Promoting recovery in 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 module has been developed to provide training and guidance on how to promote a recovery approach in mental health and related fields. 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.

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 recovery for 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 positive 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 in-depth knowledge of the recovery approach to mental health care and its key principles and components.
- Understand and discuss the role of people with psychosocial, intellectual, or cognitive disabilities, mental health workers, family, care partners and other supporters in promoting recovery.
- Develop recovery communication skills.
- Learn how to apply the principles of recovery-oriented care.
- Learn how to create a recovery plan.

Topics covered

Topic 1: What is recovery?
Topic 2: Recovery-oriented mental health and related services
Topic 3: Values in recovery
Topic 4: Working alongside people
Topic 5: Boundaries within the context of recovery practices
Topic 6: Positive risks in recovery
Topic 7: Reconnecting people with their communities
Topic 8: Recovery communication skills
Topic 9: Recovery plans
Topic 10: Recovery Star

Resources required:
In order 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 and cosy environment conducive to free and open discussions.
- Flexible, in terms of enabling the change of easting arrangements (for example 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
- Paper and pens
- Copies of Annex 1: Key components of the recovery approach for all participants
• Copies of Annex 2: My recovery plan – Blank template for all participants
• Copies of Annex 3: My recovery plan – Completed example for all participants

Time
3 days or 16 hours

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 recovery mean to you? (45 min.)**

- Discuss with, and remind the group, that the training they are receiving is about rethinking the way that care and support is provided for people with psychosocial, intellectual and cognitive disabilities.
- Divide the participants into groups of 5.
- If possible, groups should be mixed to include people with psychosocial, intellectual, or cognitive disabilities, family members, care partners, mental health and other practitioners working in or delivering mental health and related services including security staff, porters and others.
- Now ask participants to consider the following reflective question:

**Based on your own personal or professional experience, what does recovery mean for people with psychosocial, intellectual, or cognitive disabilities or for people who are experiencing emotional distress?**

- Allow the groups 15 minutes to prepare their lists.
- Then create the two following lists on the flipchart:
  1. Traditional clinical understanding and;
  2. Understanding based on recovery approach
- Ask participants to share their thoughts and allocate the examples provided to the appropriate list (see presentation 1.2 below if you need to get a better idea of what should go under the two separate lists).

Participants may suggest some recovery-aligned examples, although at this stage early in the recovery training it can be anticipated that many of the ideas will fall within the traditional approach.
**Presentation: What is recovery? (1) (50 min.)**

After the discussion in exercise 1.1, show the following (examples of traditional/clinical versus recovery approach) to the participants and discuss the similarities and differences in their answers.

**Traditional/clinical understanding of what it means to recover:**

- When a person is no longer behaving strangely
- The person is no longer a danger to themselves or others
- The symptoms related to the emotional distress have subsided. For example, the person no longer hears voices
- The person is compliant with medications and the doses are stable
- A decision has been made by medical staff to discharge the person from an inpatient service
- The person’s family feels that their relative is better
- When people feel they have their life back and play a role in society again
- When people using the services have a better understanding of their emotional distress
- Being more independent
- People may still have symptoms but they are living with them and leading a fulfilling life
- Recovery can mean still having emotional distress as part of a person’s life, but that this is not the centre of their lives

**What does recovery mean? (2)**

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.

By framing it in this way, recovery no longer means ‘being cured’ or ‘being normal again’. Instead, it is about gaining new meaning and purpose in life, being empowered to live a self-directed/determined and autonomous life, despite any emotional distress that a person may have lived through or is currently experiencing.

At this point show participants The voices in my head video from Eleanor Longden (3) (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](https://www.ted.com/talks/eleanor_longden_the Voices_in_my_head?language=en), accessed 03 August 2016.
What does recovery mean to people from diverse countries?
It is interesting to note that people from very different countries talk about recovery and what it means in very similar ways.

<table>
<thead>
<tr>
<th>What does recovery mean to a group of people in the United States of America (4)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Recovery from emotional distress is not like recovery from the flu. It’s recovering your life and your identity.</td>
</tr>
<tr>
<td>• Recovery for me is having good relationships and feeling connected. It’s being able to enjoy my life.</td>
</tr>
<tr>
<td>• I don’t dwell on the past. I’m focusing on my future.</td>
</tr>
<tr>
<td>• Being more independent is an important part of my recovery process.</td>
</tr>
<tr>
<td>• Not having symptoms any more is my definition of recovery.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• Having a “mental illness” is part of my life, but not the center of my life.</td>
</tr>
<tr>
<td>• Recovery is about having confidence and self-esteem. I have something positive to offer the world.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What does recovery mean to a group of people in Uganda? (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Recovery is returning to a ‘normal’ state.</strong> “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.</td>
</tr>
<tr>
<td>• <strong>Recovery is an active process.</strong> “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.</td>
</tr>
<tr>
<td>• <strong>Recovery is about freedom.</strong> Recovery is associated with not being in hospital. Freedom to move where they wanted and choice of activities.</td>
</tr>
<tr>
<td>• <strong>Recovery means social wellness.</strong> 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.</td>
</tr>
<tr>
<td>• <strong>Recovery means being able to contribute and be useful.</strong> “I’m giving back to my family and the community.” Being able to support others and feel equal to them.</td>
</tr>
<tr>
<td>• <strong>Recovery is economic stability.</strong> 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.</td>
</tr>
<tr>
<td>• <strong>Recovery is about acceptance.</strong> Understanding and accepting oneself and one’s condition.</td>
</tr>
<tr>
<td>• <strong>Recovery is about forgiveness.</strong> Forgiving others for the things they did and also forgiving oneself.</td>
</tr>
<tr>
<td>• <strong>Recovery is a process for care partners too.</strong> “When he recovered, I recovered too.” Care partners talked about how they and their families joined the process of recovery.</td>
</tr>
<tr>
<td>• <strong>Recovery is making use of resources.</strong> “Having a good relationship with my doctor.” “Participating in my treatment.”</td>
</tr>
<tr>
<td>• <strong>Recovery is about triumph.</strong> Recovery is doing things you didn’t previously think were possible. It is about experiencing positive change and overcoming the struggles that recovery involves.</td>
</tr>
</tbody>
</table>
**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 (1):**

- 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
- Is not ‘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 (6).
   - 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, or 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.
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.

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**Presentation: Key components of recovery (7),(8),(1) (30 min.)**

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

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** that change in one’s life or circumstances is possible is central to the recovery approach.
• Friends, family, care partners, practitioners and other supporters need to recognize and 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.

4. **Meaning in life: Recovery supports people to rebuild and find meaning in their lives**
   • **Meaning and purpose in life** varies for everyone and people find meaning in very different ways. 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 (9),(10)

- **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.
The key components of the recovery approach are summarized in the hand out available in the Recovery-Oriented Mental Health Care – Additional Resource (Annex 1) (7),(8),(1)

**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.
Exercise 1.2: Supporting recovery (40 min.)

- This exercise aims to enable participants to think about what supports and what hinders recovery. The presentation after this exercise discusses these issues in detail so do not worry that you have not directly discussed ‘what supports or hinders recovery’ prior to the exercise.

- Read out the following scenario about Miguel to participants and encourage them to think of the key elements of recovery. You can provide participants with the hand out on key components of the recovery approach from Annex 1.

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.

- Allow participants a few minutes to think about the following questions.
- Then, write down their ideas on a flipchart.

Ask the group:
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? (60 min.)

The purpose of this exercise is to get participants to explore the concept of recovery drawing from their own personal experience. Invite participants to think about a time that they have recovered from something in their own lives within the plenary session.

Ask the group:
Think of a time in your life when you have recovered from something, such as health problems, departure of a close friend, or maybe a loss or bereavement (if you feel comfortable thinking of that).
- What helped your recovery?
- What was not helpful for your recovery?

Divide the participants into groups of 5 and ask each group to discuss and write down what was helpful and what was not helpful in two separate lists.

Request the small groups to briefly present their lists in plenary:

Then ask the group:
- Are there common themes and issues?
- Do you think the helpful things you identified are also relevant to you in your life today or to people you are currently supporting?
Research in several countries has identified some common themes around what promotes or prevents recovery. These tables list in detail key factors which people have identified as either facilitating or hindering recovery.

**Recovery facilitators (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>
</tr>
<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>

*Presentation: Recovery Facilitators and Obstacles (20 min.)*
### Recovery Obstacles (5)

<table>
<thead>
<tr>
<th>Recovery obstacles which hinder recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stereotypes</strong> – False assumptions about people, for instance that they are violent, which can damage their confidence and prevent recovery.</td>
</tr>
<tr>
<td><strong>Stigma and discrimination</strong> – When people are excluded from communities or opportunities in life, or are thought not to be worthy of support, this can hinder their recovery.</td>
</tr>
<tr>
<td><strong>Poverty</strong> – Not being able to meet one’s personal and family needs. This can be a trigger for emotional distress and can hinder recovery.</td>
</tr>
<tr>
<td><strong>Lack of quality health services</strong> – People require suitable health services, access to treatment and supports to maintain wellness and to promote their recovery.</td>
</tr>
<tr>
<td><strong>Lack of independence and control</strong> – Services and individuals can sometimes disempower people, which may hinder their recovery.</td>
</tr>
<tr>
<td><strong>Lack of services and supports in the community</strong> – 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.</td>
</tr>
</tbody>
</table>
This presentation defines recovery-oriented services and outlines some key defining features, which include self-determination, promotion of human rights and addressing trauma.

**Self-determination**
Recovery-oriented services aim to support people in their unique recovery journey and empower people to:
- Take control of their lives.
- Identify and work towards their goals and aspirations in order to lead fulfilling and meaningful lives.
- Make decisions about treatment, care and support in all areas of their lives.

**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 (11). 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.
So what do recovery-oriented services look like in practice?
Many services around the world are based on a clinical understanding of recovery with many believing that recovery is not possible for a large number of people using the services. In this context, treatment and support has been largely limited to the use of medication and occasionally psychotherapy with a focus on removing or reducing symptoms. However, as we have discussed earlier, recovery is not just about removing or reducing symptoms, but also about a person’s life and identity. This therefore requires an understanding of what “getting better” means for each person and working with them to achieve this.

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.(12)
https://www.youtube.com/watch?v=GGlig8w_oZQ, accessed 04 August 2016

This is an opportunity for participants to hear, understand and discuss how aspects of a traditional medical approach to mental health can disempower and negatively impact people’s lives, despite good intentions of practitioners working within this framework. It also highlights the key elements that led to Rory Doody’s recovery.

Ask participants:

- 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?

Recovery-oriented services start with the question:

“What can we work on together to make your life better?”
In other words, the recovery approach deals with all aspects of the person’s life and asks whether people are living the life that they want to be living. This is a highly personal experience and therefore requires highly personalized support which draws upon the values and preferences of the individual.
Practitioners, peer supporters, care givers or others can work with people to identify early on in the relationship what recovery means to them and to help them work towards these goals (13). It should include discussion about broad areas of a person’s life, for example:

- Reconnecting with family and friends or developing new social networks and relationships
- Finding a job
- Going back into education
- Participating more in community life

A recovery-oriented approach to services requires that those in a supportive role:

- Believe in the people they work alongside, in the decisions that they make and that they can recover control of their lives.
- Learn as much as possible from people who have a psychosocial, intellectual or cognitive disability and/or who have used services as they have considerable knowledge and expertise through their lived experience. In order to do so, practitioners and other supporters need to recognize people with lived experience are ‘experts’ in relation to themselves and their recovery. It also requires them to reflect on the knowledge, skills and values which they bring to the supporting role and what they may be required to do differently within a recovery framework. This will be discussed in more detail in the following topics.

**Presentation: Focusing on assets and strengths of the person is central to recovery-oriented care (1),(14)(25 min.)**

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

- 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.
### Asset/strengths-based approach: (13),(1),(14)

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 (14):

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, 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.

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.

**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

**Starts with deficiencies and responds to problems:**
- Chronic fatigue and low mood, possibly depression
- Alcohol misuse
- Increasing isolation
- Relationship problems with wife

**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

**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

### Asset/Strengths-Based Approach

**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

**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

**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 2.1: Focusing on strengths and assets (1) (20 min.)**

Now is the chance for the participants to apply the concepts they have learnt about focusing on strengths and assets.

Start by introducing this exercise using the following statements:
- Utilizing the asset/strength-based approach opens up avenues for recovery, whereas the deficit-based approach reinforces the problems of stigma and discrimination.
- Often within the deficits-based approach people are described in highly medical terms which are negative or derogatory.
Ask participants to divide into groups of 5 and consider the following scenario of Sarah:

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.

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 2.2: Focusing on strengths and assets (15 min.)**

- This exercise aims to encourage participants to use positive language when describing people with psychosocial, intellectual, and cognitive disabilities or others using mental health and related services.
- This is an opportunity to take the information learned so far and make it a more personal experience for participants.
- Encourage the group to be honest and if some participants create descriptions that are not consistent with recovery language, ask the wider group to think of ways to re-express the descriptions.
- In plenary ask participants to:
  
  Think about a person you know with a psychosocial, intellectual or cognitive disability.

- Try to describe that person
- Find all the person’s strengths and use only positive words, avoid words such as ‘but’ or ‘despite’
- Write down your description of that person

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

Give participants a few minutes to think about this statement and then ask some to volunteer their description, and discuss these with participants in plenary.

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**Presentation: Key recovery-oriented practices (10 min.)**

As we have 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 *not* 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.

In the next topics we will look at the key roles that practitioners, family members and other supporters can play in promoting recovery. Participants will then have a chance to discuss how this differs from the current practice in mental health and related services.

Due to unequal power balances some participants may be reluctant to offer their opinion. Make sure that all participants are involved in the discussions and share their opinions.

**Exercise 2.3: Promoting hope (10),(11),(15)? (45 min.)**

The following discussion about promoting hope should take place in the plenary. Ask participants:

> What do you understand by the phrase “inspiring hope”?

Share the following description and ask for responses and reactions to it:

> “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” (10).

**What are your reactions to this?**

Now ask participants to divide into groups of five. Groups can be mixed or organized by categories, such as mental health and other practitioners, people with psychosocial, intellectual and cognitive disabilities, families, NGOs and others. Ask the groups to discuss the following question:

> How can practitioners, peers, families, and others inspire hope in people they are supporting in their recovery?
Ask participants to report back on their group discussion in the plenary. Then bring the following list to their attention:

**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
- 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

Ask participants:

**Why might people who are using services lose hope?**

Examples of answers may include:

- Family, friends and staff have no confidence in them.
- Others seem to make all important decisions for them, and disagree with their views.
- Being told that one should not get married, have children or work again.
- Being excluded from the community and being discriminated against (for example, not being able to gain employment, relying on social welfare and not able to break out of this vicious cycle).
- Belief that there is nothing positive in their future or that their life and circumstances cannot change.
- Loss of self-worth and confidence in their abilities and talents.
- Losing hope because the recovery process can be hard or involves hard work.
- Poor treatment in mental health and related services resulting in loss of hope that things can get better.
- Being given a diagnosis and feeling like medication is the only answer.
Exercise 2.4: How hope facilitates recovery (10) (20 min.)

Ask the group to think once again about a time when they had to recover from something.
Consider a time when you have recovered from something
- For example a health problem, departure of a close friend, or maybe a loss or bereavement (if you feel comfortable thinking of that).
- This can be a similar situation to the one you thought about in the earlier exercise of the training.

Then as a group answer the following questions:
- What role did hope play in your own recovery?
- When you felt hopeless, what helped you keep going?

Give the group a few minutes to jot down their ideas and then discuss with the rest of the group.
Presentation: Respecting the person means understanding their values and preferences (1) (30min.)

This exercise is an opportunity for participants to now reflect on what they consider values to be. After a few minutes of reflection and for writing down their thoughts, ask participants to share their answers to the following question:

What do you value in your life?

It may be helpful if the facilitator starts by sharing some examples. These may include:

- Family
- Employment
- Meaning in life
- To love and be loved
- Religion
- Right to choose

**Values Definition:**

- Values are 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.

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. Understanding a person’s values and preferences is essential to building recovery-oriented relationships.

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.**

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.

Ask the group:

**What actions could you take that would help you to understand another person’s values?**

**Answers may include:**
• Listening closely and carefully
• Creating a non-threatening and non-judgmental atmosphere to allow the person to feel comfortable in sharing their thoughts and experiences including those that may evoke shame or guilt
• Understanding a person’s reasons for their opinions, choices and preferences especially regarding treatment, care and support options
• Understanding peoples past and current lives and experiences
• Always demonstrating belief in and respect for the person
Topic 4: Working alongside people

Presentation: What does it mean to work alongside someone? (10) (15min.)

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, letting 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.
Presentation: Understanding boundaries (16) (20min.)

When discussing with participants the issue of boundaries, it is important to be aware that there may be variations in opinion in the group as to what is acceptable. Ask the group the following question and list their responses on a flip chart:

What do you understand by the phrase -
*Maintaining professional boundaries in the context of mental health and related services?*

After a short discussion on this, resume the presentation.

**Maintaining Boundaries** (17)

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-involve 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.
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?

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
Topic 6: Positive risks in recovery

Presentation: Supporting positive risk-taking (18) (30 min.)

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.

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 (10), (19):

People with psychosocial, intellectual and 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 (18)?
- 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 (18)
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 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 (18):

1. **Identify the goal to be achieved**
2. **Identify the benefits and risks **OF taking action**
3. **Identify the benefits and risks **OF NOT taking action**
4. **Consider ways to reduce risks**

How to support risk-taking
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. In a similar way, the benefits and risks of NOT taking action should be identified

4. Consider ways to reduce risks
   - 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 6.1: Positive risk-taking in practice (110 min.)**

The aim of this exercise is to explore what risk taking might look like in practice. Ask for volunteers to read the scenario. It can be a different participant for each scenario. Towards the end of the scenario participants will be asked to brainstorm what actions could be put in place to support positive risk-taking. Discussion should take place in plenary and the facilitator should write down participants ideas on a flip chart.

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.
Here is an example of positive risk-taking in practice. Are there any volunteers to read out the following scenarios?

Scenario 1 (10) (30 min.)

**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 risks 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 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.
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. Are there any volunteers to read out the next scenario?
Scenario 2 (10) (30 min.)

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.

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 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 Mary in her plan to return to work.
• Note down the ideas generated by the participants on a flip chart
• Once the group has finished discussing this, share with them the outcome of this scenario (in the following table)
• Then highlight similarities between what participants said and the actions discussed in the following table.

Let’s review the action Mary decided to take.

<table>
<thead>
<tr>
<th>The action Mary decided to take</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Together, they decide to:</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• Create a specific plan for dealing with crises that might occur when Mary is working under pressure.</td>
</tr>
<tr>
<td>• Generate a routine which allows her to arrive at work on time and manage any potential stressors.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
</tbody>
</table>
Now imagine there are two outcomes for Mary. Review and compare each below:

<table>
<thead>
<tr>
<th>Outcomes for Mary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTCOME 1</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

| **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. |

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.**
Scenario 3 (45 min.)

**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 a follow-up appointment.

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 wish to come off his medication.

At the end of the role play, participants should feedback their discussion in plenary

- Note down the ideas generated by the participants on a flip chart
- Ask for 2 volunteers to read the parts of Vikram and Ananya
- Then highlight similarities between what participants said and the actions discussed in the following table
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 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 in my head 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.

Now imagine there are three outcomes for Vikram.

Ask for three different volunteers to read each of the outcomes. Compare and discuss the outcomes in plenary.

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.
Topic 7: Reconnecting people with their communities

Presentation: Reconnecting people with their communities (20) (15 min.)

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

Reconnecting people with their community is a key part of the recovery journey

- Being re-engaged in the community is often a key goal of recovery for many people with psychosocial, intellectual and cognitive disabilities
- People can benefit from using available community services and resources, be it for health, leisure, or social services, and interacting and building relationships with other community members.
- A key role of family, practitioners and other supporters therefore, is to learn about available resources in their local community and to support the person to access these.
- A key role for practitioners in some cases may also be to assist a person using services, to re-establish contact with lost family and friends if the person wishes to do so.
- In addition, it can be useful to connect people to peer supporters or groups that may exist. People benefit greatly when they are able to receive support from others who have had similar experiences going through recovery (for additional information please see QualityRights guidance modules Providing individualized peer support in mental health and related services and Creating peer support groups in mental health and related areas).
- Reconnecting people within the community can lead to positive interactions for all and also has the added value of breaking down stereotypes and misconceptions.
Exercise 7.1: Reconnecting the disconnected (15 min.)

This discussion will take place in plenary. Write ideas from participants on a flip chart.

Ask participants the following question:

In what ways can your local mental health or related service better connect people to their community throughout their recovery journey?

Some answers for both inpatient and outpatient services may include:

- The person using the service can be encouraged to identify the ways in which they would like to be reconnected with their community.
- Gather as much information as possible about the activities the person is currently or was previously involved in as part of their local community.
- Encourage the use of community leisure facilities.
- Link individuals to job, vocational or educational opportunities available in the local area, with the persons consent, and, as appropriate, engage with employers, companies, academic institutions, income generating organizations, and NGOs, to help them better understand and accommodate any requirements they may have.
- Establish peer groups for people in recovery (or where peer groups exist, connect people to these groups). For further information please see QualityRights guidance modules Providing individualized peer support in mental health and related services and Creating peer support groups in mental health and related areas.
- If the person wishes, connect them with their local faith based groups.

Additional actions for inpatient services specifically could include:

- Encourage visitors and groups from the local community
- Ensure that visiting times for family, friends and supporters are flexible
- Invite local community support groups into the service to provide activities / services
- Facilitate supported trips into the local community
Effective communication helps to empower people and support them along their recovery journey.

Encourage participants to think about effective communication in their personal and professional lives and how these communication skills can be applied to promote recovery.

**Exercise 8.1: Communication is crucial in recovery-oriented care (10 min.)**

Ask participants:

Based on your experience (this can be personal or professional), what skills are important for good communication with people undertaking a recovery journey?

Some answers may include:
- Listening attentively (for example listening without distractions and focusing fully on the person)
- Making an effort to truly understand what the person is saying/the person’s perspective
- Taking a moment to think about what the person is saying before responding, (i.e. not reacting immediately)
- Not interrupting or getting distracted and making sure that your mobile phone is on silent mode
- Talking calmly
- Being patient
- Offering messages of hope to the person
- Understanding the views and values of the other person
- Using humor if and where appropriate
- Using non-judgmental language
- Paying attention to non-verbal language and behaviors (i.e. gestures, facial expressions, eye contact)

**Presentation: Key communication skills in recovery (10) (20 min.)**

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**

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.
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 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.

**Conversations that flow both ways: Moving from monologue to dialogue**

- It is important to recognize that people have their own views, ideas and opinions, and that these might be very different from those of mental health and other practitioners, families, care partners and other supporters.
- 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...”.

**Positive messages focusing on hope and recovery are important to the recovery process**

- Hope promotes progress as it allows people to think about a life outside their emotional distress.
- Hope reinforces progress that has already been achieved. Supporters can remind people of how far they have already come on their recovery journey.

**In difficult situations, mental health and other practitioners, families and other supporters may have strong reactions and emotional responses**

When strong and emotional responses occur it is important to:

- Recognize and understand these to avoid knee-jerk reactions and communicate better and hence support recovery.
- Take a moment to imagine how the person is feeling or the reason behind their current actions, works or behavior.
- This helps 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 8.2: Putting active listening skills into practice (10) (20 min.)

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.
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”.
**Topic 9: Recovery plans**

*Presentation: Making a recovery plan* (21),(22),(23) *(15 min.)*

The following presentation introduces the group to the idea of a recovery plan, which is a practical tool for people to take control of their own recovery.

Provide training participants with the recovery template in Appendix 2 to use during the presentation.

People may benefit from having a written plan to guide their personal recovery journey, which can be referred to as a recovery plan.

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 discussion 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

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 2 and 3 for a blank template and completed example.

For additional information on advance plans, please refer to the QualityRights training module Realising supported decision making and 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

Presentation: 1. Plan for pursuing dreams and goals (22) (20 min.)

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.
  • Dreams and goals can also be about specific things people want to achieve, for example getting a part-time job or a 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.
OPTIONAL EXERCISE:
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: 2. Wellness Plan (22)(23) (20 min.)

- 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 or 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.

<table>
<thead>
<tr>
<th>What I am like when I am feeling well:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sociable</td>
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<tr>
<td>A loner</td>
</tr>
<tr>
<td>Cautious</td>
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<tr>
<td>Athletic</td>
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<tr>
<td>Happy</td>
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<tr>
<td>Encouraging</td>
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<td>Adventurous</td>
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<tr>
<td>Hard working</td>
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<td></td>
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<tr>
<td>Outgoing</td>
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<tr>
<td>Talkative</td>
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<td>Introverted</td>
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<td>Extroverted</td>
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<td>Thoughtful</td>
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<td>Responsible</td>
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<td>Serious</td>
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<td>Impulsive</td>
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<tr>
<td>Quiet</td>
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<td>Energetic</td>
</tr>
<tr>
<td>A fast-learner</td>
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<tr>
<td>Pessimistic</td>
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<tr>
<td>Supportive</td>
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<tr>
<td>Easy going</td>
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<tr>
<td>Confident</td>
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<td>Enthusiastic</td>
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<td>Opinionated</td>
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<td>Optimistic</td>
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<td>Industrious</td>
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<td>Curious</td>
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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:**
Ask the group to turn to their blank recovery template and complete for themselves the section on my wellness plan, but not including the weekly schedule.

**Presentation: 3. Plan for managing ups and downs (22) (30 min.)**

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 (21),(22):

- 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 behaviors that suggest a crisis may develop. Warning signs are different for everybody but some examples of warning signs for a crisis may include (24),(22):

- 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:**
Ask the group to turn to their blank recovery template and complete the main tables in the section on managing ups and downs.
Presentation: 4. Plan for managing a crisis (advance plan/directive) (22),(23) (30min.)

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.

These documents give mental health 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 in a 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.

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:
Ask the group to turn to their blank recovery template and complete for themselves the section on ‘plan for managing a crisis (Advance planning)

For further information on advance plans and directives, refer to the QualityRights training modules Protecting the right to legal capacity in mental health and related services and Realising supported decision making and advance planning.

Presentation: 5. Plan for after a crisis (21),(22) (15 min.)

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 (e.g. any new triggers or early warning signs I have identified?)

OPTIONAL EXERCISE:
Ask the group to turn to their blank recovery template and complete for themselves the section on “My plan for moving on after I have a crisis”
Presentation: The Recovery Star (25),(26) (20 min.)

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 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.
The Recovery Star (25),(26):

**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. -

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

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

**Maintaining your identity**
For example – Not letting people undervalue me
- e.g. -
- e.g. -
- e.g. -

AP = A priority for me

1 = Not at all satisfied
2 = Satisfied
3 = Very satisfied
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.
MY RECOVERY PLAN
(blank template)
Providing recovery-oriented mental health and related services

Contents

What is recovery?

Part 1. My Plan for Pursuing Dreams and Goals

Part 2. My Wellness Plan

Part 3. My Plan for Managing Ups and Downs

Part 4. My Plan for When I am having a Crisis

Part 5. My Plan for After I have a Crisis
Acknowledgements

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


These documents draw heavily from WRAP – Wellness Recovery Action Plan\textsuperscript{*} by Mary Ellen Copeland PhD Peach Press Revised 2011.
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.

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone</th>
<th>How he/she can help</th>
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*In an emergency*

**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.

3. You can make changes to the plan at any time as you learn more about yourself and achieve goals in your recovery journey.
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.
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.
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

<table>
<thead>
<tr>
<th>The DREAM/GOAL I want to work on first is:</th>
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<tr>
<th>How long it might take to achieve this dream/goal:</th>
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</table>

<table>
<thead>
<tr>
<th>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:</th>
</tr>
</thead>
</table>
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:

[Blank boxes for steps]

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.
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.

<table>
<thead>
<tr>
<th>Information I will need to complete these STEPS and where I will get it from:</th>
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</thead>
<tbody>
<tr>
<td>Information I will need:</td>
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<tr>
<td>Support or help I will need:</td>
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</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.

<table>
<thead>
<tr>
<th>My personal strengths that will help me achieve my dreams</th>
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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.

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.

<table>
<thead>
<tr>
<th>Things to do EVERYDAY to remain well</th>
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</table>
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**

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</table>

**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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</tbody>
</table>
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**

<table>
<thead>
<tr>
<th></th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
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<tbody>
<tr>
<td>Morning</td>
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<td>Afternoon</td>
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<td>Evening</td>
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</table>
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.

<table>
<thead>
<tr>
<th>Triggers</th>
<th>Actions that can be taken to remain well</th>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Triggers</th>
<th>What I can do to remain well when the triggers happen</th>
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</thead>
<tbody>
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</table>
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

<table>
<thead>
<tr>
<th>My warning signs</th>
<th>Actions I can take when I experience warning signs</th>
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</thead>
<tbody>
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</table>
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

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

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<thead>
<tr>
<th>What I am like when I am feeling well</th>
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</table>

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 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.

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### 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**

<table>
<thead>
<tr>
<th>Person(s) to be contacted in emergency</th>
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<tbody>
<tr>
<td>Name</td>
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</table>
2. My supporters

<table>
<thead>
<tr>
<th>Name</th>
<th>Their Connection to Me (e.g. friend, relative, social worker)</th>
<th>Telephone and/or Email</th>
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</table>

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.

<table>
<thead>
<tr>
<th>People I do not want to be involved if I am experiencing a crisis:</th>
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<tbody>
<tr>
<td>Name (relation)</td>
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</table>

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.
Things I want my supporters to take care of when I am in crisis:

<table>
<thead>
<tr>
<th>Name</th>
<th>What I would like this person to take care of while I am in crisis</th>
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</table>

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 I was feeling scared or alone
- Gave me a chance to talk about my concerns without judging me
- Encouraged me to do things, like go for a walk, get dressed or eat a meal
- Offered to do things with me
- Comforted me when I was feeling very upset
- Kept me safe
- Arranged for me to listen to my favourite music, watch my 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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</table>
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:

<table>
<thead>
<tr>
<th>What I do NOT find helpful</th>
<th>WHY it is not helpful</th>
</tr>
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<tbody>
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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

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.

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

**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).

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone and/or Clinic Name &amp; Address</th>
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</table>

**My current medication**  
(List all medications for all health problems)

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<tr>
<th>Name</th>
<th>Dosage (mg)</th>
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</table>

**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**

<table>
<thead>
<tr>
<th>Type of medication:</th>
<th>Reasons I would prefer to take it</th>
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<tbody>
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</table>

**Medications you will NOT take**

<table>
<thead>
<tr>
<th>Type of medication:</th>
<th>Reasons I would prefer to take it</th>
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<tbody>
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</table>

**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.

<table>
<thead>
<tr>
<th>First Preference</th>
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<thead>
<tr>
<th>Second preference (if first preference is not possible)</th>
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<thead>
<tr>
<th>Third preference (if second preference is not possible)</th>
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</thead>
</table>

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.

<table>
<thead>
<tr>
<th>I PREFER to go to</th>
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<tbody>
<tr>
<td><strong>Name of Hospital/Ward/service:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I prefer NOT to go to</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Hospital/Ward/service:</strong></td>
</tr>
</tbody>
</table>
**Special Needs**
On this page, list all your special and personal needs that are important for other people to know

<table>
<thead>
<tr>
<th>Health conditions</th>
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<tr>
<th>Religious or cultural needs</th>
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<tr>
<th>Food and dietary needs (including food allergies)</th>
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<table>
<thead>
<tr>
<th>Things I want to have with me if I am admitted to hospital (e.g. my glasses)</th>
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<table>
<thead>
<tr>
<th>Things I dislike and other things people should know about me</th>
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<table>
<thead>
<tr>
<th>Other special needs</th>
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</table>
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.

<table>
<thead>
<tr>
<th>My triggers I would like people to be mindful of</th>
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</table>
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.

<table>
<thead>
<tr>
<th>If I am doing dangerous things I would like my supporters to do</th>
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<thead>
<tr>
<th>If I am doing dangerous things I DO NOT WANT my supporters to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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.
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:

[Signature placeholders and dates for witnesses]
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.

This might be the first Part of your Recovery Plan that you fill out if, for example, you are just recovering from a crisis and have not yet done the other parts and that is perfectly fine.
Preparations for Going Home

If you have been in hospital ...

Name two people 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.
**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.

<table>
<thead>
<tr>
<th>Name</th>
<th>What I need to do</th>
<th>What help I will need and from whom</th>
<th>When I need to do it</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**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

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
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.
Use these timetables to schedule activities to keep well:

### Timetable for my first week after a crisis

<table>
<thead>
<tr>
<th></th>
<th>Day 1 Go Home</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afternoon</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Evening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### My weekly timetable for stabilising my life

<table>
<thead>
<tr>
<th></th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afternoon</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evening</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Section</th>
<th>Changes I Want to Make</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes “Part 2. My wellness plan”</td>
<td></td>
</tr>
<tr>
<td>Triggers</td>
<td></td>
</tr>
<tr>
<td>Warning signs of a crisis</td>
<td></td>
</tr>
<tr>
<td>Changes to “Part 4. My plan for when I am having a crisis (Advance Planning)”</td>
<td></td>
</tr>
</tbody>
</table>
MY RECOVERY PLAN
(completed example)
Providing recovery-oriented mental health and related services

Contents

What is recovery?

Part 1. My Plan for Pursuing Dreams and Goals

Part 2. My Wellness Plan

Part 3. My Plan for Managing Ups and Downs

Part 4. My Plan for When I am having a Crisis

Part 5. My Plan for After I have a Crisis
Acknowledgements

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


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

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone</th>
<th>How he/she can help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary, my peer supporter</td>
<td></td>
<td>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</td>
</tr>
<tr>
<td>Tom, my best friend</td>
<td></td>
<td>Go for a walk and share my fears and dreams. To also reminisce about good times together</td>
</tr>
<tr>
<td>Phil, my neighbour</td>
<td></td>
<td>He always makes me laugh and feel better. He is also very friendly with me</td>
</tr>
<tr>
<td>Caren, my teacher</td>
<td></td>
<td>She makes me feel grounded and understands me very well. She is very kind and sensitive</td>
</tr>
</tbody>
</table>

In an emergency, I can call: Mary
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.

![Dreams and Goals Diagram](image-url)
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

- 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.
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:

6 months - 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
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:

- 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.
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.

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

Part 2. My 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
- ________
- Humorous
- ________
- Playful
- ________
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.

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

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Go grocery shopping</td>
</tr>
<tr>
<td>Make a list of accomplishments for the past week</td>
</tr>
<tr>
<td>Clean the house</td>
</tr>
<tr>
<td>Meeting with a peer supporter, mental health or other practitioner</td>
</tr>
<tr>
<td>Go to the park with my dog</td>
</tr>
<tr>
<td>Go to a place where I can get in touch with my spiritual-self and can find peace</td>
</tr>
<tr>
<td>Do something to help others (for example volunteer at the local school fete or hospice)</td>
</tr>
<tr>
<td>Talk to someone who I feel comfortable with about the things that make me feel stressed or anxious</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not drink more than one cup of coffee per day</td>
</tr>
<tr>
<td>Do not stay up past 10pm on a weeknight</td>
</tr>
<tr>
<td>Do not drink more than 2 glasses of alcohol a day</td>
</tr>
</tbody>
</table>
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

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

<table>
<thead>
<tr>
<th>Triggers</th>
<th>Actions that can be taken to remain well</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moving to a new apartment</td>
<td>Talk to someone you trust about the way you are feeling (e.g. a friend, family member, peer or mental health or other practitioner)</td>
</tr>
<tr>
<td>High workload at your job</td>
<td>Take some time out from activities you find stressful</td>
</tr>
<tr>
<td>Not being able to sleep</td>
<td>Do something relaxing before bedtime (e.g. have a cup of tea or read a book)</td>
</tr>
<tr>
<td>End of a relationship</td>
<td>Do something that will distract you (e.g. seeing friends, watching movies, playing computer games, doing housework, going for a walk)</td>
</tr>
<tr>
<td>Being harassed or teased</td>
<td>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</td>
</tr>
<tr>
<td>Financial problems</td>
<td>Talk to family members, friends or the bank to find ways to solve the financial problems</td>
</tr>
</tbody>
</table>

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

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

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

Notes: (Any events that triggered a change in my mood)  
I moved to a different house on January 12th
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/

### 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.

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

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 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

<table>
<thead>
<tr>
<th>Person(s) to be contacted in emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>John</td>
</tr>
</tbody>
</table>

2. My supporters

<table>
<thead>
<tr>
<th>Name</th>
<th>Their Connection to Me (e.g. friend, relative, social worker)</th>
<th>Telephone and/or Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>Brother</td>
<td></td>
</tr>
<tr>
<td>Mark</td>
<td>Social worker</td>
<td></td>
</tr>
<tr>
<td>Ismael</td>
<td>Peer Supporter</td>
<td></td>
</tr>
<tr>
<td>Susan</td>
<td>Friend</td>
<td></td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Name (relation)</th>
<th>Reason why I do not want them involved (optional):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ivan (Friend)</td>
<td>I feel judged by Ivan</td>
</tr>
<tr>
<td>Ben (Older Brother)</td>
<td>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</td>
</tr>
<tr>
<td>Cynthia (My old Doctor)</td>
<td>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</td>
</tr>
<tr>
<td>Emily (My neighbour)</td>
<td>I do not trust her as she always talks about everyone in the neighbourhood</td>
</tr>
</tbody>
</table>

### 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.

### Things I want my supporters to take care of when I am in crisis:

<table>
<thead>
<tr>
<th>Name</th>
<th>What I would like this person to take care of while I am in crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td>John (brother)</td>
<td>Tell my peer support group that I am experiencing a crisis&lt;br&gt;Help with paying bills&lt;br&gt;Take my dog for walks</td>
</tr>
<tr>
<td>Ismael (peer supporter)</td>
<td>Reassure my family and tell them I am going to be alright&lt;br&gt;Notify my employer that I am unwell&lt;br&gt;Support me to work through my plan for when I am in a crisis</td>
</tr>
</tbody>
</table>
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):

<table>
<thead>
<tr>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listen to me talk about why I am upset</td>
</tr>
<tr>
<td>Avoid telling me to calm down or give me advice</td>
</tr>
<tr>
<td>Keep me safe from doing dangerous things (such as hurting myself)</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>Not to treat me like a child because I am not. I am an adult who can make mistakes like anybody else</td>
</tr>
</tbody>
</table>

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.

Fill out your own list below:

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

**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.

<table>
<thead>
<tr>
<th>Services or supports that you are currently receiving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly individual psychotherapy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services or supports that have helped to when you have been in crisis in the past</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercising everyday</td>
</tr>
<tr>
<td>More frequent individual psychotherapy sessions</td>
</tr>
<tr>
<td>Having my brother stay with me at home for a week</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services or supports that you do NOT want and why you would prefer to avoid them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group therapy because it makes me anxious to talk about my thoughts or feelings in front of others</td>
</tr>
<tr>
<td>ECT because my memory was badly affected</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services or supports to deal with family issues or other critical situations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having frequent contact with my peer supporter</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone and/or Clinic Name &amp; Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Primary Care Physician/GP</td>
<td>Vikram L.</td>
</tr>
</tbody>
</table>

**My current medication**  
(List all medications for all health problems)

<table>
<thead>
<tr>
<th>Name</th>
<th>Dosage (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication 1</td>
<td>5 drops at night</td>
</tr>
<tr>
<td>Medication 2</td>
<td>50mg once per month</td>
</tr>
<tr>
<td>Medication 3</td>
<td>2mg per day</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Type of medication</th>
<th>Reasons I would prefer to take it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med X</td>
<td>It helps me during crisis situations</td>
</tr>
</tbody>
</table>

**Medications you will NOT take**

<table>
<thead>
<tr>
<th>Type of medication</th>
<th>Reasons I would prefer to take it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med X</td>
<td>It makes me too sleepy and inactive</td>
</tr>
</tbody>
</table>

**Medications you are ALLERGIC to**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Med X</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>First Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>With my brother</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second preference (if first preference is not possible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>With my mother</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Third preference (if second preference is not possible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>At the hospital</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>I PREFER to go to</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Hospital/Ward/service:</strong></td>
<td><strong>Why I would prefer to go there:</strong></td>
</tr>
<tr>
<td>Crisis residential unit</td>
<td>The staff know me and are friendly</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I prefer NOT to go to</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Hospital/Ward:</strong></td>
<td><strong>Why I would NOT prefer to go there:</strong></td>
</tr>
<tr>
<td>The female unit at the local Hospital</td>
<td>The staff are not friendly and staff use coercive practices a lot</td>
</tr>
</tbody>
</table>
### Special Needs

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

<table>
<thead>
<tr>
<th>Health conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>No sugar in my food; regular insulin injections</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Religious or cultural needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do not eat pork</td>
</tr>
<tr>
<td>I go to religious services once a week</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food and dietary needs (including food allergies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am allergic to shellfish</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Things I want to have with me if I am admitted to hospital (e.g. my glasses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photos of my children</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Things I dislike and other things people should know about me</th>
</tr>
</thead>
<tbody>
<tr>
<td>When people get too close to me I feel irritable and anxious, so please keep a distance (about 1 meter) when talking to me</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other special needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>
**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.

<table>
<thead>
<tr>
<th>My triggers I would like people to be mindful of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shouting</td>
</tr>
<tr>
<td>Pushing</td>
</tr>
<tr>
<td>Getting too close to me</td>
</tr>
<tr>
<td>Being touched</td>
</tr>
<tr>
<td>Being talked down to</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>If I am doing dangerous things I would like my supporters to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Remove anything dangerous around me</td>
</tr>
<tr>
<td>• Dedicate significant time to listening</td>
</tr>
<tr>
<td>• Talk to me gently</td>
</tr>
<tr>
<td>• Contact my brother who I trust</td>
</tr>
<tr>
<td>• 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</td>
</tr>
<tr>
<td>• Not having too much noise or activity around me</td>
</tr>
<tr>
<td>Being sensitive and patient with me</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If I am doing dangerous things I DO NOT WANT my supporters to</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Yell at me, or patronise me</td>
</tr>
<tr>
<td>• Admit me to hospital</td>
</tr>
<tr>
<td>• Threaten me</td>
</tr>
</tbody>
</table>

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.
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): [Signature]  Date: [Date]

Witnessed by:
Name: Jon Smith  Signature:  Date: 25-01-2016

Name: Jim Reeves  Signature:  Date: 25-01-2016

Name: Sarah Blanch  Signature:  Date: 25-01-2016
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 recovering from a crisis and have not yet done the other parts and that is perfectly fine.
Preparations for Going Home

If you have been in hospital...

Name **two people** 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**.
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.

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

<table>
<thead>
<tr>
<th>Things to do EVERY DAY to help me enjoy my life after a crisis:</th>
<th>When I will do them</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Morning</td>
</tr>
<tr>
<td>Get up at a reasonable time</td>
<td>☒</td>
</tr>
<tr>
<td>Go for a walk</td>
<td>☐</td>
</tr>
<tr>
<td>See a friend or a family member</td>
<td>☐</td>
</tr>
<tr>
<td>Eat three healthy meals per day</td>
<td>☒</td>
</tr>
<tr>
<td>Go to sleep at a reasonable time</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Things to do on SOME DAYS a week to enjoy my life after a crisis (and which days I will do them on):</th>
<th>Days I will do them on</th>
</tr>
</thead>
<tbody>
<tr>
<td>Things to do</td>
<td>Mon</td>
</tr>
<tr>
<td>Clean my house</td>
<td>☐</td>
</tr>
<tr>
<td>Go to a park or public place</td>
<td>☐</td>
</tr>
<tr>
<td>See my mental health or other practitioner</td>
<td>☒</td>
</tr>
<tr>
<td>Go to a place where I can feel good (i.e. park)</td>
<td>☐</td>
</tr>
<tr>
<td>Visit a friend or a relative near my house</td>
<td>☐</td>
</tr>
<tr>
<td>Connect with my peer support group</td>
<td>☐</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Things to avoid while I am recovering from my crisis:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinking too much coffee or alcohol</td>
</tr>
<tr>
<td>Skipping meals</td>
</tr>
<tr>
<td>Sleeping too much</td>
</tr>
<tr>
<td>Being by myself for long periods of time</td>
</tr>
<tr>
<td>Seeing people that I don’t feel comfortable with</td>
</tr>
</tbody>
</table>

**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.
Use these timetables to schedule activities to keep well.

### Timetable for my first week after a crisis

<table>
<thead>
<tr>
<th></th>
<th>Day 1 Go Home</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Morning</strong></td>
<td>Take a bath</td>
<td>Get up at a reasonable time</td>
<td>Get up at a reasonable time</td>
<td>Get up at a reasonable time</td>
<td>Get up at a reasonable time</td>
<td>Get up at a reasonable time</td>
<td>Get up at a reasonable time</td>
</tr>
<tr>
<td><strong>Afternoon</strong></td>
<td>Go for a walk</td>
<td>Go for a walk</td>
<td>See my peer supporter</td>
<td>Go to my peer support group</td>
<td>Go to exercise class</td>
<td>See my peer supporter</td>
<td>Clean my house; Take a bath</td>
</tr>
<tr>
<td><strong>Evening</strong></td>
<td>Go to bed on time</td>
<td>See a friend or a family member</td>
<td>Go to bed on time</td>
<td>Go to bed on time</td>
<td>See a friend or a family member</td>
<td>Go to bed on time</td>
<td>Go to bed on time</td>
</tr>
</tbody>
</table>

### My weekly timetable for stabilising my life

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Changes I Want to Make</th>
</tr>
</thead>
</table>
| 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” |
References


5. Heartsounds Uganda and Bubatika Hospital. SharingStories - Recovery in Uganda: Themes from recovery listening events. Summary of the workshops conducted in February 2015 in Kampala and Jinja aimed at enabling mental health service users and staff members to think about recovery. [online publication]. United Kingdom; Tropical Health & Education Trust (THET) and the UK Department for International Development (DFID); 2015. (Available from: http://api.ning.com/files/TC9Ufo78u8ncixgA6GMqMbgd2d8p8vius0uwNIAbqgg5yYPQcWnVp-bNQrzjG0wPooVV50PAfH9mChgGxnxGCFDhbQM2f7ONX_WorkshopSummaryBooklet2.02.pdf, accessed 26 February 2017).


