

[insert organisation name/logo]

Valued Status Policy

Document Status: Draft or Final

Date Issued: [date]

Lead Author: [name and position]

Approved by: [insert organisation name] Board of Directors on [date]

Scheduled Review Date: [date]

Record of Policy Review

Review Date	Person Initiating/Leading Review	Other People Consulted

Triggers for Policy Review (tick all that apply)

- Standard review is timetabled.
- A gap has been identified
- Additional knowledge or information has become available to supplement the policy.
- External factors
 - Policy is no longer relevant/current due to changes in external operating environment.
 - There are changes to laws, regulations, terminology and/or government policy.
 - Changes to funding environment, including requirements of funding bod(y)ies
- Other (please specify).
- Internal / organisational factors
 - A stakeholder has identified a need, eg by email, telephone etc
 - A serious or critical incident has occurred, requiring an urgent review.
 - Need for consistency in service delivery across programs and organisations.
 - Separate, stand-alone policy is now warranted
 - A near miss has occurred, requiring a review to prevent a serious/critical incident in the future

Additional Comments

[for example, policy now covers details related to new legislation].

Valued Status Policy

1. Purpose and Scope

The purpose of this policy is to provide guidance to **[insert organisation name]** staff, Board members, students and volunteers on how we promote the valued status of people with lived experience of mental illness.

2. Definitions

Recovery means gaining and retaining hope, understanding ones abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self. Recovery is not synonymous with “cure”; it refers to both internal conditions experienced by the person who describes themselves as being in recovery (such as hope, healing, empowerment and connection), and external conditions that facilitate recovery (such as implementation of human rights, a positive culture of healing, and recovery-oriented services)¹.

Recovery Oriented Practice² encompasses principles of self-determination, individual responsibility and personalised support. Recovery based services:

- Are person-centred
- Promote self-determination and individual responsibility
- Treat people as equals
- Are culturally respectful
- Emphasise strength and wellness
- Foster hope and empowerment, and use empowering language
- Retain staff who work within a recovery framework and have a positive attitude that reflects that recovery is possible
- Support community integration and social inclusion
- Provide a variety of treatment options, with the understanding that medication is one component in a person’s recovery journey
- Recognise that the lived experience is essential in informing service delivery
- Challenge stigma and discrimination
- Facilitate consumer participation
- Protect human rights
- Encourage family and peer support, and acknowledge the benefits
- Strike a healthy balance between personal risk and growth

3. Principles

¹ Jacobson and Greenley (2001 p. 482)

² NSW Consumer Advisory Group – Mental Health Inc & Mental Health Coordinating Council (2010)

[insert organisation name] embraces the recovery oriented approach to supporting people with lived experience of mental illness, includes it explicitly in their service philosophy and promotes the principles which include supporting, developing, encouraging and promoting valued status.

People rarely recover in isolation. Recovery is closely associated with being able to take on meaningful and satisfying social roles and participating, in local communities, on an equal basis.

Many people with lived experience of mental illness have been socially devalued and disadvantaged by prejudicial stereotypes; **[insert organisation name]** aims to prevent the loss of, and enhance, valued social roles.

Valued status will be easier to maintain when community, organisational and individual supports are in place to enable more people who develop mental health problems to have a good quality of life, greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, skills for living and working, improved chances in education, better employment rates, and a suitable and stable place to live.

4. Outcomes

[insert organisation name] services are provided in ways that observe and promote a positive image of people with lived experience of mental illness.

Anti-discrimination work focuses on behaviour change, not just awareness-raising.

Each person **[insert organisation name]** supports will be more likely to have the opportunity to have a valued role in our community.

The division between “them (sick clients)” and “us (healthy experts)” is replaced by “all of us” - sharing struggles and challenges as part of being human.

5. Functions and Delegations

Position	Task/Delegation
Board of Directors	Endorse Valued Status Policy. Comply with Valued Status Policy.
Management	Comply with Valued Status Policy. Ensure organisation complies with Valued Status Policy.

Staff	Comply with Valued Status Policy.

6. Risk Management

All staff, Board members, students and volunteers and are made aware of this policy during orientation.

The Board of Directors ensures mechanisms are in place for decisions and actions relating to mental health promotion to be evidence based, effective and meaningful.

Staff members with individual support and mental health promotion functions are provided with Supervision, ongoing support and professional development.

7. Policy Implementation

Board members, staff, students and volunteers are aware of **[insert organisation name]** procedures for enhancing valued status through orientation and induction processes.

This policy and supporting documents is reviewed as part of the organisations quality improvement program.

8. Policy Detail

Each person supported by **[insert organisation name]** has the opportunity to develop and maintain capacities and a lifestyle that are valued in the community.

[insert organisation name] promotes the abilities, contribution and competence of people with lived experience of mental illness.

8.1 Community Presence

[insert organisation name] promotes the valued status of people with lived experience of mental illness through:

- Promoting positive aspects of people with lived experience of mental illness through ... **[insert ...]**
- Actively challenging others in the public arena when discrimination occurs, or when negative stereotypes are used to describe people who experience mental illness

- Fostering opportunities for people people with lived experience of mental illness to participate in the community in ways which are valued.
- Developing sustainable connections and networks in the community, which will support the valued status of people with lived experience of mental illness
- Using language in our publications and public activities which promotes a positive image of people with lived experience of mental illness.

See Promotion and Prevention Policy, Individual Supports, Recovery Oriented Language Guide,

8.2 Service Management

[insert organisation name] promotes the valued status of people with lived experience of mental illness through:

- involving people with lived experience of mental illness in the governance, management, planning, and evaluation of our agency, where possible and appropriate
- regularly consulting with people with lived experience of mental illness

See Promotion and Prevention Policy, Governance and Management Policy, Strategic and Operational Planning Policy

8.3 Our Employees and Volunteers

[insert organisation name] promotes the valued status of people with lived experience of mental illness through:

- Ensuring that the relationship between our staff and people being supported is that of mentoring, coaching or partnership on a journey of personal discovery, rather than that of “expert-treats-client” or “professional /worker/staff vs client”
- Ensuring services are provided by carefully selected, appropriately trained, recovery oriented staff; emphasising the personal qualities of our staff as much as their formal qualifications or professional skills.
- Training, support and supervision aim to cultivate their capacity for hope, creativity, compassion, realism and resilience.
- Recruiting peer support workers
- Providing services in the least restrictive and most empowering way, in a manner which respects their privacy, dignity and confidentiality
- Respecting and upholding the human rights of people experiencing mental illness

- Respecting and responding to people being supported, particularly when they speak up or make complaints.
- Using appropriate language, when talking about people with lived experience of mental illness, to other staff, other services and members of the general community, and when talking with people with lived experience of mental illness

See Human resources Policy, Supervision Policy, Individual Supports Policy, Feedback and Complaints Policy, Recovery Oriented Language Guide, Rights and Responsibilities

8.4 Individual Supports

[insert organisation name] promotes the valued status of people with lived experience of mental illness through:

- Focusing mostly on health, strengths and wellness, and less on pathology, illness and symptoms.
- Supporting individuals to:
 - discover and re-discover a sense of personal identity, separate from illness or disability.
 - discover how they can express needs, have more choices and have active control over their lives
 - see how others have found a way forward and learn from them
 - build a meaningful and satisfying life, as defined by the person themselves, whether or not there are ongoing symptoms or problems.
 - develop skills in self-care and self-management that promote independence in whatever way works for them.
 - understand their rights and obligations as citizens.
 - develop and maintain relationships.

See Individual Supports, Service Entry, Rights and Responsibilities, Family and Carers Policy

8.5 Families

[insert organisation name] promotes the valued status of people with lived experience of mental illness through:

- encouraging family and other supportive people to be involved with the person as partners on their recovery journey

See Family and Carers Policy

9. References

9.1 Internal

Community, Professional & Personal Development Policy
Family and Carers Policy
Feedback and Complaints Policy
Governance and Management Policy
Individual Supports
Promotion and Prevention Policy
Recovery Oriented Language Guide,
Rights and Responsibilities
Service Entry
Strategic and Operational Planning Policy
Supervision Policy

9.2 External

Jacobson, N & Greenley, D (2001). What Is Recovery? A Conceptual Model and Explication. *Psychiatric Services*, vol 52:482-485

Kendrick, Michael, (1997). "Best Practices in Mental Health Community Supports and Social Role Valorization Theory," SRV UK Newsletter, Issue 2, Summer 1997

NSW Consumer Advisory Group – Mental Health Inc. and Mental Health Coordinating Council (2010). Recovery Oriented Service Self Assessment Toolkit (ROSSAT): A Recovery Resource for Mental Health Community Managed Organisations Project – Final Project Report. <http://www.mhcc.org.au/sector-development/recovery-and-practice-approaches/rossat.aspx>

VIC Department of Health (2011). *Framework for recovery-oriented practice*. http://www.recoverydevon.co.uk/download/Framework-Recovery-Oriented-Practice_AUSTRALIA.pdf Accessed 9th November, 2011.

Websites

Devon Partnership Trust and Torbay Care Trust (2008). Putting Recovery at the heart of all we do. http://www.devonpartnership.nhs.uk/fileadmin/user_upload/publications/

[info/Putting Recovery at the heart of all we do.pdf](#) accessed 16th May 2011.

Sunnyfield Independence (2009). *Valued Status*

Policy. <http://www.sunnyfield.com.au/Default.aspx?SiteSearchID=1455&ID=/results.html> Accessed 17th May, 2011.

9.3 Quality and Accreditation Standards

EQuIP4

N/A

EQuIP5

N/A

Health and Community Service Standards (6th edition)

Provided by Quality Improvement Council (QIC)

Standard 2.2: Focusing on positive outcomes

Evidence Questions: What is the evidence that:

- services and programs are managed to ensure positive outcomes for participants and communities?

9.4 National Mental Health Standards (Revised 2010)

Criterion 1.1: The MHS upholds the right of the consumer to be treated with respect and dignity at all times.

Criterion 1.7: The MHS upholds the right of the consumer to have their needs understood in a way that is meaningful to them and appropriate services are engaged when required to support this.

Criterion 5.3: The MHS, in partnership with other sectors and settings, supports the inclusion of mental health consumers and carers in strategies and activities that aim to promote health and wellbeing.

Criterion 8.3: The MHS develops and regularly reviews its strategic plan in conjunction with all relevant service providers. The plan incorporates needs analysis, resource planning and service evaluation. This should be developed with the participation of staff, stakeholders, consumers, carers and representatives of its community.

Criterion 10.1.1: The MHS actively supports and promotes recovery oriented values and principles in its policies and practices.

Criterion 10.1.2: The MHS treats consumers and carers with respect and dignity.

Criterion 10.1.3: The MHS recognises the lived experience of consumers and carers and supports their personal resourcefulness, individuality, strengths and abilities.

Criterion 10.1.4: The MHS encourages and supports the self determination and autonomy of consumers and carers.

Criterion 10.1.5: The MHS promotes the social inclusion of consumers and advocates for their rights of citizenship and freedom from discrimination.

Criterion 10.1.7: The MHS supports and promotes opportunities to enhance consumers' positive social connections with family, children, friends and their valued community.

Criterion 10.5.2: Treatment and services provided by the MHS are responsive to the changing needs of consumers during their episodes of care that address acute needs, promote rehabilitation and support recovery.

Criterion 10.5.11: The treatment and support provided by the MHS is developed and evaluated collaboratively with the consumer and their carer(s). This is documented in the current individual treatment, care and recovery plan.

Criterion 10.5.12: The MHS facilitates access to an appropriate range of agencies, programs, and / or interventions to meet the consumer's needs for leisure, relationships, recreation, education, training, work, accommodation and employment in settings appropriate to the individual consumer.

9.5 Recovery Oriented Service Self-Assessment Tool (ROSSAT)

Evidence items are:

Item 1.2d: Policies and procedures are in place that addresses consumer participation:

- How peoples' lived experience will be used to enhance the organisation's knowledge and decision making
- Induction and training of workers
- Representation on the board / governing body
- Reference groups and other consultation structures

Item 1.2e: The organisation has a commitment to develop and support an active peer workforce, including roles, responsibilities and remuneration of consumers (e.g. peer workers and consumer consultants) who are employed or engaged by the service.

Item 1.5: The organisation promotes a culture of respect and shared humanity towards consumers at all levels.

Item 1.11: Any research being conducted by the organisation enables consumers to either, design and conduct the research, collaborate as partners and/or be consulted as participants. Ethical issues are considered and addressed and prior to consumers participating in any research, informed consent is obtained.

Item 2.5: Leaders advocate, champion and model:

- Human rights informing service delivery
- The consumers' voice as central to care and service provision
- The belief that recovery is possible and probable for every person
- Hopeful and optimistic attitudes in dealing with workers, consumers and carers.

Item 2.6: Management:

- Is aware of Commonwealth and State policy directions around recovery orientation and integrates these into practice
- Identifies information relevant to the organisation to increase the knowledge base on recovery and recovery oriented practice, including information for consumers, carers and their families.

Item 3.1: Shared hope and optimism for a consumer's future drives service provision.

Item 3.6: When workers engage with people they:

- Respect them as equals and as experts by experience
- Value their voice and vision in informing their support
- Use strengths based language and everyday language (not clinical jargon).

Item 3.7: Workers recognise that self-direction and self-responsibility are important in a person's recovery journey, and that providing them with choice and information inspires recovery and enhances control over decision-making.

Item 3.10: Workers respect a person's decision whether to involve carers and family, and acknowledge and respect carer and family participation and input.

Item 3.13: A person's own interpretation of his or her illness is not used as a basis for discrimination or dismissed as untrue.

Item 3.23: Workers consider the whole context of a person, and support the person to develop and enhance links in their community (e.g. social networks, peer support groups, education/training, employment, community and rehabilitation services, physical activities, a person's hobbies).

Item 4.1: Consumers and carers (including peer workers) are actively and routinely involved and supported in the planning, delivery and evaluation of workers training.

Item 4.5: Consumers, their families and carers are supported to access education and training on mental health, recovery and wellness.

Item 5.3: Consumers are provided with the regular opportunity to evaluate relationships, respectful practice, perceptions of stigma and discrimination experienced from workers within the organisation, the consumer self-directed focus, the belief in consumer's recovery, the obtaining and sharing of knowledge and information, the quality and relevance of information provided and participation and social inclusion.

Item 5.4: Consumers, their families and carers actively participate in quality improvement processes including service evaluation, development and decision making.

9.6 NSW Disability Services Standards (DSS)

6.1: The service provider's written policies and procedures reflect the valued status of service users.

6.2: The service provider promotes the abilities, contribution and competence of people with a disability.