences that many people have experienced within mental health and related services or elsewhere.
- This includes violence, abuse and coercion and forced admission and treatment, as well as violence and abuse they may have experienced during their lifetime for example, during their childhood.

Overcoming power imbalances
- Another important aspect of recovery oriented services is to create an environment to overcome power imbalances and the use of coercion and abuse, all of which impede recovery.
- Often mental health workers and other professionals have more power than the people using the services. In addition, the mere threat or possibility of being involuntarily detained and treated can often exacerbate the power imbalance, with people feeling that they need to adhere to what staff members offer or prescribe in order to avoid being deprived of their liberty (for additional information please refer to the module on 'Creating Mental Health and related services Free from Coercion, Violence and Abuse).

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Supporting self-determination

- Recovery-oriented practice is person-centred and supports people to lead meaningful lives in contrast to achieving clinical goals set by others.
- People are supported to identify their own goals and aspirations and lead their own recovery journey.
- This means that the person remains in control of their life decisions, including treatment, care and support, as well as the pace and way in which they move through their own recovery journey.

Exercise 2.1 – Person-centred recovery (16)

Read and reflect on the following extract from Tig Davies' recovery story to think about person-centeredness.(17)

"I was in my 30s and at university, having somehow sustained what was probably a three year massive high when the Grim Reaper himself appeared to take over my life! One minute in the student's union building, the next Room 1, 'H' ward, acute psychiatric unit! I had experienced a previous and very unsuccessful three-month admission to a psychiatric unit in my late twenties, but I wish to tell you about this next experience because of its eventual positive impact upon my recovery.

Needless to say the first eight months of this admission had no positive impact! Three months at home ended with me in hospital being told my liver would never take another overdose, a psychiatrist telling me I would never work again, being offered life in a therapeutic community and being told to keep taking the medication – oh, and please stay in the hospital!

At that point, I truly believed that life as a 'well person' for me was over. I was mad and that was that. I was totally devastated but physically and mentally powerless to react. I collapsed into a passive world of nothingness. However, it was to be during the next seven months in hospital where my recovery journey finally began!

I was heavily medicated, hideously underweight, incapable of thought, desire, motivation or social interaction. My mind was full of dread, fear, voices demanding that I harm myself, that I was dead in all but disgusting body and that this state would remain until death. "Upstairs at the hospital there was a small patient/visitor café run by Dee. She is probably one of the most genuine, empathic, supportive and fun mental health support workers I have ever met. They called her the 'coffee shop assistant'. She took 'serving people' in that café to new heights. Dee didn't just serve coffee, she served people. She talked, she shared, she asked, she listened, she cried, she laughed, she spoke the truth as she saw it, she hugged when appropriate, kept her distance when it was right to do so. She joined people to communicate, she took no crap from people, she sought and found understanding of difference – oh, and she made a great mug of coffee! And all of this despite her fear of being in trouble for talking at work! The café and time with Dee became a place of solitude, light and hope for me.

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I was in the café one morning when the new 'welfare rights worker' came in – Dave. It transpired we had known each other years before. We talked. He had previously met me during a 'high' time in my life and yet being faced with a walking corpse, while upsetting him greatly, brought out in him the most person-centered approach to an individual you could imagine.

He, Dee and I sat and drank coffee. Then he simply looked at me and asked the most simple and yet profound question I had ever been asked. 'What do YOU think would help YOU to get well again?' I was blown away – no one had asked before and I had always been led to believe that the pills, the nurses and the psychiatrists had the plans and the answers. After all, they had written me a care plan!

I embraced the question in my desperate state and, feeling I had nothing to lose, told Dave and Dee the threads of a dream I had known before. I wanted to be well, I wanted relationships with my family and friends back, I wanted to go home to my flat, and I wanted to work. At the end of this talk I ate and, equally important, 'enjoyed' toast and jam and a full mug of chocolate milkshake. At that point I hadn't eaten more than one digestive biscuit and half a glass of milk a day for over three months! I also smiled. And that felt great. 'Hope' had finally returned. I talked. I dreamed. I planned".
-- **Tig Davies. Mental Illness to Recovery – We Hold our own Journey Plans!**

Tig, while experiencing the depth of what she describes as her "desperate state", identifies ways in which Dee and Dave helped her embark on her recovery journey.

It is important to note that we are not suggesting that the work mental health practitioners do is not centred on people. The difference with a person-centred approach and the features that characterise them are that the orientation and direction of the work is altered and shifted. From Tig's story, it appears clear that both Dee and Dave were relating to her in a way that she saw as being different from her other experiences in mental health and related services, and which prompted a turning point that started her journey to recovery.

For other personal stories about recovery, please refer to **Annex 7** under the *Useful Videos – Personal Recovery Stories* section.

1. Looking back on Tig's account, what was it about Dee and Dave's approach that you would identify as person-centred? Discuss this with others.
2. There are other issues raised in Tig's account that suggest that the support and treatment she received during her admission was not person-centred. What are these? How could things have been approached differently?

Focusing on assets and strengths of the person is central to recovery-oriented care (7),(18)

An essential part of recovery is for people to make good use of their assets and strengths. This can be facilitated in several ways:

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- Assessing the strengths and assets (rather than deficits) of the person using services as well as those of the family, friends and care partners who support the person.
- Working in a way that acknowledges the personal, social, cultural and spiritual values, strengths and wishes of the person.
- Establishing a partnership with the person as well as their support network (with the person's consent) in order to better understand and support them to make use of their assets and strengths.

Too frequently services focus on people's problems and deficits. An asset-based approach is quite different and involves mobilizing the skills and knowledge of individuals and their connections and resources within communities and organizations.

Some tools to enable assessments of assets and strengths can be found in Annex 2 (assessing strengths) and Annex 3 (Tree of life)

Asset/strengths-based approach (19),(7),(18):
- Starts with assets and identifies opportunities and strengths.
- Sees people as experts in their own recovery, capable of making decisions.
- Requires practitioners or other supporters to move from being "fixers" to facilitators in recovery.
- Emphasizes collaboration and co-production between the person concerned and practitioners and other supporters in the recovery process and journey.
- Emphasizes the role of wider community and wider organizational assets.
- Empowers people to take control of their lives and supports them to develop their potential, with an understanding that they themselves hold the answers and solutions.

Deficit-based approach (18):
- Starts with deficiencies and responds to problems.
- Provides support that is limited by the service's specific mandate rather than focusing on the needs of the individual
- Treats people as passive recipients of care.
- Sees problems or deficits as existing within the person themselves and tries to 'fix' or 'stabilize' the person.

What we will do now is apply the concepts of a deficits approach and compare it with an asset-based approach in the following scenario.

What you will see is that the deficit approach limits people's opportunities for improvement whereas the asset/strengths based approach widens them.

The next scenario discusses the situation of Tom who has experienced low mood, chronic fatigue, and alcohol abuse and has been constantly arguing with his spouse over the past year.

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Commonly, people would employ a deficit approach to work with Tom. The purpose of this example is to compare and contrast how Tom will be supported using asset and deficit based approaches and to enable participants to understand the difference in impact between these two approaches.

Compare and contrast the application of deficit-needs and the strength-based approaches in the following scenario:

Tom is a 30 year-old teacher who has experienced low mood, chronic fatigue, and alcohol abuse and has been constantly arguing with his spouse over the past year.

Deficit-Based Approach	Asset/Strengths-Based Approach
Starts with deficiencies and responds to problems: • Chronic fatigue and low mood, possibly depression • Alcohol misuse • Increasing isolation • Relationship problems with wife	**Starts with assets and identifies opportunities and strengths:** • Love of sports and art • Has always been independent • Committed relationship with wife that has overcome previous challenges • Willing to seek out new opportunities
Provides support that is limited by the service's specific mandate rather than focusing on the needs of the individual: • Further assessment of chronic fatigue • Referral to community mental health team and substance misuse team	**Emphasizes the role of wider community and wider organizational assets; sees people as citizens and co-producers:** • Peer support group in local area • Member of local soccer team • Takes an art class on Tuesday nights
Treats people as passive recipients of care. Sees problems or deficits as existing within the person themselves and tries to fix this: • Referral to chronic fatigue clinic • Psychology referral for Cognitive Behavioral Therapy • Prescription of antidepressants	**Helps people to take control of their lives and supports them to develop their potential, seeing them as the answer:** • Tom evaluates treatment and support options • Decides to engage in the art class as therapy and to use his own skills to support others • Decides to try out Cognitive Behavioral Therapy

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Exercise 2.2 – Asset/strength approach in recovery

Review the following scenario about Sheila and Emma and then analyse and discuss how an assets/strengths approach could have been utilised.

Sheila (50) lives at home with her mother, Emma (75), and suffers from a learning disability. She works in a cafe run by an organization that supports people with learning disabilities. She is fond of swimming and dancing, attends local clubs for both activities and has a wide range of friends through work and leisure activities. She depends on her mother for the majority of daily tasks such as cleaning, meal preparation, transportation and banking.

Emma is quite active within her local community, and is keen to support Sheila in maintaining these links. Emma's sister, Claire lives far away but stays in regular phone contact with her sister and visits as often as possible.

Emma has had a mild stroke and was admitted to hospital. She has now recovered sufficiently to plan her discharge from hospital, where she has been an inpatient for the past 10 days.
During her hospital stay, Emma has lost some of her ability to move and look after herself. She is really worried about how she will cope with supporting her daughter Sheila who has her own health needs. She desperately wants them to continue to live together.

When Emma was admitted to hospital, Sheila was placed in a local authority residential home for people with learning disability. It became clear during Emma's admission that she had been providing more support to enable Sheila to stay at home than had previously been appreciated. The assessment of staff in the residential home was that Sheila's level of need indicated some form of residential or supported accommodation would be required in the future, rather than Sheila returning home, given Emma's deteriorated health.

Exercise: Emma and Sheila – How can assets /strengths help promote recovery (7):
In a situation like this, it is understandable that the focus of the staff is on deficits and problems and "sorting out" the situation Emma and Sheila are facing. However, let's reflect on Emma and Sheila's situation in the context of a strength and asset-based approach.

What assets/strengths could be deployed to enable Sheila to return home to live with Emma?
Think about this for both Emma and Sheila in terms of their:
1. Personal strengths
2. The strengths of their community and community groups
3. Strengths in the available health and social services

Answers may include:
- Sheila needs to be supported to continue working at the cafe, maintaining contact with friends, and participating with the social activities she enjoys.
- Emma and Sheila need to be supported to continue to live together independently.

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- o For instance, help to perform household chores can be provided by friends, neighbors or community resources (for example paid staff, drop in services, or assistance by other support organizations).
- o Home visits by healthcare services to provide both Emma and Sheila with their basic health needs at the convenience of their home.
- o Transport to work and local clubs can be provided by friends and colleagues to ensure that both Emma and Sheila will continue to work and complete activities that gives them satisfaction and pleasure.
- Community supports and services, peer supports, local community groups and social services can be provided when Emma and Sheila need additional support.
- With additional types of community supports and services in place, this will allow Emma's sister to spend time with Emma and Sheila in a personal manner and provide support as appropriate.

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As already discussed, current services in countries around the world commonly focus on *deficits* (what the person is *unable* to do), on maintaining people using services in a "stable" situation in relation to their mental health, and on preventing deterioration of symptoms or functioning levels.

This approach places too little emphasis on the person as a whole and does not harness their strengths, hopes and aspirations.

This does not mean that services should <u>not</u> assist people to solve problems, but it does mean that focusing on peoples' strengths, rather than deficits, is a more effective way to help people address challenges that they may be facing in their life.

In recovery-oriented services, mental health and other practitioners, family members, peer workers, care partners and other supporters all have a part to play in a person's recovery. This includes:
- Inspiring hope
- Understanding values and preferences of the person using the service
- Working alongside the person
- Maintaining boundaries
- Supporting the person in positive risk-taking
- Connecting the person to the community, including peers and family members

These types of practices also help to promote the societal change needed to end discrimination towards people with psychosocial, intellectual and cognitive disabilities.

<u>Inspiring hope</u>
Research has shown the central role of hope in recovery. People with psychosocial, intellectual and cognitive disabilities as well as their friends, family members, care partners and mental health and other practitioners all need, firstly, to believe in their future; and secondly, believe in the potential that their future will be positive and worthwhile.

> *"Hope might be imagined as a lantern when people are going through a long, dark tunnel where the end is not easily in sight. They may feel hopeless at times, want to drop the lantern or feel too tired to keep going. At those times, people that support them who offer to hold on to the lantern until they are ready to pick it up again can be invaluable"*.(20)

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What is your reaction to this?

How can we inspire hope in people we work with and support?
Valuing the person for who they are and valuing their dreams and aspirations
Believing in the person's worth
Having confidence in the person's skills, abilities and potential
Listening to and paying attention to what people say
Believing in the authenticity of the person's experience
Accepting and actively exploring the person's experiences
Tolerating uncertainty about the future
Seeing problems and setbacks as part of the recovery process and helping the person to learn from and build on these
To connect individuals with other people who have gone through similar experiences

While hope and optimism are the guiding light in peoples' recovery journeys, it is important to not minimize very real difficulties that people are experiencing. Being able to genuinely empathise with people about the things which have not been good in their lives is vital, as the following quotation illustrates.

"Well, for some of us, we do not need to be told that – it is, to some people, just plain insulting. If your life has been devastated and wrecked by illness, your job has disappeared like a rush of leaves, you are seen as unfit to look after your children, you have no friends, nothing to do, almost no money and the professionals do not even seem to understand your distress, well, sometimes it can feel as though our lives have been wrecked without any hope of repair – the journey is fractured and unwelcome and its end the only bright solution.

"Then in this situation we may not welcome some bright person coming along to empower us on our journey of recovery, we may get downright angry when the end of the day is the furthest we can possibly look to, and yet we are being encouraged to develop hope and optimism. There may be an instinctive, 'How dare you underestimate my despair?', 'How dare you ask me to find the slightest degree of hope in the poverty of my life?'"(21)

Hope is not a "magical solution" to very real problems and should *not* be used as a way of avoiding or denying feelings or sadness that people might experience and which might seem overwhelming. It is important to acknowledge how people are feeling during challenging moments in their lives.

Hope can be an extremely powerful force in a person's recovery. Peer support groups that include people that have overcome similar challenges can inspire hope as well as be a source of practical tools to help overcome challenges that a person may be experiencing.

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Exercise 3.1 – The Importance of hope in recovery (22)
Think back to a time when you have recovered from something (e.g. an illness, a loss, bereavement, or an end of a relationship).
1) What role did hope play in your own recovery?
2) When you felt hopeless, what helped you to keep going?
3) What makes it difficult to stay hopeful when you are supporting someone with a psychosocial, intellectual or cognitive disability?
4) Make a list of the reasons people who use mental health or related services (both inpatient & outpatient) might lose hope.
5) In your current practice, what are the opportunities and barriers to explore these with the people you support?

Inspiring and feeling hopeful can be a real challenge for everyone involved at certain times, particularly during times of great distress. It can be emotionally and physically draining and stressful to be alongside and support people who can sometimes be without hope. To avoid being 'burnt out' or drained, it is important for families, mental health and other practitioners, care partners and other supporters to seek support from available avenues including peers, community and other people sharing the same experience.

While for most of the time people might be thinking about the challenges they are trying to get away from (e.g. depression, family problems, hurt), it can sometimes be helpful to reframe these challenges by thinking about the things they might want to move towards (e.g. intimate relationships, meaningful activities).

Exercise 3.2 – Reframing to create hope in recovery (20)
1) List three things you want to "get away from" in your own life.

2) Bearing these three things in mind, try rephrasing them in terms of the things you want to "move towards" rather than those you want to "get away from".

3) What difference did it make to shift your focus from "moving away from" challenges to "moving towards" desired things?

<u>Understanding and respecting peoples' values and preferences</u> (7)
Understanding a person's values and preferences is essential to building recovery-oriented relationships.

Values can be defined as beliefs, principles or standards that a person feels are important in their life and which govern the way they think and act. Values often underlie preferences and the choices that people make. In fact, values can often be expressed through wishes, preferences, perceptions, choices, expectations, hopes, fears rather than being discussed explicitly.

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Values are one of the strongest determinants of behaviour and anything that goes directly against a person's values can feel like an invasion of freedom and can lead to resistance.

For example, some people may say they prefer:
• To have certain visitors while they are using a service, but not others.
• To discuss experiences with peers who went through similar experiences and have recovered.
• To change or stop taking medication.
• To talk to certain mental health and practitioners and not others.

Assessment of values and preferences for treatment and/or support should be conducted at the beginning of the relationship (See Appendix 4 for some tools to assess values and preferences).

This will require listening and effective communication skills to understand:

• **Views** - What do people feel are the most pressing problems in their lives at present?
• **Beliefs** - Do people have any religious or other beliefs that are important to them?
• **Goals** - What goals do people have for their recovery?
• **Past experiences** with treatment– Including both negative and positive.
• **What has worked** for the person? What has not?
• **What do people hope to achieve** in their recovery?
• **What do people hope for** in their therapeutic relationships? Are there certain styles and approaches that do not work?

Even if all a person's preferences cannot be met, for example due to a lack of resources, understanding the values of the person can provide insight to other potentially acceptable options.

Values-Based Practice
Values-based practice is about working constructively with differences and a diversity of values.

This means:
• Putting the values of people who are using services at the center of everything that is done.
• Having and understanding about one's values and the effects of these on oneself and on others.
• Working with positive frameworks and processes rather than telling people what values they should have.

It is important that people do not assume that others share the same values as it can lead to approaches, suggestions and interventions which can be unacceptable and fail.

Exercise and discussion

Imagine you or someone close to you such as a family member or a friend were admitted to a mental health or related service. Think about some of the values and preferences that they may

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have about mental health care. **What are some of the things mental health workers could do to respect those values and preferences?** You can also discuss with others to share ideas.

<u>**Working alongside people**</u>

What does it mean to work alongside someone? (12)

Doing with rather than doing to

- Practitioners, care partners, families and others are often seen as "doing to" people using services or people with psychosocial, intellectual or cognitive disabilities. More recently, this has shifted to a need to "do with" people and to "be alongside" as people take the lead in their own recovery journey.
- In this context, practitioners, care partners, family members and other supporters should be aware of the importance of enabling a person to make decisions in their recovery journey and should only be invited to participate if the individual wants them to be involved.

Facilitating and supporting

- Facilitating and supporting is different to directing. The practitioner becomes a "facilitator" and "supporter" not someone in charge.
- They become a resource person that provides information and support to enable people to identify their own recovery goals and achieve them.
- People take the lead in their own recovery journey which allows them to continue to use their own skills and resources even when they are not in contact with mental health and other practitioners.
- There is a balance between when to support and when to gently challenge people's ideas and habitual ways of doing things.
- Being too challenging may be counterproductive for the person's recovery and may weaken the relationship and trust between the person and their supporters.
- It is also important to note that often care partners and family members play a key role in the lives of people with psychosocial, intellectual and cognitive disabilities and they too will need support and guidance for their own recovery journey.

Resisting the temptation to sort out problems

- The notion of being alongside people may go against both human and professional instincts to "help" or to "sort out/fix problems" *for* the person.
- Taking a step back from this more active role requires skill and trust in and respect for the person being supported.
- It is important to be patient, people go at their own pace and continually adjusting the amount of input offered based on the needs and wishes of the person being supported.
- Demonstrating belief in the person will allow them to develop confidence in their own abilities to manage their life, situation and challenges.

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Maintaining Boundaries (23),(14)

Maintaining professional boundaries within the context of the recovery approach means:

- Staying in a role with clear structures
- Being personally engaged with the person using the service
- Being clear, fair and honest about what you can and cannot do
- Not being *over*-involved or *under*-involved

Ideas of "professional distance" have, in the past, served to maintain a false "us and them" barrier between service staff and people using services, as if they were fundamentally different.

However, the view that practitioners have to remain emotionally detached and personally distant in order to be competent, is not supported by what is said by many people using mental health and related services. For example, it can be useful for a practitioner to disclose their own personal challenges or history of trauma, as long as this is framed in a positive way which helps the person to see and have hope that they too can overcome challenges or trauma.

Maintaining boundaries means finding a balance in which practitioners and other supporter are neither over involved nor under involved. The appropriate level of involvement may vary depending on where you live, so it is important to take into consideration cultural differences when setting and maintaining professional boundaries.

- An example of over-involvement might be when a supporter empathizes so strongly with hopelessness being experienced and expressed by a person that they end up feeling hopeless themselves.
- An example of under-involved might be when a supporter disengages with the person completely, and sees them as a "lost cause" or ignores their current feelings.

Over-Involved	Under-Involved
• Unclear or stretched boundaries • Chasing people for contact • Violations of personal space and boundaries • Unhelpful or negative personal disclosures • Support without challenge • People's needs being met at the expense of the well-being of the practitioner/other supporters	• Resenting time or attention the person may need or want • Avoiding contact with people using services • Boundaries used to punish people • Being closed-off from the person and not sharing any personal experiences • Only providing challenges without support • Detached, uncaring, cold • Remaining uninvolved and disinterested • Not seeming engaged or appearing distracted when talking to the person

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Exercise 3.3 – Putting into practice key recovery practices (23)

Sometimes when a person is having a crisis, is feeling overwhelmed, or is expressing negative attitudes towards family, care partners, practitioners or services, it can feel difficult to engage with them in a personal and helpful manner. Alternatively, it can lead supporters to become over-involved with the person. Now we are going to discuss a scenario about the care and support that Suraiya received in relation to key recovery practices.

Suraiya's experience

Suraiya is a 22-year-old woman who has agreed to be admitted to an acute psychiatric care ward following a suicide attempt.

She has a history of serious self-harm and repeated admissions because of severe distress and agitation that she has experienced. On this occasion, she is very upset about how she is being treated in the service and believes that the service staff are trying to punish her.

As one of Suraiya's supporters, you are meeting with her to discuss her situation. She reports that she feels desperately hopeless and unhappy and believes that the psychiatrist dislikes her. She sits quietly and appears very withdrawn throughout the meeting.

What might you want if you were in Suraiya's shoes?

Some answers from participants may include:
- To go home
- To have more information on her stay and treatment plan
- To have her concerns heard
- To regain control of her life
- To see a familiar face or someone that she trusts (friend or relative)

How might seeing Suraiya in this situation and state of mind make you feel?

Some answers may include:
- Hopeless
- Frustrated
- Wanting to help but feeling unable to
- Feeling powerless

How could this affect your level of engagement (over-involvement, or under-involvement, or in between) with Suraiya?

Some answers may include:
- Your emotions may result in you becoming over-involved and crossing professional boundaries
- Equally you may become distant with Suraiya as you feel you cannot help

Based on what you have learned about the recovery approach, how could you support Suraiya?

Prompt the group to consider:
- How would you start a conversation with Suraiya?
- What questions would you ask Suraiya?

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Examples may include:
- Acknowledging Suraiya's distress (by engaging and listening so she feels heard)
- Asking Suraiya how she is feeling
- Asking her what might help her to feel less distressed
- Asking her how you could help to make the situation less stressful while she is in the service (e.g. having certain visitors, having some meaningful belongings brought in from home, activities she would like to do, talking to certain mental health workers, etc.)
- Asking her why she believes the psychiatrist dislikes her, or feels she is being punished
- Asking her if there is anyone else on staff who she is comfortable talking with
- Asking her if it would be helpful to talk to someone who has had a similar experience (e.g. a peer supporter)

Let's consider how a mental health worker, Jamal, engages with Suraiya:

Jamal notices that Suraiya appears withdrawn, angry, and sad. He asks how she is feeling at the moment. Jamal also asks if there is anything that might make her feel better. Suraiya says that she would like to talk to her friend. Jamal says that he would try to organise that as soon as possible. He also asks in the meantime what else might help.

Suraiya explains that she really needs time on her own in a quiet place to reflect. She said that it has helped in the past to listen to music, in order to get some distance from her situation. The mental health service has established some comfortable quiet rooms over the past year and proposes that Suraiya spend as much time as she would like there where she would be free to listen to music and call her friends at any time. He also lets Suraiya know that he will be close by should she want his support and reassures her that she will get through this difficult time.

In what ways is Jamal's support in line with recovery-oriented care?
Some answers may include:
- Jamal inspires hope
- Jamal tries to understand Suraiya's values and preferences
- Jamal is respectful of Suraiya's requests
- He is working alongside Suraiya
- At all times Jamal is being professional and maintaining boundaries, while at the same time remaining engaged and supportive
- Jamal is also supporting Suraiya to reconnect with her community

Supporting positive risk-taking (24)
Recovery involves taking risks in life, whether it is engaging in new activities, meeting new people, exploring new ideas and feelings. Not all risks are equivalent. For example, positive risk-taking is not the same as risk-taking involving 'risky' behaviour, for example, using illicit substances.

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Positive risk-taking allows people to explore their potential, new possibilities and opportunities, pursue their dreams and ambitions, learn from positive or negative experiences and live life as they choose. However, mental health and other practitioners, families and care partners and health services generally tend to be more risk averse.

Why people avoid taking risks in mental health (12),(25):

People with psychosocial, intellectual or cognitive disabilities:
- People may be reluctant to take risks for fear of worsening their problems.
- People may avoid taking risks because they fear of failure.
- People may also be afraid of the stigma they will encounter if they take on certain activities.
- People may not want to go outside their comfort zone or may not feel comfortable facing their fears.
- Some people may have engaged in negative risk-taking in the past, which resulted in bad outcomes for them, and are thus averse to taking any more risks in their life.

Families and Care Partners:
- They may fear that their relative might relapse if they on new and challenging activities or tasks.
- They may fear that 'relapse' may bring shame on them.

Mental Health and other practitioners:
- Mental health and other practitioners' low expectations (for example, around the ability of people with psychosocial, intellectual and cognitive disabilities to find employment) can be an obstacle to their supporting a person to take risks and explore new opportunities.
- Practitioners are often afraid of being blamed, liable and reprimanded if something goes wrong. A recovery-oriented service enables rather than discourages staff to support risk-taking.

Why is risk taking important in recovery*? (24)*
- Recovery necessarily involves taking risks.
- People cannot explore their potential, new possibilities and opportunities, pursue their dreams and ambitions or learn from their experience without taking risks.
- The avoidance of risk can result in the person having no purpose in life and restricts or confines them to having no role other than that of someone with an 'illness' or diagnosis.
- If practitioners or supporters only focus on protecting a person from risks then this can actively hinder the person's recovery.
- Recovery is about enabling people to make choices for themselves and achieve their goals. Sometimes these goals may require taking-risks.

Positive risk-taking is a part of everyday life (24)
As stated before, sometimes mental health and other practitioners, families, care partners and other supporters feel that their role is to protect people; protect them not only from physical harm, but also from failure. However, taking risks, even if it means being unsuccessful, is an essential part of

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everyone's life, if they are to strive to achieve dreams, goals and to learn from their mistakes. Risk-taking, therefore, is an integral part of recovery and personal growth.

For example:
- People would not have friends or partners if they had not risked the possibility of being rejected.
- People would not have qualifications if they had not risked the possibility of failing in examinations.
- People would not have jobs if they had not risked the possibility of being turned down at a job interview.

Supporting people during periods of positive risk-taking is essential if practitioners and other supporters are to actively promote recovery. Mental health and other practitioners and supporters can support people by assisting them to evaluate or weigh up the potential positive and negative outcomes of taking the risk, and work out ways of minimizing any potentially negative outcomes.

Steps to support people during risk-taking include several key steps (24):

Together, people with psychosocial, intellectual and cognitive disabilities and their supporters can:

1. Identify the goal to be achieved
- This may be in any area of life, like taking a college course, getting a pet, going on holiday, moving into a flat, making new friends or approaching someone to ask them out. Goals can be as big or as small as people want them to be.

2. Identify the benefits and risk of taking action to achieve this goal
- Before deciding how to proceed, it is sensible to think through all the different things that could be done to pursue the identified goal.
- It is best not to be selective at this stage – all possibilities should be considered. For example, if a person wants to college, they may need to complete some initial courses in order to apply to college, take out a loan, and change their current employment conditions in order to have the time and resources to attend college.
- The list of actions and the benefits and risk of each should be identified. In the example of someone going to college, risks could include fear of failure, having a debt, and managing higher stress levels. Benefits could include graduating from college and finding employment in a more satisfying area of work.
- The person, with or without support, should decide on which action steps should be taken to reach their goal(s) taking into account both the benefits and risks.

3. Identify the benefits and risks of NOT taking action should be identified

4. Consider ways to reduce risks

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- Explore ways in which the impact of risks can be minimized, if the situation does not turn out as expected.
- Make plans for proceeding with the chosen option.
- Set up the supports one may need for pursuing actions
- Discuss positive risk-taking with people who may have experience in this area.

If things turn out as hoped, it is important to recognize and learn from the success and decide what to do next.

If things do not work out, it is important to identify what can be learned from the experience, and recognize that it is possible to try again or try something new.

Exercise 3.4 – Positive risk-taking in practice

Family members, practitioners and other supporters can be faced with situations in which a person wants to do something that has not worked out in the past. It may be daunting but taking positive risks can support the person's recovery.

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Here is an example of positive risk-taking in practice.

Scenario 1 (12)

> **Omar's experience**
>
> *Omar is 22 year old man who is currently living independently and regularly socializes with friends by playing football and going to the movies. A couple of years ago Omar moved overseas away from his family. He is doing well at the moment and wants to go back home to spend a month with his family. He has contacted them and they are keen for him to visit.*
>
> *Omar regularly attends scheduled outpatient clinic appointments and has known his current mental health worker (Mohamed) for almost 12 months. Omar decides to tell Mohamed of his plans to visit his family.*
>
> *Later, Mohamed discusses this with his team staff. Two members of the team tell Mohamed that Omar should be dissuaded from going. They say that when Omar visited his family overseas three years ago it was "a disaster". He did not take his medication (he said he had forgotten about it) and when he came back, he relapsed and spent the following two months in hospital.*
>
> *As he is doing so well at the moment, they are fearful that visiting his family again would set him back.*
>
> *At their next appointment, Omar and Mohamed discuss the benefits and risk of visiting his family.*
>
> - **The benefits and risk of visiting his family** (For Omar these include seeing his family and becoming closer to them, pursuing an action that is meaningful in the context of Omar's life versus risk of relapse, hospitalization and having a set-back in the progress Omar has made to date).
>
> - **The benefits and risks of *not* visiting them** (For Omar these include consolidating the progress he had made, versus becoming further estranged from his family, feeling more socially isolated and feeling that he is not able to live the life as he wants).
>
> -

Based on the discussion, Omar decides to take a risk and visit his family.

Imagine that you are Mohamed.

Omar has booked a follow up appointment to discuss the trip with you.

As a group try to identify some measures that can be put in place to help and support Omar in his plan to visit his family.

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Let's review the action Omar decided to take

The action Omar decided to take

Omar decided that he really would like to proceed with the visit, so Mohamed explored ways of decreasing the potential risks. Together they discuss the support that Omar was able to draw on during his last visit to his family. They also consider the things that Omar feels might reduce the risk and increase the chances of a successful visit.

Based on this discussion, they agree that the best way forward is to:
- Create a specific plan for dealing with any crises that might occur during the trip.
- Ahead of time, package Omar's medication for each day of his visit to make it easier for him to remember which medications to take. Omar had also decided to discuss his medication with his family whom he is visiting.
- Give Mohamed's number to Omar and his family so they could call if they are worried or encounter any problems; and a local phone number of an outpatient service to call in case of an emergency.
- Set up a follow up consultation between Omar and Mohamed for the week after Omar returns.

Now we are going to look at another scenario.

Scenario 2 (12)

Mary's experience
Mary is 30 years old and is currently attending a community mental health centre. She is passionate about the wellbeing of animals and has always been involved in caring for their welfare (through both paid and unpaid work).

Mary's goal at the moment includes going back to work in a similar field. She wants a job that she is passionate about and to start earning money so she can get her own place and move out from her parent's house. She believes that any previous challenges she has experienced in her recovery are now well under control and feels she is ready to move on. Mary asks staff at the community mental health center to help her try and find work.

However, her parents are worried about the idea of Mary taking on new responsibilities. She experienced her first mental health crisis when she went from studying into full time employment as a flight attendant. They are fearful that the pressures of another full time job will lead her to relapse and undo all the progress she has made to date

They appeal to Rachel, Mary's mental health worker, to try to convince Mary to wait another couple of years before looking for full time employment.

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At their next appointment, Mary and Rachel discuss the benefits and risks of returning to work as Mary remains steadfast in her desire to find a new job in her chosen field, but says she will listen to Rachel's advice.

- **The benefits and risk of returning back to work** (For Mary these include a sense of purpose, engaged in meaningful work, earning an income which can lead to other benefits, such as moving into her own accommodation versus experiencing a set-back in her recovery).

- **The benefits and risks of *not* returning back to work** (For Mary these include not jeopardizing the progress she has made, versus feeling 'stuck' in her parent's home without a job, being unable to be financially independent and move into her own place, being unable to progress in life or take control of her own recovery).

Based on the discussion, Mary has decided to return back to work.

Imagine that you are Rachel.

Mary has booked a follow up appointment to discuss her plan to find work.
As a group, try to identify some measures that can be put in place to help and support try in her plan to return to work.

Let's review the action Mary decided to take

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The action Mary decided to take

Mary was really motivated to return back to work, particularly in the field of animal care, so Mary and Rachel explored ways of decreasing the potential risk.

This involved Mary and Rachel looking at the support she had received when she was previously working full-time and discussing how similar support could be put in place now in order to reduce any potential risks and increase the chance of Mary securing and maintaining employment.

Together, they decide to:

- Look for work opportunities in the field of animal care but opt for part-time work initially, rather than full-time work, with the end goal being to move into full-time employment.
- Create a specific plan for dealing with crises that might occur when Mary is working under pressure.
- Generate a routine which allows her to arrive at work on time and manage any potential stressors.
- Give Rachel's mobile phone number to Mary and her family so they could call if they are worried and want to discuss any concerns.
- Set up a couple of regular meetings between Mary and Rachel throughout this process to discuss how Mary is feeling throughout the job interviewing and job securing process.

Now imagine there are two outcomes for Mary. Review and compare each below:

Outcomes for Mary

OUTCOME 1

One potential outcome is that Mary was able to secure part-time employment in an area that was meaningful to her, and was able to start earning an income which allowed her to move into her own accommodation.

OUTCOME 2

It takes Mary a significant amount of time to secure a job, which makes her feel disheartened. Rachel and Mary's family give her ongoing support to help her throughout this stressful time. Finally, Mary is able to secure a job but finds that she struggles to concentrate for long hours at a time and gets tired quite quickly.

Rather than quitting her job, Mary reaches out to Rachel to discuss these challenges and they arrange a meeting. After discussion Mary decides to discuss with her boss the possibility of taking breaks throughout the day rather than working non-stop through an entire 8 hour shift. Her boss agrees to this arrangement and Mary is able to continue working in a job she loves.

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As you can see from the evolution of this scenario, there is no right or wrong choice. There are always possibilities to solve problems even if it seems that a particular choice may have been more challenging than another.

Outcome 2 has more "risk" but nevertheless worked out ok.

Finally, we are going to look at one last scenario about Vikram.
This is a little more complex than the previous ones.

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Scenario 3

> **Vikram's experience**
>
> *Vikram is a 30 year-old man who has been using outpatient services for 6 years. In the last year he has been feeling really well. He has a well-paid job which he really enjoys and he has a close network of friends with whom he spends a lot of time and whom he trusts.*
>
> *Vikram has found that he is satisfied with his life except for the side effects of his medication which is negatively affecting his day to day functioning. He has gained weight, feels tired and experiences nausea and headaches.*
>
> *Vikram speaks to Ananya, his doctor, about coming off his medication. His doctor is reluctant but agrees to discuss this.*
>
> *At their next appointment, Vikram and Ananya discuss the benefits and risks of stopping Vikram's medication.*
>
> - **The benefits and risk of stopping medication** (For Vikram these include weight loss, improved confidence, increased energy, less headaches and nausea, versus the risk of relapse, hospitalisation, and undoing the progress he had made in his recovery.)
>
> - **The benefits and risks of *not* stopping medication** (For Vikram these include consolidating the progress he has made, versus having to manage weight gain, headaches and nausea, feeling like he does not have control over his treatment options – an important area of his life.)
>
> After consolidating the benefits and risks, Vikram decided that he really would like to stop taking his current medication.

Break into pairs and role play the scenario of Vikram in which Vikram has booked a follow up appointment to discuss his decision to come off his medication.

> Ananya assists Vikram to explore ways to reduce risks associated with discontinuing the medication.
>
> Ananya and Vikram discuss his last hospital admission two years ago which coincided with Vikram's coming off his medication.
>
> **Here is an example of their conversation:**
>
> **Vikram**: I thought about it carefully, and I am sure that I want to stop taking my medication. The side effects are really getting me down.
>
> **Ananya**: Well I am ready to support you. If you like, we can discuss together how to make this happen. In particular we need to minimize any negative effects of stopping the medication and also examine specific strategies that you can use if you are having a difficult time or if you start to

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feel that you are losing hope because things are not going according to plan. What do you think?

Vikram: Sounds good. What are your ideas for this?

Ananya: I think a good place to start is to look back at your last hospital admission where you stopped taking your medication to see what went well, what was helpful, and what could have gone better – can you think of anything?

Vikram: Last time I went to hospital was because I stopped taking my medication abruptly. I hated the side effects of taking my medication and I resented the fact that my previous doctor and also my family were pressuring me to take it. However, soon after I stopped taking my medication I started to feel stressed, anxious and overwhelmed. I also did not know how to deal with the voices which were always so critical of me and my actions. This is when my parents took me back to the hospital and the staff put me back on medication.

Ananya: It sounds like you went through a really difficult time. In fact it is not surprising that it was difficult for you. Stopping medication abruptly can lead to many negative and unpleasant feelings and physical symptoms. On top of that, you did not have anyone supporting you, particularly when you were going through a really difficult time – this is the moment when people need support the most!

Vikram: Yes, that's exactly right. It would have been so helpful to have someone by my side and supporting me in what I wanted to do.

Ananya: In order to avoid the negative side effects of stopping medication abruptly, I think you should consider reducing your medication much more slowly over a longer period of time. Do you want to try that?

Vikram: Yes

Ananya: So now I suggest that together we put a plan in place before you start reducing your medication, so it becomes more manageable for you.

- Vikram and Ananya continued this conversation, and as a result they agreed on the following actions.
- Vikram will come off his medication slowly over a period of several weeks, before stopping completely.
- He will call Ananya should he find it difficult to cope with any negative symptoms or if ever he feels overwhelmed during the process.
- Vikram will discuss his plans with his closest friends and identify with them what they can do to support him if he becomes unwell.
- He will consult a dietician for nutritional advice to assist with healthy eating and will also start exercising.
- Vikram will also give Ananya's number to his mother and friends so they can call if they are worried or encounter any problems.
- Vikram will see Ananya every three days initially to discuss how the process is going.

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Now imagine there are three outcomes for Vikram. Review and compare each below:

Outcomes for Vikram

OUTCOME 1

Vikram slowly comes off his medication and eventually stops them altogether, without any major problems. Throughout this process Vikram is in control of his life and positive about his future.

OUTCOME 2

Vikram begins to reduce his medication but soon after starts feeling anxious and physically unwell. His friends are concerned and call his doctor who puts him back on his medication at his previous dose.

OUTCOME 3

Vikram begins to reduce his medication but soon after starts feeling anxious and physically unwell. His friends are concerned and encourage him to contact Ananya as discussed during the planning phase. Ananya visits Vikram at home and tries to understand what is happening. Ananya explains that much of what Vikram is experiencing is a normal consequence of coming off his medications and that he has done very well so far.

She asks Vikram whether it is possible to organize for a close friend to stay with him for a few days or until he feels better. Ananya also says that if he wants, she can organize for a member of the mental health team to visit him daily for the next week to support him and teach him some skills and techniques for managing anxiety. Vikram agrees with these suggestions.

Connecting people and communities (26)

Integration within the local community and maintaining connections with people are important aspects of wellbeing and therefore are core components of the recovery approach. Staff, families and care partners can help identify how people using services usually connect with others and their community. They can also work out how best to support people to maintain these aspects of their life and help return to valued activities. Recovery can be further supported by mental health and other practitioners, care partners, friends and families by supporting people to get better connected to their communities and develop new relationships at all stages of their recovery journey.

People can benefit from using available community resources, be it for health, leisure, or social services, and interacting and building relationships with other community members. Community inclusion is something that the CRPD (article 19) enshrines as a right for people with psychosocial, intellectual and cognitive disabilities.

It is extremely helpful for mental health and other practitioners, families and others to be knowledgeable of the available resources in the community and to connect people with psychosocial, intellectual and cognitive disabilities with these resources. Another way to help people get connected to others is through self-help groups and peer-support groups, where people are able to

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meet, discuss their experiences with, and receive support from others who have had similar experiences going through recovery.

Why do people lose contact with their communities?
Unfortunately services in many countries separate people from their communities.

- Legislation exists to forcibly remove people from their homes and community to be placed in inpatient mental health and related services including psychiatric hospitals to receive care.
- Long-term inpatient services and psychiatric hospitals are often located far away from people's family, friends and community.
- In some cases the stigma attached to mental health issues means that family members see the admission of their relative to a service or hospital as an opportunity to disconnect from that person. Family members may be reluctant to provide the psychiatric hospital with an appropriate home address.
- In other cases, families or care partners may not be able or may not want to take a person back home once they have been away for some time as they are concerned that their community will look on them negatively.
- As a result people lose contact with their family and support network, and are left isolated and marginalized from their own community

In thinking about community inclusion it is useful to (7):
1. **Get to know the person.** Questions will help understand more about how the person thinks of his or her own recovery and what elements need to be in place to support that personal journey.
2. **Get to know the community.** Local knowledge of the informal community is vital if we are to support people and avoid suggesting unsuitable activities. Community development workers, NGOs, DPOs, and faith based organizations can help with this.
3. **Build capacity in mental health and related services.** Helping mental health and related services expand their knowledge of mainstream community organisations, the mental health benefits of inclusion and awareness of which support strategies are effective is of primary importance. This also demands replacement of the pessimistic predictions of the past (such as 'you will never work again') with recognition that people using services can make a valuable contribution to their communities.
4. **Build capacity in community organisations.** Building alliances, deliver training, dismantle barriers and highlight the importance and benefits of integrating mental health and people into all community programmes
5. **Support for the whole of life.** Family, friends, mental health and related services and colleagues in community settings all need to work together to help the person to get and keep his or her positive roles and connections.

Exercise 3.5 – Knowing your community

1. Brainstorm with key people (such people using services, families, supporters and mental health and related practitioners) and in the space below write about the services, resources, and events that you know of in your community.

2. Each person may have knowledge of services and supports in their local area. They may be a football supporter, living in a particular village, passionate about music, active in the local volunteer association or keen on reading books. Highlight the ones that could be particularly helpful to the people with whom you are working.

Community Mapping

1. Identify areas of community life that are missing from the list. You may have no-one involved in volunteering, political groups or racial/ethnic/religious/sexual minority networks, for instance.

2. Set yourself a target for finding out about one of these "missing links" over the next month. What strategies could you take to fill in the gap (e.g. looking through the internet, visiting places, or asking people in your community). Try to be as specific as you can.

Key recovery communication skills (12)

Active Listening

Communication is an integral part of the recovery approach and there are a number of actions which can facilitate good rapport and communication.

Active listening skills are of particular importance. Active listening involves really engaging with what the person is saying in order to better understand and explore their thoughts and views. It is completely different from passively hearing what a person is saying. In fact when someone is being "actively listened to", they are more likely to share their thoughts and opinions.

It is very easy to underestimate the value of listening attentively and respectfully to another person. It is interesting that mental health and other practitioners sometimes describe this aspect of their work as "just listening" and give it low status in the list of helpful activities in which they engage. However, people with psychosocial, intellectual and cognitive disabilities are consistently clear about how important it is to have space to talk, and of the value of being heard. In fact this is essential to all people.

Listening is the starting point of a solid relationship for anyone in a supportive role in a person's recovery journey. It ensures that key issues related to treatment and recovery are understood and help people build relationships based on trust and understanding, as the following quotation highlights:

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"My doctor didn't seem to listen to me … I couldn't speak so I asked my social worker to come with me to my GP. And he did … He made the appointment, took me in and my doctor was quite annoyed that, 'Oh, why are you bringing your social worker in?' And I said 'I really can't speak to you very well, I do not feel you are really listening … I am sorry I can't speak any more, I am too distressed.' And, uhm [social worker] took over explaining everything … From that day on my GP, there has been a whole change of attitude, he now looks at me and he listens." (14)

Active listening is about listening to the verbal and non-verbal content of what is being said. This includes the use of body language and facial expressions. As well as being attentive to what might lie beneath the words that are being spoken. Understanding the underlying meaning of what the person is saying and checking this with them; and reflecting back on what is being said and in doing so taking opportunity to reframe issues to focus on strengths and solutions.

An example of active listening:
➢ **Person using the service:** I'm really frustrated that my family has not come to visit me today. I have so much to tell them and really need them here for support.
➢ **Person assuming a supportive role**: It sounds like today has been really difficult for you and that the involvement of your family is very important to you. I can definitely relate to that.

Exercise 3.6 - Active listening

1. Find a colleague or friend to practice this active listening skills exercise with as a partner.

2. Have your partner tell you a story about themselves or an emotional event. Try to use active listening skills such as facial expressions, nods, body language, eye contact, verbally reflecting back to them what you understood to be the underlying meaning of what he/she is saying, or verbal prompts to show you are listening and engaged in the story, etc.

3. After the story ended, ask the partner for feedback on:

• Whether they felt listened to and understood, and
• If there is anything you could do differently next time to be an effective listener.

4. You can also reverse the role to see how some gestures or verbal expressions make you feel heard or not heard.

Use of Dialogue, Instead of Monologue (27)
It is important to recognise that everyone, including people with psychosocial, intellectual and cognitive disabilities have their own views, ideas and opinions, and that these might sometimes be very different from one another. An open dialogue should be established with the person to understand and support them as opposed to communicating the opinions or demands of practitioners, family members or care partners.
Moving from monologue to dialogue means that mental health and other practitioners, care partners and families alike need to use different language when providing advice, for example, saying, "Well, I think…" rather than "You must…".

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Partnerships need to be formed to find a way forward through differences of opinions. For example, instead of saying "You need to receive psychotherapy", one can say "I think receiving psychotherapy could be beneficial for you, what do you think?" In this way it is possible to share an informed point of view, rather than dictate 'absolute truths' and then listening to the others point of view to see if this is a useful option to be pursued.

It is always important to talk about what is happening in the relationship, in particular keeping in mind that it is likely that there will be differences of opinion.

Exercise 3.7 - Practicing dialogue

1. Find a colleague or friend to practice this role-play exercise.

2. Pretend to be in a situation where you are exploring alternative approaches together, and start the conversation. Below are some example scenarios you could use:
- A person is brought to your mental health service in a state of agitation. You believe there are a number of options for support.

You may consider the following in your discussions:
- o Any prior experiences with mental health care and how useful they were
- o How familiar the person using the service is with mental health or related services, and how they feel about using them
- o Any alternatives the service user would like if they are against seeking specific types of mental health support or talking to certain types of health professionals.
- The service user says he is having strong suicidal thoughts in your meeting with him, and after discussion you think it would be important to find a safe place where the person would feel more comfortable would be helpful until the crisis is over to ensure their safety and wellbeing.

You may consider the following in your discussions:
- o Use active listening skills to understand why this person is feeling suicidal and help them feel heard
- o Ask the person what would be most helpful for them now
- o Discuss various types of services and supports available (such as community, inpatient, peer-support based) for the individual and any concerns or hesitations he may have regarding any of these

3. After the role play, ask the partner for feedback on:
- Whether they felt like they were having a two-way conversation (vs. being talked at), and
- If there was anything you could have done differently next time to be an effective two-way communicator.

4. You can also reverse the role to see how some gestures or verbal expressions make you feel that you have input into the care decisions, or conversely, feel that you are just being talked at.

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Exercise 3.8 – Communication in recovery (28)

The language that a person uses to communicate makes a huge difference to feelings of hope.

Imagine that you have just had an annual review with your manager at work. In the course of the meeting, your line manager has given you feedback that includes the following.

1. You have excellent report-writing skills.
2. You are quite observant.
3. You could make more of an effort to get on with other team members.
4. You use your initiative well.

If you were given this feedback, which of the above statements would you be most likely to remember afterwards?

It is likely that you will remember statement number 3. We all tend to remember negative feedback more than positive feedback. Especially if the person giving us the feedback is in a position of authority, is someone we think has more knowledge than we have, or is someone we admire and want to please.

People using services are no different. If anything, they are more likely to remember criticism or negative messages as they are likely to already feel negative about themselves and their self-worth. As a result, information, advice and feedback from mental health and other practitioners are likely to be closely attended to by people with psychosocial, intellectual and cognitive disabilities and their friends, family and care partners. It is therefore important to phrase thoughts and suggestions so as to convey messages of hope and recovery.

Not all of the messages we receive are verbal. Many aspects of our surrounding environments also convey messages, including in mental health and related services, for example:

- Receptionists sitting behind glass partitions, conveying a message that reception staff need to be protected from the public
- The provision of "staff toilets" and "service users toilets", highlighting a "them and us" separation
- Notices on the wall stating that violence against staff will not be tolerated, not only suggesting that people with psychosocial, intellectual and cognitive disabilities are likely to be violent, but also that they are less-significant victims of violence and coercion than staff.

Attention needs to be paid, therefore, not only to verbal communication that conveys a positive message, but also to the environments. Mental health and related services (both inpatient & outpatient) need to be welcoming and attractive to instil hope; they have to provide environments where people feel valued.

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Exercise 3.9 – Language in recovery
In an acute ward, you overhear someone telling a young woman that she needs to be realistic about what she can achieve in life now that she has "mental health problems", so going back to university is not really an achievable goal.

What impact do you think this interaction might have on this person's recovery journey?
Often when the word "realistic" is used, we are identifying the need to lower our expectations and this is disempowering. But if we only did "realistic" things, the world would be a very different place. In other training modules on mental health and human rights we have detailed how many people with psychosocial, intellectual and cognitive disabilities have lived fulfilling lives as mothers, fathers, academics, health workers, movie stars, politicians, scientists and artists. People with psychosocial, intellectual and cognitive disabilities are able to achieve goals like anyone else if they are not disempowered. Imposed limits affect confidence, motivation, and self-worth and can lead to self-fulfilling prophecy and therefore must be avoided.

Exercise 3.10 – Communication in recovery (7)
Consider the following example:

Sarah:
1. Sarah is an obese non-compliant schizophrenic who does nothing to help herself.

2. Sarah requires significant support with her lifestyle choices to attain optimum management of her diagnosis of schizophrenia and weight.

3. Sarah is the proud mother of a two-year-old daughter and has a supportive family. She aspires to go to college to study child care. She has lived with Schizophrenia since she was 20.

Ask participants to discuss the following questions in their groups then compare the answers with the rest of the participants:

If you were Sarah, which of the descriptions would you prefer was used to describe you? Why?

Encourage participants to think of why some of the descriptions are not suitable.
*   Most will identify that the first description is very inappropriate.
*   The second defines Sarah solely by her diagnosis of schizophrenia and weight, but we know nothing about her as a person. The use of the word 'requires' in the description also indicates an automatic assumption Sarah will not manage without support.
*   The third description frames Sarah as a person who has shown great strength and someone who has dreams and aspirations.
*   Utilizing the strengths/assets-based approach opens up avenues for recovery, whereas the deficit-based approach reinforces the problems of stigma and discrimination.

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What impacts could these different descriptions have on Sarah?

Some examples of answers may include:
- Description 1 is insulting and suggests that Sarah has no hope for the future. This may also leave her feeling like nothing is likely to help her.

- Description 2 could make Sarah feel like those that are providing her with care just view her as a condition and know nothing about her as a person. She may feel like she is being judged and experience feelings of inferiority because of how she is described. She may also feel that her practitioners are distant and uncaring. By referring to Sarah's lifestyle choices this also places blame on her.

- Description 3 could help Sarah feel much more positive about who she is as a person as it focuses on her strengths, reminding her of the great things she has achieved as well as her dreams and aspirations for the future.

Exercise 3.11 – Language in recovery

Think about a person you know with a psychosocial, intellectual or cognitive disability
- Try to describe that person
- Find all that persons strengths and use only positive words. Try to avoid words such as 'but' or 'despite'
- Write down your description of that person
- Ask people to volunteer their description, and discuss these

If you take notes or discuss this person with others, make sure you change the name and any other personal details.

Using Emotional Responses to support people (29)
Responding, not reacting
When working alongside and supporting people who are experiencing high levels of emotional distress, the person in the supporting role can also experience distress as a consequence. One simple way of illustrating this is the example of anxiety. Many people find that the anxiety of other people "rubs off" on them and as a result they end up feeling jittery and anxious themselves. Paying attention to our feelings can sometimes give important clues about what is "in the air" at the time.

It is therefore important for supporters to recognise emotional responses and how these can sometimes provide useful information to act in a positive way. Not fully recognising our responses can mean that we act unhelpfully on them without meaning to. To illustrate, there may be times when we are "pulled in" by strong emotions and find ourselves reacting in ways we later find confusing or embarrassing, possibly including acting on negative or "unprofessional" feelings.

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When there are strong emotions around, it is helpful to take a step back, slow down and listen for the meaning behind the words, to try to see the situation from a new perspective rather than getting completely caught up in the emotional or verbal content of what is happening. In difficult situations, mental health and other practitioners, families and other supporters may have strong reactions and emotional responses. When these responses occur it is important to recognise and understand these to avoid 'knee-jerk' reactions and communicate better and hence support recovery. It is also important to take a moment to imagine how the person is feeling or the reason behind their current actions, work or behaviour. This helps to build an understanding of the person. Even when a person on the surface appears to be saying things, acting or behaving in a way that appears challenging (for instance during extreme distress) it is important to be mindful that the person may be communicating important information.

Exercise 3.12 – Putting active listening skills into practice (29)
Consider the following scenario:
George had been receiving services in an inpatient mental health unit of a general hospital for several months. On several occasions he has lashed out in a volatile way and angrily threatened to leave whenever challenged or when he feels unhappy with what is being said. In the last incident he pushed a staff member to the ground. He constantly criticizes the staff and says that no-one tries hard enough.

1. Imagine you are sitting with George. Now write down, with complete honesty, your:
- Initial thoughts …
- Feelings …
- Beliefs/ideas …
- Bodily reactions …
- Likely actions or behaviors …

Some answers can include:
- You may be frightened of George, or concerned he might be "unpredictable" and "volatile"
- Believe that George is manipulative and unappreciative
- Be angry
- Heightened senses
- You may believe that George never listens to your advice

2. How might your thoughts and feelings reflect those of George?
Some answers can include:
- If you are feeling anxious or afraid of George these may be emotions that he is also experiencing.
- You may feel that George is not listening to your advice and perhaps this is because he also feels that he is not being listened to.

3. Write down three possible things you could say to George which would demonstrate your desire to work with him in a constructive and recovery focused way.

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Some answers can include:

- Expressing your concern about his emotional state in a reflective manner; concern should center on George's well-being and perspective, rather than those of others. For instance, "You seemed very upset yesterday, I wanted to discuss with you how we could make this less stressful for you."

- Allow him to talk about his experience from his viewpoint, to gain a better understanding of what was going on during the incident. For instance, "You mentioned before that no one tries hard enough here – can you tell me more about that?"

- Ask him what would be most helpful to him from this point forward. How would George like staff to help him if such an incident was to happen again? For instance, "I'd really like to know your thoughts on how we can best support you when you become distressed, angry or upset".

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People may benefit from having a written plan to guide their personal recovery journey, which can be referred to as a **recovery plan (30),(31),(32)**

A recovery plan is a user-driven document that it is written and implemented by that person themselves.

- People may consult or draw upon mental health and other practitioners, families, peer supporters to help them formulate their plan, but ultimately it is up to the person to decide what they would like to include.
- It is important for a person to understand what recovery means to them personally before they start to develop their recovery plan. It can be useful for the person to discuss this with people they trust. A recovery plan is beneficial to all, not just the person who has created it.
- It is important to have choice and options for the recovery process. Therefore, when making a recovery plan the person should be supported by and consult with individuals who are aware of various care and support options including alternatives to medical treatment.
- Recovery plans can be more effectively implemented if all relevant people know about its existence and content even if they had not been involved in its development.

Recovery plans should identify needs, strengths and assets of the individuals

- Identifying needs, strengths and assets involves discussions with the person to get to know them. It can also be useful to talk about this with others in the person's network if the person concerned would like this to happen.
- Assessment should be comprehensive taking into account a person's personal, social, health, employment, education, housing, cultural and spiritual factors and beliefs.

Depending on the wishes of the person preparing a recovery plan, mental health and other practitioners, peer supporters, and other supporters who are trained in the recovery approach can help:

- Introduce to the person the purpose and structure of a recovery plan. It is important to note that this is probably a new experience for many people who in the past have not had their views and opinions about their recovery and treatment listened to.
- Assist the person in assessing strengths, resources, background, dreams, goals, and progress towards recovery before building their recovery plan, as well as, throughout the recovery journey as needed.
- Support the person in building and implementing their recovery plan.
- Help assess progress towards recovery throughout the recovery journey as needed.

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A recovery plan may have several components including a:

1. Plan for pursuing dreams and goals
2. Wellness plan
3. Plan for managing ups and downs
4. Plan for managing a crisis (An advance plan)
5. Plan for after a crisis

See Annex 5 for a completed example of a recovery plan and Annex 6 for a blank template.

For additional information on advance plans, please refer to the module 'Realising Supported Decision Making & Advance Planning'.

An alternative is the Recovery Star, which can be a useful tool for facilitating discussions among the person concerned, family members, practitioners and others. It offers an alternative approach for those who would prefer a less structured way to approach their recovery journey (see section 5).

How to build a recovery plan

1. Plan for pursuing dreams and goals (31)
Recovery is about assisting people to develop and achieve goals that will help them lead fulfilling lives. So the first component of a recovery plan is to create a plan (or sub-plan) for pursuing dreams and goals.

- As a first step, the person identifies their dreams and goals.
    - For some people these dreams may be big, and for others they may be small - either is fine.
    - For some people who may struggle to think of a goal, it might be useful to consider the dreams they may have had in the past. The tree of life in Appendix 3 may be helpful to identify goals
    - Dreams and goals can also be about specific things people want to achieve, for example getting a part-time or full-time job, doing volunteer work in an area of interest, finding a friend to share hobbies with, or finishing a book they always wanted to read.

- Then for each dream or goal, the person identifies what steps need to be taken to achieve these goals or dreams. In essence these are little goals that can be tackled one at a time.
- It is very easy to only think about problems and lose sight of the person's skills, strengths, interests and capabilities as well as those of the people around them. An important part of the recovery plan is to identify these, and how they can be harnessed to bring about positive changes in the person's life.
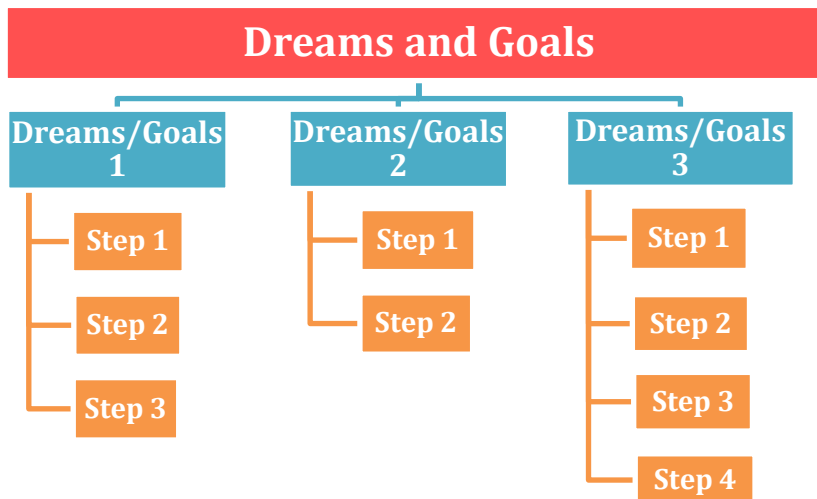
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Dreams and Goals

```
                    Dreams and Goals

   Dreams/Goals        Dreams/Goals        Dreams/Goals
        1                   2                   3

      Step 1              Step 1              Step 1

      Step 2              Step 2              Step 2

      Step 3                                  Step 3

                                              Step 4
```

2. Wellness Plan (31),(32)

Another part of the recovery plan is the wellness plan

- When someone receives a diagnosis– or experiences life-changing events – it is easy to lose a sense of who they are. This in itself can be highly distressing.
- Many people find that a key to their recovery is remembering they are more than just a diagnosis or set of problems (for example not being defined as "bipolar" or "schizophrenic").
- Some people with psychosocial, intellectual and cognitive disabilities find it helpful to think about who they really are and what they are usually like when they are feeling well. This can be described as a Wellness plan.

```
What I am like when I am feeling well:

Sociable        Outgoing        Impulsive        Confident
A loner         Talkative       Quiet            Enthusiastic
Cautious        Introverted     Energetic        Opinionated
Athletic        Extroverted     A fast-learner   Optimistic
Happy           Thoughtful      Pessimistic      Industrious
Encouraging     Responsible     Supportive       Curious
Adventurous     Serious         Easy going       Outspoken
Hard working    _____       _____        _____
_____       _____       _____        _____
_____       _____       _____        _____
```

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Part of a wellness plan is also to identify the routines that help people keep well as well as the routines that can have a negative effect on mental health and wellbeing. Some examples may include:

Positive routines

- Getting up at a reasonable time
- Preparing and eating healthy meals at regular times
- Going for a walk or getting some exercise
- Going to work or college

Negative routines

- Going out with friends every night and getting drunk
- Getting over tired
- Sitting around doing nothing
- Drinking too much alcohol or taking illicit drugs

OPTIONAL EXERCISE:

Exercise and discussion

Ask the group to turn to **their blank recovery template** and complete for themselves the section on identifying and planning how to achieve dreams and goals.

Presentation: 3. Plan for managing ups and downs (31)

Another component of the recovery plan is planning for how to manage ups and downs in life. When people using services are trying to work out their ups and downs, it can be helpful to use a simple traffic light system to easily keep track of moods.

The traffic light system outlined below can be useful.
- **GREEN**: You are feeling well. You may experience triggers of stress from time to time that can be managed with coping and problem-solving skills.
- **AMBER**: You are noticing warning signs of emotional distress. It would be helpful to take better care of your mental and physical health, and get support from friends, family, or mental health or other practitioner(s) to avoid a crisis.

> **The green-amber traffic light system**
>
> When people using services are trying to work out their ups and downs, it can be helpful to use a simple traffic light system to easily keep track.
>
> **GREEN** = You are feeling well
> **AMBER** = You are noticing warning signs of emotional distress

To help manage emotional distress people can learn to identify (30),(31):
- Triggers
- Warning signs of a crisis

If people can identify triggers and warning signs and take action quickly they can greatly reduce the chance of finding themselves in crisis. It is also important for others to be aware and identify triggers and warning signs as well, so they can discuss these with the person that they are supporting. At the same time it is important that others do not cross any boundaries by forcing or taking over control.

Triggers are things that happen (external or internal events or circumstances) that may cause a person to feel anxious, scared, miserable or discouraged. These can include:
- Moving homes
- High workload at the job
- Not being able to sleep
- End of a relationship
- Being harassed or teased
- Financial problems

Warning signs of a crisis are changes in feelings, thoughts or behavior that suggest a crisis may develop.

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Warning signs are different for everyone but some examples of warning signs for a crisis may include (33):
• Feeling anxious or fearful
• Feeling depressed
• Not sleeping enough or waking up early
• Sleeping too much
• Experiencing distressing thoughts
• Things you usually do easily are more difficult to do
• Getting into arguments with other people
• Nervousness
• Feeling unable to trust those closest to you
• Feeling unable to carry on with your day-to-day activities
• Over-reacting or responding irrationally to ordinary events or things people do
• Having unusual experiences that others do not seem to share – like hearing or seeing things or feeling you are being controlled by persons or forces external to yourself
• Racing thoughts
• Feeling a lot of fear or hopelessness
• Feeling like you are not in control

OPTIONAL EXERCISE:
Exercise and discussion
Ask the group to turn to **their blank recovery template** and complete for themselves the section on identifying and planning how to achieve dreams and goals.

4. Plan for managing a crisis (advance plans/directives) (31),(32)
Although recovery plans encourage people to take actions when they experience high levels of distress in order to avoid crises, there may be times when crises do occur, times when despite a person's best efforts, things continue to get worse.

A plan for managing a crisis is also known as an advance plan or advance directive. In some countries these are legally binding (for additional information refer to the module on 'Protecting the Right to Legal Capacity in Mental Health and Related Services' or 'Realising Supported Decision Making and Advance Planning'.)

These documents give mental health and other practitioners and other supporters a better opportunity to understand the person and what they want so that their will and preferences are respected and that they are not treated against their will.
• For example people can provide directions and information on when, how, where and from whom they would like to receive support and care.
• It also allows people to specify "no" to a range of treatment and support options offered.

It is particularly important because when people are in crisis they may be less able to communicate their will and preferences. They are also likely to encounter practitioners who are not their regular health care provider.

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Crisis situations are also examples of risk situations for people to be admitted into mental health and related services and treated against their will which is a violation of their human rights according to international human rights standards including the Convention on the rights of people with disabilities.

Examples of components of advance planning
Advance planning can include different components which reflect the person's preferences for their recovery journey, in times of crisis.

For example:
Preferences for treatment and care
- Specifying which medication works or does not work and what medication one will not accept taking or a refusal to take any medication
- Specifying which care options (such as one to one counselling, group therapy) one finds helpful or unhelpful, acceptable or unacceptable

Place of care
- Specifying certain mental health and related services that a person does not wish to use
- People may wish to remain at home

People I want involved
- Friends and family members the person can trust and who can offer support in times of crisis

People I do NOT want involved
- The person may want to specify people they do not want to involve (e.g. because that person makes them feel more stressed)

Statements and actions that are helpful
- Statements that people say or actions that people can do to help the person in times of crisis

Statements and actions that are NOT helpful
- Statements that people should NOT say or actions that people should NOT do in times of crisis

OPTIONAL EXERCISE:
Exercise and discussion
Ask the group to turn to **their blank recovery template** and complete for themselves the section on identifying and planning how to achieve dreams and goals.

For further information on advance plans and directives, refer to the module on 'Protecting the Right to Legal Capacity in Mental Health Services' and 'Realising Supported Decision Making and Advance Planning'.

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5. Plan for after a crisis (30),(31)

Now, the final component of the recovery plan is creating a plan for after a crisis:

• It is helpful to have a plan for how to get back to daily life and maintain wellness after a crisis.

• This part of the recovery plan is all about planning for the few days and weeks just after a crisis, so people can continue their recovery journey. These include:

1. Getting back into a routine
2. Making a timetable for the next few weeks
3. Plans to resume responsibilities and activities
4. What have I learned from this crisis (eg. any new triggers or early warning signs I have identified?)

OPTIONAL EXERCISE:

Exercise and discussion

Ask the group to turn to **their blank recovery template** and complete for themselves the section on identifying and planning how to achieve dreams and goals.

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The Recovery Star (34),(35)

The Recovery Star can be an alternative tool for people who would prefer a less structured way to approach recovery. The Recovery Star highlights different areas that individuals could potentially identify as key to living a fulfilling life. It can be used as a means of opening up discussions between the person concerned and their family, mental health and other practitioners, peer supporters and other supporters about what people consider important for their recovery.

On the Recovery Star:
The person involved should first ask themselves, or be asked, if they identify with any of the domains within the Recovery Star. People can indicate the different areas that are a priority for them by writing 'AP'.

They can then use the rating scale (1-3) to indicate how satisfied they are with each of these priority areas. The numbers provided within the star indicate the importance or significance within the individual's life.

Once the person has identified the key domains which are a priority for them, they can then explore specific and concrete actions within each of the priority areas.

The recovery star can also be used at different points in time to enable the person to monitor their progress in these different domains throughout their recovery journey.

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The Recovery Star (34),(35):

Community inclusion
For example – Going back to my job, getting my own accommodation, enrolling in a course

e.g. – _____

e.g. – _____

e.g. – _____

Hope
For example – Not losing hope in my capabilities and capacities in life

e.g. – _____

e.g. – _____

e.g. – _____

Social life
For example – To reconnect with my family, to start spending time with my friends again

e.g. – _____

e.g. – _____

e.g. – _____

Meaning & purpose in life
For example – Find meaning through spirituality, go to church weekly

e.g. – _____

e.g. – _____

e.g. – _____

Empowerment & gaining control back
For example – Choosing what I want and don't want for my treatment

e.g. – _____

e.g. – _____

e.g. – _____

Health & wellbeing
For example –Working on my fitness, having a regular sleep schedule

e.g. – _____

e.g. – _____

e.g. – _____

Maintaining your identity
For example – Not letting people undervalue me

e.g. – _____

e.g. – _____

e.g. – _____

(Star diagram with each point labelled: 3 2 1 AP)
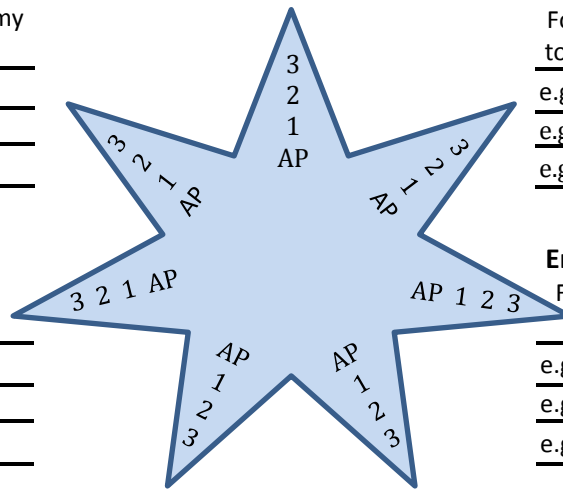
AP = A priority for me

1 = Not at all satisfied
2 = Satisfied
3 = Very satisfied

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	Topic 6: The change process for recovery

It is important to restate that recovery is not necessarily a linear process, and that setbacks can be part of the longer-term recovery process. In line with this, the recovery plan can be modified and reviewed as a person moves along the recovery journey.

The table below shows an overall picture of the recovery process and different supports that mental health and other practitioners, families/care partners or others could provide at each step. The table is purely for illustrative purposes and will not reflect all people's recovery experiences or the supporting roles that could be played. The important point is that, **even when people do not appear to want to take more control of their recovery or are unable to take a lead role, there are still some steps that can be taken to support people to think about recovery.**

Supporting the change process for recovery (36)

Stage	When People are just starting to think about recovery - the possibility of recovery may seem neither possible nor desirable
Possible Supports	• Hearing or reading other people's stories of recovery • Introducing them to other people in recovery who have been in similar situations • Introducing ideas and information about recovery • Encouraging people to think about their life experiences and to start to think about what they want from life • Creating space for people to talk about recovery and to think about what it means for them
Stage	Making plans - getting ready
Possible Supports	• Working together to identify hopes, fears, dreams and goals • Introducing the person to recovery planning tools
Stage	Supporting action
Possible Supports	• Helping and supporting the person with achieving their plans • Working alongside people to recognise and build their success and try out alternatives where things don't seem to be working- creativity and perseverance are key components of recovery and recovery-focused practice • Supporting people in informed risk-taking • Acknowledging that mistakes are a normal part of life and that they can help us learn • Working alongside people to plan for success and considering the possible impact of recovery- what will it feel like if things change?
Stage	Moving forward
Possible Supports	• Continuing to develop person-centred support and planning • Looking for and establishing or maximising existing opportunities for information and formal peer support

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	• Building on "community connection" and social networks
	• Discussing setbacks and how they need not been seen as "failures". What can be learned from them as part of longer-term recovery?
	• Continuing to explore and develop self-help and self-management techniques
	• Being available to the person-recovery should not necessarily mean the removal of all services and supports

There are many recovery resources (websites, videos and documents) that can be easily accessed to support people on the recovery journey (see Annex 7).

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Annexes

Annex 1: Key components of the recovery approach

Summary: Key components of recovery

11) **Inclusion** – This is important for recovery as people need to be able to access the same opportunities as any other person and be included in the community.

12) **Relationships** – These includes friends, partners, family members, mental health and other practitioners, and peers including peer supporters and groups in the community. All of these relationships have an important role in supporting people in recovery.

13) **Hope** – This is universally seen as key to recovery and without it people can give up their recovery journey.

14) **Belief** – Believing that a change in one's situation is possible is central to the recovery approach and can be fostered by hope-inspiring relationships.

15) **Identity** – Redefining or rebuilding identity is a central component of recovery because people often lose their sense of 'self' when they are given a diagnosis.

16) **Meaning and purpose** – This can vary for everyone but it is important that recovery supports people to rebuild and find meaning in their lives.

17) **Dreams and aspirations** – the recovery approach helps empower and support people to develop and achieve their dreams and aspirations in life.

18) **Control and choice** –Recovery focuses on respecting a person's right to exercise their legal capacity to make their own choices and on providing supports to do so whenever this is seen as helpful by the person.

19) **Managing ups and downs** – Recovery enables people to develop skills that are required to manage negative moments in life and any associated triggers.

20) **Positive risk-taking** – This is essential for recovery as it allows individuals to learn and grow from their experiences and it is important that people are supported while embarking on positive risk-taking.

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Annex 2: Assessing strengths

1. STRENGTHS WORKSHEET (37)

Currently What's going on today? What's available now?	Desires and aspirations What do I want?	Personal and social resources What have I used in the past?
Daily living situation		
e.g. Where are you living now? What things do you like about your current living situation? How do you get around?	e.g. Do you want to remain where you are, or would you like to move? If you could change anything about your living situation what would it be?	e.g. Where have you lived in the past? What was your favourite living situation? Why?
Financial		
e.g. What are your current sources of income, and how much money do you have each month to spend?	e.g. What do you want to happen regarding your financial situation?	e.g. What was the most satisfying time in your life regarding your financial circumstances?
Occupational e.g. educational, vocational, leisure		
e.g. What kind of things do you do that make you happy, and give you a sense of personal satisfaction?	e.g. What kind of activities or things would you like to do or be involved in?	e.g. What are the most satisfying activities that you have ever been involved in?
Social Supports		
e.g. Who do you spend your time with? Who do you feel close to? What do you like to do?	e.g. Is there anything you would like to be different in your social life? Are there any areas of your life you would like to have more support in?	e.g. Have you ever belonged to any groups, clubs and/or organisations? What did you enjoy about them?
Health		
e.g. What kinds of things do you do to take care of your health? Is being in good health important to you? Why or why not?	e.g. Are there things you would like to change regarding your health? Is there anything you would like to learn more about to improve or change your health?	e.g. How do you know when you're not doing too well? What is most helpful during these times in the past?
Spiritual and cultural		
e.g. What meaning, if any, does spirituality play in your life? Are there any strong beliefs held by your family? What do you think of this?	e.g. Would you like to feel more connected to your spiritual beliefs?	e.g. What do you value most in life, have you always felt that way? What gives you strength to carry on in times of difficulty?
Anything else you would like to add		

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2. STRENGTHS WORKSHEET CHECKLIST (38)
This checklist gives some example prompt questions for areas to discuss in completing the Strengths Worksheet. The checklist has been adapted from elsewhere9, and is not a definitive list of areas. Individuals have unique talents, interests and abilities which may not be covered by the below.

Daily living
Current situation:
- Where the person lives and for how long
- Does the person live with anyone else?
- Advantages of the person's living arrangements e.g. quiet neighbourhood, close to town
- Transport options
- Pets or animals
- Personal possessions available to the person (e.g. internet, exercise bike etc.) – this can be used to identify what is wanted
- Areas of the home or neighbourhood that the individual is proud of or enjoys
- Daily living tasks that the person enjoys doing or is good at (e.g. cooking, food shopping etc.)

Desires and aspirations:
- Where would the person like to live?
- Do they like living alone / with others?
- Desired changes to the living situation
- Ideal living situation
- Anything that would make the individual's living situation easier (e.g. appliances, better transport options etc.)?
- Most important aspect of the living situation (e.g. being near friends, good transport links, having a pet)

Personal and social resources:
- Past living arrangements
- What did the person like about past living arrangements?
- Favourite accommodation and living situation
- Anything from past living situations which the person would like to have now

Financial
Current situation:
- Sources of income
- Bank account, Savings account etc?
- Does the individual budget and manage their money, how?
- How do they pay the bills?
- Spending money left over

Dreams and aspirations:
- Would the individual like to change their financial situation?
- What is important about their financial situation (e.g. extra money to be able to eat out, go on holiday etc.)
- Additional benefits the person may be entitled to

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Personal and social resources:
- Past income sources, (e.g. did they work in the past, get additional benefits)
- Resources in the past that they are not using now (e.g. savings account, accountant / advisor)

Occupational e.g. work, leisure, education
Current situation:
- What does the person do for fun, hobbies? How does the person relax and enjoy themselves?
- Different types of activities e.g. paid employment, volunteer work, college and educational activities, helping others, job searching, involvement with services, care giving etc.
- Education (achievements, likes, dislikes)
- What does the individual like about their occupations (educational, vocational and leisure)?
- What is important to the person about their current occupations?
- Interests, skills and abilities related to their activities.
- Weekend activities (do they go out at the weekend).
- When does the person get bored and what do they do when they are bored?

Dreams and aspirations:
- Does the person want to work, go to college, do more / different activities?
- If the person could do anything what would that be (career, leisure, educational)?
- Is the person satisfied with what they are doing?
- What enjoyable things would the person like to be doing?
- Have they ever wanted to try something?

Personal and social resources:
- Past work, leisure and education experience.
- What type of activities have they enjoyed in the past, with whom?
- What kind of services (voluntary and involuntary) have they found helpful?

Social supports
Current situation:
- Who do they spend time with? Friends, family, who are they close to?
- Organisation, clubs or groups they participate in.
- What things does the individual do with others?
- Pets.
- Types of social support available e.g. family, friends, significant others, mental health workers, religious leaders and members of religious groups, self-help organisations etc.
- How do people support the individual?
- Likes and dislikes about being with others?
- What does the person do when alone, do they like being alone?
- Where, outside the home does the person feel at ease?

Desires and aspirations:
- Any changes the individual would make to their social life?
- Areas of life the individual would like more support in, what type of support?
- Groups, organisations or clubs they would like to belong to?

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Personal and social resources:
- Important people in the individual's life (family, friends etc.).
- Places that the individual used to enjoy going to.
- Groups or clubs the individual was a part of.

Health
Current situation:
- Mental health e.g. people individual currently sees, medication, treatments.
- How does the person manage stress?
- How does the individual cope with the illness?
- Physical health e.g. doctors, dentist, any medication.
- Diet and eating habits.
- Exercise.

Dreams and aspirations:
- Areas the individual would like to work on.
- What is important to the individual, anything they would like to change?

Personal and social resources:
- Resources used in the past to manage physical and mental wellbeing.
- What resources were helpful? Why?
- Has the individual completed a Physical Health Check?

Spirituality and Culture
In this case, spirituality doesn't just refer to an organised religion, instead it relates to any beliefs or practices that give a person's life meaning and purpose, e.g. by generating hope, comfort or connections. Individuals can belong to more than one cultural group, so the conversation should include the different cultures the person identifies with, identifying how strongly they identify with each.

Current situation:
- Is there anything which brings comfort, meaning and purpose to the individual's life?
- What gives the person strength in times of difficulty, Individual's beliefs, what does the individual have faith in?
- Any rituals the person engages with, important occasions for the individual.
- Family roles and practices, e.g. mother as main care giver, extended family etc.
- Languages spoken.
- Certain types of food enjoyed by the individual.

Dreams and aspirations:
- Any changes the individual would make, e.g. go to church more often, visit parents' home country.
- Connections with others from the same cultural groups.

Personal and social resources:
- Past spiritual or religious beliefs?
- How has a person's spirituality or cultural practices / beliefs supported them in the past?
- Celebrations, rituals that the person use to observe or celebrate

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Annex 3: Tree of Life – Peer support worker guidance (39)

The Tree of Life is an approached derived from Narrative Therapy and has Zimbabwean roots (David Denborough and Ncazelo Ncube are the two developers)

The Tree of Life can be used to frame discussions about a person's life, strengths and aspirations. It is best used as a guide to help you encourage a richly told, strength-focused story of your peer. It was developed in Zimbabwe to help young people who had been traumatised to feel safer when talking about their challenges.

If you intend to use it, it is worth remembering that this approach can give a person an opportunity to tell their story in a way that makes them stronger.

You might want to explain that the Tree of Life is an approach that uses the image of a tree to talk about our lives and hopes. Your peers may be quite used to being talked about in terms of their illness or diagnoses so you might want to reassure them that the emphasis is on them understanding themselves more fully and beyond their illness.

You may want to also describe what you found valuable about using the Tree of Life (e.g having a picture you can refer to later on to remind you of your strength, having a reminder of the people that have supported me to succeed, getting to think about my hopes for the future rather than what has gone wrong etc etc). Perhaps ask your fellow Peer Workers about this.

Around confidentiality, you might want to reassure the person that only they hold onto the copy of the tree.

Every time you do the tree, it is often that something new appears or is realised, so do consider doing it with your peer and then comparing and discussing what each of you have.

The Tree can provide a foundation from which to talk about more difficult experiences. The symbol of a storm is sometimes used to do this.

In terms of your training so far, it may be worthwhile simply trying to remind the person about aspects of their tree when challenges or traumas do come up.
Firstly, drawing the tree

Depending on the size of your paper, ask your peer to draw the outline of a tree – everybody has a different type of tree, some trees that are recognisable and others straight from the imagination. Ask people to include some roots, trunk, branches to start off with. Leaves and fruit can be added at the beginning or later. You can do the tree bit by bit over several sessions or over just one. It really depends on you and your peer to find your own pace.

Explain that each part of the tree will be used to symbolise a part of their life.

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The different parts of the tree are as follows:-

On the roots of the tree:
• Where I come from (village, district, town, Country)
• My family history (origins, family name, ancestry, extended family)
• Those who have taught me the most in life

As with other parts of the drawing of the tree,
you might stop and ask a little more about a person's
origins and name.

On the ground:
•Where I live now
•What do you do each day e.g visit Heartsounds
Centre
•Activities I am engaged with in my daily life

It is great if you have a really clear idea of what a person does with their time. Even if it doesn't seem like a lot, you can ask for detail about what makes that activity attractive or important e.g a person may rarely leave the house because they don't feel very motivated, but they may also find that being at home is where they feel most content and safe... so being safe and content are great goals to discuss and look at as you get to know the person in future meetings.

On the trunk of the tree:
•Skills and abilities (i.e. skills of caring, loving, kindness)
•"What are you good at?"
•"What have others told you, you are good at?"

Some people can feel a little stuck trying to describe their strengths but it is really important to stick with this. You might have noticed something about the person that shows a strength e.g. perhaps you have seen how kindly they talk to their mother, you could let them know you have noticed this and ask whether 'kindness to family members' is one of their strengths. Don't be afraid to go into detail on this.
You could ask people what their achievements are in life as a way to try and reveal their strengths and abilities.
So this bit is not just about what you have done but also the values that you give life to everyday.

On the branches of the tree:
• Hopes, dreams and wishes that you have for your life
• Any long/medium term plans

Sometimes people can feel a little stuck naming hopes and dreams as they feel, because of the challenges of life, illness etc. pretty far away from living out their dreams. You can ask people the 'miracle question' which goes something like this .... "If there was a miracle overnight and you woke up and there were no more of this barrier (whatever they named) what is it you would like to do with your life?"

It is great to ask people details about their dreams. Getting this really clear can feel really energising for people.

On the leaves of the tree:
• Significant people in your life, who may be alive or may have died

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Again, encourage people to tell the stories of these significant people and the big messages they gave to your peer. They can be famous people, family members, friends etc. This can be a great reminder to people about the supporters they have and the values they have gained from others.

On the fruits:
•Gifts you have been given
•Not necessarily material gifts
•Gifts of being cared for, of being loved, acts of kindness
•Can also relate to your unique qualities that you bring to others.

Sometimes, you can ask people to close their eyes and just see what image pops into their head when asked about the unique quality they bring to the world and the people around them. One person in the UK saw a Sun and after we talked a little, she felt clear that she brought a warmth and care to other people. You can also ask people, if you were a gift what would you be and then chat about what comes up.

Ending
It can be lovely, once finished to review the final product, reflect on what the person has noticed or found. Perhaps there are particular things they now notice that they didn't before? Perhaps they feel a bit more connected to their history and supporters? Perhaps people feel a bit 'bigger' than their illness now? It may take time for reflections to come up so also fine to leave people to stick it up at home and then plan to talk about it the following meeting with you.

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Annex 4: Assessing Values and Preferences (38)

Values and Treatment Preferences (VTP) interview guide

For each area ask: What would be helpful for me to know? What is important to you?

Cultural identity including race, culture and ethnicity
How would you describe your ethnicity? Prompts: language, parent's background...
Tell me a little bit about yourself and your culture. Prompts: preferred diet, social life, cultural behaviours, beliefs, involvement with cultural group

Religion / spirituality
Is spirituality or religion important to you? Prompts: how, in what ways?
What is your spiritual / religious background?
How do your beliefs affect your feelings towards your mental health experiences?

Gender
Does being a <man / woman> affect the way you would like to be treated by mental health services? Prompts: how? e.g. gender of staff, type of treatment?

Sexuality
Is there anything you would like to discuss about your sexuality or that you feel is important to you? Prompts: does this impact on how services treat you?

Social roles including the family, peers and community
Tell me about your community. What role do family, friends and peers play in your life? What social roles do you have? Prompts: role in the community, social networks, care partners, parent, peers with and without similar experiences.

Meaning of 'mental illness' experience
People understand mental health experiences in different ways e.g. an illness, an emotional crisis, as physical illness or as a spiritual experience etc. Could you tell me what you call this experience? What do you think has caused your experience?

Previous experiences of services
What has been helpful or unhelpful about your experience of using mental health services?

Stigma and discrimination
Do people treat you differently because of mental health issues?
Have you experienced other forms of stigma or discrimination (such as racism or sexism)?
Prompts: how has this affected you? Does it have an impact on the service you receive?

Other important parts of your identity
Anything else you would like to add? e.g. creative, dancer, runner, student, electrician, teacher etc.

Treatment preferences
In what ways do the above influence your treatment preferences? For each area above, what support if any would you like? How would you like workers to work with you?

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MY RECOVERY PLAN
(blank template)

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Providing recovery-oriented mental health and related services

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Acknowledgements

The contents of this document were, with permission, sourced and adapted from the following publications of the Nottinghamshire Healthcare NHS Trust:

1. **Personal Recovery Plan.** Nottinghamshire Healthcare NHS Trust. Nottingham, UK.
2. **Taking Back Control: A guide to planning your own recovery.** Nottinghamshire Healthcare NHS Trust, Nottingham, UK. 2008.
3. **Advance Statement.** Nottinghamshire Healthcare NHS Trust, Nottingham, UK. Copyright by South West London and St George's Mental Health NHS Trust 2008.

These documents draw heavily from WRAP – Wellness Recovery Action Plan® by Mary Ellen Copeland PhD Peach Press Revised 2011.

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What is recovery?

Many people have shown us that it is possible to recover a meaningful, satisfying and valued life after experiencing challenges with their mental health. With the support of friends and families, people can study, work and contribute to their communities in many different ways.

- Recovery is about regaining belief in yourself and self-confidence.
- Recovery is about moving beyond being seen as your diagnosis and reclaiming a positive view of yourself.
- Recovery is about the re-awakening of hope and believing it is possible to live well.
- Recovery is about growth, accepting and moving beyond what has happened to you.
- Recovery is about developing a new sense of meaning and purpose in life.
- Recovery is about doing the things you want to do and living the life you want to lead.
- Recovery is about pursuing your ambitions.
- Recovery is about being in the driver's seat of your life.
- Recovery is about taking back control over your destiny and your life with the guidance you need to live the way you want it.[1]
- Recovery is also beneficial for every single person; it can empower all individuals, not just those within the context of mental health.

What does recovery mean to you?

People who have faced the ups and downs of recovery have found it helpful to develop a *Personal Recovery Plan*.

This might include:

1. How you are going to pursue your ambitions and dreams. Decide what you want to achieve in life and how you will set about achieving it.
2. How to keep yourself well.
3. How to manage your own ups and downs. If you can identify your 'triggers' and 'warning signs' when things are not going so well, then you can work out ways to get yourself back to feeling good again.
4. What you and your supporters can do when you are having a crisis.
5. What you can do to move on after a crisis.

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[1] Deegan, P. (1992). *Recovery, rehabilitation and the conspiracy of hope*. Keynote address at the Eight Annual Education Conference for the Mentally Ill of New York State, reproduced by the Center for Community Change, Trinity College, Burlington, Vermont.

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How to build and use a recovery plan

1. You don't have to complete the recovery plan at once; you can fill out different parts of the plan as you'd like, at your own pace.

2. You can write up the recovery plan on your own or with the help of other persons that you like and trust. These could include peers, family, friends or mental health or other practitioners. Remember, this plan is *your* plan and it is up to you what goes in it and with whom you share the plan with.

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It may often feel that the challenges you experience with your mental health are completely beyond your control, and it is tempting to believe that only experts can sort them out. While mental health and related practitioners have developed treatments and therapies that can be helpful, each person can become the real expert in their own self-care.

My supporters and how they can help

It can be helpful for people to identify others that could support them to develop a recovery plan and more generally to support them in different moments of their life.

A supporter can be a relative, friend, peer supporter or any other trusted person who would be willing to support you including during times of crisis. A person might decide that they don't want support, or would like support only in specific circumstances. Also a person can have more than one supporter if they choose.

Name	Telephone	How he/she can help
In an **emergency**		

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Recovery is about making the most of your skills and abilities, when building the life you want to live.

If you have a psychosocial disability or you have received a psychiatric diagnosis it can be very easy to focus only on the diagnosis and lose sight of your skills, assets, strengths, interests and capabilities. A very important part of your recovery plan is therefore, to brainstorm how you will use your assets and strengths, and the possibilities open to you, to make positive changes in your life.

Throughout this appendix, tables and examples have been completed and provided in order to show how this could be completed. Please note it is perfectly fine not to have as many answers in your recovery plan compared to this completed recovery plan. It is to merely help you think of some examples and ideas.

In this part of your recovery plan, you will identify the dreams and goals you want to achieve. Dreams and goals can be what you want to achieve in the near or far future, such as becoming a musician, running a marathon, becoming a teacher, or traveling. Dreams and goals can also be about specific things you want to achieve, such as getting a part-time or full-time job, volunteering at the animal shelter, finding a friend to share hobbies with, or finishing a book you always wanted to read. Each goal can then be broken down into steps, which are in essence smaller goals you can tackle one at a time. See below for a visual illustration of this process.

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Below is an example:

Dreams and Goals: To run a marathon; to become a musician

Dreams/Goals 1:
To run a marathon

- Get medical check-up
- Get fit by walking and jogging
- Make a training plan and carry out
- Run a half-marathon

Dreams/Goals 2:
To become a musician

- Find and enroll in music classes
- Get an instrument
- Practice regularly
- Perform in front of family and friends

The first step is to think about your dreams and goals.

In the box below, write or draw your dreams and goals.

My dream(s) and goals

Of these goals, *pick ONE dream or goal* you want to
achieve now, and go to the next page

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Tips to help you identify your dreams and goals:

- Think about what is important to you – e.g. career, education, being part of a group or community, helping others, or religious/political beliefs
- Think back to a time when you have enjoyed different activities or experiences
- Think about things that you wanted to do in your life
- Think about what gives you joy – what is your passion?
- Look at magazines, newspapers, or internet, or talk to friends, relatives and/or your mental health and other practitioners to get ideas

Choose a smaller dream/goal to start off with and break the dream/goal down to smaller steps

The DREAM/GOAL I want to work on first is:

How long it might take to achieve this dream/goal:

Possible STEPS to take to achieve this dream/goal – write down *freely* as ideas come to your mind, you will pick specific steps in the next page:

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Among the steps you listed on the prior page, select the ones that are most relevant and doable for you to achieve your dream/goal and list them in the box below.

The STEPS I will need to take to achieve my dream/goal:

To plan for the STEPS for your other dreams/goals, make photocopies of the blank pages provided in Annex 3. My Recovery Plan – Blank Template, and fill them out to keep you on track.

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In the space below, you can take notes to gather any information or support you may need to carry out the STEPS you outlined. For instance if you wished to find out more about signing up to a local marathon, you might get this information from the council.

Information I will need to complete these STEPS and where I will get it from:

Information I will need:	Where I will get the information:

Support or help I will need:	Who I will get support from:

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In the table below there is an opportunity to list your own personal assets and strengths. This is an opportunity to reflect on the tools that can help you achieve your dreams and aspirations.

If you are having trouble thinking about your personal assets and strengths, think back to when you have achieved other goals in the past and the skills you used to successfully achieve these.

My personal strengths that will help me achieve my dreams

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Part 2. My wellness plan

When you have received a diagnosis– or experienced other life-changing events, it is easy to lose a sense of who you are. You are many things other than your diagnosis, such as *friend, art lover, student, football supporter or parent.*

Many people find that a key to their recovery is remembering they are more than a diagnosis or set of problems (i.e. not defining oneself as "I'm bipolar" or "I'm schizophrenic").

Some find it helpful to think about who they really are and what they are usually like when they are feeling well. You can think about these aspects of yourself by circling those things listed in the box below that best describe you. You can add other words using the blank spaces provided.

What I am like **when I am feeling well:**

Sociable	Outgoing	Impulsive	Confident
A loner	Talkative	Quiet	Enthusiastic
Cautious	Introverted	Energetic	Opinionated
Athletic	Extroverted	A fast learner	Optimistic
Happy	Thoughtful	Pessimistic	Industrious
Encouraging	Responsible	Supportive	Curious
Adventurous	Serious	Easy going	Outspoken

Routines to remain well

Having a regular routine and things to do can be helpful to maintain wellness. These can balance your life and give you a structure to build on. Think about the day-to-day things you need to do to remain well. These may be things that you are already doing or things that you want to do because they would make you feel better.

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Most routines are quite simple, for example things like:

- Preparing and eating healthy meals at regular times
- Going for a walk and enjoying nature
- Working in a garden
- Going to work or college
- Reading a book, newspaper or magazine
- Playing with your pets
- Meeting up with friends or relatives
- Talking to, or telephoning a friend, a peer, partner, neighbour or relative
- Doing something creative like painting or drawing
- Practicing mindfulness and/or meditation
- Writing down your thoughts and feelings in a daily diary
- Checking in with yourself to see how you are doing physically, emotionally and spiritually
- Getting enough sleep (going to bed at a reasonable and consistent time)

In the following boxes, you can select and list things you can do EVERYDAY and SOME DAYS throughout the week to remain well.

In the box below, write down things you can do EVERYDAY to remain well.

Things to do EVERYDAY to remain well

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In the box below, write down things you can do WEEKLY or on SOME DAYS OF THE WEEK to remain well.

Things to do WEEKLY OR on SOME DAYS to remain well

Things to AVOID to remain well

It can also be helpful to think about things you should avoid in order to help you remain well.

These might be things like:

- Not getting enough sleep
- Sitting around doing nothing
- Having too much caffeine either through coffee, tea or soft drinks
- Drinking too much alcohol or taking illicit drugs
- Smoking cigarettes
- Meeting with people who you find difficult to get on with
- Anything else that you find unsettles or worries you

In the box below, list the things you need to avoid in order to remain well.

Things to do AVOID to remain well

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Here you can place the things 'you do to remain' well into this schedule to create a wellness timetable. You can make changes to the schedule as you go as you learn what works best for you.

MY WEEKLY SCHEDULE for KEEPING WELL

	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

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Part 3. My plan for managing ups and downs

Another component of the recovery plan is planning on how to manage ups and downs in life. For this, it can be useful to use a simple traffic light system to easily keep track of one's mood.

The green-amber traffic light system

When you are trying to work out your ups and downs in life, it can be helpful to use the following traffic light system to easily keep track. See below for what each colour indicates.

GREEN = You are feeling well. You may experience triggers of stress from time to time that can be managed with coping and problem-solving skills.

AMBER = You are noticing warning signs of mental and emotional distress. It would be helpful to take better care of your mental and physical health, and get support from friends, family,   or mental health or other practitioner(s) to avoid a crisis.

You can use this system to monitor and manage your daily ups and downs in life:

1. Use the **Daily Recording Chart** to keep track of your ups and downs

2. List your:

- **Triggers**
- **Warning signs**
- **Things you can do** to remain well

Tip: As you fill out your Daily Recording Chart, try to observe what happened just before your mood went up or down to better understand what tends to trigger changes in your mood.

3. Use the information you wrote on the 'things you do to remain well' to stay at the **GREEN** level, and to go back to **GREEN** when you reach **AMBER** on the Daily Recording Chart.

My triggers

To manage your ups and downs the first thing to do is to identify your triggers. Triggers are things that happen – external events or circumstances – that may cause you to feel anxious, scared, miserable or discouraged. The table below shows some examples of common triggers, and actions to be taken to stay well when those triggers occur.

Triggers	Actions that can be taken to remain well

In the box below, write down your triggers and the actions you can take in response to those triggers to stay well.

Triggers	What I can do to remain well when the triggers happen

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My warning signs of a crisis

Warning signs of a crisis are changes in your feelings, thoughts or behaviour that suggest a crisis may develop. Warning signs are important because if you recognise them and take action early you may be able to prevent a crisis from occurring. List your warning signs in the box below. Please remember that this is not an inclusive list.

Examples of common warning signs:

- Feeling anxious or fearful
- Feeling depressed
- Not sleeping enough or waking up early
- Sleeping too much
- Experiencing distressing thoughts
- Things you usually do easily are more difficult to do
- Getting into arguments with other people
- Nervousness
- Feeling unable to trust those closest to you
- Feeling unable to carry on with your day-to-day activities
- Over-reacting or responding irrationally to ordinary events or things people do
- Having unusual experiences that others do not seem to share – like hearing or seeing things or feeling you are being controlled by persons or forces external to yourself
- Racing thoughts
- Feeling a lot of fear or hopelessness
- Feeling like you are not in control

My warning signs	Actions I can take when I experience warning signs

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You can make copies of this **daily mood recording chart**. It is also helpful to write down any **events** that triggered a change in mood either for the good or not so good, to help better understand your triggers so you can better manage them and to reinforce the use of your recovery skills.

Daily Recording Chart

Month: January

Year: 2016

☺	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Notes: (Any events that triggered a change in my mood)

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Part 4. My plan for when I am having a crisis (Advance Planning)

Although recovery plans encourage people to take actions when they experience high levels of distress in order to avoid crises, there may be times when crises do occur, times when despite a person's best efforts, things continue to get worse.

Plan for when you are having an emotional or mental health crisis – Advance Planning

It is helpful to have in writing your preferences for treatment and types of support you would like to receive from people, as well as information about the treatment, support and services that you are receiving. This is so that your support person and others around you can best help you when you are experiencing an emotional or mental health crisis. This is also a time to write down specifically, what you do NOT want with regards to supports and services.

It is often difficult to coordinate help in the most personalised way while you are in the midst of a mental health crisis, so it is recommended that you plan ahead by filling out this document in case you experience a crisis in the future.

By filling out this document you will be able to provide directions and information on when, how, where and from whom you would like to receive support and care.

A document like this is often referred to as Advance Statement, Advance Directives, or Advance Planning, among many others. Here we will call it an Advance Planning document.

> **NOTE:**
>
> In some countries with specific mental health laws, a document like this can be legally binding on healthcare providers.
>
> For more information on the mental health legislation in your country, you can refer to the legislation section of the WHO MiNDbank:
>
> http://www.mindbank.info/

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About me – When I am feeling well

People who know you well will know what you are like, but when you are experiencing a crisis you may see mental health or other practitioners who do not know you. If you write down what you are like when you are feeling well, they are then in a better position to know you and less likely to misunderstand you.

For example, some people are naturally introverted and quiet, but to someone who does not know them may misinterpret this as depression. In contrast, some people are naturally highly active, imaginative and adventurous, but to someone who does not know them well may misinterpret this as symptoms of bipolar disorder.

These types of misunderstandings can result in recommendations for treatment, care and support that does not meet your needs, continuing to recommend care that you do not need, or making decisions for you. Therefore, it can be helpful to describe here what you are like when you are feeling well in general.

What I am like when I am feeling well

About me – When I am experiencing a crisis

This section of your *plan* can be difficult to do and it can take some time. You need to describe the signs that might indicate that you would like to be offered more support. This is so others support you in keeping safe and in making decisions.

You have already listed the things which indicate that things are not going so well and a crisis is looming on Part 3 *Managing my Ups and Downs of this Recovery Plan*. It might be helpful to look back at this and ask yourself 'What happens next? What am I like when I am experiencing a crisis?"

It can often be helpful to ask your supporters, family, peers, mental health or other practitioners or friends what they notice about you when you are experiencing a crisis.

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Remember, you should write down what others might notice because other people will also be using this plan to support you. For example, 'I neglect my personal hygiene', 'I think I am someone I am not', and 'I don't get out of bed at all'. You should try to be as specific as possible so people know exactly what to look for.

It is very important to continue updating this document as you grow and learn as a person, as your needs and the way you respond to situations also change.

Signs that show I am in crisis and would like others to support me in my care, keep me safe and help me make decisions.

My supporters

In the box below, you can write down 1) who your supporters are and 2) your preferred contact person(s) in times of emergency. Your supporters can be your family members, peers, friends, or other people you trust like neighbours or members of your faith in your community.

It is also important to discuss in advance with the supporters you list here, whether they are willing to help in times of crisis.

1. **Contact person in times or emergency/crisis**

Person(s) to be contacted in emergency		
Name	Their connection to me	Telephone and/or email

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2. My supporters

Name	Their Connection to Me (e.g. friend, relative, social worker)	Telephone and/or Email

People I do not want involved in my care

It's important to have supporters, but it is also important to consider people you would like to avoid when experiencing a crisis.

People I do not want to be involved if I am experiencing a crisis:	
Name (relation)	**Reason why I do not want them involved (optional):**

How my supporters can help me

When you are experiencing a crisis, there may be several things that need to be taken care of, such as requesting leave from work, feeding your pets, looking after bills, telling others that you are feeling unwell, cancelling appointments, etc. In the box below, list the persons that can help you with specific tasks when you are unwell.

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Things I want my supporters to take care of when I am in crisis:	
Name	**What I would like this person to take care of while I am in crisis**

What people can do to help when I am in a crisis

When you are experiencing a crisis, there may be some things that people do which make you feel better and other things that make you feel worse. It may be useful to think back to people who you found helpful when you were experiencing a crisis in the past – what was it that they did?

Perhaps they:

- Just spent time with you without speaking or talking about the crisis
- Stayed with me when was feeling scared or alone
- Gave you a chance to talk about your concerns without judging you
- Encouraged you to do things, like go for a walk, get dressed or eat a meal
- Offered to do things with you
- Comforted you when you were feeling very upset
- Kept you safe
- Arranged for you to listen to your favourite music, watch your favourite TV show or film
- Talked to me about normal everyday things like we usually would, which helped me feel secure and calm

What people can do that IS HELPFUL for me when I am experiencing a crisis (please list):

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What people may want to do that is NOT helpful

You might also say what people do that does not help and why.

For example:

- You may not find it helpful when friends try to encourage you to manage your distress by drinking alcohol.
- Or you may not find it helpful when family members tell you that you have "to try to relax" as this makes you more agitated and would prefer people just to be with you during these difficult times.
- Or you may not like when mental health or other practitioners offer you a new medication before finding out other ways that you can manage distress.

Fill out your own list below:

What I do NOT find helpful	WHY it is not helpful

Services and supports that are useful

In the box on the following page, you can list services and supports that you find useful. Such as:

1. **Services or supports that you are currently receiving** like CBT (cognitive behaviour therapy), counselling, psychotherapy and peer support groups

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2. **Services or supports that have helped when you have been in crisis in the past**, like a group therapy, mindfulness, going to the gym, anxiety management, going for a walk or having a friend stay with you

3. **Services or supports that you do not want and why you would prefer to avoid them**. For example, you might say 'ECT (electro-convulsive therapy) because of its potential negative effects', 'group therapy because it makes me feel anxious' or 'seeing my sister because we do not get along'.

4. **Services or supports to deal with family issues or other critical situations** in your social life, work, friendships, or life changes.

Services or supports that you are **currently receiving**
Services or supports that have **helped to** when you have been in crisis in the past
Services or supports that you do **NOT** want and why you would prefer to avoid them
Services or supports to deal with family issues or other critical situations

My medication

On the following page, list any information about your medication that would be helpful for your supporters and mental health and other practitioners to know when you are experiencing a crisis. This is so they can help you in the best way possible, for example, avoiding medications that were unhelpful for you in the past.

In the tables below, list which types of medication you are currently taking (including non-psychotic medication).

	Name	Telephone and/or Clinic Name & Address

My current medication (List all medications for all health problems)	
Name	Dosage (mg)

My medication preferences and allergies

In the table below, write down your medication preferences and any allergies to particular medications for everyone to be aware of.

Any medications you would prefer to take in a crisis	
Type of medication:	Reasons I would prefer to take it
Medications you will NOT take	
Type of medication:	Reasons I would prefer to take it
Medications you are ALLERGIC to	

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Where I would like to be when I am in crisis

When you are experiencing a crisis, it may be helpful to stay where help and support is available from family, friends, supporters or mental health and other practitioners until you feel well again, instead of staying by yourself. In the boxes below, list your preferences for where you would like to be when experiencing a crisis. Examples are: stay with my mother, admission to hospital, stay at home with a home treatment support team (e.g. mobile crisis unit, if available in the community), going to a respite placement, staying at home with visits to outpatient services.

First Preference
Second preference (if first preference is not possible)
Third preference (if second preference is not possible)

Sometimes you may want to go to a particular hospital or an acute setting on a voluntary basis. However there may be other places where you do not want to go. It is important to remember that this choice may not always be available.

I PREFER to go to	
Name of Hospital/Ward/service:	Why I would prefer to go there:
I prefer NOT to go to	
Name of Hospital/Ward/service:	Why I would NOT prefer to go there:

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Special Needs

On this page, list all your special and personal needs that are important for other people to know

Health conditions

Religious or cultural needs

Food and dietary needs (including food allergies)

Things I want to have with me if I am admitted to hospital (e.g. my glasses)

Things I dislike and other things people should know about me

Other special needs

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My triggers that could worsen a crisis while in care

Sometimes people can have specific triggers that might cause agitation, extreme emotionality, anxiety, and aggression while they are already experiencing emotional distress or a mental health crisis, or when they are in care.

These triggers are slightly different from the triggers you identified earlier in this document when you were building your Wellness Plan. Those triggers also cause distress, but may be less acute or intense than the triggers you may experience while in crisis.

Some examples of such crisis-related triggers are:

- People yelling around you or arguing
- Feeling like I am not being listened to
- Lack of privacy
- Darkness
- Being stared at
- Loud noises
- Being touched
- Room checks
- Feeling pressured
- Feeling lonely
- Not having control

In the box below, list some of these triggers of crisis situations that your (mental) health workers and other supporters (e.g. family, friends) should be aware of so as to best help you avoid those situations, or to help you when they occur.

My triggers I would like people to be mindful of

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If I am in danger

Sometimes during crises people can act in ways that can be harmful to themselves. It is therefore useful to include in your plan actions that others could talk to support you during those moments. In the box below write what you would like your supporters to do or not do during those moments.

If I am doing dangerous things I would like my supporters to do

If I am doing dangerous things I DO NOT WANT my supporters to

Last steps to put this advance planning document into use

Finally, it is wise to say who was involved in developing your plan, sign and date it and get it witnessed by two people (see below).

Remember to

1. Make sure your supporters and mental health or other practitioners and other supporters (like family, friends) have a copy of this Advanced Planning document so that they know it exists and what it says.
2. Keep a copy of this document for yourself so that, if you are experiencing a crisis, you can show it to people who you see. You might want to ask your care co-ordinator to get copies for you.

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About my Plan

I developed this plan on (date):

With the help of (list who helped you to develop your plan – if there was anyone):

Any plan with a more recent date on it replaces this one.

Signed (your signature):

Date:

Witnessed by:

Name   **Signature:**   **Date:**

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Part 5. My plan for moving on after I have a crisis

Continuing your journey after a crisis

Continuing your journey after a crisis can be hard. It is always difficult to re-start things that you have not done for a while. It can take a while for these challenges to disappear completely. Your confidence may have been shaken by your crisis. Because of your crisis you may not have seen people who are important to you for some time, you may feel you have upset some of your friends, relatives and others who you care about, or you may feel very thankful for the support others have provided while you were in crisis.

Whether you were in hospital during your crisis, or at home, it is sensible to start thinking about your plan for continuing your journey after a crisis as soon as you are able to.

You don't have to be feeling fully well to start taking back responsibility for doing some of the things that you enjoy and are important to you. Although, it may not always be easy, starting to get back into some sense of your usual routines can make you feel better and speed up your recovery. It is often unwise to try to start everything at once – many find it helps to go back to a normal routine gradually.

For example:

- Start off by seeing a few close friends at home and build up to going out with a wider circle of people.
- Begin going back to work by meeting up with your manager or workmates. Plan a gradual return to work and then build up your hours and duties over a period of time.

> **About this document section "Part 5. My plan for moving on after I have a crisis"**
>
> Whether you are home, at someone's place, or hospital during a crisis, it is helpful to have a plan for how to get back to your daily life and maintain wellness. This part of the recovery plan is all about planning for the few days and weeks just after a mental health crisis, so you can continue your recovery journey.

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Preparations for Going Home

<u>If you have been in hospital …</u>

Name <u>two people</u> that could help you get home safely and settle in after leaving the hospital.

1. I would like _____ to **take me home.**

2. I would like _____ to **stay with me at home or help me settle in when I return home.**

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Things I need to sort out

After a crisis, you may want to think about whether there are challenges that arose during the crisis, like financial difficulties or medical problems that need to be resolved.

In each case it may be sensible to think about the things you need to sort out as soon as possible and things that can wait until you are feeling stronger.

It can also be useful to give some thought to when you will do each thing, how you will do it and whether you want anyone to support you (e.g. receiving advice for financial difficulties; getting emotional support from friends or family as you sort out problems; transportation to certain places, etc.). You can make plans for these in the box below.

Name	What I need to do	What help I will need and from whom	When I need to do it

Establishing a routine

Getting into a regular routine as soon as possible can help you to enjoy your life again, and many routines may be quite simple.

For example:

- Getting up by a certain time and going to bed by a certain time
- Preparing and eating three healthy meals a day
- Going for a walk or getting some exercise

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- Re-connecting to my faith or spiritual group within my community

- Watching television or listening to music

- Reading a book, newspaper or magazine

- Making sure that you do something you enjoy each day – at first this might be something very simple like sitting and stroking your cat

- Meeting up with, talking to, or telephoning a friend, partner, neighbour or relative

Things to do EVERY DAY to help me enjoy my life after a crisis:			
Things to do	When I will do them		
	Morning	Afternoon	Evening
Get up at a reasonable time	☐	☐	☐
Go for a walk	☐	☐	☐
See a friend or a family member	☐	☐	☐
Eat three healthy meals per day	☐	☐	☐
Go to sleep at a reasonable time	☐	☐	☐

Things to do on SOME DAYS a week to enjoy my life after a crisis (and which days I will do them on):							
Things to do	Days I will do them on						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Clean my house	☐	☐	☐	☐	☐	☐	☐
Go to a park or public place	☐	☐	☐	☐	☐	☐	☐
See my mental health or other practitioner	☐	☐	☐	☐	☐	☐	☐
Go to a place where I can feel good (i.e. park)	☐	☐	☐	☐	☐	☐	☐
Visit a friend or a relative near my house	☐	☐	☐	☐	☐	☐	☐
Connect with my peer support group	☐	☐	☐	☐	☐	☐	☐

It can also be helpful to think about things you should avoid in order to help you remain well.

These might be things like:

- Getting over tired

- Sitting around doing nothing

- Drinking too much alcohol or taking illicit drugs

- Certain people who you find difficult

Things to **avoid** while I am recovering from my crisis:

My Timetable

Some people find it helpful to draw up a weekly timetable to get themselves back into a routine and then gradually add more things as they feel up to it.

1. The first timetable on the following page is for the first week after you had a crisis. You may specifically plan for the day you get home, and gradually build your schedule throughout the week.

2. The second timetable on the following page is for the time following the first week after a crisis as you stabilise your life and return to the daily and weekly routines and activities you planned in "Part 2 My wellness plan" of this document.

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Use these timetables to schedule activities to keep well:

Timetable for my first week after a crisis

	Day I Go Home	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Morning							
Afternoon							
Evening							

My weekly timetable for stabilising my life

	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

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What I have learned from my crisis

Experiencing a crisis is a learning opportunity. After you went through a crisis, you may have learned new things about yourself and your mental health, as well as new coping skills.

You can make changes to your recovery plan as well as the Advance Planning part of the recovery plan to reflect these new changes. You can also delete things you have previously written in the recovery plan if they are no longer meaningful to you.

What I have learned from my crisis

Section	Changes I Want to Make
Changes "**Part 2. My wellness plan**"	
Triggers	
Warning signs of a crisis	
Changes to "**Part 4. My plan for when I am having a crisis** (Advance Planning)"	

MY RECOVERY PLAN
(completed example)

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Providing recovery-oriented mental health and related services

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Acknowledgements

The contents of this document were, with permission, sourced and adapted from the following publications of the Nottinghamshire Healthcare NHS Trust:

1. **Personal Recovery Plan.** Nottinghamshire Healthcare NHS Trust. Nottingham, UK.

2. **Taking Back Control: A guide to planning your own recovery.** Nottinghamshire Healthcare NHS Trust, Nottingham, UK. 2008.

3. **Advance Statement.** Nottinghamshire Healthcare NHS Trust, Nottingham, UK. Copyright by South West London and St George's Mental Health NHS Trust 2008.

These documents draw heavily from WRAP – Wellness Recovery Action Plan® by Mary Ellen Copeland PhD Peach Press Revised 2011.

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What is recovery?

What is recovery?

Many people have shown us that it is possible to recover a meaningful, satisfying and valued life after experiencing challenges with their mental health. With the support of friends and families, people can study, work and contribute to their communities in many different ways.

- Recovery is about regaining belief in yourself and self-confidence.
- Recovery is about moving beyond being seen as your diagnosis and reclaiming a positive view of yourself.
- Recovery is about the re-awakening of hope and believing it is possible to live well.
- Recovery is about growth, accepting and moving beyond what has happened to you.
- Recovery is about developing a new sense of meaning and purpose in life.
- Recovery is about doing the things you want to do and living the life you want to lead.
- Recovery is about pursuing your ambitions.
- Recovery is about being in the driver's seat of your life.
- Recovery is about taking back control over your destiny and your life with the guidance you need to live the way you want it.[2]
- Recovery is also beneficial for every single person; it can empower all individuals, not just those within the context of mental health.

What does recovery mean to you?

People who have faced the ups and downs of recovery have found it helpful to develop a *Personal Recovery Plan*. This might include:

1. How you are going to pursue your ambitions and dreams. Decide what you want to achieve in life and how you will set about achieving it.
2. How to keep yourself well.
3. How to manage your own ups and downs. If you can identify your 'triggers' and 'warning signs' when things are not going so well, then you can work out ways to get yourself back to feeling good again.
4. What you and your supporters can do when you are having a crisis.
5. What you can do to move on after a crisis.

---

[2] Deegan, P. (1992). *Recovery, rehabilitation and the conspiracy of hope*. Keynote address at the Eight Annual Education Conference for the Mentally Ill of New York State, reproduced by the Center for Community Change, Trinity College, Burlington, Vermont.

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How to build and use a recovery plan

1. You don't have to complete the recovery plan at once; you can fill out different parts of the plan as you'd like, at your own pace.

2. You can write up the recovery plan on your own or with the help of other persons that you like and trust. These could include peers, family, friends or mental health or other practitioners. Remember, this plan is *your* plan and it is up to you what goes in it and with

It may often feel that the challenges you experience with your mental health are completely beyond your control, and it is tempting to believe that only experts can sort them out. While mental health and related practitioners have developed treatments and therapies that can be helpful, each person can become the real expert in their own self-care.

My supporters and how they can help

It can be helpful for people to identify others that could support them to develop a recovery plan and more generally to support them in different moments of their life.

A supporter can be a relative, friend, peer supporter or any other trusted person who would be willing to support you including during times of crisis. A person might decide that they don't want support, or would like support only in specific circumstances. Also a person can have more than one supporter if they choose.

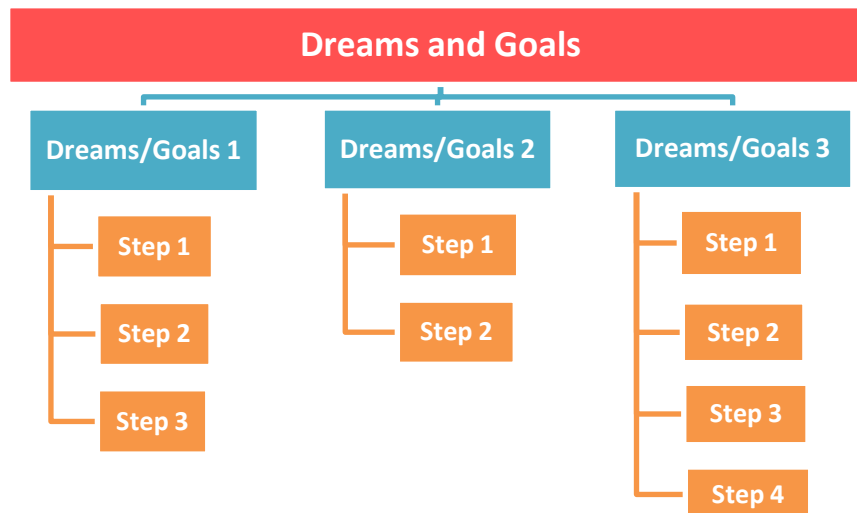| Name	Telephone	How he/she can help
Mary, my peer supporter		Talk about how I am feeling and to remind me that there are things that are good in my life; help me through different options for moving forward
Tom, my best friend		Go for a walk and share my fears and dreams. To also reminisce about good times together
Phil, my neighbour		He always makes me laugh and feel better. He is also very friendly with me
Caren, my teacher		She makes me feel grounded and understands me very well. She is very kind and sensitive
In an **emergency**, I can call: Mary		

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Recovery is about making the most of your skills and abilities, when building the life you want to live.

If you have a psychosocial disability or you have received a psychiatric diagnosis it can be very easy to focus only on the diagnosis and lose sight of your skills, assets, strengths, interests and capabilities. A very important part of your recovery plan is therefore, to brainstorm how you will use your assets and strengths, and the possibilities open to you, to make positive changes in your life.

Throughout this appendix, tables and examples have been completed and provided in order to show how this could be completed. Please note it is perfectly fine not to have as many answers in your recovery plan compared to this completed recovery plan. It is to merely help you think of some examples and ideas.

In this part of your recovery plan, you will identify the dreams and goals you want to achieve. Dreams and goals can be what you want to achieve in the near or far future, such as becoming a musician, running a marathon, becoming a teacher, or traveling. Dreams and goals can also be about specific things you want to achieve, such as getting a part-time or full-time job, volunteering at the animal shelter, finding a friend to share hobbies with, or finishing a book you always wanted to read. Each goal can then be broken down into steps, which are in essence smaller goals you can tackle one at a time. See below for a visual illustration of this process.

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Below is an example:

Dreams and Goals: To run a marathon; to become a musician

Dreams/Goals 1: To run a marathon	**Dreams/Goals 2:** To become a musician
Get medical check-up	Find and enroll in music classes
Get fit by walking and jogging	Get an instrument
Make a training plan and carry out	Practice regularly
Run a half-marathon	Perform in front of family and friends

The first step is to think about your dreams and goals. In the box below, write or draw your dreams and goals.

My dream(s) and goals

Get a full-time job

Take time in my life to do things I enjoy (i.e. go to the movies or go for a walk)

Reconnect with my family and friends

Set-up my own local band

To run a marathon

Of these goals, *pick ONE dream or goal* you want to achieve now, and go to the next page

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Tips to help you identify your dreams and goals:

- Think about what is important to you – e.g. career, education, being part of a group or community, helping others, or religious/political beliefs
- Think back to a time when you have enjoyed different activities or experiences
- Think about things that you wanted to do in your life
- Think about what gives you joy – what is your passion?
- Look at magazines, newspapers, or internet, or talk to friends, relatives and/or your mental health and other practitioners to get ideas

Choose a smaller dream/goal to start off with and break the dream/goal down to smaller steps

The DREAM/GOAL I want to work on first is:
To run a marathon
How long it might take to achieve this dream/goal:
6months - 1 year
Possible STEPS to take to achieve this dream/goal – write down *freely* as ideas come to your mind, you will pick specific steps in the next page:
Get medical check-up
Get fit by walking and then start jogging
Make training plan and carry it out
Sign up to a local marathon
Complete the marathon

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Among the steps you listed on the prior page, select the ones that are most relevant and doable for you to achieve your dream/goal and list them in the box below.

The STEPS I will need to take to achieve my dream/goal:

Step	
Get medical check-up	√
Get fit by walking and then start jogging	√
Make training plan and carry it out	
Sign up to a local marathon	
Complete the marathon	

To plan for the STEPS for your other dreams/goals, make photocopies of the blank pages provided in Appendix 3. My Recovery Plan – Blank Template, and fill them out to keep you on track.

In the space below, you can take notes to gather any information or support you may need to carry out the STEPS you outlined. For instance if you wished to find out more about signing up to a local marathon, you might get this information from the council.

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<table>
<tr><td colspan="2">**Information I will need to complete these STEPS and where I will get it from:**</td></tr>
<tr><td>**Information I will need:**</td><td>**Where I will get the information:**</td></tr>
<tr><td>1. Decide which marathon to run</td><td>Think about races I have completed in the past or ones that I would enjoy</td></tr>
<tr><td>2. Find where I can train</td><td>Local gym</td></tr>
<tr><td>3. Who is available to train with me</td><td>Internet and local gym</td></tr>
<tr><td>**Support or help I will need:**</td><td>**Who I will get support from:**</td></tr>
<tr><td>1. Arranging a time to train</td><td>Family and trainer/ running group</td></tr>
<tr><td>2. Someone to drive me to the race</td><td>Friend (Joe)</td></tr>
</table>

In the table below there is an opportunity to list your own personal assets and strengths. This is an opportunity to reflect on the tools that can help you achieve your dreams and aspirations.

If you are having trouble thinking about your personal assets and strengths, think back to when you have achieved other goals in the past and the skills you used to successfully achieve these.

My personal strengths that will help me achieve my dreams
I am a very determined person that is not afraid of hard work
I have overcome many challenges in the past
I am a quick learner
My relationship with my family gives me great strength
I have an outgoing personality
I enjoy new experiences
I thrive off meeting new people

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Part 2. My wellness plan

When you have received a diagnosis– or experienced other life-changing events, it is easy to lose a sense of who you are. You are many things other than your diagnosis, such as *friend, art lover, student, football supporter or parent.*

Many people find that a key to their recovery is remembering they are more than a diagnosis or set of problems (i.e. not defining oneself as "I'm bipolar" or "I'm schizophrenic").

Some find it helpful to think about who they really are and what they are usually like when they are feeling well. You can think about these aspects of yourself by circling those things listed in the box below that best describe you. You can add other words using the blank spaces provided.

What I am like **when I am feeling well:**

(Sociable)	Outgoing	Impulsive	Confident
A loner	Talkative	Quiet	Enthusiastic
(Cautious)	(Introverted)	Energetic	Opinionated
Athletic	Extroverted	A fast learner	(Optimistic)
Happy	Thoughtful	Pessimistic	Industrious
Encouraging	Responsible	(Supportive)	(Curious)
(Adventurous)	Serious	Easy going	Outspoken
Hard working	_____	_____	_____
(_Humorous_)	_____	_____	_____
(_Playful___)	_____	_____	_____

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Routines to remain well

Having a regular routine and things to do can be helpful to maintain wellness. These can balance your life and give you a structure to build on. Think about the day-to-day things you need to do to remain well. These may be things that you are already doing or things that you want to do because they would make you feel better.

Most routines are quite simple, for example things like:

- Preparing and eating healthy meals at regular times
- Going for a walk and enjoying nature
- Working in a garden
- Going to work or college
- Reading a book, newspaper or magazine
- Playing with your pets
- Meeting up with friends or relatives
- Talking to, or telephoning a friend, a peer, partner, neighbour or relative
- Doing something creative like painting or drawing
- Practicing mindfulness and/or meditation
- Writing down your thoughts and feelings in a daily diary
- Checking in with yourself to see how you are doing physically, emotionally and spiritually
- Getting enough sleep (going to bed at a reasonable and consistent time)

In the following boxes, you can select and list things you can do EVERYDAY and SOME DAYS throughout the week to remain well.

In the box below, write down things you can do EVERYDAY to remain well.

Things to do EVERYDAY to remain well
Wake up at a reasonable time on the weekdays
Read a book for 30 minutes
Go for a walk around my neighbourhood at least once a week
Talk to at least one friend or family member per day
Make time to be by myself
Making myself three healthy meals a day
Do something I enjoy, for example playing with my dog
Do something spiritual, something that makes me feel at peace with myself & others

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In the box below, write down things you can do WEEKLY or on SOME DAYS OF THE WEEK to remain well.

Things to do WEEKLY OR on SOME DAYS to remain well
Go grocery shopping
Make a list of accomplishments for the past week
Clean the house
Meeting with a peer supporter, mental health or other practitioner
Go to the park with my dog
Go to a place where I can get in touch with my spiritual-self and can find peace
Do something to help others (for example volunteer at the local school fete or hospice)
Talk to someone who I feel comfortable with about the things that make me feel stressed or anxious

Things to AVOID to remain well

It can also be helpful to think about things you should avoid in order to help you remain well.

These might be things like:

- Not getting enough sleep
- Sitting around doing nothing
- Having too much caffeine either through coffee, tea or soft drinks
- Drinking too much alcohol or taking illicit drugs
- Smoking cigarettes
- Meeting with people who you find difficult to get on with
- Anything else that you find unsettles or worries you

In the box below, list the things you need to avoid in order to remain well.

Things to do AVOID to remain well
Do not drink more than one cup of coffee per day
Do not stay up past 10pm on a weeknight
Do not drink more than 2 glasses of alcohol a day

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Here you can place the things 'you do to remain' well into this schedule to create a wellness timetable. You can make changes to the schedule as you go as you learn what works best for you.

MY WEEKLY SCHEDULE for KEEPING WELL

	Mon	**Tues**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**
Morning	• Wake up at a reasonable time • Go to the Gym • Get a coffee with friends	• Wake up at a reasonable time • Volunteer work at local hospice	• Wake up at a reasonable time • Complete laundry and cleaning	• Wake up at a reasonable time • Meet with peer supporter for coffee	• Wake up at a reasonable time • Volunteer work at local hospice	• Sleep in and have breakfast in bed • Read the weekend papers • Take a bath	• Wake up at a reasonable time • Read the Sunday papers • Brunch with family
Afternoon	• Take a walk • Talk to a friend or family • Go grocery shopping	• Volunteer work at local hospice	• Go out for lunch with my brother • Go for a bike ride by the sea with my best friend	• Peer support group • Talk to a friend or family	• Volunteer work at local school fete	• Exercise class with a friend. • Clean the house	• Make a list of accomplishments for the past week • Make a list of goals for the coming week
Evening	• Spend time by myself • Read before bed	• Go to the movies with friends	• Recovery college in the evening.	• Watch my favourite TV show box-set.	• Grocery shopping • Meet friends for dinner	• Language class • Date night	• Spend time by myself • Relax and watch some TV

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Part 3. My plan for managing ups and downs

Another component of the recovery plan is planning on how to manage ups and downs in life. For this, it can be useful to use a simple traffic light system to easily keep track of one's mood.

The green-amber traffic light system

When you are trying to work out your ups and downs in life, it can be helpful to use the following traffic light system to easily keep track. See below for what each colour indicates.

GREEN = You are feeling well. You may experience triggers of stress from time to time that can be managed with coping and problem-solving skills.

AMBER = You are noticing warning signs of mental and emotional distress. It would be helpful to take better care of your mental and physical health, and get support from friends, family,   or mental health or other practitioner(s) to avoid a crisis.

You can use this system to monitor and manage your daily ups and downs in life:

1. Use the **Daily Recording Chart** to keep track of your ups and downs

2. List your:

- **Triggers**
- **Warning signs**
- **Things you can do** to remain well

Tip: As you fill out your Daily Recording Chart, try to observe what happened just before your mood went up or down to better understand what tends to trigger changes in your mood.

3. Use the information you wrote on the 'things you do to remain well' to stay at the **GREEN** level, and to go back to **GREEN** when you reach **AMBER** on the Daily Recording Chart.

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My triggers

To manage your ups and downs the first thing to do is to identify your triggers. Triggers are things that happen – external events or circumstances – that may cause you to feel anxious, scared, miserable or discouraged. The table below shows some examples of common triggers, and actions to be taken to stay well when those triggers occur.

Triggers	Actions that can be taken to remain well
Moving to a new apartment	Talk to someone you trust about the way you are feeling (e.g. a friend, family member, peer or mental health or other practitioner)
High work load at your job	Take some time out from activities you find stressful
Not being able to sleep	Do something relaxing before bedtime (e.g. have a cup of tea or read a book)
End of a relationship	Do something that will distract you (e.g. seeing friends, watching movies, playing computer games, doing housework , going for a walk)
Being harassed or teased	Talk to the person who has upset you and try to sort things out. Or, talk to someone else to express how you are feeling
Financial problems	Talk to family members, friends or the bank to find ways to solve the financial problems

In the box below, write down your triggers and the actions you can take in response to those triggers to stay well.

Triggers	What I can do to remain well when the triggers happen
Not being listened to	Write down how I feel and then talk to the person who was not listening or someone I trust for support and encouragement
Noise from the neighbours	Do something to distract me, e.g. watch TV, listen to music
Rainy, cloudy weather	Go to the local museum, have my favourite hot drink, cook my favourite dish, watch a movie

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My warning signs of a crisis

Warning signs of a crisis are changes in your feelings, thoughts or behaviour that suggest a crisis may develop. Warning signs are important because if you recognise them and take action early you may be able to prevent a crisis from occurring. List your warning signs in the box below. Please remember that this is not an inclusive list.

Examples of common warning signs:

- Feeling anxious or fearful
- Feeling depressed
- Not sleeping enough or waking up early
- Sleeping too much
- Experiencing distressing thoughts
- Things you usually do easily are more difficult to do
- Getting into arguments with other people
- Nervousness
- Feeling unable to trust those closest to you
- Feeling unable to carry on with your day-to-day activities
- Over-reacting or responding irrationally to ordinary events or things people do
- Having unusual experiences that others do not seem to share – like hearing or seeing things or feeling you are being controlled by persons or forces external to yourself
- Racing thoughts
- Feeling a lot of fear or hopelessness
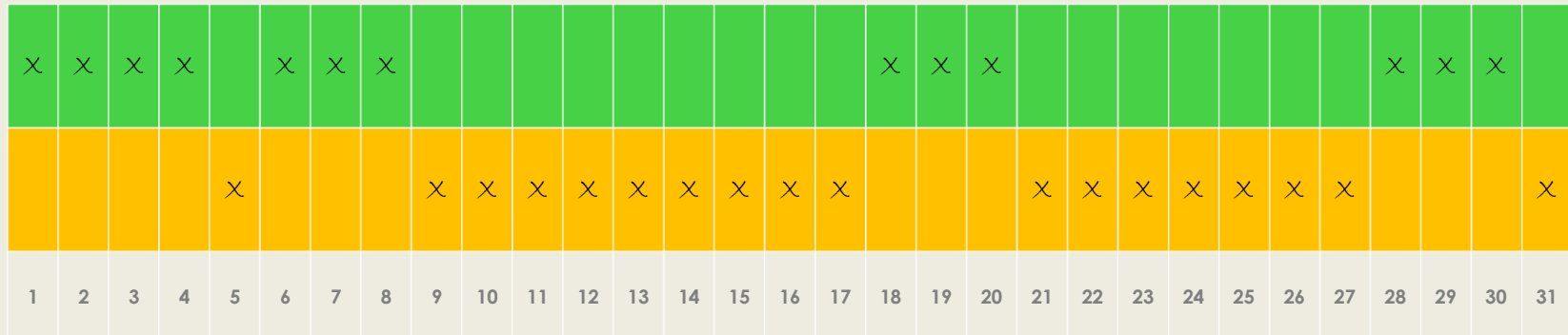- Feeling like you are not in control

My warning signs	Actions I can take when I experience warning signs
Feeling anxious and irritable	Try to get back to my regular routine
Seeing everything negatively	Focus on activities I enjoy
Shallow breathing	Spend time with my supporters
Feeling sad or down	Discuss with supporters
Getting irritable with other people	Meditation or other calming activities
Feeling controlled by voices	Spend time at a friend's place
Not sleeping or eating for two days	Have a friend spend time at my place
Withdrawing from family or friends	

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You can make copies of this **daily mood recording chart**. It is also helpful to write down any **events** that triggered a change in mood either for the good or not so good, to help better understand your triggers so you can better manage them and to reinforce the use of your recovery skills.

Daily Recording Chart

Month: January   Year: 2016

☺	x	x	x	x		x	x	x										x	x	x								x	x	x	
😐					x				x	x	x	x	x	x	x	x					x	x	x	x	x	x	x				x
DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Notes: (Any events that triggered a change in my mood)

I moved to a different house on January 12th

Part 4. My plan for when I am having a crisis (Advance Planning)

Although recovery plans encourage people to take actions when they experience high levels of distress in order to avoid crises, there may be times when crises do occur, times when despite a person's best efforts, things continue to get worse.

Plan for when you are having an emotional or mental health crisis – Advance Planning

It is helpful to have in writing your preferences for treatment and types of support you would like to receive from people, as well as information about the treatment, support and services that you are receiving. This is so that your support person and others around you can best help you when you are experiencing an emotional or mental health crisis. This is also a time to write down specifically, what you do NOT want with regards to supports and services.

It is often difficult to coordinate help in the most personalised way while you are in the midst of a mental health crisis, so it is recommended that you plan ahead by filling out this document in case you experience a crisis in the future.

By filling out this document you will be able to provide directions and information on when, how, where and from whom you would like to receive support and care.

A document like this is often referred to as Advance Statement, Advance Directives, or Advance Planning, among many others. Here we will call it an Advance Planning document.

> **NOTE:**
>
> In some countries with specific mental health laws, a document like this can be legally binding on healthcare providers.
>
> For more information on the mental health legislation in your country, you can refer to the legislation section of the WHO MiNDbank:
> http://www.mindbank.info/

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About me – When I am feeling well

People who know you well will know what you are like, but when you are experiencing a crisis you may see mental health or other practitioners who do not know you. If you write down what you are like when you are feeling well, they are then in a better position to know you and less likely to misunderstand you.

For example, some people are naturally introverted and quiet, but to someone who does not know them may misinterpret this as depression. In contrast, some people are naturally highly active, imaginative and adventurous, but to someone who does not know them well may misinterpret this as symptoms of bipolar disorder.

These types of misunderstandings can result in recommendations for treatment, care and support that does not meet your needs, continuing to recommend care that you do not need, or making decisions for you. Therefore, it can be helpful to describe here what you are like when you are feeling well in general.

What I am like when I am feeling well
Naturally introverted and relatively quiet
Relaxed and good-natured
Get along well with others but do not often seek them out
Like to read and make art
I don't often say how I'm feeling, but am generally willing to talk about it with one person at a time
I enjoy going out with my friends

About me – When I am experiencing a crisis

This section of your *plan* can be difficult to do and it can take some time. You need to describe the signs that might indicate that you would like to be offered more support. This is so others support you in keeping safe and in making decisions.

You have already listed the things which indicate that things are not going so well and a crisis is looming on Part 3 *Managing my Ups and Downs of this Recovery Plan*. It might be helpful to look back at this and ask yourself 'What happens next? What am I like when I am experiencing a crisis?"

It can often be helpful to ask your supporters, family, peers, mental health or other practitioners or friends what they notice about you when you are experiencing a crisis.

Remember, you should write down what others might notice because other people will also be using this plan to support you. For example, 'I neglect my personal hygiene', 'I think I am someone I am

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not', and 'I don't get out of bed at all'. You should try to be as specific as possible so people know exactly what to look for.

It is very important to continue updating this document as you grow and learn as a person, as your needs and the way you respond to situations also change.

Signs that show I am in crisis and would like others to support me in my care, keep me safe and help me make decisions.
I get irritable with people
I stay indoors more and stay by myself
I talk to myself in an irritable way
I start to say and act differently from how I would usually act

My supporters

In the box below, you can write down 1) who your supporters are and 2) your preferred contact person(s) in times of emergency. Your supporters can be your family members, peers, friends, or other people you trust like neighbours or members of your faith in your community.

It is also important to discuss in advance with the supporters you list here, whether they are willing to help in times of crisis.

1. **Contact person in times or emergency/crisis**

Person(s) to be contacted in emergency		
Name	**Their connection to me**	**Telephone and/or email**
John	Brother	

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2. My supporters

Name	Their Connection to Me (e.g. friend, relative, social worker)	Telephone and/or Email
John	Brother	
Mark	Social worker	
Ismael	Peer Supporter	
Susan	Friend	

People I do not want involved in my care

It's important to have supporters, but it is also important to consider people you would like to avoid when experiencing a crisis.

People I do not want to be involved if I am experiencing a crisis:	
Name (relation)	**Reason why I do not want them involved (optional):**
Ivan (Friend)	I feel judged by Ivan
Ben (Older Brother)	He blames me for everything that has happened to me, and does not have the patience to help me when I am feeling sad or down
Cynthia (My old Doctor)	She always wants to take me to the hospital and I do not like it. They don't treat me right and it makes me feel even worse
Emily (My neighbour)	I do not trust her as she always talks about everyone in the neighbourhood

How my supporters can help me

When you are experiencing a crisis, there may be several things that need to be taken care of, such as requesting leave from work, feeding your pets, looking after bills, telling others that you are feeling unwell, cancelling appointments, etc. In the box below, list the persons that can help you with specific tasks when you are unwell.

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Things I want my supporters to take care of when I am in crisis:	
Name	**What I would like this person to take care of while I am in crisis**
John (brother)	Tell my peer support group that I am experiencing a crisis Help with paining bills Take my dog for walks
Ismael (peer supporter)	Reassure my family and tell them I am going to be alright Notify my employer that I am unwell Support me to work through my plan for when I am in a crisis

What people can do to help when I am in a crisis

When you are experiencing a crisis, there may be some things that people do which make you feel better and other things that make you feel worse. It may be useful to think back to people who you found helpful when you were experiencing a crisis in the past – what was it that they did?

Perhaps they:

- Just spent time with you without speaking or talking about the crisis
- Stayed with me when was feeling scared or alone
- Gave you a chance to talk about your concerns without judging you
- Encouraged you to do things, like go for a walk, get dressed or eat a meal
- Offered to do things with you
- Comforted you when you were feeling very upset
- Kept you safe
- Arranged for you to listen to your favourite music, watch your favourite TV show or film
- Talked to me about normal everyday things like we usually would, which helped me feel secure and calm

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What people can do that IS HELPFUL for me when I am experiencing a crisis (please list):
Listen to me talk about why I am upset
Avoid telling me to calm down or give me advice
Keep me safe from doing dangerous things (such as hurting myself)
Not to tell me what I am seeing or hearing is wrong because for me in these moments, everything that I see or hear is real
Do not over-protect me because it doesn't help. When you over-protect me, this often hinders my recovery because then I am not living in the 'real' world
Not to treat me like a child because I am not. I am an adult who can make mistakes like anybody else

What people may want to do that is NOT helpful list

You might also say what people do that does not help and why.

For example:

- You may not find it helpful when friends try to encourage you to manage your distress by drinking alcohol.
- Or you may not find it helpful when family members tell you that you have "to try to relax" as this makes you more agitated and would prefer people just to be with you during these difficult times.
- Or you may not like when mental health or other practitioners offer you a new medication before finding out other ways that you can manage distress.

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Fill out your own list below:

What I do NOT find helpful	WHY it is not helpful
Shouting	Makes me more anxious and scared
Telling me to calm down	Does not help me feel calm, makes it worse
People deciding how to handle the situation without asking me	I know myself best and want to feel respected and listened to
People telling me I am wrong or telling me that what I am saying or seeing isn't real	For me everything I see or hear is real and telling me it is wrong makes me upset
Making important decisions without asking me or considering my opinion first	It is very frustrating when people don't let me make my own decisions

Services and supports that are useful

In the box below, you can list services and supports that you find useful. Such as:

1. **Services or supports that you are currently receiving** like CBT (cognitive behaviour therapy), counselling, psychotherapy and peer support groups

2. **Services or supports that have helped when you have been in crisis in the past**, like a group therapy, mindfulness, going to the gym, anxiety management, going for a walk or having a friend stay with you

3. **Services or supports that you do not want and why you would prefer to avoid them**. For example, you might say 'ECT (electro-convulsive therapy) because of its potential negative effects', 'group therapy because it makes me feel anxious' or 'seeing my sister because we do not get along'.

4. **Services or supports to deal with family issues or other critical situations** in your social life, work, friendships, or life changes.

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Services or supports that you are currently receiving
Weekly individual psychotherapy

Services or supports that have helped to when you have been in crisis in the past
Exercising everyday

More frequent individual psychotherapy sessions

Having my brother stay with me at home for a week |

Services or supports that you do NOT want and why you would prefer to avoid them
Group therapy because it makes me anxious to talk about my thoughts or feelings in front of others

ECT because my memory was badly affected |

Services or supports to deal with family issues or other critical situations
Having frequent contact with my peer supporter

My medication

On this page, list any information about your medication that would be helpful for your supporters and mental health and other practitioners to know when you are experiencing a crisis. This is so they can help you in the best way possible, for example, avoiding medications that were unhelpful for you in the past.

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In the tables below, list which types of medication you are currently taking (including non-psychotic medication).

	Name	Telephone and/or Clinic Name & Address
My Primary Care Physician/GP	Vikram L.	

My current medication (List all medications for all health problems)	
Name	**Dosage (mg)**
Medication 1	5 drops at night
Medication 2	50mg once per month
Medication 3	2mg per day

My medication preferences and allergies

In the table below, write down your medication preferences and any allergies to particular medications for everyone to be aware of.

Any medications you would prefer to take in a crisis	
Type of medication:	**Reasons I would prefer to take it**
Med X	It helps me during crisis situations
Medications you will NOT take	
Type of medication:	**Reasons I would prefer to take it**
Med X	It makes me too sleepy and inactive
Medications you are ALLERGIC to	
Med X	

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Where I would like to be when I am in crisis

When you are experiencing a crisis, it may be helpful to stay where help and support is available from family, friends, supporters or mental health and other practitioners until you feel well again, instead of staying by yourself. In the boxes below, list your preferences for where you would like to be when experiencing a crisis. Examples are: stay with my mother, admission to hospital, stay at home with a home treatment support team (e.g. mobile crisis unit, if available in the community), going to a respite placement, staying at home with visits to outpatient services.

First Preference
With my brother
Second preference (if first preference is not possible)
With my mother
Third preference (if second preference is not possible)
At the hospital

Sometimes you may want to go to a particular hospital or an acute setting on a voluntary basis. However there may be other places where you do not want to go. It is important to remember that this choice may not always be available.

I PREFER to go to	
Name of Hospital/Ward/service: Crisis residential unit	Why I would prefer to go there: The staff know me and are friendly
I prefer NOT to go to	
Name of Hospital/Ward: The female unit at the local Hospital	Why I would NOT prefer to go there: The staff are not friendly and staff use coercive practices a lot

Special Needs

On this page, list all your special and personal needs that are important for other people to know

Health conditions
Diabetes
No sugar in my food; regular insulin injections
Religious or cultural needs
I do not eat pork
I go to religious services once a week
Food and dietary needs (including food allergies)
I am allergic to shellfish
Things I want to have with me if I am admitted to hospital (e.g. my glasses)
Photos of my children
Things I dislike and other things people should know about me
When people get too close to me I feel irritable and anxious, so please keep a distance (about 1 meter) when talking to me
Other special needs
None

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My triggers that could worsen a crisis while in care

Sometimes people can have specific triggers that might cause agitation, extreme emotionality, anxiety, and aggression while they are already experiencing emotional distress or a mental health crisis, or when they are in care.

These triggers are slightly different from the triggers you identified earlier in this document when you were building your Wellness Plan. Those triggers also cause distress, but may be less acute or intense than the triggers you may experience while in crisis.

Some examples of such crisis-related triggers are:

- People yelling around you or arguing
- Feeling like I am not being listened to
- Lack of privacy
- Darkness
- Being stared at
- Loud noises
- Being touched
- Room checks
- Feeling pressured
- Feeling lonely
- Not having control

In the box below, list some of these triggers of crisis situations that your (mental) health workers and other supporters (e.g. family, friends) should be aware of so as to best help you avoid those situations, or to help you when they occur.

My triggers I would like people to be mindful of
Shouting
Pushing
Getting too close to me
Being touched
Being talked down to

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If I am in danger

Sometimes during crises people can act in ways that can be harmful to themselves. It is therefore useful to include in your plan actions that others could talk to support you during those moments. In the box below write what you would like your supporters to do or not do during those moments.

If I am doing dangerous things I would like my supporters to do
• Remove anything dangerous around me
• Dedicate significant time to listening
• Talk to me gently
• Contact my brother who I trust
• Gently letting me know that what I am doing is not what I usually do because when I am not feeling well I sometimes do dangerous things, Tell my friends, family and anyone else I interact with to be aware of the changes in my behaviour and to remain calm around me
• Not having too much noise or activity around me Being sensitive and patient with me

If I am doing dangerous things I DO NOT WANT my supporters to
• Yell at me, or patronise me
• Admit me to hospital
• Threaten me

Last steps to put this advance planning document into use

Finally, it is wise to say who was involved in developing your plan, sign and date it and get it witnessed by two people (see below).

Remember to

1.   Make sure your supporters and mental health or other practitioners and other supporters (like family, friends) have a copy of this Advanced Planning document so that they know it exists and what it says.

2.   Keep a copy of this document for yourself so that, if you are experiencing a crisis, you can show it to people who you see. You might want to ask your care co-ordinator to get copies for you.

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About my Plan

I developed this plan on (date):

25 January 2016

With the help of (list who helped you to develop your plan – if there was anyone):

My mental health peer supporter, Jim Reeves

Any plan with a more recent date on it replaces this one.

Signed (your signature):   **Date:**

Witnessed by:

Name	Signature	Date
Jon Smith		25-01-2016
Jim Reeves		25-01-2016
Sarah Blanch		25-01-2016

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Continuing your journey after a crisis

Continuing your journey after a crisis can be hard. It is always difficult to re-start things that you have not done for a while. It can take a while for these challenges to disappear completely. Your confidence may have been shaken by your crisis. Because of your crisis you may not have seen people who are important to you for some time, you may feel you have upset some of your friends, relatives and others who you care about, or you may feel very thankful for the support others have provided while you were in crisis.

Whether you were in hospital during your crisis, or at home, it is sensible to start thinking about your plan for continuing your journey after a crisis as soon as you are able to.

You don't have to be feeling fully well to start taking back responsibility for doing some of the things that you enjoy and are important to you. Although, it may not always be easy, starting to get back into some sense of your usual routines can make you feel better and speed up your recovery. It is often unwise to try to start everything at once – many find it helps to go back to a normal routine gradually.

For example:

- Start off by seeing a few close friends at home and build up to going out with a wider circle of people.
- Begin going back to work by meeting up with your manager or workmates. Plan a gradual return to work and then build up your hours and duties over a period of time.

> **About this document section "Part 5. My plan for moving on after I have a crisis"**
>
> Whether you are home, at someone's place, or hospital during a crisis, it is helpful to have a plan for how to get back to your daily life and maintain wellness. This part of the recovery plan is all about planning for the few days and weeks just after a mental health crisis, so you can continue your recovery journey.
>
> This might be the first Part of your Recovery Plan that you fill out if, for example, you are just

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Preparations for Going Home

<u>If you have been in hospital…</u>

Name <u>two people</u> that could help you get home safely and settle in after leaving the hospital.

1. I would like __Martua T___ or ____Sam H.____ to **take me home.**

2. I would like ____my brother____or ___Owen F.____ to **stay with me at home or help me settle in when I return home.**

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Things I need to sort out

After a crisis, you may want to think about whether there are challenges that arose during the crisis, like financial difficulties or medical problems that need to be resolved.

In each case it may be sensible to think about the things you need to sort out as soon as possible and things that can wait until you are feeling stronger.

It can also be useful to give some thought to when you will do each thing, how you will do it and whether you want anyone to support you (e.g. receiving advice for financial difficulties; getting emotional support from friends or family as you sort out problems; transportation to certain places, etc.). You can make plans for these in the box below.

Name	What I need to do	What help I will need and from whom	When I need to do it
John	Contact my landlord regarding payment of rent	Assistance with discussing financial payments, will get help from my friend Joe	Today
Ashley	Write to my thesis supervisor to explain why I was not able to complete my course assignments on time	Support from my peer supporter	Tomorrow
Miriam	Contact my employer to discuss gradual return to work	Will get help from my sister May	This week

Establishing a routine

Getting into a regular routine as soon as possible can help you to enjoy your life again, and many routines may be quite simple.

For example:

- Getting up by a certain time and going to bed by a certain time
- Preparing and eating three healthy meals a day
- Going for a walk or getting some exercise
- Re-connecting to my faith or spiritual group within my community

- Watching television or listening to music
- Reading a book, newspaper or magazine
- Making sure that you do something you enjoy each day – at first this might be something very simple like sitting and stroking your cat
- Meeting up with, talking to, or telephoning a friend, partner, neighbour or relative

Things to do EVERY DAY to help me enjoy my life after a crisis:			
Things to do	When I will do them		
	Morning	Afternoon	Evening
Get up at a reasonable time	☒	☐	☐
Go for a walk	☐	☒	☐
See a friend or a family member	☐	☒	☐
Eat three healthy meals per day	☒	☒	☒
Go to sleep at a reasonable time	☐	☐	☒

Things to do on SOME DAYS a week to enjoy my life after a crisis (and which days I will do them on):							
Things to do	Days I will do them on						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Clean my house	☐	☐	☐	☐	☐	☒	☐
Go to a park or public place	☐	☒	☐	☐	☐	☐	☐
See my mental health or other practitioner	☒	☐	☐	☒	☐	☐	☐
Go to a place where I can feel good (i.e. park)	☐	☐	☐	☐	☐	☐	☒
Visit a friend or a relative near my house	☐	☐	☐	☐	☒	☐	☐
Connect with my peer support group	☐	☐	☒	☐	☐	☐	☐

It can also be helpful to think about things you should avoid in order to help you remain well.

These might be things like:

- Getting over tired
- Sitting around doing nothing
- Drinking too much alcohol or taking illicit drugs
- Certain people who you find difficult

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Things to **avoid** while I am recovering from my crisis:
Drinking too much coffee or alcohol
Skipping meals
Sleeping too much
Being by myself for long periods of time
Seeing people that I don't feel comfortable with

My Timetable

Some people find it helpful to draw up a weekly timetable to get themselves back into a routine and then gradually add more things as they feel up to it.

1. The first timetable on the following page is for the first week after you had a crisis. You may specifically plan for the day you get home, and gradually build your schedule throughout the week.
2. The second timetable on the following page is for the time following the first week after a crisis as you stabilise your life and return to the daily and weekly routines and activities you planned in "Part 2 My wellness plan" of this document.

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Use these timetables to schedule activities to keep well.

Timetable for my first week after a crisis

	Day I Go Home	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Morning	Take a bath	Get up at a reasonable time	Get up at a reasonable time	Get up at a reasonable time	Get up at a reasonable time	Get up at a reasonable time	Get up at a reasonable time
Afternoon	Go for a walk	Go for a walk	See my peer supporter	Go to my peer support group	Go to exercise class	See my peer supporter	Clean my house; Take a bath
Evening	Go to bed on time	See a friend or a family member;	Go to bed on time	Go to bed on time	See a friend or a family member;	Go to bed on time	Go to bed on time

My weekly timetable for stabilising my life

	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Morning	Get up at a reasonable time	Get up at a reasonable time	Get up at a reasonable time	Get up at a reasonable time	Get up at a reasonable time	Get up at a reasonable time	Get up at a reasonable time
Afternoon	Go for a walk	Spend some time listening to music and reading	See my peer supporter	Peer support group	Cycling or walk by the sea	See my peer supporter	Clean my house; Coffee with friends
Evening	Go to a movie with friends	Visit my parents' house for dinner	Go to my recovery college classes	Go to bed on time	Spend some quality time with my partner	Spend time working on my mood diary	Plan my goals for the next week.

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What I have learned from my crisis

Experiencing a crisis is a learning opportunity. After you went through a crisis, you may have learned new things about yourself and your mental health, as well as new coping skills.

You can make changes to your recovery plan as well as the Advance Planning part of the recovery plan to reflect these new changes. You can also delete things you have previously written in the recovery plan if they are no longer meaningful to you.

What I have learned from my crisis

Section	Changes I Want to Make
Changes "**Part 2. My wellness plan**"	Changes or additions to my list of things to DO to keep well: Write in a journal about my plans for the day Changes or additions to my list of things to AVOID doing to keep well: Avoid drinking coffee after 12pm
Triggers	Newly identified triggers: Being yelled at Actions to take when you notice them: Be assertive and ask the person to stop yelling at me. If they don't then I will walk away from them
Warning signs of a crisis	Newly identified early warning signs: Being negative about everything Actions to take when you notice them: Talk to my peer supporters about actions to take
Changes to "**Part 4. My plan for when I am having a crisis** (Advance Planning)"	Changes to how people can help me during a crisis: Add "Being told that everything is going to be ok"

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Annex 7: Additional resources for recovery

Websites

- International Mental Health Collaborating Network (IMHCN) - www.imhcn.org
- MindFreedom International - http://www.mindfreedom.org/
- The International Hearing Voices Movement - http://www.intervoiceonline.org
- WRAP and Recovery Books - http://mentalhealthrecovery.com/

Personal Recovery Stories - Videos

- Akhileshwar Sahay (Akhileshwar Sahay as Citizen Journalist – 4.09 min)
  https://www.youtube.com/watch?v=kadmJ2G9HWY
- Eleanor Longden (TED Talk: The voices in my head – 14:17 min)
  http://www.ted.com/talks/eleanor_longden_the_voices_in_my_head?language=en
- Elyn Saks, JD (TED Talk: A tale of mental illness – from the inside – 14:52 min)
  http://www.ted.com/talks/elyn_saks_seeing_mental_illness?language=en
- Hearing Voices Network (Personal Experiences of Hearing Voices, Visions, 'Psychosis'& Recovery – numerous persons)
  http://www.hearing-voices.org/resources/films-radio/
- I got better (personal stories of recovery - It was all because they were things that I was doing by myself – 5:27 min)
  http://igotbetter.org/videos/jcourt
- I got better (personal stories of recovery - It was just plain wrong – 5:20 min)
  http://igotbetter.org/videos/doaks
- Patricia Deegan (Recovery from Mental Disorders – 4:09 min)
  https://www.youtube.com/watch?v=UwL77u-Of4k
- Terry Bowyer (The Journey of Recovery – 19:34 min)
  https://www.youtube.com/watch?v=L4qHKRaqs7w
- Stories of Hope and Recovery (Various persons)
  http://www.mentalhealth.gov/talk/recovery/
- Recovery: Hope and Choice (Various persons)
  https://www.youtube.com/watch?v=DUfN4xIuh6M
- Our Stories: Living and Coping with Schizophrenia in India (Various persons)
  https://www.youtube.com/watch?v=FOjIqOOk2Vg&feature=youtu.be

Personal Recovery Stories - Written documents

- Centre for Mental Health Recovery (Recovery Booklet)
  http://www.hpft.nhs.uk/_uploads/documents/recovery/2007-09-01-recovery-booklet-final.pdf
- Judi Chamberlain (Confessions of a Noncompliant Patient)
  https://cpr.bu.edu/wp-content/uploads/2011/11/chamberlin1998b.pdf
- Oryx Cohen (Oryx Cohen's Recovery Story from the SCI Oral History Project)
  http://www.power2u.org/articles/recovery/recovery_stories/oryx.html
- MindFreedom International Personal Stories (Various persons)
  http://www.mindfreedom.org/personal-stories
- Working towards Recovery (Various persons)
  http://www.hpft.nhs.uk/_uploads/documents/recovery/working-towards-recovery-booklet-2008.pdf

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