

FRAMEWORK FOR RECOVERY BASED SERVICES IN 2020 EXPLANATION & SUMMARY

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November 2006

This paper both explains the 2020 framework chart and provides a preliminary summary for the Mental Health Commission's upcoming 2007 publication describing services in 2020.

1. Purpose and values

The bottom level of the chart describes the purpose of services in 2020 – to support people and their families to lead their own recoveries, as well as the recovery of the whole family through whanau ora (healthy families).

What we now know as the mental health and primary health sectors will provide clinical services and some support services. But their role will be as much to refer people to other services and to develop communities to open up opportunities for people with mental health problems, as it will be to provide services.

The shared understandings and values underpinning services will be:

- Services will recognise the social, psychological, spiritual as well as biological contributors to mental health problems.
- Mental health problems will be seen primarily as states of being with associated personal and social barriers to living well, as well as an important life experience that value and meaning can be derived from.
- Services will actively address all barriers to recovery that may be associated with a person's mental health problems, including substance abuse, physical illness, deprivation and trauma.
- Services in many sectors as well as communities will offer a broad range of responses to support people regain their personal power and a valued place in their whanau and communities.
- Service users, whanau, different sectors and communities will have an essential role in recovery, which is recognised and facilitated by services.
- Services and communities will respect and promote service user self-determination.

- Services and communities will expect our recovery instead of lifelong disability.

The language we use in 2020 will reflect the purpose of services, especially the roles of service users as active agents, the broad understandings of mental health problems and the expectation of recovery.

2. People

The people involved with the services in 2020 will need to be different if the purpose of services is to be achieved.

Service users will not be passive recipients but people who take responsibility for their own lives, negotiate the services they want, and make their own informed decisions.

Families will not be marginalised and stuck in grief but will be supported and educated to enhance recovery.

The workforce will not be paternalistic and institutionalised but will work in partnership with service users, their families, other services and sectors, and communities. People with service user and family experience will make up a significant percentage of the workforce in all roles, including leadership roles.

Communities will not be fearful and discriminatory but will understand that people with mental health problems are not especially prone to violence, usually retain their competence and that services cannot stop all tragedies.

3. One-to-one responses

We will also describe the one-to-one responses that will be available to everyone who needs them. These are best seen as functions rather than roles; a few of these functions could be performed by the same person.

Service negotiation will be a process where there is a discussion with the service user, and often with their families, about their needs and how they can best be met. This is often called an assessment today but this concept puts the service user in a passive role.

Service navigation will ensure that the person has access to all the services, resources and opportunities they need in the primary, mental health and social sectors, and in their communities.

Drug therapy will be an option for everyone but service users will enter into it in collaboration with the prescriber, with good knowledge of beneficial and adverse effects and with confidence that any adverse effects will be well managed.

Talking therapies such as cognitive behavioural therapy and other approaches that have gathered an evidence-base, will be available to all service users.

Complementary therapies. The state may fund some, especially as an adjunct to other therapies, for example traditional Maori treatments, massage or acupuncture.

Day-to-day assistance will be needed by some service users for tasks such as house-keeping, child minding or planning routines.

Crisis assistance. When people are in crisis they will have trained empathic people to care for them and listen to their needs, rather than just being contained given drugs.

Education, employment and housing assistance. People who are struggling in these areas will get support to choose what they want and to maintain their roles and responsibilities.

Peer support delivered by peers will be available to all service users and their families. This will include peer mentoring, support networks, phone lines and peer crisis support etc.

Recovery education will also be available to service users and families. Broader than illness management, it will give people tools to manage their whole lives, from internalised stigma, to finding meaning in their experience, getting the best out of services, to finding friends or jobs.

Individual advocacy will be available to everyone to assist people make complaints that are quickly responded to, and to ensure that the small number of people under compulsory treatment can match the power of the state.

4. Elements of the services

At the next level we describe the core elements common to all services in 2020. These elements don't describe buildings or the way services are configured. Rather, they describe fundamentals such as culture, values and relationships

Recovery values of self-determination, social inclusion, hope and choice, make up the first element.

A participatory culture that is open, transparent and inclusive is the next core element. The managers will empower the, and the staff will empower the service users. The design, planning and evaluation of services will be profoundly influenced by service users and recovery-oriented families.

Competent roles. Everyone will be encouraged to take on competent roles, not just the paid workforce. Service users will be competent at getting the most out of services. Families will also be more competent to support the recovery of their friend or relative. Communities will have a better understanding of mental health issues, and will know when and where to get help if they need it. The workforce will have new core competencies in recovery, community development and working across different services and sectors.

Collaborative relationships will be the norm for all relationships in services – between a service user and their individual worker, between members of the same team, between different services and different sectors. It will also apply to collaboration at all levels – policy, planning and funding as well as delivery.

Safe normalising environments are another core element. Virtually all services will be delivered in an ordinary community location, at a person's home or online. Hospitals may be a thing of the past. Residential crisis services will be small and homelike. Environments will be safe for everyone, and service users and their families will have nothing to fear when they walk into a service.

Easy access in and around services and timely exit from them, will be ensured by good information on services to communities, through the guarantee that people who seek help will either be provided for or referred elsewhere, and the service navigation function. People will not have to wait for a crisis until they can get a service and will not stay stuck in services when they no longer need them.

5. Systemic framework

The top level of the framework describes the systemic underpinnings of services in 2020.

Policy will be aspirational, achievable and aligned between the health and social sectors. It will be led or profoundly influenced by service users and recovery-oriented families.

Funding. Funders will have the right conditions and incentives to fund services in a planned and future driven way, ensuring there is equitable provision of services for people in the populations they serve. Funders will have the resources and flexibility to tailor funding for service users with unusual sets of needs, to fund jointly with other agencies, and to phase out old services while they introduce new ones.

Integration between sectors, services and workforce groups will start at central government and flow down to the rest of the system. Integration could be achieved through joint planning and financing, through moving workforces between teams, services and sectors, through information sharing, or shared use communications technologies for online or distance service provision.

Development. There will be coordinated development of services, workforces and research to help drive services into the future. Existing services and workforces will be reoriented while new services and workforces will be developed. There will be more service user run research and research on recovery. New services will be evaluated.

Promotion. People will have a good understanding of the determinants of both well-being and mental health problems, and will know when and where to get help. As well as whole of population approaches, mental health promotion will target at risk populations, such as people who have already experienced mental health problems.

Prevention of mental health problems and the promotion of well-being will be a core consideration in the development of social and economic policy, not just a health sector responsibility.

Anti-discrimination. There will be an ongoing anti-discrimination campaign that uses social marketing, media monitoring and policy development to advocate that value and meaning can be derived from mental health problems and that discrimination is unjustified.

Rights redress. There will be more accessible, effective and speedy human rights redress for anyone who has experienced discrimination or human rights abuses.

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