

Psychosocial Rehabilitation
Practice Standards and Definitions
for
Recovery-Orientated Services



Psychosocial Rehabilitation (PSR) Réadaptation Psychosociale (RPS) Canada

Forward

Psychosocial Rehabilitation (PSR) Réadaptation Psychosociale (RPS) Canada is an association of individuals and organizations committed to the provision and growth of psychosocial rehabilitation services to support the recovery of persons with mental health issues. Its mission, vision and values are committed to ensuring that the tools a practitioner brings to a recovery partnership are truly focused on ensuring a journey that is supportive, respectful and provides choices.

While psychosocial rehabilitation has been in the field for many years, in recent times it has been given a new focus with the promotion of recovery orientated services.

To assist in the clarification of the practices required to be a recovery oriented program, members of PSR/RPS Canada gathered international evidence-based information, consulted and prepared the following document. To the volunteers who gave of their time for this mission, PSR/RPS Canada offers its gratitude. Thanks are also given to Dr. Thomas Kirk for his permission to use the resources designed for the Connecticut Department of Mental Health and Addiction.

These standards and definitions will assist providers to ensure that their services are focused on the required elements of psychosocial rehabilitation services which provide the pillars and tools required to focus on the success of an individual's recovery journey.

“that every individual should have an equal opportunity with other individuals to make for himself or herself the life that he or she is able and wishes to have, consistent with his or her duties and obligations as a member of society, without being hindered in or prevented from doing so by discriminatory practices based on race, national or ethnic origin, colour, religion, age, sex, marital status, family status, disability or conviction for an offence for which a pardon has been granted. [1976-77, c.33, s.2; 1980-81-82-83, c.143, ss.1, 28.]”

Canadian Human Rights Act: An Act to extend the laws in Canada to proscribe discrimination

While the Act cited above has moved forward in providing the legislation, it is incumbent upon people in the field of mental health and addictions services to ensure that the people they support with a mental illness or addiction have equal opportunities for a life that is not restricted by discrimination

If you have any inquiries regarding these standards or wish more information about PSR/RPS Canada/, please contact me at support@psrrpscanada.ca

Vicky Huehn
Chair
PSR/RPS Canada

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Standard 1 – Delivery of Services and Supports

Psychosocial rehabilitation is based on recovery focused principles and provides accessible and person directed services.

“Defined family” = family as defined by the individual.

Key Elements

- Recovery Oriented
- Access
- Person Directed Service
- Client Assessment & Review
- Service/Support Planning
- Service/Support Transition and Linking

INDICATORS

- 1.1 The service/support’s policies and procedures reflect the principles of PSR and provide access to recovery-focused services. These policies and procedures also address eligibility, referral/intake, assessment and review, service planning and transition; while promoting the least restrictive and intrusive rehabilitation and support possible.**

Evidence of this may include:

Access:

- Policies and procedures reflect PSR values and clearly define mechanisms for overcoming potential barriers to access including physical, financial, social, cultural, emotional, spiritual, gender, sexual orientation and lifestyle aspects.
- Service/support delivery may be either inpatient or community based and, as much as possible, be provided in the individual’s environment of choice.
- There must be compliance with provincial/territorial legislation regarding disability access to services. Where no act exists, an action plan for inclusion and accommodating services must be developed.

Access Processes:

- Policies and procedures cover eligibility criteria, referral and intake, waiting lists, use of interpreters and/or translators, initial assessment protocols, individual’s decline of service, orientation to services, withdrawal of services by provider, informed consent for receipt of services, complaint process, coordination of services, and consent for sharing information.

Assessment and Review:

- The service/support has policies and procedures for assessment and review as an ongoing process including evidence based assessment tools, waiting list management procedure, collaboration and share care arrangements, review guidelines and use of best practice models in service delivery.

- 1.2 Responsibility is delegated for ensuring the model of service delivery is comprehensive and is based on the principles of a recovery focused psychosocial rehabilitation support service.**

Evidence of this may include:

- Job descriptions, policies and procedures include responsibility for the management and implementation of the service/support delivery model utilizing recovery focused principles.
- Where committees are involved in managing service delivery, terms of reference or standing agenda items identify responsibility for implementation and reflect the guiding principles of recovery focused services.

1.3 Practitioners have knowledge of the access, referral, assessment, review, service planning and transition processes.

Evidence of this may include:

- New and existing practitioners are aware of the policies and procedures for access, referral, assessment, review, service planning and transition, in line with a recovery focused approach.
- Training needs are identified and addressed to ensure practitioners are adequately skilled.
- Collaboration is valued and integrated into staff orientation and training.
- Practitioner's responsibilities and duties are monitored to ensure appropriate time is available for skills development where needed to better meet individual needs.
- Practitioners are aware of evidence based approaches and best and promising practices.

1.4 The above policies and procedures are in the service model and evident in practice.

Examples of how policies and procedures may be evident in practice:

Access:

- Service/support provision is aimed at strengths identification and skills development across the cognitive, emotional, social and physical aspects of the individual's life.
- Service/support can demonstrate that physical, financial, social, cultural, emotional, spiritual, gender, age, sexual orientation and lifestyle aspects are considered in service access and delivery. (Cross reference Standard 6.1).
- Service/support site location is situated with the consideration of access for individuals and whenever possible, transportation should be considered in planning.
- Facilities where services/supports are provided have disability access.

Referral/Intake:

- Information on the referral/intake process is provided in a variety of languages and communication strategies.
- The referral process is made known to other services.
- Where a service is refused, the service provider facilitates referral to other appropriate services.
- A mechanism is in place to manage the waiting list.
- Assessment processes meet individual needs.
- The service/support informs individuals of the benefits, costs and any other information associated with the provision of services.
- A transparent process for allocation of service/support is in place.

Assessment and Review:

- Where appropriate, assessment and review are conducted in a setting chosen by the individual.
- Assessment and review are conducted in collaboration with the individual and key stakeholders.

- The assessment process includes physical, social, cultural and psychological strengths, risks, family and social components, relevant history, diagnosis and forms the basis of a recovery plan.
- The interpretation of assessment results should include the individual.
- The assessment process is designed to facilitate continuity of care.
- The individual should have access to a system navigator, if required.
- Service/support providers and family may be present during the assessment and review when appropriate.
- A confidential, accurate individual record is created, in a timely manner, which is accessible to the individual.
- Individuals and family members are able to use their preferred language during the assessment process through access to an accredited interpreter.
- Only relevant information is sought and recorded.
- Assessment includes a timeframe for review.

Service Planning:

- The principles of psychosocial rehabilitation are reflected in service plan goals, service descriptions and job descriptions.
- The service plan identifies individual goals, strategies, responsibilities, crisis and transition plans and the service plan review date.
- Services/supports are designed so that individuals develop or redevelop skills to integrate into the community.
- The service plan includes a process to identify and assess risk, including risk of loss of personal growth (atrophy).
- The service plan is a collaborative process between the individual, the service/support and key stakeholders. The locus of control lies primarily with the individual.
- The service plan includes opportunities to strengthen an individual's valued roles and relationships.
- The service/support can demonstrate collaboration with other services to ensure individual access to appropriate, community based supports.
- There is evidence that services/supports provided are congruent with assessed needs.
- Services/supports are meeting individual needs, and measuring outputs and outcomes.
- The service/support maintains comprehensive and integrated mental health networks to best identify the most appropriate community partners for individuals.

Transition:

- Information is provided to individuals about other services/supports available when exiting.
- A transition plan is developed with the individual and key stakeholders which includes a preferred provider, relevant community resources, significant others and any additional details identified.
- If a service ceases, individuals, family members and other service providers understand the process for the individual to re-activate the service if needed in the future.
- The transition plan includes a procedure to assure that the follow up goals have been met.

1.5 The service monitors its performance of the indicators and uses information collected to improve its performance.

Evidence of this may include:

- Essential information is collected and reported to enable gaps and trends to be identified.

- Systems monitor output and outcome information and assure improvements in processes are planned and implemented.
- Internal evaluation occurs to monitor the effectiveness of services, performance monitoring and any changes implemented.

Standard 2 – Rights & Responsibilities

The psychosocial rehabilitation support and service upholds the rights and responsibilities of practitioners, individuals, families and community partners.

Key Elements

- Respect
- Privacy
- Confidentiality
- Informed Consent
- Use and Access to Personal Information
- Complaints
- Advocacy
- Participation

INDICATORS

2.1 Policies and procedures are in place to ensure that individuals are informed about their rights & responsibilities including but not limited to privacy, confidentiality and complaints.

Evidence of this may include:

- Policies and procedures address individual rights and responsibilities, including privacy, confidentiality and complaint processes. This information is provided to individuals, family and/or their advocates on initial contact and is reviewed at regular intervals.
- Policy ensures that information on rights and responsibilities is provided in a format and language that the individual and family will understand.
- Policies and procedures comply with current privacy legislation.
- Procedures address both formal and informal complaint processes.
- Policy assures informed consent is sought before personal information is shared with other parties, and that strategies are in place to guide staff if an individual does not consent to release information or withdraws the consent at a later date.
- Procedures are in place to enable individuals to provide confidential feedback.

2.2 Responsibility is delegated for upholding the rights and responsibilities of individuals, family and the community and for managing privacy and complaints processes.

Evidence of this may include:

- Job descriptions, policies and procedures include reference to roles and responsibilities of staff, volunteers and contractors in upholding rights and responsibilities, ensuring the privacy and confidentiality of individuals, and family, promoting advocacy and managing complaints.
- The role of senior management / governing body in monitoring respect for individual's rights, including privacy and complaints management is clearly articulated in job descriptions, key performance indicators and/or terms of reference.

2.3 Staff have knowledge and comply with policies and procedures, relevant legislation, regulations and guidelines in relation to the rights and responsibilities of individuals and families.

Evidence of this may include:

- New and existing staff are made aware of all policies and procedures relating to rights and responsibilities for individuals and, family.
- Training needs are identified and addressed to ensure staff has adequate training in rights, privacy, confidentiality and complaints management.
- Relevant legislation and best practice guidelines are available to staff through orientation and ongoing training sessions.
- Partnerships with other service providers within and outside of the health care field are articulated to ensure staff, individuals, and family have an understanding of how information is shared.
- Information is made available to both staff and individuals about the process of managing complaints, both internal and external to the service/support, including access to ombudsmen and advocacy groups where available.

2.4 The rights and responsibilities of the individual are reflected in all aspects of service provision.

Evidence of this may include:

- Individuals are aware of their rights and responsibilities, informal and formal complaints processes, including external complaints bodies as demonstrated through file audits, surveys, focus groups etc.
- Individual rights and responsibilities and PSR values are reflected in service goals, structures and processes that support the service model.
- Complaints are used as an opportunity for improvement to service provision.
- Complaints are analyzed for trends and reported to the governing body for the purpose of Continuous Quality Improvement.
- Individual rights, responsibilities and complaints management are reflected in collaboration and joint processes with key stakeholders.
- The complaint protocols require timely follow through of all complaints.
- Respect for individual privacy and confidentiality is reflected in documents such as the code of conduct and staff / volunteer contracts.
- Continuous Quality Improvement initiatives are ongoing to ensure the effectiveness of policies and procedures.

2.5 The service monitors its performance of the above indicators and uses information collected to improve its performance.

Evidence of this may include:

- Essential information on formal and informal complaints is collected for the purpose of identifying gaps and trends.
- Procedures are in place to monitor information from audits and other sources to ensure improvements in processes are planned and implemented.

Standard 3 – Safety

The activities and environment of psychosocial rehabilitation are safe for individuals, family, staff, volunteers and the community.

Key Elements

- Staff and Volunteer Safety
- Safety In Mental Health Care
- Occupational Health and Safety Systems
- Partnership with Community Services
- Prevention of Abuse
- Safety of Family

INDICATORS

3.1 Policies and procedures are in place to ensure a safe environment for individuals, family, staff, volunteers, contractors and the community.

Evidence of this may include:

- Policies and procedures reflect current legislation.
- Procedures include incident reports, hazard and worksite inspections and other risk management processes as defined by relevant legislation.
- Policies reflect the responsibility of the organization to provide and maintain an environment free from discrimination and harassment/bullying. Procedures are present to manage discrimination and harassment/bullying if it occurs.
- Policies and procedures assure assessment processes identify safety issues and that these are reflected in the service plan.
- Policies and procedures include a protocol review in the event of a safety issue arising.

3.2 Responsibility is delegated for providing a safe environment and safe work practices.

Evidence of this may include:

- Management responsibility for Occupational Health and Safety is clearly articulated.
- Staff and volunteer responsibility for Occupational Health and Safety is clearly articulated.
- Job descriptions and policies and procedures include reference to responsibility for providing a safe environment and safe work practices.
- Staff meetings and Occupational Health and Safety Committee agendas and minutes reflect responsibilities.
- Governance accountability for safety is clearly stated and delegated.

3.3 Staff and management have knowledge of and comply with relevant safety legislation, regulations, principles and practices.

Evidence of this may include:

- New and existing staff are made aware of their role in providing a safe work environment in a manner reflective of policies and procedures and their legislative responsibility.

3.4 Safety of the individual, staff and the community are reflected in practice.

Evidence of this may include:

- Individuals are provided with information on their responsibilities relating to safety.
- Support and safety interventions are non-discriminatory and are provided in a manner that is sensitive to the social and cultural values of individuals and family as defined by the individual.
- Information is provided to staff, individuals and families on strategies to protect their safety.
- Links with relevant community supports and services are maintained and reflected in the individual's crisis management plan as appropriate.
- Occupational Health and Safety processes are evident in policy.

3.5 The service monitors its performance of the above indicators and uses information collected to improve its performance.

Things to consider

- Essential information is collected and analyzed to enable gaps and trends to be identified.
- OHS committee monitors incidents, mandatory training, complaints etc and assures improvements are enacted.

Standard 4 – Individual, Family and Community Participation

Individuals, family as defined by the individual and the community, where appropriate, are involved in the planning, implementation and evaluation of the psychosocial rehabilitation support service.

Key Elements

- Self determination
- Participation in Planning and evaluation
- Barriers to Participation
- Barriers to PSR practice
- Advocacy
- Individual Feedback Addressed

INDICATORS

4.1 Policies and procedures relating to the participation of individuals, defined family and the community in planning, evaluation and service delivery are comprehensive and inclusive.

Evidence of this may include:

- Policies and procedures guide the participation of individuals, defined family and the community at every level of the service.
- Procedures are in place to support individuals and defined family in expressing their views.

4.2 There is shared responsibility for ensuring individual, defined family and community participation.

Evidence of this may include:

- Job descriptions and policies and procedures include reference to shared responsibility for ensuring individual, defined family and community participation in service planning, implementation and evaluation at both the individual and organizational level.
- Protocols and recovery plans reflect roles and responsibilities of the individual, defined family or community representatives where relevant.

4.3 Staff, individuals, defined family and the community have hope and the necessary knowledge to maximize participation in planning, evaluation and service delivery.

Evidence of this may include:

- New and existing staff are aware of their role in working with individuals in their recovery journey, defined family and community participation in planning, evaluation and service delivery.
- Training and support is offered to individuals, defined family and community members interested in participating in service management.
- Education and knowledge of PSR principles and values is provided to funders and policy makers and community partners.
- A person directed, strengths based approach to service delivery is part of staff and volunteer orientation and training.

- Individuals actively participate in the planning, implementation and evaluation of their own recovery plans.
- The diverse expertise of individuals, defined family and appropriate members of the community are developed and used to maximize opportunities to participate.

4.4 The participation of individuals, defined family and the appropriate community members is integral to service provision and development.

Evidence of this may include:

- Individuals, defined family and the defined community are invited to participate in all levels of planning, evaluation and service delivery.
- Barriers to participation are understood and addressed including but not limited to transportation, housing, discrimination, poverty and marginalization.
- Individual, defined family and community participation are reflected in service values, vision and goals.
- Structures exist to support participation.
- Feedback mechanisms to appropriate stakeholders are in place.
- Recovery Plans reflect individual participation in all stages of development, implementation and review.

4.5 The service monitors its performance of the above indicators and uses information collected to improve its performance.

Evidence of this may include:

- Essential information is collected to enable gaps and trends to be identified.
- Systems monitor information and ensure improvements in processes are planned, implemented and reviewed.
- Internal evaluation occurs to monitor the effectiveness of changes.

Standard 5 – Promotion of Wellbeing and Community Inclusion

The psychosocial rehabilitation support/ service actively promotes well being, early intervention, prevention and community inclusion of people affected by mental illness resulting in reduced stigma and better recovery outcomes.

Key Elements

- Collaboration
- Networking & Partnerships
- Prevention & Early Intervention
- Community Inclusion
- Reduced Stigma and Discrimination

INDICATORS

5.1 The service has documented policies and procedures to:

5.1a Promote community inclusion.

Evidence of this may include:

- A written policy and procedure on promoting community inclusion based on a community development model and collaborative partnerships.
- Procedures ensure a collaborative approach to assist individuals, family as defined by the individual and staff to be involved in community anti-stigma/ anti-discrimination strategies to increase inclusion.

5.1b Guide its role in mental health promotion, early intervention and the prevention of mental health concerns.

Evidence of this may include:

- Policies and procedures assure risk factors pertaining to individual's safety and recovery journey, and signs of early onset are identified. This information is used to inform early intervention, prevention and promotion strategies.
- Policies and procedures assure a partnership approach to mental health promotion, prevention and early intervention.

5.2 Responsibility is delegated for:

5.2a Increasing the community's knowledge and understanding of the issues faced by people living with mental health concerns with the goal of eliminating prejudice and discrimination.

Evidence of this may include:

- Job descriptions and policies and procedures include reference to promoting community knowledge and understanding of issues for people with mental health concerns.
- Mental Health Promotion reflects responsibilities for implementation of existing plans.

5.2b Assuring collaborative approaches to promoting improved wellbeing and reducing mental health concerns.

Evidence of this may include:

- Job descriptions and policies and procedures include responsibility for actively supporting early intervention, mental health promotion and prevention strategies.
- Committees or working groups' Terms of Reference or agendas reflect responsibilities for community awareness, mental health promotion, early intervention and prevention projects and initiatives.

5.3 Staff have knowledge of the issues faced by individuals relating to community inclusion and understand their role in mental health promotion, early intervention and prevention.

Evidence of this may include:

- Job Descriptions reflect the need to understand and contribute to community inclusion, mental health promotion, and early intervention.
- Staff demonstrate an understanding of community development and collaborative approaches.
- New and existing staff are made aware of their role in mental health promotion, early intervention and prevention as it relates to both individuals and the community.
- Training needs are identified and addressed to assure staff has adequate training.

5.4 Community inclusion, mental health promotion, early intervention and prevention of mental health concerns are integral to programs and services.

Evidence of this may include:

- Community inclusion, mental health promotion, early intervention and prevention are reflected in the objectives of the service.
- Strategies are in place to encourage individuals' participation in mental health promotion, early intervention and prevention.
- Partnerships, networks and other collaborations reflect planning or participation in mental health promotion, early intervention and prevention initiatives.
- Information on prevention, mental health promotion and early intervention is available and specific to the needs of a variety of audiences.
- Networks and referral processes assure individuals have access to vocational and social supports through mainstream agencies to support wellbeing.

5.5 The service monitors its performance of the above indicators and uses information collected to improve its performance.

Evidence of this may include:

- Essential information is collected on community knowledge and understanding, including prevention, promotion and early intervention activities (individual and population based) to enable gaps and trends to be identified.
- Systems monitor information and ensure opportunities for improvements are planned and implemented.
- Internal evaluation occurs to monitor the effectiveness of improvements and changes.

Standard 6 – Acceptance of Diversity

Psychosocial rehabilitation embodies non-discriminatory supports/ services that are sensitive to age, gender, social and cultural values of the individual.

Key Elements

- Equitable Access
- Cultural Competency
- Gender Equity
- Respect for Religious Beliefs
- Special Needs
- Use of Interpreters
- Other Communication Aids

INDICATORS

6.1 policies and procedures guide person directed service planning and delivery in relation to the individual's age, stage of life, gender, culture, sexual orientation, socioeconomic status, religious beliefs, personal history, involvement with the criminal justice system and physical or other disability.

Evidence of this may include:

- Service policies and procedures reflect respect for diversity as an important component in the individual's recovery journey.
- Policies and procedures encourage collaboration with individuals and organizations with expertise in mental health and culture issues.
- A documented recovery plan informs the role of the family as defined by the individual and community in service delivery and planning.
- Policies and procedures assure issues associated with discrimination and prejudice involving the service's own staff are addressed.
- Policies assure the needs of people with disabilities.

6.2 Responsibility is delegated for assuring that age-related, gender related, social and cultural values are considered in service planning and delivery.

Evidence of this may include:

- Job descriptions and policies and procedures include reference to levels of responsibility for assuring the needs of the individual, family as defined by the individual, and community in relation to gender, social and cultural values are considered in service planning and delivery, from management through to service delivery staff.
- Positions reflect multicultural workers, bilingual staff and advisors as required.
- Committees with responsibility for diversity related issues have Terms of Reference that reflect their responsibility.

6.3 Staff has knowledge of the social and cultural groups represented in the local community and an understanding of the social and historical factors relevant to their current circumstances. They are accepting of diversity in all its forms.

Evidence of this may include:

- New and existing staff are made aware of the need to respect the preferences and beliefs of individuals.
- Census information is available to staff on the cultural mix of people in the community of interest.
- New and existing staff receive training and information on diversity and cultural competence.
- Staffing requirements or the development of links with other services reflect the specific social or cultural needs of the target group.
- Networks are established with community leaders and advocacy groups to gain an understanding of relevant history and context.

6.4 Acceptance of Diversity is evident in practice.

Evidence of this may include:

- The needs and preferences of individuals are reflected in the assessment and service planning process.
- The role of the family as defined by the individual and community are recognized in service delivery and planning.
- The service monitors and addresses issues associated with discrimination regarding its own staff.
- Sensitivity to the social and cultural beliefs, values and cultural practices of the individual are reflected in service plans and service goals, in accordance with culturally competent practices.
- The protection of individuals' cultural, social and gender values are built into individual service planning. This includes processes to assure cultural safety.
- Individuals are informed of the availability of accredited interpreters and/or bilingual staff.
- Collaboration with individuals and organizations with expertise in mental health and cultural issues occurs at all levels of service development delivery as appropriate.
- The service addresses the needs of people with disabilities.

6.5 The service monitors its performance of the above indicators and uses information collected to improve its performance.

Evidence of this may include:

- Essential information is collected to enable gaps and trends to be identified.
- Systems monitor information and ensure improvements are planned and implemented.
- Internal evaluation occurs to monitor the effectiveness of improvements or changes.

Standard 7 – Working Together

Psychosocial Rehabilitation supports/Services are coordinated and integrated with a range of other services, sectors and key stakeholders to ensure continuity of care for the individual.

Key Elements

- Case Management
- Joint Assessment and Service Planning
- Referral
- Shared Care
- Networks and Partnerships
- Links with Acute and Community Services
- Links with other healthcare, holistic services, and generic services

INDICATORS

7.1 Policies and procedures guide a collaborative and integrated mental health system.

Evidence of this may include:

- Documentation guides the relationship between all stakeholders within a framework of PSR values, to ensure clear processes are in place to achieve outcomes, efficient use of resources, minimal overlap, manage conflict, and guide information collection and evaluation.
- Assessment procedures and information systems are in place which avoid duplication and assure clear lines of communication regarding individual need and personal goals.
- The recovery plan is the key tool for communicating the individual's recovery goals, personal preferences and links with other service providers.
- Memoranda of Understanding and service agreements among agencies assure continuity and a shared accountability.
- Referral procedures facilitate individual access to a broad range of services.

7.2 Responsibility is delegated for ensuring the service works with the broader community, other services, the individual, family as defined by the individual and family to achieve the individual's identified goals.

Evidence of this may include:

- Job descriptions and policies and procedures include reference to responsibility for ensuring the service works with the broader community, other services, the individual, their defined family to achieve the individual's identified goals.
- Committee Terms of Reference or standing agenda items reflect responsibility for working together.
- A Memorandum of Understanding and/or Partnership Agreements clearly define responsibilities for collaboration.
- Service plans define responsibility of different staff and agencies.

7.3 Staff and individuals are supported to gain knowledge of other health and community service providers or other sectors.

Evidence of this may include:

- New and existing staff are made aware of other health and community service providers, including referral processes.
- Training needs are identified and addressed to assure staff have the relevant information and Knowledge and skills to carry out their role.
- Individuals are made aware of collaboration with stakeholders and other parties involved in their service plan.
- Individuals are provided with information on other services and supports available.

7.4 A collaborative approach is evident in service provision.

Evidence of this may include:

- A collaborative approach is reflected in service objectives.
- Collaboration and integration are viewed as key success factors in assisting the individual in their recovery journey.
- The relationship between all stakeholders avoids individuals falling through the gaps.
- The relationship between all key stakeholders in the provision of support includes strategies to ensure strong working relationships are maintained (e.g. Memorandum of Understanding).
- A key worker facilitates the individual's transition through the service system.
- Joint assessment processes are used and ensure clear communication regarding individual need and personal goals.
- Regular meetings or joint visits occur between the key stakeholders and individual to ensure continuity.
- Individuals have access to a broad range of services to support their recovery.

7.5 The service monitors its performance of the indicators and uses information collected to improve its performance.

Evidence of this may include:

- Essential information is collected to enable gaps and trends to be identified.
- Systems monitor information and ensure improvements in processes are planned and implemented.
- Internal evaluation occurs to monitor the effectiveness of improvements and changes.

Standard 8 – Organizational Governance and Management

The psychosocial rehabilitation supports/service has governance, management and human resource development practices that maximize organizational efficiency, transparency and effectiveness in order to ensure accountability and sustainability.

Key Elements

- Corporate and Service Governance
- Strategic and Operational Planning
- Risk Management
- Human Resource Management
- Knowledge Management
- Financial Management
- Accountability

INDICATORS

8.1 Organizational governance and management policies and procedures based on strategic, legislative requirements and principles and values of PSR guide service management.

Evidence of this may include:

- Written policies and procedures are in place in relation to the responsibilities and authorities of the Governing body and staff members.
- The service has guiding policies in relation to human resources, risk management, strategic and operational planning, financial management, legislative compliance, information management and protection of privacy.
- Processes are in place to ensure reliable, valid and timely reporting and record keeping.
- The service has current insurance policies which cover:
 - Equipment and premises
 - Professional indemnity
 - Public liability
 - Workers compensation
- Evaluation strategies are in place to promote participation by staff, individuals, defined families, other providers and the community.

8.2 Responsibility is delegated for ensuring that corporate and service governance meets business and accountability requirements.

Evidence of this may include:

- Job descriptions and policies and procedures include reference to responsibility for ensuring that corporate and service governance meet business and accountability requirements.
- Governance Terms of Reference or standing agendas reflect areas of responsibility.
- Documentation identifies responsibility for organizational governance, management and human resource development practices.
- Responsibility for monitoring the service outcomes is delegated.

8.3 Knowledge and skills to competently manage service directions and accountability are assured.

Evidence of this may include:

- A comprehensive Board and Management orientation and training program exists which includes identification of ongoing organizational needs and PSR values and principles.
- Board and management training includes wellness and recovery-orientated education.
- Board membership is based on the selection of required skills to ensure a broad range of expertise is brought to the service governance structure.
- Board and Management performance is monitored.
- The skills and competencies required by staff are identified by the service.
- The service identifies that staff have the skills and competencies required.
- The service ensures staff are provided with appropriate training and professional development opportunities.

Evidence of this may include:

- The service operates according to the requirements of its constitution and its contractual obligations as determined in its service agreement/s.
- The Governing body and each staff member with management responsibility have clear and documented roles and responsibilities which are provided on appointment.
- The organizational structure reflects a multi-stakeholder approach to planning, implementation and evaluation of services.
- The service has a recovery based strategic plan, which has been developed in consultation with the community and:
 - Outlines outcomes for which the service is working towards.
 - Is consistent with national mental health policies and legislative requirements.
 - Is consistent with principles of recovery based services.
- Addresses the identified needs of the community:
 - Includes strategies to achieve these outcomes.
 - Incorporates individual participation.
 - Includes evaluation processes.
- The service has an operational plan reflective of the strategic plan and for vision, purpose or values which establishes time frames, responsibilities of the organization and/or individuals and targets for implementation.
- The service management has completed a risk assessment and taken steps to minimize and manage risk.
- Appropriate reporting mechanisms to Board/Management are in place.

8.4 Organizational governance and management support an effective and efficient service.

Evidence of this may include:

- The service operates according to the requirements of its constitution and its contractual obligations as determined in its service agreement/s.
- The Governing body and each staff member with management responsibility have clear and documented roles and responsibilities which are provided on appointment.
- The organizational structure reflects a multi-stakeholder approach to planning, implementation and evaluation of services.

- The service has a recovery based strategic plan, which has been developed in consultation with the community and:
 - outlines outcomes for which the service is working towards
 - is consistent with national mental health policies and legislative requirements
 - is consistent with principles of recovery based services
- Addresses the identified needs of the community
 - includes strategies to achieve these outcomes
 - incorporates individual participation
 - includes evaluation processes
- The service has an operational plan reflective of the strategic plan and for vision, purpose or values which establishes time frames, responsibilities of the organization and/or individuals and targets for implementation.
- The service management has completed a risk assessment and taken steps to minimize and manage risk.

8.5 The service monitors its performance of the above indicators and uses information collected to improve its performance.

Evidence of this may include:

- Essential information is collected which enables gaps and trends to be identified.
- Systems monitor information and ensure improvements in processes are planned and implemented.
- Internal evaluation occurs to monitor the effectiveness of changes.

PSR/RPS Definitions

Hope

Having a sense of hope for the future is an essential ingredient for recovery. Even the smallest belief that a person can get better and find new meaning and purpose in life, can fuel the recovery process. A commitment to creating an environment of hopefulness in the selection training and supervision of practitioners is essential.

Dignity of Risk and the Right to Fail

Individual choice and preference assumes an element of risk. The person in recovery is allowed the dignity of risk and the right to fail when the objective is not control but the outcome of learning from experience. Practitioners assist in balancing between allowing risk and protecting the person from risk.

Recovery Focused Approach

A recovery focused approach is an orientation toward promoting and supporting a person's recovery. A recovery focus identifies and builds upon a person's assets and strengths, and offers the tools of recovery including choice, hope, meaning, abilities, knowledge, social support, personal support and setting future goals such as education, employment and other activities.

Informed Consent

Informed consent is a legal procedure that takes place between a service or support provider and a person who is to receive services and/or supports. Information provided includes the nature of the services and/or supports, alternatives and the risks and benefits associated with accepting or declining the services and/or supports. It is provided freely and voluntarily by the person receiving services, and/or support and must be provided in a form and language understood by the person.

Best and Promising Practices

Best practices are recovery oriented, psychosocial practices with demonstrated effectiveness in terms of evaluated outcomes for persons with mental illness. Best practices are validated by substantial research evidence. Examples include Supported Housing, Assertive Community Treatment and Supported Employment.

Promising practices are those practices which appear to be effective but for which there is less research evidence. Examples include Integrated Services of Concurrent Disorders and Cognitive Behavioural Therapy with Schizophrenia.

Complaints and Grievance Process

This is a process to assure that complaints about staff and services are dealt with in a timely, impartial, confidential and efficient manner which is respectful of the rights of all individuals involved.

Continuous Quality Improvement (CQI)

Continuous Quality Improvement or CQI is the use of objective performance indicator information to evaluate the effectiveness of services and, most importantly, use that information to improve the services. Continuous Quality Improvement is an ongoing activity compared with traditional performance evaluation.

Family

Families can be made up of relatives such as spouses, parents, siblings, children or people drawn from a person's broader circle of support. A family is defined by the person with lived experience and may be non traditional, including close friends or staff.

Informed Consent

Consent obtained freely, including the provision of understandable information in a form and or language understood by the person with lived experience.

Navigator/Key Worker/Recovery Guide

An identified person with whom the person in recovery and family has primary contact and who is accountable for arranging, coordinating and providing services and supports and acts as a "system navigator". This navigator/key worker is the recovery guide who is chosen by the person with lived experience.

Performance Monitoring

Performance monitoring is the use of objective measures of the performance of services. Performance monitoring is a basic component of Continuous Quality Improvement (CQI).

Psychosocial Rehabilitation (PSR)

Psychosocial rehabilitation promotes recovery, full community integration and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs functioning. Psychosocial rehabilitation services are collaborative, person directed, and individualized, and an essential element of the human services spectrum, and should be evidence-based. They focus on helping individuals re-discover skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning and social environments of their choice.

Psychosocial rehabilitation is the principle behind numerous evidenced-based best practices, such as assertive community treatment and supported employment services, as well as promising practices, such as peer support programs.

Psychosocial rehabilitation services directly address the high risks that many persons with serious and persistent mental illness experience of repeated hospitalizations, high utilization of emergency room services, low levels of functioning in the community, homelessness, and unemployment.

Recovery

Mental health recovery is a journey of healing and transformation enabling a person with mental illness or mental health issues to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.

Recovery Focused

A recovery focused approach regards gaining mental health as part of a life journey. Recovery is an ongoing process of developing strengths and positive coping strategies. The tools of recovery include a focus on choice, hope, meaning, abilities, knowledge, social support, personal support and setting future goals such as education, employment and other activities.

Recovery Plan

A plan directed by the person with lived experience which is person centered and strengths based and which promotes self determination and empowerment.

The recovery plan addresses the unique needs of the individual, consistent with their values, hopes and aspirations.

Recovery plans facilitate the development of personal support networks and strive to help individuals improve the quality of all aspects of their lives including social, occupational, educational, residential, intellectual, spiritual and financial.

Recovery plans should be reviewed and revised regularly.

Service Plan

Service plans describe and define the services which will be provided by the service/agency and are developed by persons in recovery, relevant key stakeholders and the service/agency.

Service Plans Include:

- An objective evaluation of needs.
- Recovery focused goals and objectives based on assessment of needs the strategies to achieve these goals and objectives.
- A process for evaluation of success in achieving goals and objectives and for reporting results to key stakeholders.

Standards

Broad statements that reflect good practice in achieving the service outcomes expected of a quality psychosocial rehabilitation service. Based on recovery focused principles, standards are a quality benchmark, which can be used to encourage and guide learning and continuous improvement by individuals and agencies.

Strengths Based Approach

The preferred approach to recovery planning which builds upon the individual's strengths (Rapp and Goscha, 2006).

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