Realising recovery and the right to mental health and related services

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

(Pilot Version)

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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.

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

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)
About this training and guidance

This document provides training and guidance on the right to health and on how to implement a recovery approach within mental health and related services. It demonstrates how realising the full range of human rights promotes people’s mental health and wellbeing.

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)

Who should deliver the training?

Training should be delivered by a multi-disciplinary team including people with psychosocial, intellectual and cognitive disabilities, DPOs, professionals working in the area of mental health and related services, families and others with lived and/or professional experience in the area of mental health

The team conducting the training may differ depending on focus. For example, if the training is about addressing the rights of people with a psychosocial disability, it would be more important to have representatives from that group as leads to delivering the training rather than people with dementia, intellectual disabilities, autism or others and vice versa. However, nothing precludes the possibility of having multiple groups leading the training.
Guidance for facilitators

Principles for running the training programme

Participation and interaction
Participation and interaction are crucial to the success of the training. By providing sufficient space and time, the facilitator must first and foremost make sure that the people who are using mental health and related services are being listened to and included. Certain power dynamics within services might make some people reluctant to express their views. In general, the facilitator must emphasize the importance of including the views of all participants.

Some people may feel quite shy and not express themselves. Facilitators should make sure to encourage and engage everyone. Usually, after people have expressed themselves once, they are more able and willing to speak and engage in ongoing discussions. The training is a shared learning experience.

Facilitators are expected to engage participants in a way that draws on the experience and knowledge already existing within the group participating in the training. They will need to supervise and monitor the dynamics and discussions among participants.

Cultural sensitivity
Facilitators should be mindful of using culturally sensitive language and providing examples relevant to people living in the country or region where the training is taking place. In addition, facilitators should make sure that the specific issues faced by particular groups in the country or region (e.g. indigenous people and other ethnic minorities, religious minorities, women, etc.) are not overlooked when carrying out the training.

Open, non-judgmental environment
Open discussions are essential and everyone’s views deserve to be listened to. The purpose of the training is to work together to find ways to improve the situation within the service, organisation or association, not to name and blame individuals for their particular conduct in the past. Facilitators should ensure that during the training, no-one is targeted in a way that makes them feel uncomfortable (e.g. attributing the blame to staff or families, etc.). Facilitators should avoid interrupting participants. It is not necessary to agree with people to effectively communicate with them. It may be necessary to withhold criticisms in order to fully understand a person’s perspective.

Use of language
In addition, facilitators should be mindful of the diversity of the audience. People participating in the training will have different backgrounds and levels of education. It is important to use language that all participants are able to understand (e.g. avoiding the use of highly specialised medical, legalistic and technical terms, acronyms, etc.) and to ensure that all participants understand the key concepts and messages. With this in mind, facilitators should pause, take the time to ask and discuss questions with participants to ensure that concepts and messages are properly understood.

Operating in the current legislature and policy context
During the training, some participants may express concerns about the legislative or policy context in their countries. Indeed, some of the content may contradict national legislation or policy. For example, the topic on supported decision making may appear to conflict with existing national
guardianship laws. Similarly, laws that provide for involuntary detention and treatment contradict the overall approach of these modules. This can raise issues and concerns, particularly around professional liability.

First, facilitators should reassure participants that the modules are not intended to encourage practices which conflict with the requirements of the law. When the law and policy contradict the standards of the CRPD it is important to advocate for policy change and law reform. In this context it is also necessary to acknowledge that it will not happen immediately. However, an outdated legal and policy framework should not prevent individuals from taking action. A lot can be done at the individual level, on a day to day basis to change the attitudes and practices within the boundaries of the law. For example, even if guardians are officially mandated to make decisions on people’s behalf based on a country’s law, this does not prevent them from supporting people in reaching their own decisions and from ultimately respecting their choices. In this way, they will be making important strides towards implementing a supported decision making approach.

Throughout the training, facilitators should encourage participants to discuss how the new paradigms, actions and strategies promoted in the training materials can be implemented within the parameters of existing policy and law frameworks. Hopefully, the shift in attitudes and practices, along with effective advocacy, will lead to change in policy and law reform.

**Being positive and inspiring**
Facilitators should emphasise that the training is not about lecturing people or telling people what to do but to give them the basic knowledge and tools to find solutions for themselves. Most likely many participants already carry out many positives actions. It is possible to build on these to demonstrate that everybody can be an actor for change.

**Group work**
Throughout the exercises of the training, the facilitator needs to assess carefully whether participants will benefit from being placed in separate groups or in mixed groups that include both people who are using the service, staff, and family and care partners. As noted earlier, feelings of disempowerment, hesitation and fear, which can arise in mixed groups if participants do not feel comfortable in that setting, should be taken into account. Exercises are based on participation and discussion and should allow participants to reach solutions by themselves. The facilitators’ role is to guide plenary discussions and when appropriate, prompt with specific ideas or challenges to facilitate the discussion.

**Facilitator notes**
The training modules incorporate facilitator notes which are in blue. The facilitator notes include examples of answers or other instructions for facilitators, which are not intended to be read out to participants. The content of the presentation, questions and statements intended to be read out to participants are written in black.
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 training.

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.
Learning objectives, topics and resources

Learning objectives

Participants will:

- Gain an understanding of the concept of mental health and well-being.
- Explore what mental health and related service can do to promote people’s physical and mental health and well-being.
- Understand the key components of and barriers to recovery.
- Develop an understanding of the role of mental health and related services in promoting and supporting health and recovery.
- Evaluate how individuals and services respect, protect and fulfil people’s right to health and recovery and explore how this can be improved.

Topics covered

**Topic 1:** What is mental health?

**Topic 2:** The role of mental health and related services in promoting the right to health

**Topic 3:** What is recovery?

**Topic 4:** Promoting recovery

**Topic 5:** The role of practitioners and mental health and related services in promoting recovery

Resources required

To optimise the learning experience for participants, the room in which the training takes place should be:

- Large enough to accommodate everyone, but also small enough to create an intimate environment conducive to free and open discussions
- Flexible, in terms of enabling the change of seating arrangements (for example movable seats so that people can get into groups for group discussions)

Additional resources needed include:

- Internet access in the room, in order to show videos
- Loud speakers for the video audio
- Projector screen and projector equipment
- 1 or more microphones for facilitator(s) and at least 3 additional wireless microphones for participants
- At least 2 flip charts or similar and paper and pens

Time

Approximately 4 hours and 20 minutes

Number of participants

Based on experience to date, the workshop works best with about 25 people. This allows sufficient opportunities for everyone to interact and express their ideas.
Welcome and Introduction

Give participants an opportunity to explain their own background and their expectations for the day (if relevant). (10 min)

⚠️ Trigger warning: It is important to highlight at the start of the training that this module may provoke difficult emotions for people who may have been through traumatic experiences of non-recovery approaches. Moreover, mental health and other practitioners may feel that they have been responsible for preventing recovery despite good intentions.

Facilitators should be mindful of this and let participants know that they should feel free to step out of the training session if they need to until they feel able to participate again (please refer to Guidance for facilitators for more information).
Exercise 1.1: What does mental health and well-being mean for you? (15 min.)

This exercise is designed for participants to explore the meaning of mental health and well-being. As a starting point, this is a good place for the group to brainstorm and share their understanding of the key elements of mental well-being.

- What does mental health and well-being mean for you?

Ask participants to break off into small groups of 5 persons. Give participants 2-3 minutes to discuss.

After the small group discussion, regroup to enable all participants to contribute their ideas in plenary using a spider diagram. Use the flip chart to create a spider diagram (for example, see Figure 1 below), with “mental health and well-being” in the centre and elements contributing to mental health and wellness as “legs” branching off. Add each “leg” as participants share their ideas through the discussion. Feel free to add related ideas as bullet points under each leg, and guide participants towards making connections between each category.

One potential way of categorizing the key elements is shown below: attitude about self, relationships with others, attitude about life, ability to meet challenges and physical health.

Note that the spider diagram below is just an example and not comprehensive. The group will come up with their own ideas and lists.

It is also important to note that this exercise is about determining what mental health and well-being means for participants and they should understand that their answers or responses are neither correct nor incorrect. Some people for example, may grant high importance to physical health (exercising, eating properly, etc.) as a means for staying well, while others may not. Participants should not feel that all the elements of the spider diagram below need to be achieved for good mental health and well-being.
Figure 1: Example of a spider diagram of elements of mental health

Here are some possible answers that participants may give:

- **Attitude about self**
  - Having positive self-esteem/having confidence/being happy with who I am/feeling empowered to speak my opinion
  - Having self-respect
  - Feeling empowered to reach my full potential
  - Not suffering

- **Attitude about life/purpose in life**
  - Having hope about life and the future
  - Having the desire to live a fulfilling life
  - Having a sense of purpose

- **Ability to meet challenges**
  - Autonomy/confidence to make responsible decisions/independence
  - Having resilience

- **Relationships with others**
  - Having a sense of belonging
  - Emotional attachment to family and friends

- **Basic needs**
  - Food & water
  - Shelter
  - Clothing
  - Health care
  - Financial security
  - Education

- **Engagement with the community**
  - Engaging in activities that are personally rewarding
  - Having work satisfaction

- **Physical health**
  - Good nutrition/access healthy food
  - Having energy

- **Mental health and well-being means having...**
  - Having hope about life and future
  - Having the desire to live a fulfilling life
  - Making decisions about life and recovery
  - Having a say in my community’s decision:
  - Feeling that one’s wishes are listened to and respected

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- **Relationships with others**
  - Having a sense of belonging
  - Emotional attachment to family and friends
  - Strong support network
  - Having a community
  - Being comfortable with other people
  - Being able to like and trust other people
  - Feeling supported by family and friends

- **Basic Needs**
  - Food and water
  - Shelter
  - Clothing
  - Health care
  - Financial security
  - Education
  - Sanitation
  - Personal security

- **Engagement with the community**
  - Engaging in activities that are personally rewarding
  - Having work satisfaction
  - Being able to do the things I want to do
  - Having a role and being respected in the community
  - Engagement in spiritual/cultural/leisure activities of one’s choosing

- **Physical health**
  - Good nutrition/access to healthy food
  - Having energy
  - Access to healthcare and medication
  - Getting regular exercise
  - Sexual and reproductive health

- **Ability to meet challenges**
  - Autonomy/confidence to make responsible decisions/independence
  - Having resilience
  - Being able to cope with frustration
  - Coping with changes in environment and life
- **Having control over one’s life**
  - Making decisions about life and recovery
  - Having a say in community decisions
  - Feeling that one’s wishes are listened to and respected

Control and choice are strongly linked to the right to legal capacity (article 12 of the CRPD) (1). This topic is developed in the module on *Protecting the right to legal capacity in mental health and related services* and the module on *Realising supported decision making and advance planning*.

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**Presentation: Elements of mental health and well-being (20 min.)**

**What does mental health and well-being mean?**

Common misconception: Mental health is the absence of mental illness or disability.

The reality: Mental health is much more than just not being ill. It is comprised of many different elements that allow people to feel content about their lives. It is a state of *whole* well-being.

People can have what nurses or doctors would classify as symptoms of a mental health condition and still feel they have good mental health and well-being (e.g. a person diagnosed with schizophrenia, or who hear voices, may feel well).

**Good mental health and well-being can help people to:**

- Have confidence in themselves
- Maintain strong social support from family and friends
- Feel they can contribute to the community
- Feel empowered to reach their full potential
- Feel empowered to claim their rights
- Deal with stressors of life
- Have hope for the future
- Participate in society

These elements interact together to contribute to and create mental health and well-being. They are fundamental to our ability to think, interact with each other, and enjoy a good life that has meaning for us.

Mental health and well-being is an integral part of health. To be in good health, we need to be physically and mentally healthy, feel well and have meaningful social relationships. If we do not have good mental health and well-being for example, we may neglect aspects of our physical health.
and social relationships. In other words, there is no health without mental health. Therefore, the protection and promotion of mental health and well-being should be a priority for all individuals and communities around the world.

**What negatively affects mental health and well-being?**

What are some factors that can influence or act as a barrier to mental health and well-being?

Allow participants some time to come up with their ideas around this question.

Mental well-being is influenced by many factors, some within our control and some outside of our control.

Then show participants the following list of factors:

- **Poverty and inequality**: Not having enough income to provide for basic necessities can create stress and anxiety, which negatively affects mental health and well-being.
- **Social isolation and loneliness**: If a person does not have a supportive family and friends, their mental health and well-being is likely to be negatively affected. Isolation is an important risk factor for mortality (2).
- **Low levels of education**: A low education level leads to less employment opportunities.
- **Rapid social change**: Sudden change can produce feelings of confusion, anxiety and helplessness and leads to lack of supports in the social environment, which puts a strain on a person’s mental health and well-being.
- **Stressful work conditions**: Excessive demands, lack of support and encouragement, safety concerns and health hazards in the work environment can make someone feel vulnerable, undervalued and unable to cope.
- **Discrimination**: Being discriminated against negatively impacts a person’s feeling of self-worth, confidence and control over their life. If someone has been discriminated against, it may be more difficult for that person to have self-respect or hope for the future.
- **Violence and abuse, human rights violations**: In addition to the serious impact on physical health, there are many important negative psychological impacts of violence and rights abuses, including trauma, fear, loneliness, anger, depression, anxiety, withdrawal and loss of self-esteem.
- **Physical health condition**: Physical health conditions and illnesses can present everyday barriers and challenges. If a person (or someone close to them) has a chronic physical illness, they may have more barriers to overcome and adjustments to make to live a fulfilling life.
- **Mental health condition**: Mental health conditions can also act as a barrier to having good mental health and well-being. Similarly to physical ill health, if someone has a chronic mental health condition they may experience a number of challenges and barriers which need to be overcome in order to enable them to lead a good life. As noted earlier though, having a mental health condition or diagnosis does not necessarily mean one cannot enjoy good mental health and well-being.

We must remember that people with psychosocial, intellectual and cognitive disabilities are able to live fulfilling lives and have a good mental health. It may make their circumstances more challenging,
but often it is the stigma and negative attitudes as well as the discrimination that individuals face, which have the most negative impact on their lives.

The right to health has been enshrined in international and regional human rights instruments and treaties as well as national constitutions all over the world.

In fact the right to health as well as its essential elements was first articulated in the World Health Organization’s Constitution (1946). The Constitution states that “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” and that “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” (3)

As we have also seen in the training so far (Understanding human rights and Promoting human rights in mental health), the right to health is also included in other UN instruments and treaties such as the UDHR, as well as Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR). According to this latter treaty, in order to achieve the highest attainable standard of physical and mental health, governments need to make health services, including mental health and related services, available, accessible, acceptable and of good quality.

The right to health is also included in Article 25 of the CRPD. This article outlines the requirements of the right to health in relation to people with disabilities. The right to health means that governments and government actors, including mental health and related services, must create conditions in which everyone can be as healthy as possible.

The right to health is linked to the enjoyment of all the other human rights. Human rights violations have a huge negative impact on mental health. For example, if people experience exploitation, violence and abuse, they are more likely to experience emotional distress or a psychosocial disability. In addition, poor living conditions and no access to social protection can also have a negative impact on people’s mental health. Here we come back to the point that human rights are interrelated.

**We can foster mental health and well-being!**

Creating environments and living conditions that can contribute to mental health and well-being is essential. We can all play a role in promoting people’s mental health and well-being. For example, we can support each other, help to connect people and look out for people who may want support.

Just as we as individuals can promote mental health and well-being, mental health and related services also have an important role and responsibility to ensure that people can access good quality services, social opportunities, support networks, and other factors that contribute to mental health and well-being.
Exercise 2.1: Does this service adequately support mental health? (25 min.)

Explain to participants that the purpose of this exercise is to enable them to understand what can be done to create a better service environment that benefits everyone. It is not about judging or blaming anyone. Encourage them to share their thoughts openly, in the spirit of learning and to allow an exchange of ideas.

Ask participants to brainstorm answers to the following question:

How does your service promote mental health and well-being? Try to go beyond only discussing mental health ‘treatment’ and to explore and keep in mind what has been said in previous exercises and discussions concerning the different elements of mental health and well-being.

Write participants’ ideas on the flip chart. Note that these answers may vary considerably due to differences between services. Try to encourage participants to describe real situations and examples from their service.

Some possible answers are listed below.

- Providing adequate attention to physical health care needs
- Providing an atmosphere that is supportive and conducive to healing (that is pleasant, safe, friendly, not stressful)
- Providing adequate and sufficient food and water
- Providing social and sport activities
- Recruiting peer workers to offer hope, support and encouragement
- Providing other opportunities for self-help and peer support
- Supporting people to build their own social networks
- Providing counselling or psychotherapy
- Linking people to social supports, services and housing opportunities
- Promoting access to educational and employment/income generating opportunities
- Promoting autonomy and independent decision-making
- Providing positive, hopeful messages about well-being and recovery
- Having supportive staff who listen to people and treat people as human beings who deserve kindness and respect

Ask participants the following question:

- What can your service do or improve to promote mental health and well-being?
Again encourage participants to give examples of areas of improvement from their service.

Some possible answers are listed below:

- Listen to individual concerns/ask them what will make them feel better.
- Support people when they need help.
- Support people to develop coping skills for use in difficult situations.
- Treat people with dignity and respect.
- Do not shout at people, treat them unpleasantly or be in any way violent or abusive towards them.
- If the service environment is depressing, dreary or uncomfortable, unhygienic - make changes and improvements to it so that it is a more pleasant place.
- Make sure people are allowed to see their family and friends when they want.
- Ensure that people are not isolated from their social networks.
- Enable people to choose the type of treatment they want.
- Ask people about how the staff and service can improve their care/ about what will make them feel better and happier.
- Inform people about a range of options that might help them to recover.
- Talk to people and make every effort to understand them, their needs and requirements.
- Provide people access or contact to peer workers.
- Communicate positive messages of hope and messages that convey the fact that people can lead happy and successful lives with symptoms of a mental health conditions.
- Make the environment less oppressive and ensure that people feel free to be themselves and express themselves.

Presentation: The role of mental health and related services in promoting physical health (5 min.)

Often the physical health needs of those people using mental health and related services are disregarded.

- For example people are not taken seriously when they complain about physical health symptoms, or physical health complaints are disregarded as being rooted in the mental health condition or diagnosis. In other cases people with psychosocial, intellectual and cognitive disabilities, including persons using mental health and related services, are not offered screening and treatment for physical health conditions.

As a consequence, they are often at increased risk of ill-health and premature death.

As we saw in the module on Understanding human rights, studies have found that people with severe mental health conditions die an average 10 years younger in the UK (4), and a study in Western Australia also showed that people with mental health conditions die approximately 14 years younger and that the gap with the general population has increased over the past years (5).
It is therefore essential that people have access to the range of physical health services which are available to the rest of the population. In addition, the standards of physical health care they receive should be of equal quality.

The WHO QualityRights Tool Kit (6) offers guidance for mental health and related services to ensure that people’s physical needs are met.

**Standard 2.5. Adequate services are available for general and reproductive health.**

**Criteria**

- **2.5.1** Service users are offered physical health examinations and/or screening for particular illnesses on entry to the facility and regularly thereafter.
- **2.5.2** Treatment for general health problems, including vaccinations, is available to service users at the facility or by referral.
- **2.5.3** When surgical or medical procedures are needed that cannot be provided at the facility, there are referral mechanisms to ensure that the service users receive these health services in a timely manner.
- **2.5.4** Regular health education and promotion are conducted at the facility.
- **2.5.5** Service users are informed of and advised about reproductive health and family planning matters.
- **2.5.6** General and reproductive health services are provided to service users with free and informed consent.

**Exercise 2.2:** Does my service adequately support physical health? (10 min.)

Again ask participants to answer the following questions:

**A) What is my service doing to promote physical health?**

Possible answers may include:

- People are referred to general practitioners or a hospital when they need treatment for physical health issues.
- When people arrive at the service, they are offered a complete physical health examination and treatment if necessary.

**B) What can my service do to improve access to physical health care and services?**

Possible answers may include:

- The service could provide more information for sexual and physical health.
- The service could offer more opportunities for physical exercise (e.g. sport, walks, etc.)
- The service could facilitate referrals to other health services.
- The staff could pay closer attention and be more responsive to people’s physical health needs.
Reflective exercise (5 min.)

Explain to participants the following:

We have explored the key elements of being mentally well and discussed what your service does and/or could improve to promote the right to health. In preparation for the next topic, please consider the following question:

What does it mean to recover?

The idea is to get the group to start reflecting on what it means to recover in the context of mental health.
Topic 3: What is recovery?

Exercise 3.1: Getting better (40 min.)

⚠️ Trigger warning: These issues can trigger strong emotional reactions for some people, leading to distress, arousing sad memories, and even trauma or re-traumatisation in some cases. Facilitators should be mindful of this and let participants know that if needed they should feel free to step out of the training session until they feel able to participate again (please refer to the document Guidance for Facilitators and Organisers for more information).

This exercise is designed to get participants to think about the recovery process including the challenges that people may face in getting better and the challenges that mental health and other practitioners, families and other supporters may face in supporting them during their recovery journey. The activity also highlights that we all have a role in the recovery process and must work together.

Start by asking participants the following:

A) Think about a time when you had to recover from something – it can be now or in the past. For example, losing someone you loved, battling a difficult illness, being the victim of abuse, losing an important opportunity or job? It can be anything you can think of, not necessarily related to mental health.

- What was difficult about recovering from the situation?

After this discussion, ask participants the following question:

- What helped you get better / overcome this situation?

Give participants 2 minutes to think about or write down their personal recovery experiences and journeys. Ask for one or more volunteers to share their experience. The goal is to let the group think about what is involved in recovery in general.

Then ask:

B) What might make recovery more difficult for people with psychosocial, intellectual or cognitive disabilities and others using the services?

Ask the group to brainstorm ideas and write them on the flip chart.

Some possible answers are:

- Major losses of social support/being isolated
- Trauma from being mistreated
- Negative effects of medication
- Loss of trust in the mental health system and the people working in the service
- Not being allowed or trusted to make decisions for yourself anymore
- Feeling that one’s opinion is not respected by others (mental health and other practitioners, families, others)
- Negative attitudes from mental health and other practitioners
- Devaluing and disempowering practices, attitudes and environments
- Stigma and discrimination from the family and the community
- Lack of educational, income generating, social and other opportunities
- Lack of a sense of identity, self-respect, hope
- Lack of access to treatment and support
- Lack of access to other people who have gone through similar experiences or who have been through a recovery journey
- Lack of counselling
- Lack of information about psychosocial alternative to medication
- Demeaning remarks from others
- Being told one could do more for one’s recovery and recover more quickly
- Being isolated from family, friends, social/support networks and one’s community
- Overprotection by family

Now that the group has thought about their own and personal recovery experience and has identified what might make it difficult for people with psychosocial, intellectual or cognitive disabilities and others using the services to recover, it is now important to reflect on the barriers that others might experience when helping other people with psychosocial, intellectual or cognitive disabilities to recover.

C) What makes it difficult for mental health and other practitioners, families and others to help people with psychosocial, intellectual and cognitive disabilities and others using the services to recover?

Ask the group to brainstorm ideas and write them on the flip chart.

Some possible answers are:

- Feeling disempowered in one’s ability to provide help and support
- Not enough time and resources to be helpful and supportive
- Not believing that it is actually possible to make a difference
- Not having the right skills or training to effectively support people
- Uneven power dynamics within the relationship
- Lack of belief that people can recover
- Belief that only medication will help
- Experience of burn-out and stress from years of care giving
- Lack of support for oneself
- Procedures/rules not allowing for flexibility
People may mention other ideas. Themes and main learning points from the exercise will be discussed briefly at the beginning of the presentation on recovery, which follows.

Presentation: Recovery (7) (35 min.)

The purpose of this presentation is to introduce the recovery approach. Remind the participants that the recovery approach will be covered in more detail in a separate module on Promoting recovery in mental health and related services. This section draws on some of the information that will be covered in the future and serves as an introduction.

Encourage participants to ask questions during this presentation.

As an introduction to this presentation you can show participants the following video from Pat Deegan:

Recovery from mental disorders, a lecture by Patricia Deegan (8) (4:08 min.)
https://www.youtube.com/watch?v=jhK-7DkWaKE Date accessed 07/06/2016

The meaning of recovery

The meaning of recovery can be different for each person. For many people recovery is about regaining control of their identity 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 or all of these.

This understanding of recovery moves us away from the idea of being “being cured” or “being normal again” towards gaining new meaning and purpose in life (and being empowered to live a self-directed autonomous life) despite what one may have lived through or any emotional distress that may still be part of someone’s life.

- Everyone experiences challenges on the road to recovery.
- Although recovery is unique and personal, many elements are influenced by relationships and interactions between people.
- Sometimes, these elements create barriers to recovery.

Barriers to recovery

Compare some of the bullets below with the answers provided by participants from the previous exercise.

Barriers to recovery may include:

- Lack of hope and encouragement;
- Mistreatment or neglect;

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WHO QualityRights training to act, unite and empower in mental health
- Staff or families’ lack of belief in people’s ability to get better and reclaim their lives;
- Feelings of isolation and lack of support;
- Stigma and discrimination;
- Not knowing or being informed of one’s rights;
- Segregation and exclusion from the family and the community;
- Others defining what they see as recovery or success (e.g. others around us having low expectations or excessively high expectations about our recovery);
- People being denied treatment they believed could be helpful, such as counselling or psychotherapy;
- Lack of mental health and related services and/or alternatives.

Many of these problems can be addressed through communication and building a trusting relationship between those people going through recovery, families, peers, other supporters and mental health and other practitioners, so that they can all work together.

Everyone has a role to play in the recovery process.

What is the recovery approach?

- The recovery approach is a relatively new approach to mental health care that is being adopted in an increasing number of countries.
- In this approach, recovery is understood to be about helping people regain or stay in control of one’s life, and having meaning and purpose in life.
- In the recovery approach, recovery may or may not involve treating or managing symptoms.
- **Recovery is different for everyone.** It is a deeply personal process; its significance and what it constitutes will vary from person to person.
  - For some people:
    - Recovery is an ongoing journey.
    - Recovery may involve finding a job or going back into education.
    - It may mean developing or strengthening friendships and relationships.
    - Recovery might mean participating more actively in community life and activities.
    - Recovery might also mean an absence of symptoms, but not always.
    - For some people, it involves redefining what their experience means to them (e.g. identifying themselves as trauma survivors).

- Recovery is based on **hope and optimism for the future**
  - **Hope** is a core principle of recovery that mental health and other practitioners, family members and other supporters should be promoting.
  - Although people may define hope differently, the essence of hope in recovery is the belief that it is possible to live a meaningful life in the presence or absence of symptoms.
- Central to the concept of recovery is a belief that one’s situation or circumstances can change and that this can be fostered by hope-inspiring relationships.
- Successes and dreams and aspirations need to be encouraged and valued.

- Connectedness is key to recovery
- People need to be included in their community on an equal basis with all other people
- Recovery may involve reconnecting with family and friends. It may also involve connecting with peer support groups or other groups that exist in the community.

- Meaning and purpose are important aspects of recovery
- Recovery supports people to rebuild their lives and the meaning within them.
- It can empower people to achieve their dreams and goals in life.

- Recovery also means maintaining your identity
- The recovery approach can help people to be accepting of who they are or strengthen their sense of self and self-worth as well as overcome self-stigma that can put one’s sense of identity at risk.
- Recovery is based on respect for people and their identity.

- Recovery supports empowerment
- Recovery is a positive message that empowers people and enables them to regain control.
- Having control and choice is central to a person’s recovery and is intrinsically tied to legal capacity

- Recovery involves taking risks
- Risk-taking can be an important part of embarking on one’s recovery journey.
- It is natural to take risks in life and either ‘succeed’ or ‘fail’ as a result. This is a learning process that is essential for living. Without taking risks we cannot progress or build a life for ourselves and this can lead to stagnation.
- It requires courage as well as creativity in order to support positive risk taking to help people move forward and achieve goals.

- Recovery is holistic
- Recovery in action is not just treating or managing symptoms. Recovery is an approach that looks at the whole person, rather than only their symptoms.

- Recovery involves responding to trauma
- Trauma-informed services recognize that many people have experienced trauma in their lives (e.g. childhood trauma, trauma due to abuses in mental health and related service settings, etc.) and this experience negatively affects their mental well-being and quality of life.
- Mental health and related services should provide care in a way that is sensitive to this issue and avoid re-traumatizing people. This means that services must avoid practices of
violence or coercion such as seclusion and restraints and forced treatment which hinder recovery and lead to re-traumatization.

- Recovery means seeing the person not just the condition/disability
- Recovery is about seeing the person as a whole and focusing on their abilities and strengths when supporting them to achieve their goals and aspirations in life. What some people may see as a deficit may in fact be an important strength for the person concerned.

- Recovery and human rights are strongly linked
- The recovery approach respects people’s choices and supports them in living fulfilling lives.

Respecting all human rights is essential to implementing a recovery approach. In turn, adopting a recovery approach helps to uphold human rights

At the end of this presentation, show participants the following video:

Mental Health Europe, What is Recovery? Mental Health Europe (9) (6:38 min.)
https://www.youtube.com/watch?v=0Y9dSpA-tJU Date accessed 04/07/2016
Presentation: What supports recovery? (30 min.)

Before starting the presentation, ask all participants to share a few ideas of what helped them get better in their own recovery journeys. This is not just an exercise for people with psychosocial, intellectual and cognitive disabilities and others using the services. Mental health and other practitioners, family and other participants should also explore what recovery has meant for them personally, and draw on their own experience of recovering.

Ask the following of participants:

- Think back to the earlier exercise we did, when you reflected on a situation which you had to recover from
- Think about that situation again and what helped you to get better.

Then show the following table.

Research based in Scotland has found that important factors on the road to recovery include (10)

<table>
<thead>
<tr>
<th>Recovering Identity</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>✷ Confidence</td>
<td>✷ Friendships</td>
</tr>
<tr>
<td>✷ Hope and optimism</td>
<td>✷ Supportive family relationships</td>
</tr>
<tr>
<td>✷ Self-acceptance, responsibility, belief and esteem</td>
<td>✷ Intimate relationships (i.e. partner)</td>
</tr>
<tr>
<td>✷ Self-efficacy</td>
<td>✷ Parenting</td>
</tr>
<tr>
<td>✷ Self-awareness</td>
<td>✷ Peers</td>
</tr>
<tr>
<td>✷ Growing beyond the label</td>
<td>✷ Pets</td>
</tr>
<tr>
<td>✷ Reclaiming power and self-determination</td>
<td>✷ Service Professional (a critical friend)</td>
</tr>
<tr>
<td>✷ Belonging, cultural, social and community identity</td>
<td>✷ Mutual trust and recognition</td>
</tr>
<tr>
<td>✷ Activism</td>
<td>✷ Hopeful relationships</td>
</tr>
<tr>
<td>✷ Spirituality</td>
<td></td>
</tr>
<tr>
<td>✷ Coping</td>
<td></td>
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<tr>
<td>✷ Taking control</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Engagement and finding meaning and purpose</th>
<th>Services and supports</th>
</tr>
</thead>
<tbody>
<tr>
<td>✷ Being valued</td>
<td>✷ Feeling informed and in control</td>
</tr>
<tr>
<td>✷ Engaging in meaningful roles</td>
<td>✷ Continuity and flexibility</td>
</tr>
<tr>
<td>✷ Volunteering, employment, career and education</td>
<td>✷ Treatments and therapies</td>
</tr>
<tr>
<td>✷ Learning about self and condition</td>
<td>✷ Security</td>
</tr>
<tr>
<td>✷ Community and social engagement</td>
<td>✷ Peer support</td>
</tr>
<tr>
<td>✷ Communities and housing</td>
<td>✷ Relationships, attitudes and power</td>
</tr>
<tr>
<td>✷ Exercise and creativity</td>
<td>✷ Housing and community supports</td>
</tr>
<tr>
<td>✷ Other people’s experiences</td>
<td>✷ Financial security</td>
</tr>
</tbody>
</table>
Then ask participants:
- Are you able to identify with the factors listed?
- Is there a volunteer who would like to read through this list and identify factors which helped them to recover from their situation?

Once the volunteer participant has gone through the list highlight the following to participants:
- It’s important to note that the recovery factors listed in this table do not just apply to people with psychosocial, intellectual and cognitive disabilities. Everyone is recovering or has recovered from something in their lives. Therefore these recovery factors apply to everyone.

After this discussion, continue with:

It is not up to mental health and other practitioners, families or others to decide what recovery will look like. This must be the decision of each person experiencing and working towards their recovery.

The role of others, including mental health and other practitioners, is to support people in the best way possible in their journey towards recovery.

Staff in mental health and related services need to use good communication skills, e.g. active listening, using positive messages focusing on hope, etc. (More information on communication skills are provided in the module on Promoting recovery in mental health and related services).

Staff need to understand and acknowledge that the person is an expert by experience and that this expertise is as valid as the skill and expertise that mental health and other practitioners have gained through professional training and experience. A recovery approach means encouraging someone to identify and express what recovery means for them.

**Recovery plans**

A recovery plan can be a useful tool to:
- Support a person to work out a direction and steps for moving forward in their life.
- Help a person get the support of important people in their lives, if they wish to do so, such as family, friends, peers, health practitioners and others.

It’s important to note that a recovery plan is a potential tool for people to use in their recovery, not an end in itself.

Also some people may find it more useful to have support and build connections in the moment and may not need a plan to achieve their goals in life.

**What does a good recovery plan look like?**

- A plan outlines the person’s own goals for recovery, which can include social, medical, employment, education goals or any other goals they identify (e.g. reconnecting with friends, going back to school, managing difficult situations).
- It is driven by the person concerned and reflects their choices, will and preferences for support and care.
- It outlines how the person will work to achieve these goals.
- A recovery plan may also include an advance directive about care and treatment (this topic is developed in the module on *Realising Supported Decision Making and Advance Planning*).

Ask participants to read Charles’ experience and then the two potential outcomes. Then ask participants:

- For each of the two outcomes, explain how recovery was or was not promoted?

<table>
<thead>
<tr>
<th>Charles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scenario:</strong> Charles has been experiencing deep and incapacitating sadness for several years and is not getting better. He has attempted suicide twice in the past 3 months. Charles is seeing Dr. Sharma. He arrives at his appointment.</td>
</tr>
<tr>
<td><strong>Outcome 1:</strong> Upon his arrival, Dr. Sharma gives Charles a prescription refill for his antidepressants. Charles goes to the pharmacy to get his medication and leaves.</td>
</tr>
<tr>
<td><strong>Outcome 2:</strong> Upon Charles’s arrival, Dr. Sharma asks him how he has been doing since his last visit. When Charles mentions that he has been feeling worse in the last few weeks, Dr. Sharma asks why and asks what can do to help. Dr Sharma also takes the opportunity to discuss Charles’ goals for the future as well as what goals he could focus on right now in order to feel better. Charles tells Dr. Sharma that he feels very alone in his life and is estranged from his family and friends who do not understand the situation he is facing. Charles is also stressed because he has not been performing well at work and has had to take some time off to recover. He tells Dr. Sharma that he would feel a lot better if he could reconnect with his family and friends and go back to work. Dr. Sharma suggests that they arrange a meeting that involves Charles’s closest family and friends to discuss what he is experiencing and how they can all best support him. She connects Charles with a social worker and local NGOs that support people to manage difficult times and re-join the workforce. She also gives him a list of local peer support groups whom he can contact in order to rebuild his support network. Charles and Dr Sharma agree to meet regularly for the next weeks to continue to discuss and work towards his recovery and recovery goals.</td>
</tr>
</tbody>
</table>

**Outcome 1** does not put Charles at the centre of his care and does not focus on providing Charles with hope or supporting him to identify goals that he can work towards for his recovery or to find meaning in his life. It only focuses on treating the symptoms with medication.

**Outcome 2** illustrates the recovery approach, where Charles decides on his objectives for recovery and the health practitioner, by engaging in supportive dialogue, helps him to move forward in his recovery journey.

After the discussing these outcomes, continue with:

*World Health Organization - Realising recovery and the right to health in mental health and related services*
Recovery and social inclusion

- Taking part in social, educational, training, volunteering and employment can support individual recovery.
- Services should empower people to move forward and regain their place in the community.

Exercise 4.1: The role of the individuals as well as families, friends and other supporters in promoting recovery (20 min.)

The purpose of this exercise is to allow participants to explore how promoting a recovery approach can start with the person themselves and then to explore how family members, friends and other supporters can also play an important role in the recovery process.

Ask the group:

How can people promote their own recovery?

Some possible answers may include:

- Speak with health practitioners, family and friends about what things they feel are helpful to enable them to be well and live a good life.
- Identify strategies that promote and maintain wellness.
- Be clear with others that recovery is possible and that they are at the centre of their recovery and that they drive all the decisions about their own healthcare and challenge health practitioners, family members and others that do not respect this.
- When feeling well enough, develop a plan based on care and support options and strategies that they find helpful for when they become unwell, and share this with health practitioners, family and any other important people in their lives.
- Ask that all available information on support and care is provided in an accessible form.
- Seek out opportunities to meet other people who have been through similar experiences and share knowledge and support.
- Listen to others’ experiences and share one’s own story.
- Explore opportunities to be more active and engaged in their local community.

Once participants have had the opportunity to discuss the first question, ask the group:

- How can families and other supporters promote recovery?

Some possible answers may include:

- Make sure that they respect the opinions, decisions and choices of their relative on their treatment, care and other areas of life rather than making decisions on their behalf (for more information on this topic, see module on Protecting the right to legal capacity in
mental health and related services and the module on Realising supported decision making and advance planning).

- Acknowledge that differences of opinion can arise.
- Find out more about what care options and strategies their relative finds helpful to maintain wellness instead of assuming that ‘they know best’.
- Support relatives to be actively engaged in their local community.
- Include their relative in family life and decisions.
- Support their relative to ensure that they are being treated fairly by health services and local agencies.

**Exercise 4.2: Personal recovery stories (20 min.)**

Select 3 personal recovery stories among the excellent videos available from the Open Paradigm Project:

**Open Paradigm Project (11):**
https://www.youtube.com/watch?v=zRo-0-H1V1o&list=PLK_W1A1BNLnQv0PwVgWyQynSrF2YvAOJ (Date accessed 19/02/2017)

Personal experiences available through the above link include: Celia Brown, Oryx Cohen, Sera Davidow, Sean Donovan, Dorothy Dundas, Will Eberle, Dr. Dan Fisher, Jenna Fogle, Marty Hadge, Leah Harris, Michael Kerins, Amy Long, Daniel Mackler, Iden McCollum, Steven Morgan, Matt Samet, Cheryl Sharp, Laura Nicole Sisson, Ciceley Spencer, Lauren Spiro, Leonard Roy Frank, Lauren Spiro, Michael Therrien, Jr, Faith Rhyne, Anne Weaver, Paris Williams, Michael Wilusz).

The following 3 people from the list above have made important contributions to these training materials:

- Celia Brown (12) (7:15 min.): https://www.youtube.com/watch?v=p7J1T1s3TSU Date accessed 07/06/2016

- Oryx Cohen (13) (4:03 min.):
https://www.youtube.com/watch?v=_rhLR1JfPjI&list=PLK_W1J1A1BNLnQv0PwVgWyQynSrF2YvAOJ&index=11 Date accessed 07/06/2016

- Sera Davidow (14) (5:46 min.): https://www.youtube.com/watch?v=vUV_XoBruFs Date accessed 07/06/2016
After watching three videos, ask the group to share their thoughts and comments on what was important for people in their recovery journeys.

**Exercise 5.1: Improving practices to promote recovery in mental health and related services (25 min.)**

The purpose of this activity is to get participants to think specifically about their service and how to translate what they have learned about recovery into concrete and sustainable changes within it.

Again, emphasise that the purpose of this exercise is not to judge or blame particular individuals or services but to work together to improve things in the future.

For this exercise, draw three columns in the flip chart (as per table below).

**Column A:** Change in staff and service practices to support a recovery approach

**Column B:** Potential barriers

**Column C:** Steps to overcome the barriers

First, ask participants to brainstorm changes that should happen in the service to better support mental well-being and implement a recovery approach. List all of their ideas for change as they contribute them in column A.

**A) What are the implications of the recovery approach for staff and service practices? What changes/improvements are required?**

Some possible answers are:

- Support people’s empowerment and decision making power.
- Support people to build their own social support network.
- Provide assistance in connecting people with family and friends, in line with their wishes.
- Link people with relevant health services including community services.
- Link people to other services and supports in the community such as social services and benefits, housing, employment agencies, day-care centres, peer support groups, advocacy groups and assisted residential care.
- Link people to training and skills building opportunities, for example vocational training, paid employment and any other relevant skills or education training.
- Promote and encourage peer support in the service.
- Create a comfortable environment where people can consult with a psychiatrist or other practitioners if they wish to do so.
• Encourage people to discuss their concerns, express their opinions and take ownership/drive their own care and recovery plan, and respect their choices and decisions.
• Encourage people to identify their personal goals for recovery and, if useful, to build and follow a recovery plan on their own or with the assistance of a trusted person. Review recovery plans with people on a regular basis and update when necessary.
• Demonstrate compassion and kindness.
• Support people to access spiritual, religious and cultural resources and experiences if requested (e.g. prayer room, religious scriptures, traditional cultural healing).
• Help people access uplifting and therapeutic experiences such as art, music, nature, journal writing, self-help, in line with their personal preferences.
• Support people to access social opportunities and resources, such as places and opportunities to meet with friends.
• Ensure people are informed about the different care options available to them.
• Encourage people to develop advance directives which specify treatment and recovery options they want to have, in case they are unable to communicate their choices.
• Link people to any relevant psychosocial programs that would allow them to develop skills necessary for employment, education, or other areas.
• Ensure staff are trained about people's rights and are familiar with international human rights standards.
• Ensure that staff have the skills to provide counselling, information, education and support to individuals and their families and care partners.
• Ensure that staff know about community services and resources to promote independent living and inclusion in the community.
• Be open to learning from and being changed by people with psychosocial, intellectual and cognitive disabilities and any person using the services.
• Recognising people as experts by experience.
• Involve people with psychosocial, intellectual and cognitive disabilities at all levels of the service, including management and governance.
• Welcome the involvement of family, care partners, friends and other supporters in the planning and delivery of the service.
• Make the service welcoming and friendly for the persons using the service and their family members, care partners, friends and other supporters.
• Adopt a trauma informed approach in recovery which recognises and addresses trauma experienced by many people due to abuse.

Some participants, in particular mental health and other practitioners, may express the concern that they lack resources and time to carry out all the above actions. This should be openly discussed. At this point the facilitator may emphasis that advocacy and lobbying are also key to making changes and moving in the right direction.

After this brainstorming exercise, go back to each change listed in column A and ask the group to think about:
B) What barriers are going to make it difficult to implement these measures?

C) What can be done to overcome these barriers?

The following table (not included in presentation) includes examples of steps that can be taken to implement a recovery approach and support people in their recovery journey. Participants may think of these as well as additional ideas. It is important to ask participants to sort options into what can be achieved in the short, medium and long term. This is an opportunity to highlight that changing culture within a service takes time, and that not all results will be achieved immediately.

<table>
<thead>
<tr>
<th>Changes in staff and service practices to support a recovery approach</th>
<th>Potential barriers</th>
<th>Steps to overcome the barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 1: Support people to integrate into the community by finding employment and becoming financially stable.</td>
<td>No housing, very few jobs available for all people.</td>
<td>Staff can link people to NGOs which may provide income generating opportunities and/or training for income generation.</td>
</tr>
<tr>
<td></td>
<td>Lack of time and resources for staff to undertake this role.</td>
<td>Lobby for policy change and additional resources.</td>
</tr>
<tr>
<td>Example 2: Work with people to identify their personal goals for recovery and work together to develop a recovery plan.</td>
<td>This approach requires more time and attention for each person, which may be difficult in low-resource services where there is a lack of health practitioners. Following up with people to update the plan and discuss progress is also time consuming.</td>
<td>Develop a program or system across the service to give people opportunities to discuss, develop and review recovery plans according to their wishes.</td>
</tr>
<tr>
<td></td>
<td>Staff may feel that they know what is best for people’s treatment and recovery.</td>
<td>Reminder: Recovery must be centred on what the person needs and wants not on outcomes or results expected by the service.</td>
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<td>Example 3: Use two-way communications by asking for people’s preferences when recommending particular services or care options, instead of one-way, prescriptive communications (e.g. “These are the care options available.”)</td>
<td>Insufficient time within appointment sessions can limit the ability to ask and discuss people’s preferences.</td>
<td>Consciously set aside time in the appointment for discussion about care options and preferences; or allow people to think about options and preferences until the next appointment, and agree to discuss and possibly decide then.</td>
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<td>What do you think would be most helpful to you?” instead of “You should have this form of”</td>
<td>Ask people for reasons why they do not agree with recommendations</td>
</tr>
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Reminder: Recovery must be centred on what the person needs and wants not on outcomes or results expected by the service.
| Example 4: Inform and talk with colleagues and people using the services of the recovery approach. | Colleagues may feel overwhelmed with their existing work to learn about new ways to practice mental health care. People using the services may not feel ready to learn or talk about recovery yet. | Provide factsheets or online links to websites or stories/videos on recovery so people using or working in the services may read or watch them in their own time. |
| Example 5: Make a booklet or spreadsheet on available community resources and organizations (e.g. income generating programs at NGOs in the community; government agencies to obtain social services such as housing, food, or other subsidies; education and vocational skills training opportunities; peer support groups; social and cultural programs, activities and events, etc.). The booklet can be readily used by staff or people using the service to connect with other services outside of mental health. | Staff may not have enough knowledge about all the resources in the community or time to make a comprehensive resource guide. | Make it a group activity where each staff researches and contributes different pieces of the resource guide; share knowledge and workload with other agencies in the community to make the resource guide; have people using the services input into what types of community resources they would like to learn about or get access to, etc. |
| Example 6: Use active listening skills to help people feel understood and listened to. | Staff may feel burnt out at times to be fully attentive to people’s needs. | Acknowledge feeling burnt out and pay special attention to find time and space for self-care either at work or at home. Talk to supervisor or colleagues for support. |
| Example 7: Put up informative or decorative materials (e.g. posters, artwork, etc.) around the service to convey messages of hope and recovery. | Staff may not know where to source those materials or the service may not have funds allocated for such materials. | Search online for (free) materials; Encourage people who are using or have previously used the services to create material portraying messages of hope and recovery around the service. Give people more control and |
WHO QualityRights training to act, unite and empower in mental health

Concluding the training (5 min.)

Ask participants:

What are the 3 key points that you have learned from this session?

Follow the discussion with these take home messages from the session today.

- There is no health without mental health!
- Mental health and related services have an important role to play in promoting mental and physical health.
- There are concrete steps that everyone can take to implement a recovery approach in mental health.
References


