

RECOVERY EDUCATION GUIDANCE DOCUMENT

2018 - 2020

Supporting 'A National Framework for
Recovery in Mental Health 2018-2020'



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Recovery in Mental Health 2018-2020'

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Foreword

The principle of recovery has underpinned Irish mental health policy since the publication of A Vision for Change in 2006. In the intervening years, efforts have been made by various stakeholders in mental health to articulate what recovery means to those who experience mental health issues, to their families, carers and supporters, and to those charged with providing care and treatment. Today we have a much richer understanding of recovery than that which existed in 2006. Much of this has been captured in the recently published A National Framework for Recovery in Mental Health (2018 – 2020).

An important component of the work of the Framework will be to expand the common understanding of recovery across all interested parties: service users, families, carers and supporters, service providers, community and voluntary organizations and the general public. There is a need for all parties to understand the potential that recovery offers in the lives of service users, families, supporters and staff. There is further need for all parties to understand the value and the importance of the contribution that they can make to the recovery of others. This is why the framework includes as one of its key principles: Supporting recovery oriented learning and recovery oriented practice across all stakeholder groups which have a series of actions to support the provision of recovery education to all interested parties.

This guidance paper was co-produced to assist mental health services in their understanding of recovery education and the immense impact it can have in supporting recovery for all. We wish you well in that endeavour.

A handwritten signature in black ink, appearing to read 'Tony Leahy'.

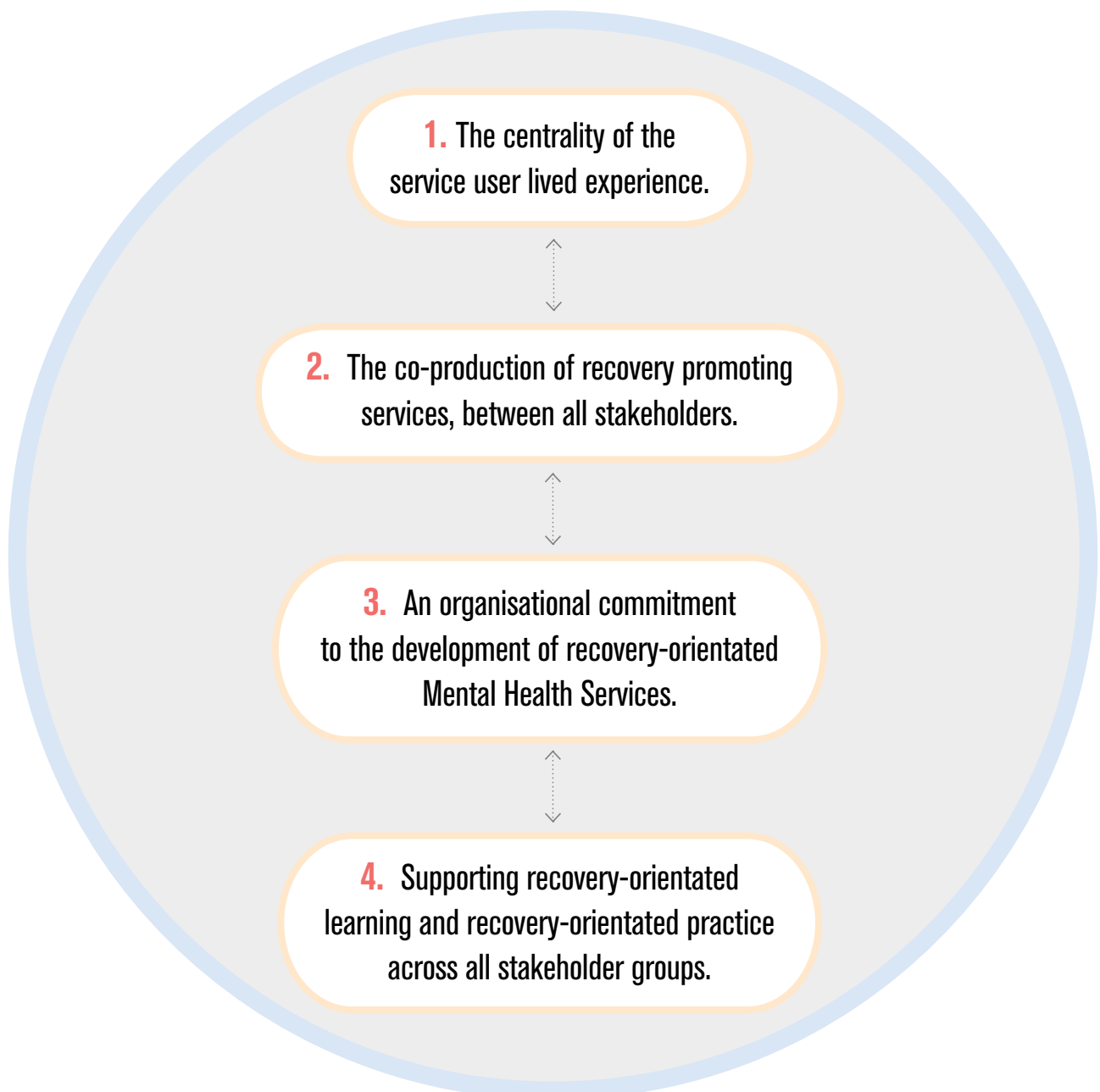
Tony Leahy
General Manager
MHD Service Improvement

Introduction

The Recovery Education Guidance document has been developed to support mental health services in the implementation of A National Framework for Recovery in Mental Health 2018-2020 to support service providers in the delivery of a quality person-centred service.

The framework provides an overview and definition of what recovery-oriented service means and the key principles, actions and measures that underpin such a service in an Irish context.

The four Recovery Principles in the Framework are:



This Recovery Education Guidance document has been developed in tandem with *A National Framework for Recovery in Mental Health 2018-2020* to provide mental health services with a practical guide to embed recovery education. All stakeholders will be able to use this document to effectively provide recovery education practices in their local mental health services areas. An outcome from this document will be a better understanding of what recovery education is and the creation of an environment where recovery education can take place.

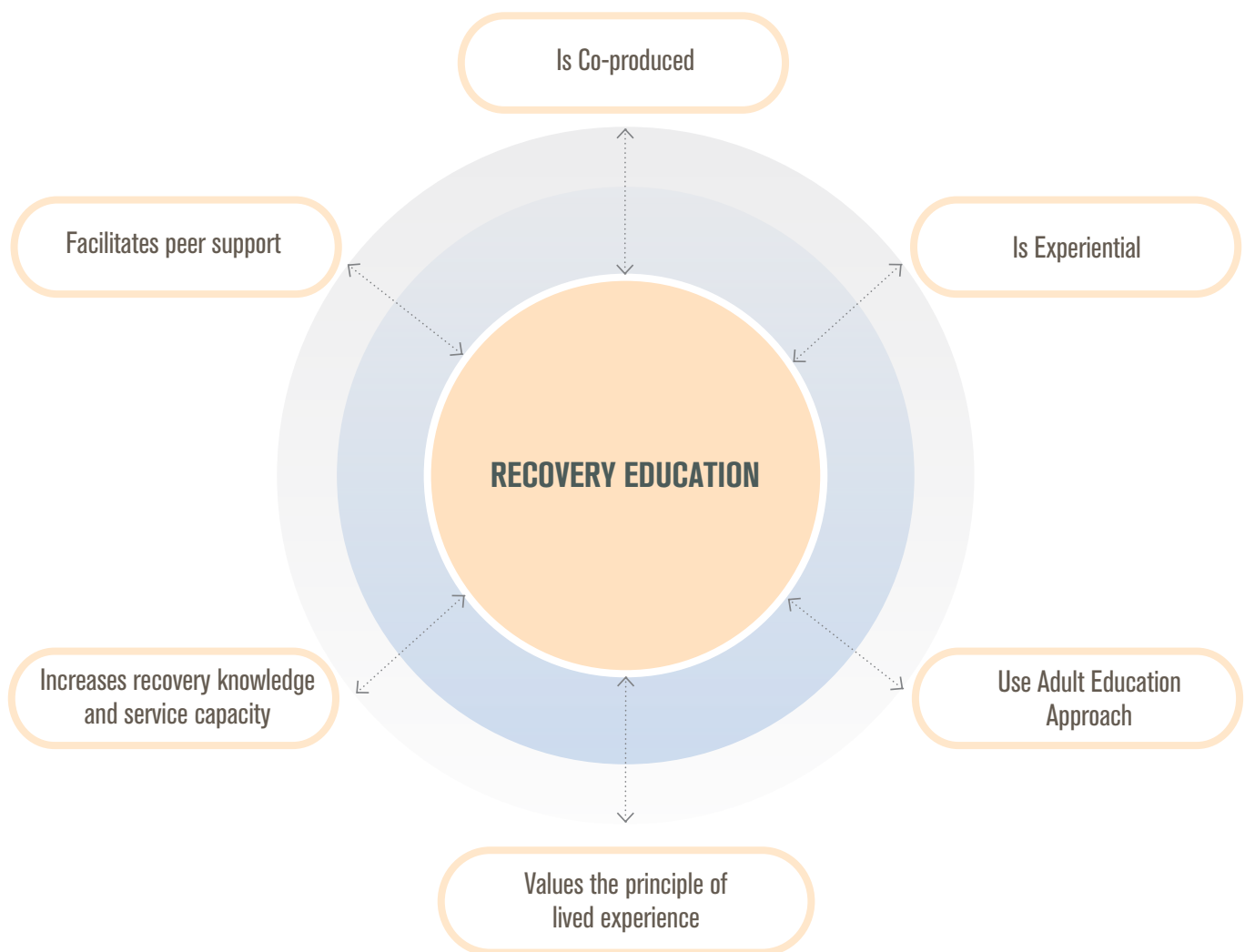
- Recovery education offers a way of working where the expertise of service users, family members, supporters and service providers are accepted, valued and utilised to ensure better recovery outcomes for all.
- Recovery education provides a safe space where people can explore and discuss recovery. Recovery education is underpinned by the values of self-direction, personal experience, ownership, diversity and hopefulness.
- Through co-production, the process of designing, delivering and participating in recovery education will be strengthened.

What is Recovery Education?

Recovery education is the process by which individuals explore, assimilate and create the knowledge required for recovery to occur in their own lives or in the lives of those they support or provide services to and in the local communities that sustain individuals in recovery.

Recovery education takes a strength and adult education-based approach which offers the choice to engage in learning opportunities. It is underpinned by the values of self-direction, personal experience, ownership, diversity, and hopefulness. (National ARI Recovery Education Working Group, 2017).

It is important for individuals and groups to be recovery-savvy so that they can manage their mental health, build a life of their choosing, accomplish recovery and/or support a loved one or service user on their recovery journey. Recovery education facilitates this process.



Why use Recovery Education?

Recovery education empowers service users on their journey of recovery as well as service providers and supporters as facilitators of those individual journeys and is underpinned by a co-produced adult education methodology. It also recognises that everyone has their own recovery journey that can be supported through education.

In Ireland the concept of recovery emerged in the 1980s when a series of personal narratives were published. These narratives demonstrated that people diagnosed with severe mental illness quite often recovered and reclaimed meaningful lives. (Mental Health Commission: 2008).

From a literature review on recovery education internationally it is evident that Ireland is amongst the leaders in recovery and recovery education. Other countries such as Australia, New Zealand, Canada and Great Britain have also made strides towards the development of service user-informed recovery-focused mental health services and communities.

Recovery is the underpinning principle of A Vision for Change (2006) which states that service users and family/supporters/carers should be involved in every aspect of mental health service development. The recovery ethos is cited as the core of the radical change needed in service development.

A Recovery Approach within the Irish Mental Health Service (Mental Health Commission 2008) provided a framework for development of recovery-oriented Services. It identified six pillars of service development to support this. These pillars are leadership, person-centred and empowering care, hope-inspiring relationships, access and inclusion, education, research and evaluation.

The Best Practice Guidance for Mental Health Services (2017) contains five themes, one of which is Recovery Orientated Care and Support. This is described as 'protecting service user rights, respect for diversity, and promotion of access to advocacy, connections with family and community. It is about a partnership approach to recovery.'

Recovery and recovery education initiatives have grown supported by the work of a number of organisations and individual's. ARI both nationally and locally has been a key driver in this growth. We have moved towards a more co-produced and co-delivered recovery education and community facing initiatives. There are now many recovery education initiatives in existence including Recovery Colleges, Recovery Principles and Practices Workshops, Peer-Led involvement Centres, WRAP, Eolas and Dialogues.

Who is Recovery Education for?

Recovery education is for service users, family members, service providers and the wider community. While much is common to all stakeholders, each stakeholder group also has unique needs that should be addressed through recovery education and specifically focused programmes may sometimes be appropriate. Additionally, each participant and group brings their own expertise and skills to add to the overall expertise and knowledge available through recovery education.

When people participate in recovery education it may facilitate for them the achievement of a number of learning outcomes including;

- Exploration, creation and assimilation of the knowledge required for recovery to occur in their own lives or in the lives of those they support or provide services to and the communities that sustain them.
- Processing and defining their own mental health experience and what it means to them
- Telling their personal narrative of mental health recovery or of supporting a loved one or service user.
- Expressing hope and meaning in life that fosters potential and growth for themselves or others.
- Recognizing and supporting their personal resourcefulness or that of someone they are supporting.
- Understanding and accommodating the diverse views on mental illness, treatments, services and recovery.
- Gaining an increased knowledge of all stakeholder perspectives.
- Reclaiming personal power.
- Learning to become an expert in their own wellness and taking back control over their own life.
- Identifying what supports and resources are needed to assist recovery and know how to access/avail of those.
- Taking ownership and personal responsibility for maintaining wellness and work on their own personal recovery plan.

How do we use Recovery Education?

In a recovery-oriented service, the recovery approach is sustained through a culture that supports recovery-focused learning and practice. All stakeholders are empowered with the recovery literacy and capital to take ownership of their role in the recovery process. These stakeholder capacities are achieved through recovery education and recovery-promoting clinical practice.

HSE mental health services should engage with external partners including the community and voluntary sector, third level education institutions and other training bodies on the promotion of recovery among health and social care professionals.

Recovery Principle 1:

Centrality of the Service User Lived Experience as it relates to recovery education

The service user must be at the heart of the recovery education process. This can take two forms. Firstly, at an individual level by self-determining their own recovery in terms of setting the agenda as to what is important to them in the context of their own lives. Secondly, at an organisational level, in the recognition that service user & family expertise is crucial in the design, delivery and evaluation of recovery education programmes. Service users have a unique insight and experience of their own recovery and of using the mental health services. This expertise is vital in recovery education as it can inform and guide other stakeholder groups on the recovery process. Centrality of the service user-lived experience in recovery education is imperative for both that individual but also others involved in the process. Bringing their own personal experience and knowledge can inspire hopefulness in others as they take ownership over their personal journey. Recovery education provides a richness of diversity that aids the learning outcomes for participants.

Families and staff can also act as a resource for recovery education as they have supported their loved one/service users and themselves in their recovery journey and therefore have become experts by experience alongside service users. Alongside this guidance document, guidance documents on family recovery and co-production will support families and service providers.

Recovery Principle 2:

The co-production of recovery-promoting services, between all stakeholders as it relates to recovery education

In mental health, sustained recovery involves a wide range of supports including clinical supports and services, community supports, housing, employment and social integration. Co-Production is where key stakeholders work together to deliver these supports. (A National Framework for Recovery in Mental Health 2018-2020).

Recovery Education is co-produced and many elements of it are co-facilitated. This encompasses co-design, co-delivery, co-receiving and co-evaluation of the programme. Co-Production is the concept

that underpins a recovery-oriented service and should be its prevailing philosophy. Co-production recognises the holistic nature of recovery and the diverse range of stakeholders (staff, service users, families and communities) involved. It recognises the strengths and unique expertise each stakeholder brings to the process allowing them to work together in a parity of esteem to achieve better recovery outcomes. Co-production increases the capacity of the service to deliver these outcomes. It provides a unique opportunity for the service users, family members/carers, service providers and communities to work together. Working as part of a team with a shared vision and mission, an ethos of equality and a focus on strengths and learning is an empowering experience for all.

Fidelity to the concept of co-facilitation is demonstrated by at least two individuals working together and can also be expressed by reciprocal sharing of experience and knowledge by other participants in the educational forum.

The collaborative dimension of recovery education distinguishes it from expert-led psycho education. It redefines relationships so that interactions go beyond a conventional clinical format. Both adult education and recovery education work on the premise of being collaborative rather than didactic or instructed. Learning can be guided from the learners within the room rather than teacher-led; both areas bring life experience and knowledge. Adult education and recovery education promote empowerment, better personal outcomes and self-direction. The promotion of personalised learning and flexibility encourages the development of critical self-reflection and foster the capacity for transformative learning. (Mezirow 1991).

Recovery Principle 3:




An Organisational commitment to the development of recovery-oriented mental health services as it relates to recovery education;




In order for Recovery Education to become embedded in services, there must be organisational commitment from management level to front-line staff. Organisational commitments to recovery education will include adequate resource allocation to support staff, service users, family members and the community to increase their knowledge on recovery. This should include participation in recovery principles and practice workshops and reflective practice sessions on recovery as well as support for the development of peer involvement centres, peer support working and recovery education centres. Organisational commitment to recovery education will be demonstrated with the development of a HR strategy that supports recovery and a set of universal recovery competencies for staff. If services invest in recovery education; staff, people using the service and families/supporters will be better informed about recovery, thus increasing the standards of service delivery and service expectations.

Actions and Implementation

Recovery Education provides the opportunity for all stakeholders to be involved either as facilitators or students. The Recovery Education guidance document has been developed to support mental health services in implementing 'A National Framework for Recovery in Mental Health (2018-2020)'. The following describes the overall actions and measures from Principle 4 (Supporting recovery-oriented learning and recovery-oriented practice across all stakeholders) of A National Framework for Recovery in Mental Health 2018-2020. Described in detail on the next page are the tasks to be undertaken in each CHO in order to implement the Recovery Education Guidance Document.

Further information is available to guide services on the establishment of Recovery Education initiatives and is included at the back of this document.

OVERALL ACTION 	MEASURE 	TASKS 
<p>4.1: <i>The service develops a co-produced recovery Education Plan to build the recovery capital and literacy of all stakeholders.</i></p>	<p>4.1.1: The service includes its recovery education plan in its annual service and operational plan</p> <p>4.1.2: The service has a way to deliver recovery education.</p> <p>4.1.3: The service provides recovery principles and practice workshops to all staff within 2 years. (2018 – 2020)</p> <p>4.1.4: All MDTs measure their commitment to recovery practice e.g. TRIP</p> <p>4.1.5: All staff have at least two team reflective practice sessions on recovery each year.</p> <p>4.1.6: The service will communicate the framework to all clinical schools and clinical training providers.</p>	<p>1. Each CHO will develop a co-produced implementation plan.</p> <p>2. Each CHO will collect baseline data on recovery education in their service.</p> <p>3. This baseline data should measure against all components of the recovery education guidance.</p> <p>4. Evaluation of the recovery education plan should be completed annually in order for the CHO to map progress and challenges in relation to implementing their recovery education strategy.</p> <p>1. Capacity building of all groups in Recovery Practices and Recovery language in order to deliver recovery education (AMT, Front line staff, family members and supporters, service users and wider community.)</p> <p>2. Delivery of Recovery Education Programmes in a co-produced way.</p> <p>3. Development of Recovery Colleges, Trialogues and Peer Support Involvement centres.</p> <p>1. Sufficient number of co-produced teams trained to deliver of recovery principles and practices workshop.</p> <p>2. CHOs to award Recovery Principles Practice Workshops with CPD points</p> <p>1. MDT's to have a mission statement which reflects their commitment to recovery practice.</p> <p>2. MDT's to use an appropriate tool to measure their team's fidelity to their recovery practice.</p> <p>3. Use of CHIME to encourage use of Recovery Focused Practice</p> <p>1. Staff supported to undertake reflective practice in the course of their normal duties.</p> <p>2. Teams to explore appropriate reflective practice possibilities.</p> <p>1. Services to collaborate with relevant third level education institutes and other training bodies in their area to include recovery education in the training of staff in the mental health service.</p>

OVERALL ACTION 	MEASURE 	TASKS 
<p>4.2: <i>The Service has a HR strategy that supports recovery at every level of the organisation by ensuring that appropriate supports and resources on recovery are available to staff.</i></p>	<p>4.2: The service has a strategy to support staff in their recovery orientation with key recovery expertise in each section of the organisation.</p>	<ol style="list-style-type: none"> 1. Service User and Family Member Representation on AMT and relevant governance groups. (1. Audit and Quality. 2 Drugs and Therapeutic 3. Policy and Procedure. 4. Quality and Patient Safety 5. Health and Safety.) 2. Protected time for a Recovery Coordinator for a staff member 3. Support for Service User and Family member Recovery Coordinator 4. Peer Educators to be employed by all HSE services 5. Staff to be released for Recovery focused training and information 6. An equality of access for all service staff to training. This ensures a levelling of skills across disciplines and encourages a team approach (co-produced approach) in the learning environment that translates into practice.
<p>4.3: <i>The Organisation as a whole will develop a set of recovery competencies for all mental health staff.</i></p>	<p>4.3: The Organisation will develop a plan to identify recovery competencies for all Mental health staff.</p>	<ol style="list-style-type: none"> 1. Beginning at recruitment stage, each staff member in the Mental Health Service would be required to have specific competencies that demonstrate their commitment to working in a recovery-oriented way e.g. Recovery Competencies for New Zealand Mental Health Workers.

Additional Information

Glossary of Terms

Advancing Recovery in Ireland (ARI): A national HSE initiative aimed at bringing about the organisational and cultural change in mental health services necessary to support services to become more recovery-orientated based on a partnership approach between service users, family and carers and service providers.

A Vision for Change: The current national policy to guide the recovery approach in Irish Mental Health services published in 2006

AMT: Area Management Teams consist of senior representatives of the clinical professions, an experienced business manager and a service user representative.

Co-Production: In mental health, sustained recovery involves a wide range of supports including clinical supports and services, community supports, housing, employment and social integration. Co-Production is where key stakeholders work together to deliver these supports. (National Recovery Framework 2017).

Community Healthcare Organisation (CHO): There are 9 CHO regions across Ireland providing services in Primary Care, Social Care, Mental Health and Health & Wellbeing. These services are delivered through the HSE and its funded agencies to people in local communities, as close as possible to people's homes. (HSE 2017).

Community and Voluntary sector: Non-state organisations and agencies that engage in supporting communities in a social, cultural and humanitarian context. They are funded from a variety of sources including state funding through section 38 & 39 agreements.

CPD points: CPD stands for Continuing Professional Development. It refers to the process of tracking and documenting the skills, knowledge and experience that people gain both formally and informally in their work, beyond any initial training. It's a record of what they experience, learn and then apply.

Eolas: Provide Mental Health information and learning programmes with a focus on assisting participants in their recovery journey.

Family member and Carer: This includes relatives, friends and other supporters of all ages who care about and are supporting people who use mental health services during their recovery journey. Throughout the document the term Family Member will be used, it is agreed that this term will be inclusive of supporters, friends, relatives, carers, parents, sibling and children.

ImROC: (Implementing Recovery through Organisational Change) A UK based consultancy organisation which supports mental health services to become more recovery-oriented.

Lived Experience: People who have a mental health condition and who engage with services have a unique insight into the actual experience of:

- having that condition,
- using mental health services and
- the impact of both on their lives. (National Recovery Framework 2017)

Multi-disciplinary team (MDT): A group of health care workers who are members of different professional disciplines (e.g. psychiatrists, nurses, social workers, occupational therapists, peer support workers.) each providing specific services to patients and service users. (HSE 2017).

Operational Plan: The Operational Plan expands on the Service Plan. It provides further detail on the high-level commitments in the Service Plan.

Peer-led Involvement Centre: Peer-led Involvement Centres are led by volunteers with lived experience. They provide a listening ear, support and information on mental health services as well as recovery education programmes.

Peer support worker (PrSW): Is an individual who has had personal lived experience of mental health issues and now enjoys a good level of recovery. They are employed in a professional role to use their expertise and experience to inspire hope and recovery in others who are undergoing similar mental health experiences.

Psycho Education: refers to the education offered to individuals with a mental health condition and their families to help empower them to deal with their condition in an optimal way.

Psychosocial: Relates to the relationship between the social factors in a person's life and their thoughts and behaviours.

Recovery: Recovery is best understood as being about the person in their life. It is about how they want to live a life of their own choosing to achieve self-determined goals, dreams and ambitions, with or without the presence of mental health challenges, and regardless of the severity of those challenges. (National Recovery Framework 2017)

Recovery Capital: Refers to the knowledge, resources and opportunity that a stakeholder requires to fulfil their role in the recovery process be that as a participant in their own recovery or as a supporter, enabler or service provider of that recovery process.

Recovery College: A facility where all mental health stakeholders and the wider community can come together to engage in recovery promoting education based on an adult education philosophy.

Recovery Competencies: These are the set of skills both professional and interpersonal that supports the delivery of a recovery focused approach to care and treatment for service users.

Recovery Education: Recovery Education is the process by which individuals explore, assimilate and create the knowledge required for recovery to occur in their own lives or in the lives of those they support or provide services to and the communities that sustain them. It is based on an adult education approach which offers the choice to engage in learning opportunities. It is underpinned by the values of self-direction, personal experience, ownership, diversity and hopefulness. (National ARI Recovery Education Working Group, 2017)

Recovery Literacy: Recovery Literacy refers to a person or groups understanding of recovery at an individual level and the ability to articulate that understanding to others. Additionally recovery-literate stakeholders are aware of their own role in the recovery process as participants, supporters, facilitators or service providers.

Recovery Principles and Practice Workshops (RPPW)

Since 2014 Advancing Recovery in Ireland sites across the country have been co-producing and co-facilitating the *Recovery Principles and Practice Workshops* (RPPW). Workshops are co-facilitated in line with true partnership, collaboration and co-production from the perspective of the Service User, Family Member/Carer/Supporter and Service Provider.

Service Plan: An annual document which outlines the priorities and objectives of care that the service will provide in the following 12 month period.

Mental Health Service Provider: Is a body that provides mental health services (Secondary and tertiary) in both community and residential settings.

Service User: People who are either current or past users of mental health services (2006)

Stakeholder: An individual, group professional or organisation who has as an interest or actively participates in promoting recovery at an individual or organisational level.

Transformative Learning: Transformative learning theory says that the process of “perspective transformation” has three dimensions: psychological (changes in understanding of the self), convictional (revision of belief systems), and behavioural (changes in lifestyle). (Mezirow 1991).

Triadogue: is a three-way open conversation between;

1. People using the mental health services
2. The personal supporters of those people such as parents, relatives, friends
3. Those providing a range of community supports.

TRIP (Team Recovery Implementation Plan): A self-assessment process by which service providers can measure their fidelity to recovery principles and practice designed by Implementing Recovery through Organisational Change (ImRoc).

Examples of Recovery Education Initiatives

Recovery Principles and Practice Workshops (RPPW)

Since 2014 Advancing Recovery in Ireland sites across the country have been co-producing and co-facilitating the *Recovery Principles and Practice Workshops (RPPW)*. Workshops are co-facilitated in line with true partnership, collaboration and co-production from the perspective of the Service User, Family Member/Carer/Supporter and Service Provider

www.hse.ie/eng/services/list/4/Mental_Health_Services/advancingrecoveryireland/

Recovery Colleges

Recovery Colleges are places where people who use mental health services and those who support them create and facilitate recovery education courses along with mental health professionals. The goal of the Recovery College is to create a culture of recovery and to empower people with mental health difficulties, families, friends and the broader community to improve quality of life and to promote community involvement through the provision of co-produced and co facilitated learning and conversation.

Recovery Colleges use a collaborative approach, based on sound adult education principles as a key tool to influence and empower personal recovery. They have been shown to be an exciting and positive addition to mental health services (both nationally and internationally) and allow people to have choice and control in the way in which they manage their own personal recovery journey.

www.recoverycollegewest.ie/

www.recoverycollege.ie/

www.recoverycollegesoutheast.com

<https://transformativacollegewestmeath.wordpress.com/>

www.hse.ie/eng/services/list/4/Mental_Health_Services/advancingrecoveryireland/recoverycolleges/MWARIES/MWARIES.html

Triologue

Triologue is a three-way open conversation between;

1. **People using the mental health services**
2. **The personal supporters of those people such as parents, relatives, friends**
3. **Those providing a range of community supports.**

The conversations take place in the community and focus on mental health issues and the challenges of maintaining good mental health. Trialogue can transform thinking and develop better services and healthy communities. Trialogue meetings are welcoming and inclusive of all community members, including mental health services users, carers, family, friends, professionals and anyone with an interest in positive mental health in the community.

Peer-led Involvement Centres

Peer-led Involvement Centres are led by volunteers. They offer a listening ear, support and information on mental health services. The centres primarily focus on support. They provide a gateway to recovery education opportunities.

Kilkenny Involvement Centre www.facebook.com/Kilkenny-Involvement-Centre-840944682643646/

Carlow Involvement Centre www.facebook.com/Involvement-Centre-Carlow-704995292894687/

Eolas

The EOLAS programme delivers two mental health information and learning programmes, one for service users with a diagnosis of schizophrenia or bipolar disorder and another for their families and friends. The EOLAS Programmes are co-facilitated by a peer facilitator and a clinical facilitator. Clinicians bring their professional expertise and family members and service users are experts by experience.

www.eolasproject.ie/

Other Supports

Bealach Nua, Castlebar, Co. Mayo. maria.mcgoldrick@hse.ie or veronica.burke@hse.ie

FRIENDS friendsinitiative@gmail.com

Aras Follain www.facebook.com/aras.follain

An Cosain <https://cosainwellness.ie/about/>

Resources to Support the Implementation of Recovery Education

A National Framework for Recovery in Mental Health

The National Framework for Recovery in Mental Health builds on the committed efforts in recent decades of Irish service users, family members, carers and service providers to develop a more recovery-oriented mental health service that is worthy of those who use and provide that service. The Framework was developed based on our current understanding of recovery and how mental health service provision supports recovery. In keeping with the recovery ethos, it was co-produced with service users, family members and carers and experts by experience.

The National Framework for Recovery in Mental Health is for service users, family members and carers, mental health service providers and the voluntary and community sector. It will facilitate the development of recovery-oriented services from 2018-2020, at which point it will be reviewed.

www.hse.ie/eng/services/list/4/Mental_Health_Services/advancingrecoveryireland/national-framework-for-recovery-in-mental-health/

Guidance documents to support the implementation of the Framework for Recovery, 2018-2020 for Family Recovery and Co-production in Practice.

Advancing Recovery Ireland

ARI is a National Mental Health Division initiative that brings together people who provide our services, those who use them and their families and community supports, to work on how we make our mental health services more recovery-focused.

www.hse.ie/eng/services/list/4/Mental_Health_Services/advancingrecoveryireland/

ARI Recovery Committees

The Recovery committee is established as a structure to support the implementation of recovery objectives identified within mental health services. The membership includes those who provide services, service users, family members as well as community and voluntary agency representation.

www.hse.ie/eng/services/list/4/Mental_Health_Services/advancingrecoveryireland/

Best Practice Guidance for Mental Health Services

This publication consists of best practice guidance, checklists and a self-assessment framework, which are intended to support and guide further quality improvement within mental health services.

www.hse.ie/eng/services/list/4/Mental_Health_Services/mental-health-guidance/

CHIME

A systematic literature review of over 1100 recovery narratives by Mary Leamy and Mike Slade (2011) identified five common processes that people with mental health conditions considered essential for recovery to occur in their lives.

These are **C**onnectedness, **H**ope, **I**ntity, **M**eaningful Roles and **E**mpowerment.

Community and Voluntary Supports

The community and the voluntary sector provide a range of recovery supports that are available to service users and family members to support their recovery processes. Additionally these supports are a co-production resource to services. These can be accessed through your local mental health service.

Mental Health Engagement

The office of Mental Health Engagement has established the role of Area Mental Health Engagement Lead to establish a network of local Fora across the country to ensure local and national engagement with service users, family members and carers.

www.hse.ie/eng/services/list/4/Mental_Health_Services/mentalhealthengagement/

Peer Support Workers

Peer support workers are typically individuals who have had personal lived experience of mental health issues and who now enjoy a good level of recovery. They are generally employed in a professional role to use their expertise and experience to inspire hope and recovery in others who are undergoing similar mental health experiences. The role of Peer Support Worker has been recently introduced within the HSE and the aim is to integrate this role into MDTs in the mental health services across the country. Community and Voluntary Organisations have employed peer support workers for a number of years.

Recovery Competencies for New Zealand Mental Health Workers

The competencies, endorsed by the New Zealand government, describe what mental health workers need to know about using the recovery approach in their work with people with mental illness

www.hdc.org.nz/media/200443/recovery%20competencies%20for%20new%20zealand%20mental%20health%20workers%20march%202001.pdf

Service Reform Fund

The Service Reform Fund (SRF) has been created by the Department of Health Ireland, the Health Service Executive Ireland (HSE) and the Atlantic Philanthropies in collaboration with Genio to implement mental health and disability service reform in Ireland. These reforms will focus on ensuring that person-centred and recovery-oriented services and supports are embedded, in line with government policy. www.genio.ie/meeting-the-challenges/mental-health-srf

Team Recovery Implementation Plan (TRIP)

TRIP was developed by ImROC and is a tried and tested instrument designed to support recovery through working with the whole team. Successfully embedding recovery ideas and practice into the day-to-day work of individual teams requires two parallel processes:

1. Empowering teams (their staff and people using services) to translate abstract ideas about recovery into practice.
2. Utilising the skills and resources of everyone at the front line (staff and people using services) to develop innovative ways of promoting recovery and recovery environments.

<https://imroc.org/resources/team-recovery-implementation-plan/>

Contributors and Acknowledgments

This guidance document has been developed in keeping with recovery principles through co-production with all stakeholder groups. The recovery education working group was comprised of members from various stakeholder groups:

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This ARI Recovery Education Guidance document is available to download in electronic format from:

www.hse.ie/eng/services/list/4/mental-health-services/advancingrecoveryireland/

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