Change Vision:

Helping People in Their Recovery Journey

Addiction and Mental Health Program **Guidelines**

Réseau de santé Vitalité Health Network

Change Vision: Helping People in Their Recovery Journey

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Glossary

Accountability: requirement to show that policies and programs are accomplishing intended results.

Engagement: commitment and involvement. Engaged or committed to a goal and to the activities required to achieve it.

Interdisciplinary teamwork: people from multiple disciplines and professions working collaboratively to achieve a common goal.

Interdisciplinary Program Team: a core group of professionals (providers) that work collaboratively in customizing addiction and mental health services to the specific needs and choices of recovering individuals.

Multidisciplinary teamwork: people of various disciplines working together on a common project but in a parallel fashion.

Natural supports: This will vary from one individual to another. It may include family, friends, peers and/or other persons or resources. It may change with time according to need and what is available to the individual.

Primary care: the element within primary health care that focuses on health care services, including health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury.

Primary Health Care: an approach to health and a spectrum of services beyond the traditional health care system. It includes all services that play a part in health, such as income, housing, education, and environment.

Primary addiction and mental health care: the first level of addiction and mental health services within the formal health system.

Provider: all professionals involved in the treatment, intervention, and care of persons seeking addiction and mental health services.

Recovery: a concept whereby persons live a satisfying, hopeful, and contributing life, even when there are on-going limitations caused by mental health problems and illnesses[1].

Recovery approach: the manner in which services are provided; it offers hope and the possibility of recovery; it supports individuals and families, and involves communities.

Recovery journey: the personal experience of individuals whose life path includes a hopeful and meaningful life while living with addiction and mental health issues or illness.

Recovery model: the philosophical underpinnings, conceptualization or way of viewing recovery.

1 Mental Health Commission of Canada (2012). Changing Directions, Changing Lives: The Mental Health Strategy for Canada. Calgary, AB: Author. Page12.

Recovery-oriented care: what addiction and mental health providers offer in support of the person's recovery journey.

Reliability: psychometric property of an instrument to produce similar results under similar conditions.

Secondary addiction and mental health care: psychiatric services available in a general hospital or detox unit for 24-hour care and supervision of people with acute worsening of addiction or mental health disorders.

Support Team: addiction and mental health providers, recovering individuals, their families and significant others working in partnership to respond to the person's needs and goals.

Tertiary mental health care: specialist mental health care required beyond that which can be provided in general hospitals.

Transition: change of service to an external agency or organization.

Validity: psychometric property of an instrument to measure what it is intended to measure.

Introduction

The Action Plan for Mental Health in New Brunswick 2011-18[2] signals the beginning of a new era for addiction and mental health within the province. Over the coming years, the system will undergo transformative change to better respond to the needs of individuals and their communities. Practices inside the system will adjust to accommodate a recovery based approach that engages and involves people with lived experience of addiction and mental health issues or illness, their families, and natural supports. In collaboration with all stakeholders, ways of reaching and working with everyone who needs help will be developed.

This document is expected to contribute to the planned restructuring of the system. It evolves from *A Review of the Structure and Delivery of Community Mental Health Services in New Brunswick* submitted by CAMH[3] in 2009; the consultations carried out by Judge Michael McKee and his subsequent recommendations to government in *Together Into the Future: A Transformed Mental Health System for New Brunswick* (2009)[4]; and *The Action Plan for Mental Health in New Brunswick 2011-18* (2009).

The current health structure mandates the Department of Health to plan, fund, and monitor programs and services. In this role, the Department provides high level program and service parameters, outcome expectations, and performance measures that the Health Networks will later use to guide the development of specific operational guidelines. Vitalité Health Network and Horizon Health Network are held accountable for providing addiction and mental health services within their respective jurisdiction. They will be responsible for developing ***operational guidelines*** that provide specific program direction to field staff.

Although the 2009 CAMH report called for the development of evidenced-based clinical practice guidelines, the focus of this document is on providing ***program guidelines***. The development of complementary clinical practice guidelines is a collaborative effort that requires the participation of multiple stakeholders and is beyond the scope of this work.

2 Department of Health (2011). *The Action Plan for Mental Health in New Brunswick 2011-18.* Province of New Brunswick, Fredericton. http://www.gnb.ca/0055/pdf/2011/7379%20english.pdf

3 Centre for Addiction and Mental Health

4 McKee, M. (2009) *Together Into the Future: A Transformed Mental Health System for New Brunswick.* Fredericton. http://www.gnb.ca/cnb/Promos/MentalHealth/NBMHS-e.pdf

Purpose

Through *The Action Plan for Mental Health in New Brunswick 2011-18,* Government has directed the addiction and mental health system to move towards a recovery approach. As such, it becomes necessary for each level to explore its workings and adapt its practices. This work is multifaceted and will continue to evolve as primary, secondary and tertiary levels undergo an organizational and cultural change. Stakeholders have expressed their desire to move forward and are committed to achieving successful outcomes.

Change Vision: Helping People in Their Recovery Journey contributes to the restructuring efforts by clarifying the desired vision and articulating the Department of Health's expectations of Horizon and Vitalité Health Networks in the delivery of community addiction and mental health services. These program guidelines further serve as a tool to increase knowledge of the recovery approach and model its use in describing program parameters, outcome expectations and provincial-level performance measures.

It is expected that with a recovery approach emerging across the province, Health Networks will engage their partners including persons with lived experience, their families and significant others to craft recovery-oriented services to meet the needs of people and communities in their respective catchment areas. Intended for addiction and mental health care providers, this program guidelines document will function as a touchstone when developing and delivering community addiction and mental health services.

Health Networks and government agencies have demonstrated their desire to engage in collaborative activities that contribute to decrease cost and increase efficiencies; that avoid duplication; and that sustain preferred practices. As such, this work will foster continued alliances in the development of future recovery-oriented clinical and operational guidelines in addition to related educational activities.

Historical Perspective

New Brunswick has a long history of providing services to individuals with alcohol related issues. It is also proud of its innovative approach in meeting the challenge of delivering mental health services. From its earliest years to the present changes, the province has built on the past to improve the future. The current vision is one of self-determination and encourages those with lived experience of mental illness, addiction, or both to achieve their full potential within a community that values their contribution and promotes social inclusion.

The History of Addiction and Mental Health Services in New Brunswick

Prior to integration of services in 2005, New Brunswick's addiction and mental health services were separate entities with unique histories albeit with some commonalities. Most notable is that significant reform began for both in the 1960s, and in later years commissions were instrumental in furthering the transformation of services. The following paragraphs more fully describe the sequence of these events.

Recommendations of the New Brunswick Liquor Inquiry Commission in 1961 resulted in a comprehensive plan that included legislation, alcohol education for adults and school age children, as well as programs for treatment and rehabilitation of problem drinkers and alcoholics. Clinics for the treatment of alcoholism were established in Campbellton and Saint John, and alcohol related community services were expanded.

Royal assent of the *Alcoholism and Drug Dependency Act* in 1974 and the creation of the Alcoholism and Drug Dependency Commission of New Brunswick heralded further change. By law, the Commission was responsible for programs and research on prevention and rehabilitation as well as for coordinating the related efforts of other agencies. As a result, the first treatment facility opened its doors in the late seventies and others started operation throughout the next decade. When the *Act to Repeal the Alcoholism and Drug Dependency Commission of New Brunswick* was assented to in 1992, responsibility for alcohol and drug related programs was transferred to the then Minister of Health and Community Services. Regional Hospital Corporations delivered the programs to which problem gambling was subsequently added as a recognized addiction.

The shift to providing mental health services outside psychiatric institutions began during the 1960s with the creation of community mental-health-care clinics. Introduction of the *Mental Health Act* mirrored the increasing desire for additional mental health care within the community setting. Subsequent advocacy from the Canadian Mental Health Association in New Brunswick and mounting engagement of those living with a mental illness and their advocates led to the 1987 policy framework that resulted in a system overhaul that garnered recognition as a leading practice in mental health reform in Canada[5].

Under the responsibility of the Mental Health Commission, a broad-based mental health system that focused more closely on community-based services was realized. A ten year plan called for increased investment in mental health, re-allocation of human and financial resources to community services, provincial staff development, enhancement of self-help and support groups, and suicide prevention. In 1996, the Commission and Community Mental Health Centres (CMHC) were integrated within the

5 Clarke Institute of Psychiatry (1997). *Review of Best Practices in Mental Health Reform.*

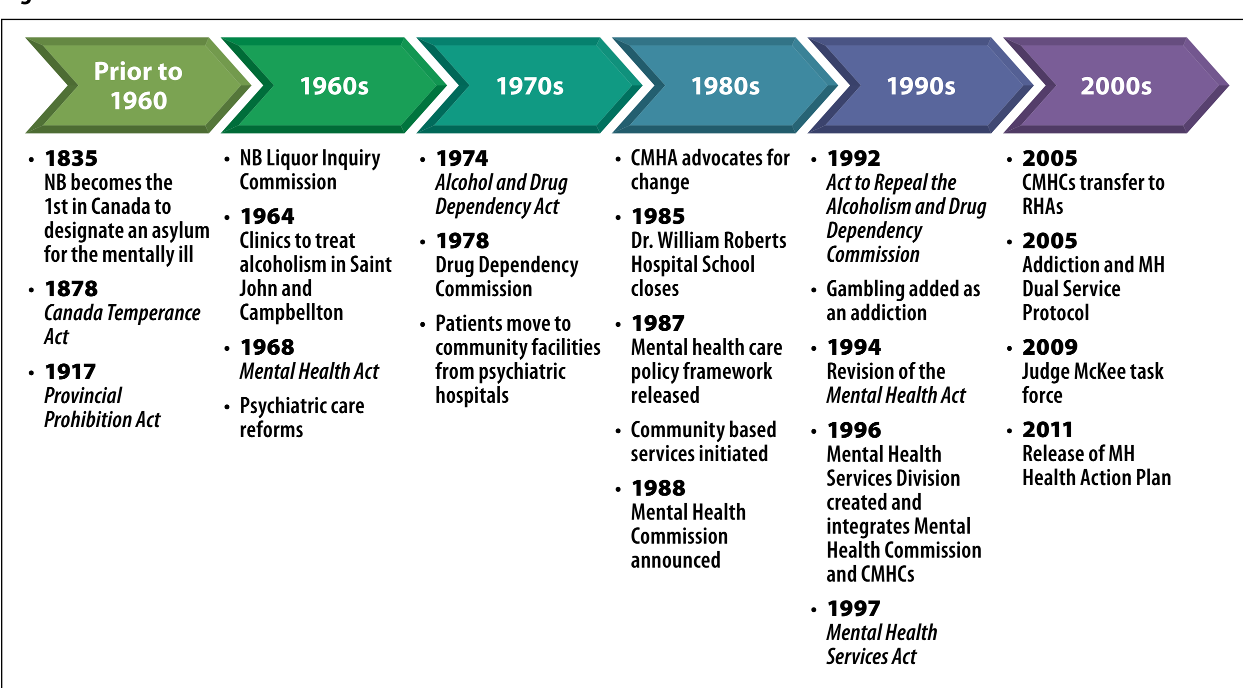
former Department of Health and Community Services to become the Mental Health Services Division. The following year, the *Mental Health Services Act* further solidified mental health services within the community setting and ensured a balance of community and institutional services.

In 2005, it became feasible to implement an integrated treatment model for individuals with concurrent disorders of mental illness and dependency issues when Mental Health Services were transferred to the Regional Health Authorities and thus under the same jurisdiction as Addiction Services. Formalized through a protocol of collaboration, the two services were called upon to work together to: 1) establish regional committees that reported to the provincial Director of Addiction and Mental Health Services; 2) share training resources; and 3) participate in case planning to address both conditions in a collaborative manner regardless of the service entry point.

Further integration of addiction and mental health services is being realized through technology. Over a four year period ending in 2013, funding allocated for improving practices in Addiction Services has been used to carry out analysis and integration of Addiction Services into a common client information system. The use of the Client Service Delivery System (CSDS) will foster seamless care for clients with concurrent disorders and prevent unnecessary duplication of effort for providers.

The timeline diagram depicted in Figure 1 illustrates these key events. It also contains a few historical events that have contributed to the evolution of addiction and mental health services but are not described in the above paragraphs but found in *The Action Plan for Mental Health in New Brunswick 2011-18*[6].

Figure 1: Timeline of Addiction and Mental Health Services in NB



6 Department of Health (2011). *The Action Plan for Mental Health in New Brunswick 2011-18.* Province of New Brunswick, Fredericton.

A Change in Vision

Globally, there is growing awareness of addiction and mental health and its impact on individuals, families and communities. *The Action Plan for Mental Health in New Brunswick 2011-18* represents a new direction for a new millennium. It builds on the solid foundation of the past to design an integrated recovery-oriented system for the future. A system that will promote the mental health of all New Brunswickers and will provide services, interventions, and supports that respect the principles of recovery: hope, empowerment, self-determination and responsibility[7].

Significant to transforming the system is the implementation of a recovery-oriented approach and collaborative practices between stakeholders. Such an approach includes but is not limited to addiction and mental health services, primary health care providers including family physicians, psychiatrists, and community organizations that offer family and social support.

The recovery approach offers hope and the possibility of recovery; it supports families, and involves communities.

The Recovery Approach

Emerging as a central focus of reform, the recovery approach is fundamental to national strategies in several countries including Australia, New Zealand, the United Kingdom, the Netherlands, Spain, the United States, and more recently in Canada[8]. It is a shared concept that serves to unify mental health and addiction services[9].

The growing bodies of experiential knowledge and research findings provide concrete evidence that a recovery approach contributes to significant positive clinical outcomes and improvement in overall function for persons with addiction, mental health problems and illness, or both. The recovery approach offers hope and the possibility of recovery; it supports families, and involves communities. In this context, "the concept of recovery refers to living a satisfying, hopeful, and contributing life, even when there are on-going limitations caused by mental health problems and illnesses"[10]. Assessment and intervention are focused on strengths, and foster hope as well as the development of new skills and knowledge. This approach encourages personal choice and promotes assuming control and maintaining responsibility for one's health to the extent one is able.

As with other areas of practice, recovery has its own use of language. Historically, terms such as "consumer", "clients", "service users" and "patients" have been used to refer to individuals who are accessing addiction and mental health services. More reflective of the humanistic language of a recovery approach are words such as "person", "individual", "people with lived experience" and "people accessing mental health services"[11]. Furthermore, terms such as "support people", "support networks" and "significant others" recognize the multiple relationships that are significant to people.

7 Mental Health Commission of Canada (2012). Changing Directions, Changing Lives: The Mental Health Strategy for Canada. Calgary, AB: Author. Page 16 http://strategy.mentalhealthcommission.ca/pdf/strategy-images-en.pdf

8 Piat, M and Polvere, L. (date not stated). *Recovery-Oriented Mental Health Policies: Implications for Transformative Change in Five Nations* Chapter 6

9 Davidson, L. & White, W. (2007). *The Concept of Recovery as an Organizing Principle for Integrating Mental Health and Addiction Services.* Journal of Behavioral Health Services and Research. 34:2

10 Mental Health Commission of Canada (2012). Changing Directions, Changing Lives: The Mental Health Strategy for Canada. Calgary, AB: Author. page 12

11 Department of Health (2011). *Framework for recovery-oriented practice:* State of Victoria, Melbourne, Australia

The Roots of Recovery

Exploring the roots of recovery and how recovery is perceived across sectors help us to understand each other's frame of reference. Common ground and understanding are critical to the success of a recovery-oriented approach across the addiction and mental health system.

The self-help concept of recovery is well known within the addiction community and spans more than half a century. Being "in recovery" continues to be associated with achieving and maintaining sobriety, making amends, and reclaiming one's life[12]. More recently, emphasis has been placed on continuity of care over time rather than episodic treatment and services during relapse[13]. Furthermore, before recovery can be fully effective and sustained, it is necessary to increase one's "recovery capital", recognized as being the tangible and social-emotional resources that permit the person to undertake the journey of recovery.

A second variation of recovery is the self-help, self-advocacy recovery model seen in mental health. Rooted in civil rights[14], it began in response to societal prejudice and stigmatization of individuals with mental illness and their desire to reclaim their rights as full and contributing members of society. As personal stories of what recovery looks and feels like from the inside became visible[15], an understanding of recovery emerged with an emphasis on the centrality of hope, identity, meaning and personal responsibility.

Another concept of recovery is the one seen within psychiatric rehabilitation[16] where recovery refers primarily to improving and maintaining functional ability in life activities. In this context, it moves away from the traditional medical meaning of recovery that refers to the alleviation of symptoms and cure to a broader meaning that encompasses the concept of recovery *in* illness as opposed to recovery *from* illness[17].

In the context of a recovery-oriented approach, recovery retains elements from each of the above concepts. Its evolution has been gradual and continues. In the Canadian strategy document *Changing Directions, Changing Lives*[18], the definition has been expanded to include the concept of well-being and has been adapted to include the stages of life. With these changes, the principles of recovery apply to all individuals no matter the person's age, gender, sexual orientation, ethnicity, culture, level of sobriety, or mental health. "Recovery is understood to refer to a unique personal experience, process or journey that is defined and led by each person in relation to their well-being. While

12 Tondora, Heerema, Delphin, Andres-Hyman, O'Connell & Davidson (2008). *Practice Guidelines for Recovery-Oriented Care for Mental Health and Substance Use Conditions.* Hartford, CT: Connecticut Department of Mental Health and Addiction Services, 13-14. http://www.ct.gov/dmhas/lib/dmhas/recovery/practiceguidelines2.pdf

13 *Ibid,* page 15

14 *Ibid.* page 18

15 Slade, M. (2010) *Mental illness and well-being: the central importance of positive psychology and recovery approaches:* BMC Health Services Research 10:26 http:www.biomedcentral.com/ 1472-6963/10/26. Accessed February 20, 2012

16 Jacobson, N. & Curtis, L. (2000). *Recovery as Policy in Mental Health Services: Strategies Emerging from the States.* Psychosocial Rehabilitation Journal. Spring

17 Tondora, Heerema, Delphin, Andres-Hyman, O'Connell & Davidson (2008). *Practice Guidelines for Recovery-Oriented Care for Mental Health and Substance Use Conditions.* Hartford, CT: Connecticut Department of Mental Health and Addiction Services.19

18 Mental Health Commission of Canada (2012). Changing Directions, Changing Lives: The Mental Health Strategy for Canada. Calgary, AB: Author. page 12

recovery is owned by and unique to each individual, mental health services have a role in creating an environment that supports, and does not interfere with people's recovery efforts"[19].

Recovery and the Health-Care System

Distinguishing between recovery and recovery-oriented care brings clarity to the roles of those who practice within the health-care system. The first refers to what the person with a mental health or substance use issue does to claim or reclaim his or her life. The second is what practitioners, clinicians, and counselors offer in support of the person's recovery journey. A recovery-oriented approach encompasses both aspects.

A critical feature of the recovery approach is the *"primacy it places on the participation of people in recovery and their loved ones in all aspects and phases of the care delivery process"*[20]. Recovering individuals are understood to be the experts in the management of their own recovery journey.

Treatment encourages options that work best for the specific individual, that foster hope and result in a greater quality of life. Such an approach is seen as a shift in clinical practice to more closely resemble that of other specialties. What the recovering person needs most is "…information about the nature of his or her difficulties, education about the range of effective interventions available to overcome or compensate for these difficulties, access to opportunities to utilize these interventions in regaining functioning, and supports required in order to be successful in doing so"[21].

Essential is a system that recognizes the person at its centre, is flexible and able to integrate a full scope of services, and recognizes that success is possible only through the collaborative efforts of individuals, their families and natural supporters, providers, communities and government. Transforming a system requires changing its fundamental values and structure. Within recovery, it means not only restoring a person's mental health but "addressing the structural and systemic barriers to the full inclusion of individuals with psychiatric disabilities"[22]. It demands courage, persistence, and conviction.

The Collaborative Model of Response[23] (Figure 2) depicts a transformed integrated comprehensive system for New Brunswick that provides a full scope of services for individuals at various times in their recovery journey. Recovery is inherent to each level and offers hope, respect, and acceptance. In keeping with the premise that addiction and mental health is everyone's responsibility, the multi-level model depicts an approach that involves individuals, natural supports, community, providers and government. Furthermore, the model integrates partnerships, sector collaboration, community mobilization strategies, service specialization and promotion of mental health at each level.

19 Department of Health (2011). *Framework for recovery-oriented practice:* State of Victoria, Melbourne, Australia. page1 http://docs.health.vic.gov.au/docs/doc/0D4B06DF135B90E0CA2578E900256566/$FILE/framework-recovery-oriented-practice.pdf

20 Tondora, Heerema, Delphin, Andres-Hyman, O'Connell & Davidson (2008). *Practice Guidelines for Recovery-Oriented Care for Mental Health and Substance Use Conditions.* Hartford, CT: Connecticut Department of Mental Health and Addiction Services, page 8

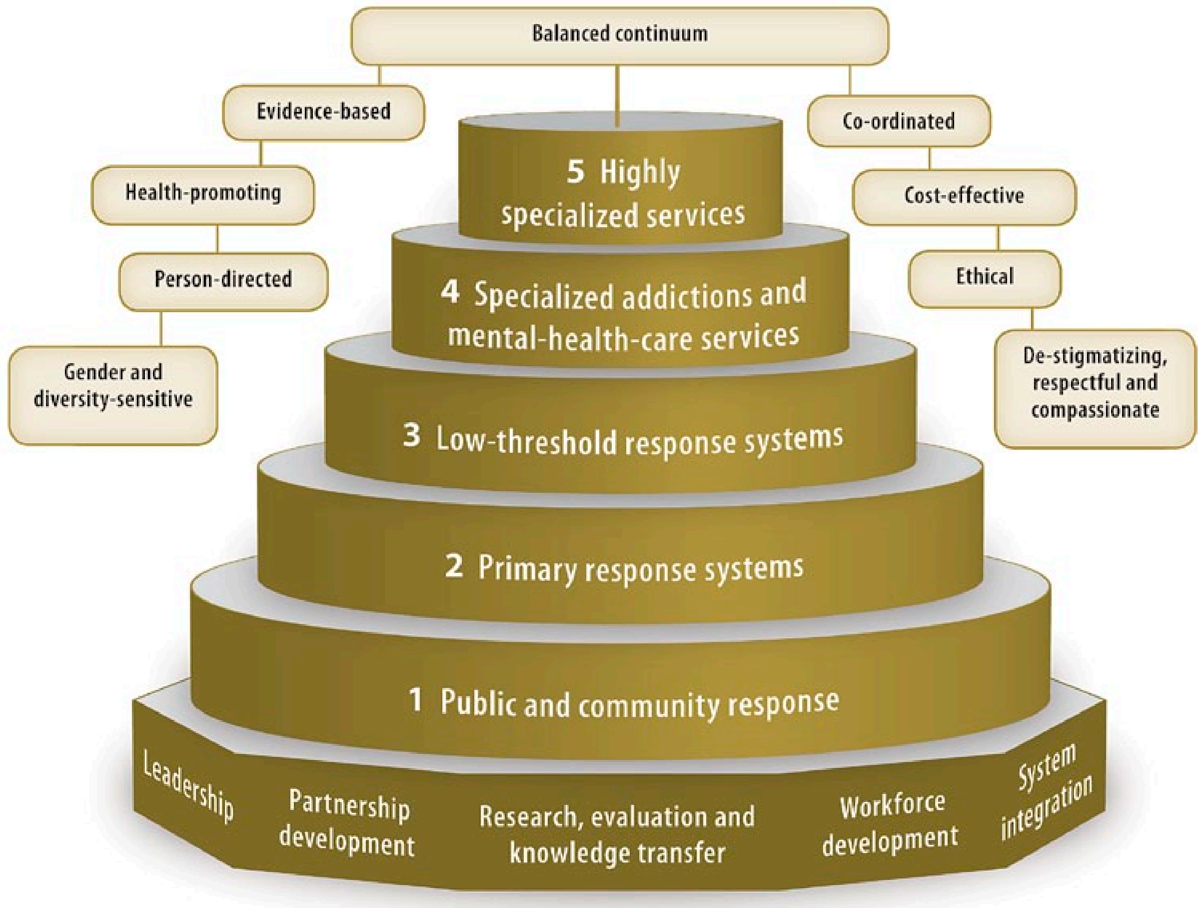
21 *Ibid,* pages 22-23

22 Piat, M and Polvere, L.(not stated) *Recovery-Oriented Mental Health Policies: Implications for Transformative Change in Five Nations*. Chapter 6. 7

23 Department of Health (2011). *The Action Plan for Mental Health in New Brunswick 2011-18.* Province of New Brunswick, Fredericton. page 10

The Collaborative Model of Response addresses mental disorders and substance use issues as chronic illnesses. This is in keeping with a recovery approach that applies to all individuals with lived experience of addiction or mental health issues or both, whether experiencing a life challenge, an acute illness or living with a chronic condition. It co-exists and is complementary to approaches and models that share similar values and goals, such as primary health care models, that create practical, supportive, evidence-based interactions between an informed, activated person and a prepared, proactive practice or intervention team.

Figure 2: The Collaborative Model of Response

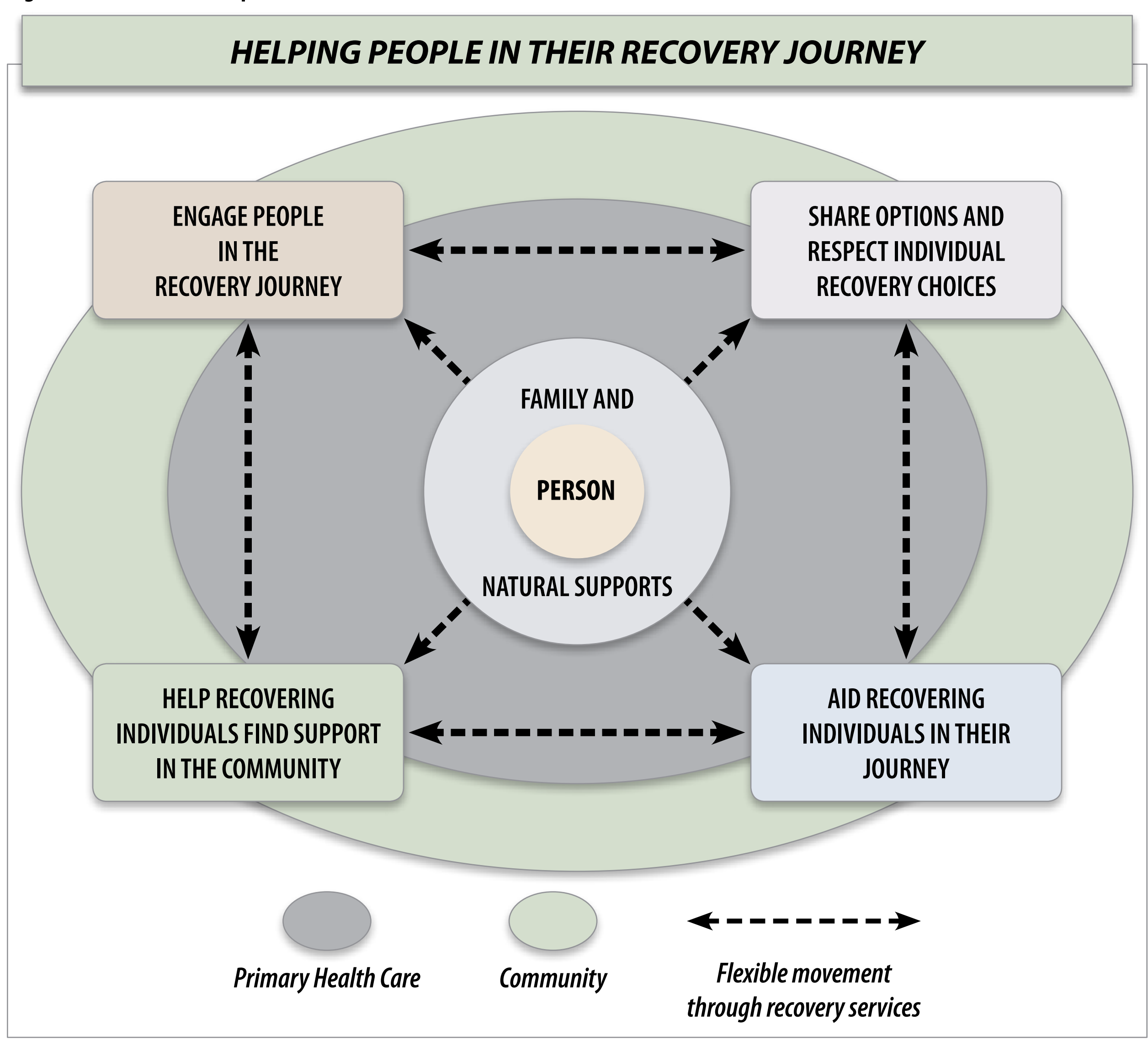


Conceptual Framework

The conceptual framework is one of an organization that promotes an environment which fosters respect, hope, and opportunity. The framework is expected to maximize addiction and mental health programs in a manner that meets the recovering person's needs and supports their goals, involves family and natural supports, and respects the tenets of the recovery approach.

In keeping with the philosophical underpinnings of the recovery approach, the *Helping People in Their Recovery Journey Framework* (Figure 3) places the person with lived experience at the centre of all services and programs. The central circle is situated within a larger circle representing the family and natural supports and the fundamental relationships that are included when working with persons of lived experience.

Figure 3: Model of Conceptual Framework



The conceptual framework then depicts the key roles of providers. As 'coaches' or 'partners' on a recovery journey they:

1. *Engage People in the Recovery Journey*
2. *Share Options and Respect Individual Recovery Choices*
3. *Aid Recovering Individuals in Their Journey*
4. *Help Recovering Individuals Find Support in the Community*

Dashed arrows are present to indicate fluidity of the person's movement through internal addiction and mental health process pathways. They also infer individualization of services and provide links to each of the headings of the model.

Implicit to the model is that processes exist for each of the four key role headings. It also implies that providers are undertaking the activities needed to support the individual's recovery direction. Providers develop helping relationships, provide options based on clinical assessments, give professional advice, and support the individual's choices.

Included in the model and situated in the immediate background is primary health care. "Primary health care refers to an approach to health and a spectrum of services beyond the traditional health care system. It includes all services that play a part in health, such as income, housing, education, and environment. Primary care is the element within primary health care that focuses on health care services, including health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury"[24]. Primary health care providers play a significant role in addressing the health needs of individuals with addiction and mental health issues.

Although collaboration with all service providers is valued, there is recognition that primary care has a privileged relationship throughout the service continuum of addiction and mental health. Primary care practitioners are frequently the first to be consulted when a person becomes aware that he or she is experiencing problems with addiction, mental health, or both. Physical health and mental health are intricately woven and monitoring an individual's overall health is an important aspect of recovery and continuity of care. Within this conceptual framework, ongoing consultation and collaboration as well as the exploration of new ways of working together with primary care practitioners is expected.

The outer band of the oval represents the broader community. Community-based workers, organizations, and agencies provide complementary services to those offered by addiction and mental health services. In addition, social clubs, support groups, and informal gatherings provide numerous benefits for the individual with lived experience and his or her natural supports.

24 Health Canada http://www.hc-sc.gc.ca/hcs-sss/prim/index-eng.php

Values, Principles, and Domains

Stakeholders are committed to working in collaboration to facilitate the system-wide reorientation to a recovery-oriented approach. Such an approach has as its basic premise that it will "promote hope, self-determination, and opportunities"[25] for individuals who are subject to addiction or mental health issues, or both. It is assumed that providers will develop new knowledge and skills to work in meaningful partnership with individuals with lived experience. Stakeholders will promote and respect the recovery journey while fostering a positive relationship with the health system.

Essential Values and Principles

A number of values have been identified within recovery literature. The following four stand out as paramount in supporting a recovery approach[26] and should be inherent in the conceptualization of addiction and mental health programs and services. They are briefly summarized as:

1. *Person orientation:* the person is viewed not as a "case" with symptoms of illness but as an individual with positive attributes and challenges.
2. *Person involvement:* individuals participating in the programs have a right to full partnership in all aspects of their recovery including meaningful participation in service development and evaluation.
3. *Self-determination and choice:* individuals have the right to make their own decisions in all aspects of their personal recovery process.
4. *Growth potential:* a person has the innate potential to recover which implies a commitment from the person with lived experience and their support network to maintain hopefulness.

Guiding principles have been updated by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the United States. Listed below and described in **Appendix A**, these represent well-recognized work in the area of recovery principles[27]:

1. *Recovery emerges from hope*
2. *Recovery is person driven*
3. *Recovery occurs via many pathways*
4. *Recovery is holistic*
5. *Recovery is supported by peers and allies*
6. *Recovery is supported through relationships and social networks*
7. *Recovery is culturally-based and influenced*
8. *Recovery is supported by addressing trauma*
9. *Recovery involves individual, family and community strengths and responsibility*
10. *Recovery is based on respect*

25 Sainsbury Centre for Mental Health. Position Paper: Implementing Recovery a new framework for organisational change. London. http://www.centreformentalhealth.org.uk/pdfs/implementing_recovery_paper.pdf

26 Farkas, M., Gagne, C., Anthony, W. & Chamberlin, J. (2005). *Implementing Recovery Oriented Evidence Based Programs: Identifying the Critical Dimensions.* Community Mental Health Journal. Vol. 41, No. 2, 144-147.

27 Paolo del Vecchio, 23 March 2012, SAMHSA's Working Definition of Recovery Updated; Recovery Support Strategic Initiative, accessed August 20, 2012 http://blog.samhsa.gov/2012/03/23/defintion-of-recovery-updated/

Critical Domains

Four major domains supporting addiction and mental health services in New Brunswick have been identified by stakeholders as being critical to a recovery approach. It is expected that with the passage of time, experience will deepen the understanding of this approach and periodic refinement of the domains will be necessary.

Domain 1: Recovery-oriented services are centered on the individual

This first domain recognizes that persons with lived experience are at the centre of all addiction and mental health services, and emphasis in on personal strengths and goals as well as challenges, choices and the ability to self-manage. It honors basic human rights: cultural, sexual, and spiritual. It believes in client potential, instills hope, and focuses on the unique needs, values, strengths, and preferences of individuals. It acknowledges self-determination and the desire to live a meaningful life. It also acknowledges that individuals know themselves and are the most familiar with the services they receive or have received in the past. It further acknowledges that they are in the best position to know what is helpful and what will help them succeed. Their expertise and participation is critical when their care is discussed and treatment options planned. The voice of persons with lived experience is pertinent in discussions related to the service delivery system.

Persons with lived experience are at the centre of all addiction and mental health services.

Elements of this domain are characterized by:

- Relationships that honour the individual's basic human rights.
- Interactions that are respectful, honest, and maintain the individual's sense of dignity.
- Recognition of the individual's right of autonomy and self-management.
- Freedom from coercive practices.
- Approaches that focus on the individual's strengths.
- Holistic approaches that support the individual's needs and goals.
- Environments that foster trust, engagement and participation in all aspects of care.
- Support to make real choices that are relevant to personal goals.
- Support for individuals to take positive risks that foster positive self-perception.
- Involvement of peers in support of recovery.
- Participation of individuals in the development of programs and services.

Domain 2: Recovery Involves Family and Natural Supports

This domain recognizes the contribution of family and natural supports in helping the individual with lived experience to meet personal needs and achieve his or her recovery goals. It also recognized that many people have key supporters that are not family. It acknowledges that families and natural supports foster hope, belonging, and self-worth, and provide opportunities for meaningful relationships and activities. Furthermore, families and natural supports encourage and facilitate contact with the broader society. It acknowledges that when relationships are positive, "home" can be a stable and safe place to live. Family or other supporters are encouraged to take an active part in planning care as their intimate knowledge of the individual provides an additional perspective when discussing client service options. Families and natural supporters make a significant contribution to the development and design of programs and services.

Elements of this domain are characterized by:

- Respectful interactions between service providers, family and natural supports.
- A desire to support the individual in recovery.
- Active participation of family and natural supports
- Information that is mutually shared.
- Clear communication with verification that all concerned have the same understanding of the issues.
- Supports for family and significant others.

Domain 3: Recovery Involves Linking with the Community

This domain relates to the social and community life of individuals. It acknowledges that individuals with addiction or mental health issues contribute to society in meaningful ways. It also recognizes that recovery goes beyond the health system and appreciates the role of community in supporting the housing, education, and employment needs of individuals in their recovery journey. Communities also promote a sense of accomplishment and self-worth, contribute to a feeling of belonging, and support social inclusion through natural affiliations found in community settings. It is also known that social stigma associated with addiction issues and mental health continues to exist and that individuals with lived experience are often marginalized in society. Elements of this domain are characterized by:

- Access to community-based services including housing, education, training, and employment opportunities.
- Re-integration within social community; creation of new positive social supports.
- Strengthening of existing relationships with community providers, organizations and agencies.
- Engagement of individuals in community activities that reflect their values and interests and foster linkages with their cultural community.
- Participation in activities that reduce stigma and increase opportunities for acceptance and integration of individuals in mainstream community groups.

Domain 4: Recovery Is Supported by Strong Leadership and Effective Practices

This domain recognizes that leadership is a key factor in successfully reorienting practices to a recovery approach and should be informed by direct input from recovering persons at all levels. This will require a fundamental paradigm shift in how addiction and mental health services are provided in New Brunswick. It will involve a strong commitment from leaders across sectors to garner support in moving forward. Effective practices are those that promote recovery, are culturally sensitive, and are the least intrusive[28]. Services are provided at the right time, in the right place, by the right provider and with the right resources.

Leadership is a key factor in successfully reorienting practices to a recovery approach.

Elements of this domain are characterized by:

- A culture of trust for individuals, staff and stakeholders.
- The creation of an infrastructure to support a recovery approach.
- Involvement of people at all levels in workplace cultural and organizational change.
- Commitment to processes and practices that promote recovery and are easily navigated.
- Services that are seamless, accessible, responsive to persons' needs, and provide continuity of care.

28 Mental Health Services Act (1997). Province of New Brunswick. Fredericton http://laws.gnb.ca/en/showdoc/cs/M-10.2

- Tangible support to government and community-based services and programs that reduce poverty, homelessness, and foster education.
- New partnerships and strengthened relationships with government departments, community providers, organizations and agencies.
- Evaluation of recovery-based practices and monitoring of recovery outcomes.
- The celebration of successes.

Recovery-oriented Services in New Brunswick

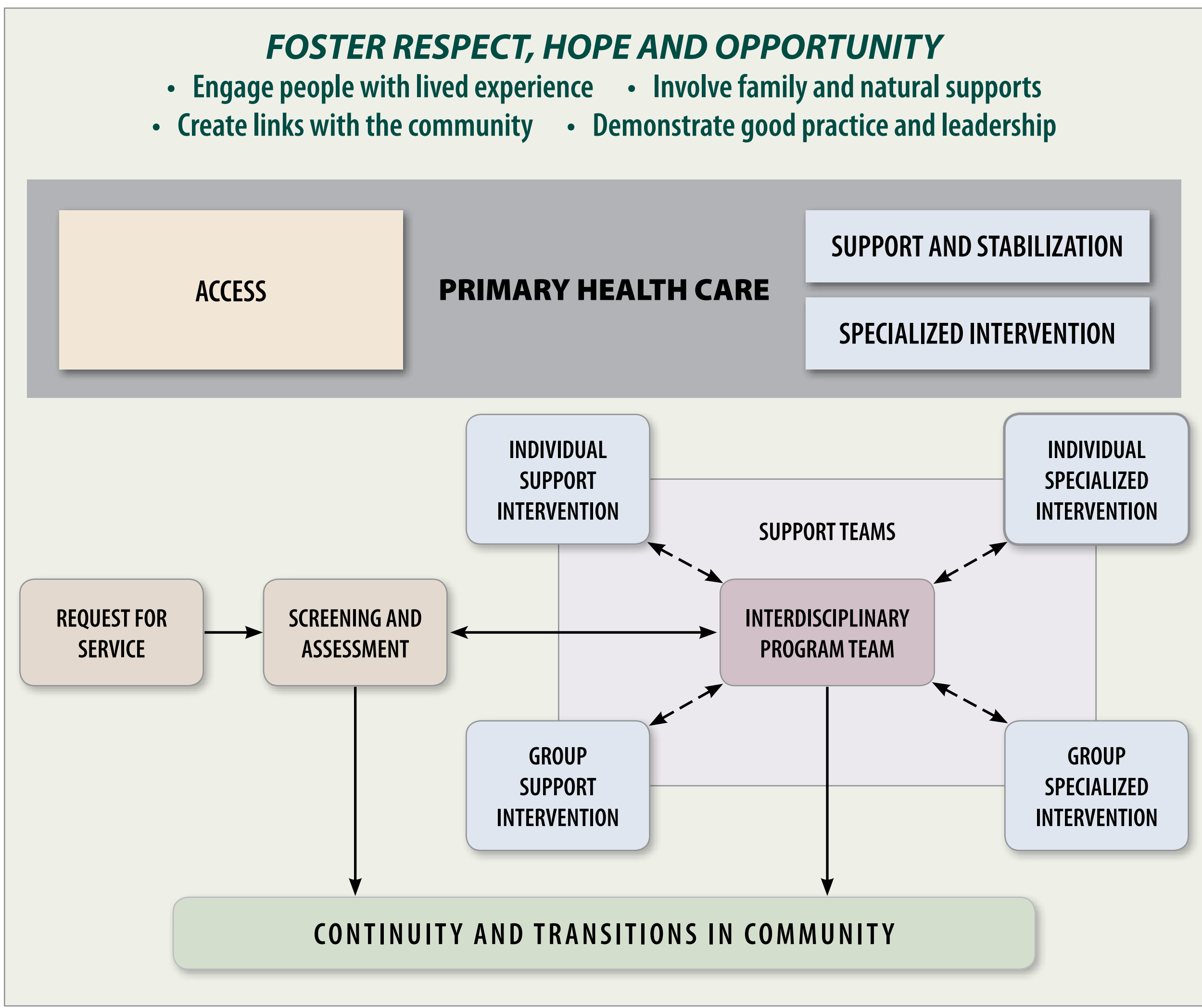
The conceptual framework *Helping People in Their Recovery Journey* provides the philosophical underpinnings for addiction and mental health programs. Central to all activity is the presence of the individual and his or her family and natural supports. The Addiction and Mental Health Service Delivery diagram (Figure 4) depicts the process or pathways each person undertakes when requesting and receiving services. Stated prominently at the top of the diagram is the primary goal of recovery and the four domains chosen for New Brunswick; these words serve as a constant reminder of the way "we do our business".

Rectangles labeled "Access", "Support and Stabilization", and "Specialized Intervention" represent the principal areas of work activity. The last two are stacked suggesting intervention options and respecting the non-linear nature of the recovery journey. Their respective elements are included directly below. The dashed arrows signify flexibility of movement within a step-up, step-down approach which is tailored to the person's needs and goals. The Interdisciplinary Program Team and the support teams are depicted at the centre of activity and intervention and touch each of the available service options. The conceptual framework is superimposed on all activities and interventions that providers undertake in partnership with the individual to support the person's unique recovery journey.

Primary health care is situated in the immediate background of the principal work activity areas. This denotes the role played by primary care practitioners in supporting and caring for individuals with issues of addiction or mental health across the entire spectrum of care. It also conveys the regular consultation that occurs on behalf of the individual receiving services.

The last rectangle in the diagram references continuity of care and transition to the community where the individual lives, works, and recovers. Transitions may occur throughout the process as suggested by the downward arrows from the screening and assessment process, and from activities and interventions.

Figure 4: Addiction and Mental Health Service Delivery



Access

Engage People in the Recovery Journey

The access phase initiates the service delivery process for addiction and mental health. It unfolds as a request for service followed by screening and assessment. It begins engagement into services which involves "making contact with the person rather than with the diagnosis, building trust over time, attending to the person's stated needs and, directly or indirectly, providing a range of services in addition to clinical care"[29].

29 Tondora, Heerema, Delphin, Andres-Hyman, O'Connell & Davidson (2008). *Practice Guidelines for Recovery-Oriented Care for Mental Health and Substance Use Conditions.* Hartford, CT: Connecticut Department of Mental Health and Addiction Services. Page 43

Requesting services is seen as a desire for change and a first step in the person's recovery journey. Helping the individual through these early stages fosters engagement and a positive personal experience. Positive experiences are also more likely in an environment that: 1) employs respectful and knowledgeable staff that engage the individual, 2) offers reasonable and timely access to services , 3) and has streamlined processes and coordinated services that are centred on the person and family.

Throughout the access process, providers nurture the development of a partnership with the individual and significant others. Undertaking access activities in locations other than the usual office settings is a positive option to better serve individuals challenged by traditional business hours and locations or other obstacles that inhibit accessing care.

During screening and assessment, information related to the individual's reasons for requesting help is obtained and used to determine with the person if formal services are needed or if the required support is best found in the community. Exploring services available within communities enhances the individual's sense of self-determination and choice and helps identify the appropriate level of services. It is possible for addiction and mental health services to play a supportive role to external services offered to the individual in the community and supplement services when required.

The preliminary access assessment is used to customize services based on the person's current needs and readiness to change (Appendix B)[30]. An assessment includes enquiries about the person's experiences, significant relationships, and level of functioning. Also assessed are suicidal risk and symptoms of discomfort. It is important to explore the involvement of family and significant others, as well as to find out about services from other professionals and the supports in place. Providers along with the individual gauge present level of functioning, resources, strengths, needs, and goals in seeking help. Planning for future transition to the community begins during the access phase.

Individuals with lived experience who have previously received services and seek to re-engage with either addiction or mental health are asked to update service providers on their recovery journey. When desired by the individual, the partner relationship with providers who were formerly involved is renewed when feasible to do so.

The step-up and step-down approach allows flexibility in services and permits customization to meet the specific needs and goals of the individual.

Support, Stabilization, and Specialized Interventions

Aid Recovering Individuals in Their Journey

An array of addiction and mental health services focusing on the person's strengths, hopes, needs, goals and accomplishments exist. Selected evidence-based interventions should be available to address the most prevalent addiction and mental health issues.

The step-up and step-down approach allows flexibility in services and permits customization to meet the specific needs and goals of the individual. Intensity and duration of service varies; for example, it may be short and intense during times of crisis or during an episode of acute illness, and may be lengthier or cyclical in nature for the individual with a chronic illness.

30 James O. Prochaska and Wayne F. Velicer (1997) The Transtheoretical Model of Health Behavior Change. American Journal of Health Promotion: September/October 1997, Vol. 12, No. 1, pages 38-48

Support and Stabilization

Support and stabilization activities and interventions are the most common type of service provided. They include a full range of services that help individuals build personal skills and competencies that help them meet their needs and achieve their personal goals. These are offered in individual and group settings and complement initiatives undertaken by the individual in his or her community.

Specialized Interventions

A minority of individuals require specialized interventions. For example, they may have severe addiction, serious mental health illness, or unique circumstances. Specialized interventions are available in either group or individual settings depending on the individual's goals and clinical needs.

Support Teams and the Interdisciplinary Program Team

Share Options and Respect Individual Recovery Choices

All individuals have potential for growth, the ability to address their needs, and be the best they can be. Individuals with lived experience along with their families and other support persons need opportunities to explore service options and make choices that support recovery. They are entitled to timely and accurate information essential for informed decision-making[31]. They are considered partners in all aspects of their care and their contribution is valued and respected. Working in partnership with their providers they are able to determine their personal goals, make meaningful choices, and establish an intervention plan that will help them attain their goals.

Support teams represent the partnership between providers, the individual receiving services, his or her family and significant others. Its composition reveals a person-centred approach that focuses on the individual's needs and the complexity of services required. A team may consist only of the individual and his or her provider or it may take in supporters and professionals from several disciplines to offer wrap-around service to individuals with more complex needs. Consistent with the step-up step-down practice that adapts intensity of services to the recovering person's level of need, the composition of the support team may change as goals and needs are reassessed and plans are revised. Consultation with the interdisciplinary program team and external service providers is carried out as required by operational practices.

The interdisciplinary program team brings together a core group of providers to share their respective professional perspectives and expertise to customize services to the specific needs and choices of the individuals with lived experience. In times when an individual is in a crisis state, a provider may be required to make a decision regarding service that is not brought to the interdisciplinary program team.

To streamline the process and avoid duplication of effort, the provider who originally completed the initial assessment joins the interdisciplinary team and facilitates identification the individual's support team. Support teams are chosen based on professional skill-sets that best meet the goal and needs of individuals seeking services.

31 Le Boutillier, C., Leamy, M, Bird, V. J., Davidson, L., Williams, J., Slade, M. (2011). *What Does Recovery Mean In Practice? A Qualitative Analysis of International Recovery-Oriented Practice Guidance.* Psychiatric Services. ps.psychiatryonline.org. December Vol. 62. No. 12

Interdisciplinary program teams also play an administrative role in reviewing and determining clinical assignments and responding to local needs within the community. Size and composition of interdisciplinary program teams is based on service and geographic location. Interdisciplinary teams also participate in quality assurance and program improvement initiatives.

Continuity and Transitions in Community

Help Recovering Individuals Find Support in the Community

Transition decisions are made by the individual, family and support persons, in consultation with the involved service providers. Transition from services occurs when the issue that prompted the original request is resolved and the individual has achieved his or her goals. In other instances, an individual may choose to withdraw from service if it is no longer meeting his or her need. Self-determination and choice are fundamental principles of recovery-oriented care. It is the role of professionals to provide accurate information that allows the person to make an informed choice. The flexibility to allow re-admission supports person-oriented services. The option of periodic "check-in" may assist the individual to maintain a sense of balance.

Continuity of care with external service providers that support the recovering individual's goals is consistent with recovery. It is also in keeping with providing services at the right level. It cultivates collaboration between agencies and organizations, and recognizes the contribution of others in a shared-care and recovery-oriented approach.

Government services, community organizations and agencies provide services that foster social inclusion and community integration. They can be instrumental in helping individuals with lived experience meet basic needs such as housing, education, work, and social interaction.

Families and support persons may also find help within the community setting as they accompany the individual with lived experience on his or her recovery journey.

Community Engagement

Not shown in the diagram but essential is the engagement of addiction and mental health services within the broader community. Within this aspect of their role, providers may be called on to share their expertise with community and professional groups and organizations. Such collaboration is seen as favorable as it enhances relationships with the community. Interdisciplinary program teams are ideally suited to have a global view of community needs and as such they can facilitate the planning and coordination of this type of activity.

Accountability and Performance Monitoring

The Department of Health, in partnership with Horizon and Vitalité Health Networks, is accountable to government and by extension to the public for addiction and mental health programs and services. **Accountability** is defined as "the obligation to demonstrate that policies and programs are achieving intended results"[32]. **Performance** is then defined as "the degree of progress toward stated goals and objectives"[33].

Monitoring the performance of programs and services contributes to overall quality improvement and is a key component in achieving stated goals. Monitoring influences informed decision-making of resource allocation, policy direction, and system or program modification[34]. More importantly, it impacts the quality of life for individuals with lived experience, their families and supporters.

In its monitoring role, the Department of Health sets benchmarks and tracks performance indicators at a provincial level. The Health Networks monitor performance using their respective data related to program delivery and collect data to support the rigorous assessment they undergo through the accreditation process.

Participation in Accreditation Canada's external review process ensures that Health Networks provide services to their clients that are based on standards of excellence. Keeping to a three year accreditation cycle, organizations undertake a number of steps that include, among others, extensive self-assessment and on-site surveys. Standards address multiple areas that involve a system-wide view, a population-based view, and a service excellence view. Mental health and addiction populations and services are well defined, ensure quality, and reflect evidence-based practices.

The New Brunswick Health Council (NBHC) uses five dimensions to monitor quality[35]. These align with Accreditation Canada standards and are very similar to those of the Canadian Institute for Health Information. Reports from NBHC and CIHI provide valuable information that allows for setting a baseline and making comparisons with other jurisdictions.

32 McEwan, K. & Goldner, E. (2001). *Accountability and Performance Indicators for Mental Health Services and Supports. A Resource Kit.* Health Canada. p.9 http://www.phac-aspc.gc.ca/mh-sm/pdf/apimhss.pdf

33 *Ibid,* p. 9

34 *Ibid,* p. 10

35 *NB Health Council Act.* http://www.gnb.ca/0062/PDF-acts/n-05-105.pdf

Indicators for New Brunswick

Performance monitoring demands that tools: 1) measure personal recovery; 2) measure the perspective of family and supporters; and 3) provide information on the recovery-oriented services being provided. Review of existing tools has been undertaken[36, 37] and work continues on the development of new measures. Although promising advances are being made, finding tools that meet valid and reliable criteria is challenging.

The following tables provide initial indicators for a recovery approach. It is expected that as advances are made in capturing recovery related data more indicators will be added.

Table 1: Indicators for Acceptability*

Domains for Recovery			
Recovery-oriented services are centered on the individual	***Recovery involves family and natural supports***	***Recovery involves linking with the community***	***Recovery is supported by strong leadership and effective practices***
Indicator: Individuals actively participate in service decisions and development of service plans.	**Indicator:** Family and natural supports are actively involved with the team to develop service plans.	**Indicator:** Individuals have a positive experience with community agencies and organizations.	**Indicator:** Providers encourage individuals, families and natural supports to actively participate in service decisions.
Measure: Proportion of individuals that actively participate in service plan decisions and service plan updates.	**Measure:** Proportion of family/ natural supports actively participating in service plan development and update.	**Measure:** Proportion of individuals who perceive experience with community agencies positively.	**Measure:** Proportion of recorded service plans indicating individual was encouraged to participate.
Potential Data Source: CSDS Survey	**Potential Data Source:** CSDS Survey	**Potential Data Source:** Survey	**Potential Data Source:** CSDS

* Definition of **Acceptability**:
Care/service provided meets expectations of client, community, providers and paying organizations.
(McEwan & Goldner, 2001)

36 Donnelly, M., Scott, D., McGilloway, S., O'Neill, T., Williams, J., & Slade, M. (2011). *Patient outcomes: what are the best methods for measuring recovery from mental illness and capturing feedback from patients in order to inform service improvement?* A report commissioned by the Bamford Implementation Rapid Review Scheme. Reference: COM/4409/10. Ireland http://www.publichealth.hscni.net/sites/default/files/Patient%20Outcomes.pdf

37 Burgess, P., Pirkis, J., Coombs, T. & Rosen, A. (2010). *Australian Mental Health Outcomes and Classification Network 'Sharing Information to Improve Outcomes': Review of Recovery Measures.* An Australian Government funded initiative. http://amhocn.org/static/files/assets/80e8befc/Review_of_Recovery_Measures.pdf

Table 2: Indicators for Accessibility*

Domains for Recovery			
Recovery-oriented services are centered on the individual	***Recovery involves family and natural supports***	***Recovery involves linking with the community***	***Recovery is supported by strong leadership and effective practices***
Indicator: 1. Individuals obtain addiction and mental health services in a timely manner. 2. Individuals obtain addiction and mental services in the setting that best meets their need	**Indicator:** 1. Family and natural supports perceive that access to service for their family member, partner or friend is timely. 2. Families and natural supports perceive that location of service respects individual's needs.	**Indicator:** Community agencies and organizations respond to service request.	**Indicator:** Organizational practices provide supports to meet the access needs of individuals seeking addiction and mental health services
Measure: 1. Proportion of individuals who receive services within established time frames: A) Screening completed *within 2 working days* of service request. B) Needs assessment completed *within 15 days* of service request. C) If *after no services after 90 days,* evaluate and either re-activate or close. 2. Proportion of individuals receiving services who respond positively to location of services.	**Measure:** 1. Proportion of family and natural supports satisfied with timeliness of access to services. 2. Proportion of family and natural supports satisfied with location of services.	**Measure:** Proportion of individuals referred to a community based service who received it.	**Measure:** Access to addiction and mental health services is completed within established time frames.
Potential Data Source: CSDS Survey	**Potential Data Source:** Survey	**Potential Data Source:** CSDS Survey	**Potential Data Source:** CSDS Regional Data

* Definition of **Accessibility**:
Ability of clients/patients to obtain care/ service at the right place and right time based on needs.
(McEwan & Goldner, 2001)

Table 3: Indicators for Appropriateness/Engagement*

Domains for Recovery			
Recovery-oriented services are centered on the individual	***Recovery involves family and natural supports***	***Recovery involves linking with the community***	***Recovery is supported by strong leadership and effective practices***
Indicator: Individuals feel supported in achieving their goals.	**Indicator:** Family and natural supports believe services are appropriate.	**Indicator:** Community partners perceive engagement with addiction and mental health as appropriate	**Indicator:** The organization's practices and policies support a recovery approach.
Measure: Proportion of individuals who believe the services and supports provided are appropriate to achieving their goals.	**Measure:** Proportion of family members and natural supports who are satisfied with supports and services.	**Measure:** Proportion of community partners satisfied with engagement of addiction and mental health services.	**Measure:** Evidence of a process for establishing, adopting and maintaining recovery-oriented services practices.
Potential Data Source: CSDS Survey	**Potential Data Source:** Survey	**Potential Data Source:** Survey	**Potential Data Source:** Report

* Definition of **Appropriateness/Engagement**:
Care/ service provided is relevant to client/ patient needs and based on established standards.
(McEwan & Goldner, 2001)

Table 4: Indicators for Effectiveness

Domains for Recovery			
Recovery-oriented services are centered on the individual	***Recovery involves family and natural supports***	***Recovery involves linking with the community***	***Recovery is supported by strong leadership and effective practices***
Indicator: Individuals achieve their personal potential.	**Indicator:** Family and natural supports are supported as they accompany their family member/ partner/ friend on the recovery journey.	**Indicator:** Community organizations and agencies support individuals with addiction and mental health issues to meet their needs.	**Indicator:** Policies and practices honour the principles of the recovery model. The leadership will monitor effectiveness of indicator domains.
Measure: Proportion of individuals who report a desirable level of functioning.	**Measure:** Proportion of family and natural supports that feel supported.	**Measure:** Proportion of individuals who perceive experience with community agencies positively.	**Measure:** Policies and practices recovery philosophy The leadership shows effective practices through annual indicator reporting.
Potential Data Source: Survey	**Potential Data Source:** Survey	**Potential Data Source:** CSDS Survey	**Potential Data Source:** Report

* Definition of **Effectiveness**:
Care/ services, intervention or actions that achieve desired results.

(McEwan & Goldner, 2001)

Appendix A: SAMSHA's Guiding Principles of Recovery

SAMHSA's
WORKING DEFINITION OF
RECOVERY

10 GUIDING PRINCIPLES
OF RECOVERY

BACKGROUND

Recovery has been identified as a primary goal for behavioral health care. In August 2010, leaders in the behavioral health field, consisting of people in recovery from mental health and substance use problems and SAMHSA, met to explore the development of a common, unified working definition of recovery. Prior to this, SAMHSA had separate definitions for recovery from mental disorders and substance use disorders. These different definitions, along with other government agency definitions, complicate the discussion as we work to expand health insurance coverage for treatment and recovery support services.

Building on these efforts and in consultation with many stakeholders, SAMHSA has developed a working definition and set of principles for recovery. A standard, unified working definition will help advance recovery opportunities for all Americans, and help to clarify these concepts for peers, families, funders, providers, and others.

DEFINITION

Working definition of recovery from mental disorders and/or substance use disorders

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

Health
Overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

Home
A stable and safe place to live

Purpose
Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society

Community
Relationships and social networks that provide support, friendship, love, and hope

10 GUIDING PRINCIPLES OF RECOVERY

Hope	Relational
Person-Driven	Culture
Many Pathways	Addresses Trauma
Holistic	Strengths/Responsibility
Peer Support	Respect

Recovery emerges from hope
The belief that recovery is real provides the essential and motivating message of a better future—that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

Recovery is person-driven
Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

Recovery occurs via many pathways
Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds — including trauma experience — that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is the goal for those with addictions. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

Recovery is holistic
Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, transportation, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, and community participation. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers and allies
Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.

Recovery is supported through relationship and social networks
An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.

Recovery is culturally-based and influenced
Culture and cultural background in all of its diverse representations—including values, traditions, and beliefs—are keys in determining a person's journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs.

Recovery is supported by addressing trauma
The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

Recovery involves individual, family, and community strengths and responsibility
Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery. Individuals in recovery also have a social responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.

Recovery is based on respect
Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems—including protecting their rights and eliminating discrimination—are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are particularly important.

Drawing on research, practice, and personal experience of recovering individuals, within the context of health reform, SAMHSA will lead efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them.

Please see SAMHSA's Recovery Support Initiative (http://www.samhsa.gov/recovery) for more information on recovery.

38

38 SAMSHA accessed August 16 , 2012 http://store.samhsa.gov/shin/content/PEP12-RECDEF/PEP12-RECDEF.pdf

Appendix B: The Stages of Change

***Prochaska & DiClemente: Stages of Readiness to Change*[39]**

Stage	*Description*	*Objectives*
Pre-contemplation	Not considering change	• Identifypatient's goals • Provide information • Bolster self-efficacy
Contemplation	Ambivalent about change	• Develop discrepancy between goal and behaviour • Elicit self-motivational statements
Determination	Committed to change	• Strengthen commitment to change • Plan strategies for change
Action	Involved in change	• Identify and manage new barriers • Recognize relapse or impending relapse
Maintenance	Behaviour change	• Assure stability of change is stable • Foster personal development
Relapse	Undesired behaviours	• Identify relapse when it occours • Reestablish self-efficacy and commitment • Behavioural strategies
Termination	Change is very stable	• Assure stability of change

39 http://www.collegedrinkingprevention.gov/niaaacollegematerials/trainingmanual/module_4-ppt.aspx

Appendix C: Websites

1. *Australian Mental Health Outcomes and Classification Network 'Sharing Information to Improve Outcomes': Review of Recovery Measures.* Burgess, P. et al, (2010). An Australian Government funded initiative. http://amhocn.org/static/files/assets/80e8befc/Review_of_Recovery_Measures.pdf
2. *Accountability and Performance Indicators for Mental Health Services and Supports. A Resource Kit.* Health Canada. http://www.phac-aspc.gc.ca/mh-sm/pdf/apimhss.pdf
3. *Changing Directions, Changing Lives: The Mental Health Strategy for Canada.* (2012). Mental Health Commission of Canada. http://strategy.mentalhealthcommission.ca/pdf/strategy-images-en.pdf
4. *Health Indicators 2012.* Canadian Institute for Health Information https://secure.cihi.ca/free_products/health_indicators_2012_en.pdf
5. *Implementing Recovery a new framework for organisational change.* Sainsbury Centre for Mental Health. Position Paper London. http://www.centreformentalhealth.org.uk/pdfs/implementing_recovery_paper.pdf
6. *Indicators: Definition and Use in a Results-Based Accountability System.* Harvard Family Research Project. www.hfrp.org
7. *Framework for recovery-oriented practice.* (2011) Department of Health, State of Victoria, Melbourne, Australia. http://docs.health.vic.gov.au/docs/doc/0D4B06DF135B90E0CA2578E900256566/$FILE/framework-recovery-oriented-practice.pdf
8. Health Canada http://www.hc-sc.gc.ca/hcs-sss/prim/index-eng.php
9. *Mental Health Services Act* (1997). Province of New Brunswick. Fredericton. http://laws.gnb.ca/en/showdoc/cs/M-10.2
10. *Mental illness and well-being: the central importance of positive psychology and recovery approaches.* Slade, M. (2010) BMC Health Services Research 10:26 http:www.biomedcentral.com/ 1472-6963/10/26
11. *NB Health Council Act.* http://www.gnb.ca/0062/PDF-acts/n-05-105.pdf
12. *NB Health System Report Card 2011, NB Health Council* http://www.nbhc.ca/docs/care_exp_2011/New_Brunswick_Health_System_report_card_2011.pdf
13. *Patient outcomes: What are the best methods for measuring recovery from mental illness and capturing feedback from patients in order to inform service improvement?* Donnelly, M., et al. A report commissioned by the Bamford Implementation Rapid Review Scheme. Reference: COM/4409/10. Ireland http://www.publichealth.hscni.net/sites/default/files/Patient%20Outcomes.pdf
14. *Practice Guidelines for Recovery-Oriented Care for Mental Health and Substance Use Conditions.* (2008). Connecticut Department of Mental Health and Addiction Services. http://www.ct.gov/dmhas/lib/dmhas/recovery/practiceguidelines2.pdf
15. SAMSHA Store http://store.samhsa.gov/shin/content/PEP12-RECDEF/PEP12-RECDEF.pdf
16. *SAMHSA's Working Definition of Recovery Updated.* Recovery Support Strategic Initiative, 2012. http://blog.samhsa.gov/2012/03/23/defintion-of-recovery-updated/
17. *Stages of Change.* http://www.collegedrinkingprevention.gov/niaaacollegematerials/trainingmanual/module_4-ppt.aspx
18. *The Action Plan for Mental Health in New Brunswick 2011-18.* Province of New Brunswick, Fredericton. http://www.gnb.ca/0055/pdf/2011/7379%20english.pdf
19. *Together Into the Future: A Transformed Mental Health System for New Brunswick* (2009). McKee, M. Fredericton. http://www.gnb.ca/cnb/Promos/MentalHealth/NBMHS-e.pdf
20. World Health Organization, *Integrating mental health into primary care: A global perspective.* (2008) Geneva http://whqlibdoc.who.int/publications/2008/9789241563680_eng.pdf