A National Framework for **Recovery** in Mental Health

2024–2028

HSE
Mental Health
Engagement
& Recovery

A National Framework for Recovery in Mental Health

A National Framework to Advance the Continuous Delivery of a Quality, Recovery Orientated, Person Centred Mental Health Service

2024–2028

Contents

Foreword 5

Recovery and Engagement in Mental Health Service Provision 6

What is Recovery? 8

What is Mental Health Engagement? 10

What is a Recovery-Orientated Service? 11

A National Framework for Recovery in Mental Health 13

The Recovery Principles 15

Principle One: The Centrality of Lived Experience 16

Principle Two: The Co-Production of Recovery-Promoting Services between All Stakeholders 18

Principle Three: An Organisational Commitment to the Continuous Development of Recovery in Irish Mental Health Services 20

Principle Four: Supporting Recovery-Orientated Learning and Practice across all Stakeholder Groups 22

Implementation of the Framework 24

Actions and Measures Required to Support this Framework 25

Monitoring the Implementation of the Framework 29

Additional Information 31

Glossary of Terms 31

Contributors and Acknowledgements 32

References 33

Foreword

The first Framework for Recovery in Mental Health was published in 2018 as a guide to support mental health services to become more recovery orientated in line with our national policy at the time (*A Vision for Change,* Department of Health, 2006) and best practice nationally and internationally.

Since then the Department of Health have published a new national policy for mental health (*Sharing the Vision,* Department of Health, 2020) and there has been considerable expansion in the range of recovery services available and in our understanding of how to deliver more recovery-oriented services.

Lived experience expertise of mental health challenges either personally or as a family member, carer or supporter is of course at the heart of recovery. Lived experience adds both a therapeutic and service improvement value to service provision. The Health Service Executive (HSE) continues to build and integrate lived experience into the design, development and delivery of mental health services. This work is led by the Mental Health Engagement and Recovery Office, which oversees the delivery of core programmes of engagement with those who use services, their family members, carers and supporters, recovery education and peer support working which drive the strategic priorities for recovery and incorporating lived experience expertise into service development.

Given the new developments in policy and best practice and the learnings from the roll out of the first iteration of the recovery framework, it is now timely to review and update the framework to ensure that it is fit for purpose, aligning with latest policy development and best practice. I think the new iteration of the framework achieves this retaining the core principles that underpin a recovery-oriented service and has integrated the learnings in relation to the implementation and measurement of recovery practice.

I would like to thank all who were in involved in the co-production of this framework, the working group and all who took part in the consultations. I am sure that the new *National Framework for Recovery in Mental Health* will increase the recovery orientation of our services over the next number of years and provide people using our services with the maximum opportunities to recover and build a life of their own choosing.

Thank you.

Michael Ryan

Head of the Mental Health Engagement and Recovery Office

Recovery and Engagement in **Mental Health** Service Provision

The first version of *A National Framework for Recovery in Mental Health* (Health Service Executive [HSE], 2017) was co-produced to support the HSE service providers in developing high-quality, consistent, recovery-oriented services, as set out by our then national policy, *A Vision For Change,* (Department of Health, 2006), and more recently *Sharing the Vision* (Department of Health, 2020).

Building on progress to date, this revised framework reinforces the four key principles on which the delivery of our recovery services are based. These are:

1. **The centrality of lived experience,**
2. **The co-production of recovery promoting services, between all stakeholders,**
3. **An organisational commitment to the continuous development of recovery in Irish mental health services,**
4. **Supporting recovery-orientated learning and recovery-orientated practice across all stakeholder groups.**

This revised framework has been co-produced through a process of consultations looking at people's experiences of implementing the first framework. An understanding of recovery has been enhanced by people's experiences of living with mental health challenges in their lives and in the pursuit of the personal goals they want to achieve in life regardless of the presence of such challenges. Understanding of the impact of traumatic experiences on people's mental health has enabled many people to recover from significant mental health challenges. Recognition of the impact of trauma in *Sharing the Vision* opens the way for many more people to benefit from a trauma informed approach to recovery. Current understandings of recovery moves away from the eradication of symptoms to a space where one can live their best life even with the symptoms of mental distress.

What is **Recovery?**

The literature recognises this within the following definition of recovery, which has been identified as the most accurate in describing recovery in mental health:

> "...a deeply personal unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying hopeful and contributing life even with the limitations caused by illness... includes the development of new meaning and purpose in life as one grows beyond the catastrophic effects of mental illness."
>
> — *Anthony's (1993)*

In 2018, the Mental Health Engagement and Recovery Office (MHER) co-produced a definition of family recovery to acknowledge that family and family members undergo their own unique recovery journey that is separate to that of those who use services. Here, family recovery is

> "...intrinsically about all members of the family being able to live a life of their own choosing regardless of the challenges of mental health issues... respecting and accepting that while we all see things differently there are key skills we can draw on to live a life with hope, empathy, equality and autonomy."
>
> — *HSE, 2018*

These ideas suggest that recovery is very much determined by what recovery means to a person who uses the services, and their family members, carers and supporters and through the voicing of their desires, beliefs and choices to realise their potential. In 2011, Mary Leamy and collegues created five concepts that if present meant that a person was in a good place in their recovery journey. These concepts are often discussed together under an abbreviation known as CHIME. These five elements are as follows:

Connectedness – Feeling part of your family/community.

Hope – Having a belief that life can and will get better.

Identity – Having an identity in life beyond that of a person who uses services.

Meaningful Role – Building on strengths and skills to have fulfilling activities in life.

Empowerment – Having the information, choice and confidence to make informed decisions on one's own life.

What is Mental Health **Engagement?**

Mental Health Engagement is a process where people who use services and their family members, carers and supporters engage with service providers on their recovery journey and beyond.

It also relates to meaningfully involving people who use services and their family members, carers and supporters in the design and development of services. Good practice in engagement involves capacity building, relationship development, and decision-making. It operates under the assumption that **engagement is everybody's business.** The HSE is committed to meaningful engagement in line with the World Health Organisation's (WHO) Engagement Framework which states that engagement involves

> **"...the respectful, dignified, equitable inclusion of individuals with lived experience in a range of processes and activities within an enabling environment where power is transferred to people; valuing lived experience as a form of expertise and applying it to improve health."**
>
> *— WHO, 2023*

MHER demonstrates this commitment by providing support and opportunities. MHER works with recovery education services to develop capacity for people who are interested in meaningful engagement. Mental Health Engagement is underpinned by co-produced principles that complement the recovery principles. The development of an engagement structure and culture is essential to develop a service that is **recovery-orientated.**

What is a Recovery-Orientated **Service?**

A recovery-orientated service is built on a culture of hope and an expectation that people can recover from a mental health challenge and make a life of their own choosing.

Within this system, the role of service providers is evolving to one that **empowers** and **facilitates** the recovery process through meaningful engagement of persons using the service, and family members, carers and supporters in all aspects of service provision. In recent years, there has been steady progress in advancing recovery-orientated practices. The introduction of lived recovery experience as expertise to inform service improvement in a variety of roles including Peer Management – MHER, Area Leads, Recovery Co-Ordinators, Peer Education Services/Teams, and Family/Peer Support Workers. Initial results from Hunt and Byrne, (2019) and Lorien *et al.*, (2020) suggests that Peer Support Workers not only positively impact those using services but also the services themselves. Lived experience is also acknowledged within third level institutions through the implementation of recovery education within these services. Hunter and colleagues' recent report found positive results relating to **participation** in recovery education and mental health status (Hunter *et al.*, 2022).

There are still challenges in creating a recovery orientated service. Today, services are still based primarily on a biomedical model. As such, the purpose of this framework is to address some of these challenges and to support the continuous development of person-centred, biopsychosocial professional practice in keeping with recovery principles so that personal recovery outcomes are identified by those using services.

However Irish mental health services have evolved considerably over recent years to incorporate a recovery approach to mental health service provision. Trauma-informed practice is seen as a vital next step to enhance this evolution further and ensuring that services are meeting the needs of those who use them.

To date, trauma informed practice (TIP) has been implemented across only a handful of services in Ireland. This contrasts with other jurisdictions that have embraced this approach more widely, through trauma-informed strategies and policies. According to the Department of Health (2020), trauma informed care (TIC) is defined as an approach that **acknowledges the experience of trauma** in people's lives. It seeks to encourage all stakeholders to have a basic understanding of trauma and how it can affect individuals, their family members, carers and supporters and communities (Department of Health 2020). Acknowledging the pervasive effects of trauma on physical and mental well-being, trauma informed care aims to bring about a more compassionate and recovery-focused approach to people's personal histories and the mechanisms they employ in dealing with trauma (Center for Substance Abuse Treatment (US) and Others, 2014).

A National Framework for **Recovery** in Mental Health

A National Framework for Recovery in Mental Health **has been developed to continue and further expand the work of the first framework. MHER recognises that a recovery-orientated service requires everyone including people who use services, their family members, carers and supporters, the voluntary sector, HSE service providers, other public service departments and agencies and the community at large to be involved and informed.**

In addition, this revised framework will:

- **Define and update** the knowledge base on core principles of a recovery-orientated service.
- **Describe and update** on the key characteristics and benefits of each principle as well as providing an updated, co-produced list of action and measures that will support services to implement the principle.
- **Provide** the tools for an implementation plan for this framework.
- **Provide** guidance to mental health services to support them to continue delivering a quality, person-centred and recovery-focussed service.
- **Recognise** that a recovery-orientated service requires engagement from everyone including people who uses services and their family members, carers and supporters, the voluntary sector, HSE service providers, other public service departments, agencies and the community at large.
- **Recognise** that some people who use services may require additional supports in progressing along their recovery journey.
- **Reflect** on the ever-expanding international evidence base to support recovery.
- **Help inform** the planning, monitoring and evaluation of mental health services.
- **Continue to develop** a consistent, equitable, high quality and measurable approach to the development of recovery orientated services in Ireland.

The Recovery **Principles**

Best evidence and consultation with stakeholders between January and April 2022 have informed our decision to retain the principles upon which the first framework was built.

In order to ensure that they are still relevant to recovery orientation at that time, they will be reviewed again for the next iteration of this framework in 2028.

These principles will be reviewed at the end of the lifetime of this framework to inform the next iteration of *A National Framework for Recovery in Mental Health* and to ensure, that these principles are still relevant to recovery orientation at that time. The development of these principles is essential for the recovery journey of Irish mental health services and as a result, our understanding of these principles will develop further during the lifetime of this framework.

The principles are consistent with the person-centred values of the HSE and the mental health services. These person-centred values include compassion, trust, learning, safety, quality, care and recovery.

Principle One

The centrality of lived experience.

Principle Two

The co-production of recovery-promoting services, between all stakeholders.

Principle Three

An organisational commitment to the continuous development of recovery in Irish mental health services.

Principle Four

Supporting recovery-orientated learning and practice across all stakeholder groups.

Principle One:

The Centrality of Lived Experience

"Recovery is unique to each person so to enhance recovery orientated mental health services, people with the experience of recovery from mental ill health should be at the centre of service development."

— Area Lead for Mental Health

"My recovery journey began with me finding my own resilience and self-care, allowing compassion for myself and my loved one. I now enjoy life and am grateful for where I am today."

— Family Member

Definition

The person experiencing mental health distress and their family members, carers and supporters must always be at the heart of the recovery process. This can occur in two ways:

1. **Those using services and their family members, carers and supporters being involved in determining what is important for their own recovery and acting on it.**
2. **At an organisational level, the recognition that lived experience of recovery informs all aspects of service provision including service design, delivery, and evaluation.**

People who use services and their family members, carers and supporters can provide insight and expertise as it relates to their own lived experiences of recovery processes and this can be used as a resource by other people seeking recovery and by mental health services. The recovery expertise these individuals have covers three core elements: **lived experience, recovery experience and expert by experience** (see 'Key Concepts' diagram on next page).

The three elements of the recovery process described in the above figure are fluid. Service providers have a wealth of learned and practical knowledge that can support recovery. This practice wisdom can be invaluable to those who use services and their family members, carers and supporters seeking recovery. In addition, many service providers have their own personal experiences of living with a mental health challenge/supporting someone with a mental health challenge. In a recovery-orientated service, staff can use this experience as appropriate to support a person's recovery.

Benefits of Including Lived Experience

Including the lived experiences of those who use the service and their family members, carers and supporters helps safeguard their right to participate meaningfully in decisions relating to their health and well-being (UN Human Rights Council 2017). The benefits of including lived experience include:

- Increase the therapeutic value of interactions,
- Increase the understanding of all stakeholders of the impact of trauma on mental health,
- Demonstrates the beneficial impact of this understanding on people's recovery,
- Fosters hope and inspires recovery,
- Creates empathy,
- Supports continuous service improvement,
- Empowerment, and
- Provides the opportunity to introduce and sustain recovery-supporting roles.

Key Concepts

Recovery Experience

As people come to an understanding, acceptance and ownership of their mental health condition, they begin to reclaim their lives from illness. This may involve developing strategies, techniques and skills that will help them to achieve the self-determined goals and objectives that are important to them in their lives. The process of achieving this is integral to the recovery journey, and the articulation and sharing of this process can be considered *Recovery Experience.*

Lived Experience

People who have a mental health condition and who engage with services or are a family memeber or carer of a service user, have a unique insight into the experince of:

- having that condition,
- using mental health services, and
- the impact of both on their lives.

Experts by Experience

The processing of 'lived experience', that is the knowledge and insights gained on the road to recovery from a mental health condition, is what makes lived and recovery experience really valuable in a recovery-oriented mental health service. Through the framing and the processing of the meaning of their mental health journey, service users, family members and carers become *Experts by Experience*. This can act as a resource for developing and enabling the recovery orientation of services.

Principle Two:

"Partnership and consultation with those who use services form a critical part of how we operate. The feedback we receive from those using services and their family members, carer and supporters has a tangible and valuable effect on how we develop as an organisation. We believe in a more inclusive system of representation by those using services, and we are committed to deepening the involvement that these Individuals, and their family members, carers and supporters have in shaping our services and in contributing to achieve our strategic objectives such as advancing research, strengthening advocacy, and educating the general public about mental health."

— Service Provider

The Co-Production of Recovery-Promoting Services between All Stakeholders

Definition

Co-production[1] is different from other forms of participation. Co-production is defined as designing, delivering and evaluating public services in an equal and reciprocal relationship with all parties involved in service provision (HSE 2018a). This is inclusive of, but not limited to service providers, people who use services and their family members, carers and supporters. For more information on what co-production includes, see table below.

Co-production is:	Explanation:
Creation of an Exploratory Space	This is where all stakeholders come together in order to create new knowledge.
Collaborative Process	All stakeholders share their various perspectives with a view to reaching desirable outcomes.
Power Sharing	A sharing of power between all stakeholders based on recognising different areas of expertise, and resulting in shared ownership of decisions.
Enhancement of Knowledge	Recognising, understanding and utilising the various sources of knowledge.
Relationship of Equals	Relationships that are based on mutual respect.
Non-linear	A journey with ups and downs from which we learn.
A Continuum of Practice	Supporting recovery and service improvement at all stages of service provision.

1. Co-creation is an emerging accessible term with a similar meaning to that of co-production. It is described as active engagement of diverse stakeholders in understanding and solving complex problems to design, implement, monitor and evaluate relevant solutions together.

To achieve recovery in mental health, an individual with mental health challenges and their family member, carer and supporter should use the supports available in their community and other supports such as housing and employment in line with Article 19 of the United Nations Convention for the Rights of the Person with Disabilities (UNCRPD) – the right to live independently and be included in the community.

Benefits of Co-Production

Co-production provides many benefits to everyone involved (Social Care Institute for Excellence, 2015).

1. **It recognises the involvement of those who use the services and their family members, carers and supporters as a strength.**
2. **It honours the wide array of experiences and expertise of everyone involved.**
3. **It spreads the learning and risk equally between everyone involved.**

Principle Three:

"One of our core commitments... is to further develop and enhance our engagement structures and partnerships. We aim to further involve and include the experiences of those who have accessed our services, and their family members, carers and supporters to ensure that they are equal partners in the development, management and evaluation of mental health services."

— Service Provider

An Organisational Commitment to the Continuous Development of Recovery in Irish Mental Health Services

Definition

In a recovery-orientated service, the organisation is committed to bringing about the cultural and structural changes necessary to create a recovery orientated service. Such a service recognises and uses a lot of resources and expertise, including those coming from people who use services, their family members, carers and supporters, service providers, community organisations and others to fulfil its role as a facilitator of recovery outcomes. The move towards recovery orientation is reflected in *Sharing the Vision* (Department of Health, 2020).

Key Elements

There are a number of key elements associated with organisational commitment to recovery-orientation. These include:

1. Creating a Recovery Culture

The service is committed to include and honour the recovery values of hope, empowerment and self-determination in all parts of the organisation. The inclusion of all recovery principles in management processes, such as recruitment, professional development, supervision, appraisal, audit, service planning and operational policies.

2. Communicating Recovery Values

Such a service recognises the variety of people involved in recovery and their needs. The service will have a communication plan that will discuss and empower service providers in reaching the key values of recovery, self-determination and empowerment.

3. Evaluation

A recovery-orientated service ensures that the service provided align with the needs of those using them through the provision of high-quality, evidenced-based, timely and recovery-focussed interventions. The service will utilise its resources and personnel to measure outcomes that will ensure this. The organisation needs to develop appropriate process, impact and outcome measures that will effectively evaluate the recovery-orientation of services.

Benefits of Organisational Commitment

An organisational commitment to recovery ensures a recovery-focussed service that:

- **Meets the needs of all connected with and through mental health services.**
- **Has a consistent approach to recovery.**
- **Ensures a quality and evidence-based service.**
- **Is faithful to all recovery principles.**
- **Has a recovery-focused workforce and support the development of such a workforce.**
- **Invest and use resources efficiently to support recovery.**
- **Is committed to make recovery *"business as usual"*.**

Principle Four:

Supporting Recovery-Orientated Learning and Practice across all Stakeholder Groups

"I am being supported to become more reflective, to reawaken the original values that brought me into this work, to think about what recovery really means and what those using services and their family members, carers and supporters are really saying."

— Service Provider

"Through going to the recovery college, I learned to accept, understand and manage my mental health condition better. It gave me hope, and I began to think about what I wanted to do with my life."

— Person using Services

Definition

In a recovery-orientated service, the recovery approach is sustained through a culture that supports recovery-focussed learning and practice. Everyone is empowered with the recovery language, resources, and supports to take ownership of their role in the recovery process. Everyone's' strengths and skills are built upon through recovery education and recovery-orientated clinical practice.

Recovery Education

Recovery education is the process by which:

a. **individuals explore, understand, and create the knowledge required for recovery to occur in their lives, or**

b. **provide services to and in the communities that sustain them.**

It is based on adult educational approaches which offer the person choice to engage in learning opportunities. It is underpinned by self-direction, personal experience, ownership, diversity, and hopefulness (HSE, 2017a). Recovery education can be delivered in centralised hubs like recovery colleges or in multiple community settings, known as Recovery Education Services (HSE, 2020).

Recovery Orientated Practice

All staff practices are guided by a recovery ethos and principles, utilising person-centred and recovery-focussed practices, which support those utilising services and their family members, carers and supporters in their recovery journey. A recovery-orientated approach will be sustained by a culture of recovery, hope, autonomy, opportunity, and co-production, supported by recovery orientated language. A recovery-orientated service recognises the value of practice wisdom that staff generate from their experiences of working in a recovery-orientated manner.

Benefits of Support

In a recovery-orientated service, everyone is empowered to engage in and fulfil their particular role in recovery through education and practice supports. Staff are offered opportunities to enhance their skills to practice and work to promote and sustain recovery approaches and roles. In a culture focused on recovery learning and practice, the service will:

- **Have a shared understanding of the recovery objectives and mission of the service.**
- **Support staff in their role by enhancing recovery literacy.**
- **Engage and collaborate with experts by experience to their full potential.**
- **Have a commitment to co-production.**
- **Have a recovery education strategy and a mechanism to deliver recovery education.**
- **Support change through evaluation of services.**

Implementation of the Framework

This new framework covers the period 2024 to 2028 inclusive. In 2028, it is envisioned that the framework will again undergo a revision in response to feedback on its performance up to 2028. As part of the implementation of this framework, a national and local governance structure will be set up to:

- **Support the implementation of the framework across the agreed time period.**
- **Monitor the implementation of the framework both locally and nationally.**
- **Review the learning from the implementation of this new framework.**

The framework was produced in its current form based on our collective experience of striving to develop a recovery-orientated service. Our understanding of recovery and its applications within services is ever changing and will have further evolved over the coming years for the next review of this framework. The review will be informed by the development of service improvement forums locally, which will draw on the experiences of a variety of recovery-focussed initiatives such as MHER.

The framework is underpinned by four principles. Within each principle, there are a number of actions and measures that will assist the overall implementation of the framework. All regional health areas will establish a multi-stakeholder co-produced forum to develop a plan suitable for their service using the material outlined in this section, to implement the framework. This will be monitored by a governance group set up nationally by MHER. The new framework will be complemented by MHER's Enhanced Engagement Framework. Structure and guides on good practice and mechanisms that will be published in 2024.

Actions and Measures Required to **Support** this Framework

Outcome	Action	Owner
1.1: The person who uses services, and their family members, carers and supporters will define their own recovery goals for their own lives as per human right principles.	**1.1.1:** Work with the Sharing the Vison (Stv) Policy Implementation Team (PIT) to implement Recommendation 39[2] at local RHA level.	RHA (Regional Health Area)
	1.1.2: Work with Sharing the Vison (Stv) Policy Implementation Team to implement Recommendation 27[3] at local RHA level	RHA
	1.1.3: Seek representation in the co-production of all iterations of the Department of Health Carers Strategy. This will ensure a human rights-based approach.	Family Recovery Advisory Group
1.2: Structures and processes for engagement will be established to allow for meaningful involvement. This will include those who use services and their family members, carers and supporters.	**1.2.1:** Work with National Office of Mental Health Engagement and Recovery to implement the Engagement Framework	RHA Area Lead for Mental Health Engagement and Recovery/RHA MH Management Team
	1.2.2: As per MHER Strategy work with MHER to establish Lived experience panels for each RHA to co-produce service improvement.	RHA Area Lead for Mental Health Engagement and Recovery/RHA MH Management Team
1.3: People who use services and their family members, carers and supporters will be provided with access to peer support/family peer support, either at group or individual level.	**1.3.1:** Peer Support Worker structures (e.g governance, funding and team readiness) are in place in each RHA, having collaborated with MHER to develop these structures and processes for each area.	MHER (Mental Health Engagement and Recovery Office)/RHA

2. The HSE should consult with service users, FCS, staff and those supporting priority groups to develop a standardised access pathway to timely mental health and related care in line with individuals' needs and preferences.

3. An individualised recovery care plan, co-produced with service users and or families, carers and supporters, where appropriate, should be in place for, and accessible to, all users of specialist mental health services.

Outcome	Action	Owner
2.1: Co-production will inform all service improvement and service design, development, delivery and evaluation.	**2.1.1:** A national co-production policy will be developed and implemented across all RHAs relating to mental health services.	MHER
	2.1.2: Each RHA will ensure accountable structures are in place e.g governance and support for a Regional Lived Experience Panel, staff training, in order to create a culture that supports co-production.	MHER/RHA
2.2: The feedback from those who use services and their family members, carers and supporters are periodically gathered and used to improve service provision in line with Sharing the Vision recommendation 78[4].	**2.2.1:** Support the MHER/HIQA process in providing information for a national survey of those using services and their family members, carers and supporters regarding the service as per Recommendation 78 of Sharing the Vision.	MHER/HIQA
2.3: Co-production training will be provided to all staff within the service.	**2.3.1:** As part of the Recovery Principles and Practice suite of training programmes, a co-production training module will be developed, which incorporates MHER's definition of co-production.	MHER
	2.3.2: A record of co-production training will be collected and returned to the MHER office on a regular basis.	Recovery Colleges and Recovery Education Services
2.4: The contribution of all stakeholders will be recognised and will be valued.	**2.4.1:** MHER will advance the implementation of the Department of Health recommendation related to remuneration.	MHER

4. Regular surveys of service users and FCS should be independently conducted to inform assessment of performance against PIs and target outcomes in StV

Outcome	Action	Owner
3.1: The service will have a co-produced mission, vision and values statement that will include and promote recovery in its service plan.	**3.1.1:** Ensure that all staff and those using services are aware of the mission and vision statement of the HSE and work to ensure its values are promoted in all aspects of service provision.	RHA
3.2: All mental health staff will be supported to adopt the mission, vision and values of recovery in all their interactions with people who utilise services, their family members, carers and supporters and other stakeholders	**3.2.1:** All staff will receive Recovery Principles and Practice training as set out in Sharing the Vision recommendation 29[5].	RHA
	3.2.2: Data on staff completion of Recovery Principles and Practice will be gathered by the RHA to ensure implementation of Sharing the Vision recommendation 29.	Recovery Colleges and Recovery Education Services in Partnership with the Area Lead for Mental Health Engagement and Recovery
	3.2.3: All local and national policies, guidance, training and service planning will reflect the values of recovery.	Service Plan
3.3: The service will have a documented plan to engage people with lived experience as part of the workforce.	**3.3.1:** The service will recruit Lived Experience and Peer Support roles in service improvement to achieve its key recovery objectives.	Human Resources (Nationally and Locally), MHER and the Mental Health Area Management Team
3.4: The service will provide additional supports to facilitate advocacy and self-advocacy.	**3.4.1:** The service will implement recommendation 65[6] of Sharing the Vision.	RHA
3.5: The service will ensure that the framework is implemented and evaluated.	**3.5.1:** MHER and the RHA will communicate the framework to all its stakeholder groups.	MHER/ RHA
	3.5.2: The implementation plan will be monitored by local RHA Management to ensure progression of all objectives and identify any barriers.	RHA/Local Implementation Group and MHER

5. Further training and support should be put in place to embed a recovery ethos among mental health professionals working in the CMHT as well as those delivering services elsewhere in the continuum of services.

6. The HSE should ensure that access to appropriate advocacy supports can be provided in all mental health services.

Outcome	Action	Owner
4.1: The service will develop a co-produced recovery education plan to build on the knowledge and application of recovery theory, principles and practices.	**4.1.1:** A recovery education strategy will be developed to incorporate existing good practice and advance new practices. This will be communicated to all areas of the service.	MHER
	4.1.2: A recovery education plan will be included in the RHA service and operational annual plan.	RHA
	4.1.3: The service will establish and sustain existing structures to provide recovery education to all stakeholders within HSE regional areas in line with good practice.	RHA /Recovery Colleges and Recovery Education Services
	4.1.4: The service will provide Recovery Principles and Practice workshops for all staff in line with Recommendation 29[7] of Sharing the Vision. Engagement with this recovery education programme will be recorded as part of ongoing training and professional development.	Recovery Colleges and Recovery Education Services
	4.1.5: Staff and teams will be encouraged to review their practice of recovery in their supervision sessions.	Local Management
	4.1.6: The service will communicate the framework to all clinical schools and clinical training providers and provide support in integrating the material discussed in the framework to their academic curriculums.	Recovery Colleges and Recovery Education Services
	4.1.7: Services will provide co-produced recovery education opportunities for those using services and their family members, carers and supporters.	MHER/Recovery Colleges and Recovery Education Services
	4.1.8: Recovery education activity data will be gathered through an agreed mechanism and data will be published in annual reports.	
4.2: The service will support recovery at every level of the organisation by ensuring that appropriate supports and resources on recovery are available to staff who choose to use their lived experience as part of their work.	**4.2.1:** The services will acknowledge that all stakeholders may have their own lived experience that can support their work.	Health Service Executive
	4.2.2: Services will provide additional support and pathways for staff to access if required. For example the Employment Assistance Programme, Occupational Health.	Health Service Executive
	4.2.3: Information will be provided on induction and as part of the established supervision process.	Clinical Supervisors
	4.2.4: The Service will provide additional resources to support individuals who choose to use their lived experience as part of their work	Health Service Executive
4.3: The organisation will agree a set of recovery competencies for all mental health staff.	**4.3.1:** An exploration of recovery competencies for mental health staff will occur.	MHER

7. Further training and support should be put in place to embed a recovery ethos among mental health professionals working in the CMHTs as well as those delivering services elsewhere in the continuum of services.

Monitoring the Implementation of the framework

The implementation of this *National Framework for Recovery in Mental Health* should be included in service planning for local RHAs. Each area will appoint a strategic lead at senior management level with responsibility for the strategic over-sight of the framework's implementation across the region. A working group will be established to operationalise the implementation of the framework locally. This can be a sub group of any existing service improvement structure that is already in place. The recommended membership of this working group is as follows:

- **Strategic lead at AMT (Area Management Team) level**
- **Area lead for Mental Health Engagement (where in place)**
- **Recovery Coordinator for MHER (where in place)**
- **Those Using Services**
- **Family members/carers/supporters**
- **Senior representation from disciplines (psychiatry, nursing, psychology, OT (Occupational Therapy), social work, peer support and others as required)**
- **PMO (Project Management Office) office**
- **NGO (Non-Governmental Organisation) partners**

In collaboration with the RHA's a reporting Dashboard will be developed to support the implementation of this Framework. The implementation group will evaluate where the service is in relation to the outcomes and actions for each of the four principles. Based on this evaluation, they will then identify next steps required to progress each action in relation to capacity building, service readiness and resourcing. They will then develop a timeline for the implementation of the framework of 3/5 years prioritising key incremental tasks for each year.

A recovery-orientated service is built on a culture of hope and an expectation that people can recover from a mental health challenge and make a life of their own choosing.

Additional Information

Glossary of Terms

Biomedical Model	The focus on purely biological factors whilst excluding all other influences in diagnosing and treating a mental health challenge.
Biopsychosocial	An approach that looks at the interconnection between the biological, the psychological and the social-environmental factors that make up a mental health challenge.
Lived Experience	Is the expertise and knowledge that comes from living with, and managing a mental health difficulty periodically or on an ongoing basis, including the experience of using mental health services.
Mental Health Engagement and Recovery Office (MHER)	An office forming part of the Mental Health Operations Team whose purpose is to develop structures, systems and mechanisms for those using services and family member, carer, supporter engagement to inform and participate in service design, delivery and evaluation.
Practice Wisdom	Refers to the knowledge that professional possesses through what they learned in their training and through their practice as a mental health professional.
Sharing the Vision	A national policy guiding the recovery approach in Irish mental health services, published in June 2020.
Stakeholders	An individual, group, professional or organisation who has an interest or actively participates in promoting recovery at an individual or organisational level.
Trauma Informed Practice	An increased awareness of how trauma negatively impact an individual and their ability to feel safe or develop trusting relationships with service providers.

Contributors and Acknowledgements

Creating this new iteration of *A National Framework for Recovery in Mental Health* was not a singular effort. It was created through the process of co-production and consultation. As a result, the following individuals formed part of the core working group that were responsible for the co-production of this updated framework:

- Michael Ryan – Head of Mental Health Engagement and Recovery
- Michael John Norton – National Recovery and Engagement Programme Lead
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- David Bohan – Team Leader Galway Community Café
- Dr. Dominic Fannon – Psychiatrist
- Debbie Murphy – Senior Administrator
- Fiona Mc Kernan – National Engagement and Recovery Programme Manager
- Una Twomey – Senior Project Manager
- Jacopo Villani – National Engagement and Recovery Manager
- Jessica Curtis – Senior Project Manager – Genio

For your hard work and dedication to recovery, thank you.

In addition, the framework could not be possible without input from our various stakeholders within each Regional Health Area over the process of co-producing this next iteration. Such stakeholders include:

- Mental Health Operations
- Head of Service
- Service Managers
- Service Providers
- Those Using Services and
- Our NGO Partners

For your attendance and valuable input at various stages of consultation, thank you.

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