

How to Identify Recovery Oriented Services (Adapted from Ohio Department of Mental Health, Adult Recovery Network)

Although it is well documented that individuals living with mental illness can and do recovery and resume meaningful, productive and fulfilling lives, it is also clear the many individuals have not achieved this goal. The President's New Freedom Commission on Mental Health (2003) calls for a major transformation in the mental health delivery system. Its recommendations call for moving beyond traditional mental health care. In the transition, the questions below will guide thinking and help us begin/continue the identification and development of recovery oriented services and supports.

Provider Checklist

- ◆ ***Are services focused on:***
 - Illness, symptoms and limitations
 - Wellness, health and hope

- ◆ ***Does the provider:***
 - Make all decisions regarding treatment and medication options
 - Are decisions a collaborative effort

- ◆ ***Are expectations of recovery:***
 - Kept to a minimum
 - Set to encourage self-directed change

- ◆ ***Is there:***
 - Dependence on the provider
 - Is self-help and interdependence encouraged among provider, person living the experience

- ◆ ***Is the relationship based on:***
 - Expert to patient
 - Adult to adult

- ◆ ***Is the goal of treatment:***
 - Only to prescribe medication to control symptoms
 - To help the person regain a more meaningful and purposeful life

- ◆ ***Is the focus of treatment:***
 - On disabilities and problems
 - Strengths and capabilities

- ◆ ***Are staff:***
 - Only "trained" professionals/providers
 - Inclusive of peers and other people who can help the individual understand the recovery process

Handout 3-4

- ◆ ***Does treatment seem to be:***
 - One size fits all
 - Tailored to the individual's needs and circumstances

System Checklist

- ◆ ***Our mission focuses on:***
 - Providing continuous and comprehensive services to mentally ill clients
 - Assisting people to improve their functioning so that they achieve their goals and enhance the quality of their lives
- ◆ ***Do policies:***
 - Think in terms of managing chronic, unremitting or even deteriorating disabilities
 - Reinforce developing attitudes, knowledge and activities that promote wellness and hope
- ◆ ***Are expectations of recovery:***
 - Non existent
 - Implied as an overall outcome for the system
- ◆ ***Is there:***
 - A core set of programs or setting identified for the system
 - A core set of needed services identified for the system
- ◆ ***Consumer/Family involvement:***
 - Is in a token way if at all
 - Is actively sought for employment at all system levels and integrally involved in design and evaluation
- ◆ ***Outcomes are:***
 - Process measures of service/program quality
 - Measurable and observable consumer outcomes inclusive of measures of satisfaction
- ◆ ***Is leadership:***
 - Focused on developing specific programs or settings
 - Reinforcing recovery vision and recovery oriented system standards
- ◆ ***Does access to services seem to be:***
 - Based on professional decisions
 - By consumer preference inclusive of outside of the MH system