

**Benchmark for RECOVERY
ORIENTED APPROACHES
Assessment Tool**

Service

Benchmarking Lead

**Service Managers
Signature**

This benchmark has been developed to support the principles of recovery as set out in “Emerging Best Practices”.

NIMHE Emerging Best Practices in Mental Health Recovery

Link - <http://www.virtualward.org.uk/silo/files/mentalhealthrecoverypdf.pdf>

NIMHE Guiding Statement on Recovery

Link - <http://www.virtualward.org.uk/silo/files/recoverystatement1pdf.pdf>

Also - A common purpose: Recovery in future mental health services

joint position paper is the result of a collaboration between the Care Services Improvement Partnership (CSIP), Royal College of Psychiatrists (RCPsych) and Social Care Institute for Excellence (SCIE). 2007

http://www.spn.org.uk/fileadmin/SPN_uploads/Documents/Papers/SPN_Papers/recovery2.pdf

- From values to action: The Chief Nursing Officer's review of mental health nursing D.O.H. (2006)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4133839

Making Recovery a Reality – Sainsbury center for Mental health policy document

http://www.scmh.org.uk/pdfs/Making_recovery_a_reality_policy_paper.pdf

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Lisa.Agell@sssft.nhs.uk

Michael.Brazendale@ssh-tr.nhs.uk

What is Recovery?

In the introduction to the 'Emerging Best Practices in Recovery' poster Anthony Sheehan, Director of Care Services, Department of Health wrote:

In establishing NIMHE (now called CSIP) I was mindful of the importance of 'recovery' and the fact that at its core is people who have been diagnosed as 'mentally ill' 'taking back control over their lives'...now a central element of Government Policy 'putting the user at the centre of everything we do'. Recovery is the practice of values and I see it as the 'How' of service delivery."

So Recovery is the 'How' of service delivery. Let us explore what this means. Below are the **Guiding Principles** that are set out in the Recovery Poster:

Principle I

The user of services decides if and when to begin the recovery process and directs it; therefore, service user input is essential throughout the process.

Principle II

The Mental Health System must be aware of its tendency to promote service user dependency.

Principle III

Users of service are able to recover more quickly when their:

- Hope is encouraged, enhanced and/or maintained;
- Life roles with respect to work and meaningful activities are defined;
- Spirituality is considered;
- Culture is understood;
- Educational needs as well as those of families/significant others are identified;
- Socialisation needs are identified;
- They are supported to achieve their goals.

Principle IV

Individual differences are considered and valued across the life span.

Principle V

Recovery from mental illness is most effective when a holistic approach is considered; this includes psychological, emotional, spiritual, physical and social needs.

Principle VI

In order to reflect current "best practices" there is a need for an integrated approach to treatment and care that includes Medical/biological, Psychological, Social, Values Based and Recovery approaches.

Principle VII

Clinicians and practitioners initial emphasis on "hope" and the ability to develop trusting relationships influences the recovery of users of services.

Principle VIII

Clinicians and practitioners should operate from a strengths/assets model.

Principle IX

Clinicians, practitioners and users of service should collaboratively develop a recovery management or wellness recovery action plan. This plan focuses on wellness, the treatments and supports that will facilitate recovery and the resources that will support the recovery process.

Principle X

Involvement of a person's family, partner and friends may enhance the recovery process. The user of service should define whom they wish to involve.

Principle XI

Mental Health services are most effective when delivery is within the context of the service users' locality and cultural context.

Principle XII

Community involvement as defined by the user of service is central to the recovery process.

Guidelines for Completion

This document provides guidelines and ideas for assessing against the Recovery orientated services benchmark.

There are ten factors within the Recovery orientated services benchmark. These are illustrated in the table on page 5. You may wish to consider all the factors within the document but may prefer to look at one or two specific factors.

The Factors should not be seen in isolation e.g. for choices to be made one requires information, hope can require support and achievable goals

A Recovery orientated service would encompass a multitude of different issues. This assessment tool should be used for guidance and be adapted as applicable to the area being assessed. However the general principles remain true in all areas although there will be differences between for example the type of support, information, choice given depending on the level of distress experienced by an individual at any given time.

Due to the very nature of recovery consider this as an evolving process and document, as new and better ways of working become apparent, Ideally as with “recovery” the use of this tool should be a choice to support the “recovery” of the service and not a tick box exercise.

Both the multidisciplinary team and people who use services need to be involved in the benchmarking process.

Below each factor are listed questions that can be considered when assessing against the benchmark. These have been split into two groups:

- **Specific questions to consider on service delivery**
- **Issues to consider regarding awareness, support and resources**

There are gaps under each section provided for you to add specific questions pertaining to your particular area of work and new ideas on best practice.

A variety of services may be involved in a persons care and it may be that a certain question is not in your remit, when scoring it should be based on the evidence for ease and ability of a person to access the identified need/ resource.

Certain words used are not necessarily in line with recovery but are used to make the document more widely understood e.g. Care plans, Relapse plans, Assessment.

The word recovery is also open to interpretation so it cannot be assumed that people have an agreed understanding.

There may well be items that for implementation require system changes.

It is suggested as stated in the Chief Nursing Officers review “....to use clinical supervision to reflect on how their clinical practice can best incorporate recovery values.” and “Service providers to review operational policies and philosophies for services in which Mental Health Nurses work to ensure that they support them in delivering care based on recovery principles.”

Glossary of terms used in the toolkit.

The Avon – A self assessment and management document for people who use services.

The Avon Mental Health Measure. Mental Health Review 1996;1(4):31-32.

<http://www.mind.org.uk/Information/Factsheets/User+empowerment/User+Empowerment+2.htm>

CUES - Carers and Users Expectations of Services

<http://www.mentalhealthshop.org/document.rm?id=36>

DREEM - Developing Recovery Enhancing Environments Measure this is a self-report instrument that gathers information/data about mental health recovery from people who receive mental health services.

<http://www.recoverydevon.co.uk/html/downloads/DREEM%20total%20dft4%20no%20tc.pdf>

Life plan - Jonikas, J. and Cook, J. (2004). *This is Your Life: Creating Your Self-Directed Life Plan*

(workbook). University of Illinois at Chicago

<http://www.psych.uic.edu/uicnrtc/sdlifeplan.pdf>

Safe Watch - A self management workbook similar to wrap

<http://www.uttoxetermind.co.uk/site/downloads/Safewatch%20.pdf>

Values Exchange – Website designed to help analyse and support values based decision making

<http://southstaffshealthcare.values-exchange.co.uk>

Viewpoint - A self assessment of needs document

<http://www.southstaffshealthcare.nhs.uk/goodPractice/benchmark/viewpoint.pdf> **WRAP** stands for **W**ellness **R**ecovery **A**ction **P**lan

WRAP is a structured system to monitor uncomfortable and distressing symptoms that can help you reduce, modify or eliminate those symptoms by using planned responses. This includes plans for how you want others to respond when symptoms have made it impossible for you to continue to make decisions, take care of yourself or keep yourself safe.

<http://www.mentalhealthrecovery.com>

For advice and support please do not hesitate to contact the following:

Michael Brazendale on 01785 272560 or Lisa Agell on 01785 257888 ext. 5755

Benchmark for Recovery Orientated Services

Agreed User Focused Outcome		
People will be enabled in their recovery in a way that promotes hope towards the possibility of a lifestyle of ones choosing in their community		
	FACTOR	BENCHMARK OF BEST PRACTICE
1.	Hope	People are inspired to have hope for the future
2.	Attitudes and behaviours	People feel that they matter all of the time.
3.	Involvement - self assessment of needs	People are enabled to identify their own individual needs and goals at all times
4.	Power and Control	People are recognised as having the potential of power and control over their own recovery at all times
5.	Information	People have access to all information that will support their personal recovery
6.	Support	People are enabled to develop a support network that provides the variety of support needed in their recovery
7.	Choice	People are supported in making choices within their recovery
8.	Community focus	Life roles with respect to work, meaningful activities and education are supported and defined
9.	Spirituality	Spirituality is recognized as a major source of hope, solace and understanding within a Person's recovery
10.	Stigma	The importance of stigma external and internal is recognised as a barrier to recovery

Factor 1 - Hope

Poor Practice

No or negative Information concerning prognosis is provided

Benchmark of best practice

People are inspired to have hope for the future

E  **A**

Questions/ Issues to consider:

		E	→			A	COMMENTS/EVIDENCE
Service Checklist							
1.	Is there evidence that feedback is actively given about the outcomes of the service	E	D	C	B	A	
2.	Is there evidence that access to other peoples' 'Recovery Stories' is made available to people	E	D	C	B	A	
3.	Is there evidence that people using services are encouraged to relate successes and/or facilitate training sessions	E	D	C	B	A	
4.	Is there evidence within the service that people in recovery are regularly invited to share their stories with others	E	D	C	B	A	
5.	Is there evidence that people are encouraged to identify their ideal future and dreams and goals and this is recorded	E	D	C	B	A	
6.	Is there evidence that plans focus on the identification of negotiated steps with identified timelines and are reviewed	E	D	C	B	A	
7.	Is there evidence that discussions are focused around the strengths of the person	E	D	C	B	A	
8.	Are people who use services enabled to explore and develop positive identities?	E	D	C	B	A	
Issues to consider							
9.	Are you able to access evidence based information about hope and recovery	E	D	C	B	A	
10.	Generally are you hopeful?	E	D	C	B	A	
11.	Do you have support mechanisms in place to maintain hope?	E	D	C	B	A	
12.	Do you maintain hope with service users at all times	E	D	C	B	A	
13.	Do you know what action you would take if a person could not express hope	E	D	C	B	A	
14.	Do you feel able to relate life struggles if appropriate?	E	D	C	B	A	
15.	Do you have access to people willing to tell their recovery stories	E	D	C	B	A	
16.	Do you communicate a positive belief in the person and their future?	E	D	C	B	A	
17.	Have you received training in : Recovery and the importance of hope	E	D	C	B	A	

Factor 2 - Attitudes and behaviours

Poor Practice

People experience deliberate negative and offensive attitude and behaviour

Benchmark of best practice

People feel that they matter all of the time

E  **A**

Questions/ Issues to consider:

		E	→			A	COMMENTS/EVIDENCE
Service Checklist							
18.	Is there evidence that people seen as unique individuals	E	D	C	B	A	
19.	Is there evidence that there are a variety of methods available for obtaining feedback from people who use the service about attitudes and behaviors of staff	E	D	C	B	A	
20.	Is there evidence that the induction process for new staff incorporates the recovery philosophy	E	D	C	B	A	
21.	Is there evidence that staff training on acceptable attitudes is delivered	E	D	C	B	A	
22.	Is there evidence of recovery training for all staff	E	D	C	B	A	
23.	Is there evidence that acceptable attitudes and behaviours are discussed at interview and selection with staff	E	D	C	B	A	
24.	Is there evidence that staff have specific skills/training in promotion of privacy, dignity and modesty i.e. Valuing People, Person Centered Care etc?	E	D	C	B	A	
25.	Is there a "meet & greet" standard on arrival at the unit?	E	D	C	B	A	
26.	Is there evidence that acceptable attitudes and behaviors are discussed in meetings, supervision, appraisal?	E	D	C	B	A	
27.	Is there evidence within the service that unacceptable attitudes are handled proactively	E	D	C	B	A	
28.	Is there evidence of the use of values based practice? E.g. Values Exchange.	E	D	C	B	A	
Issues to consider							
29.	Do you maintain the Dignity, Privacy and Modesty of people at all times	E	D	C	B	A	
30.	Does your area have a written philosophy/ mission statement? If yes, does include any mention of privacy, dignity or respect?	E	D	C	B	A	
31.	Do you know what action you would take if a person complained to you about the service they had received	E	D	C	B	A	
32.	Do you have good communication between team members	E	D	C	B	A	

33.	Have you received training in : <ul style="list-style-type: none"> • Handling violence and aggression? • Handling complaints? • Communication skills? 	E	D	C	B	A	
34.	Have you a basic awareness of multi-cultural practices	E	D	C	B	A	
35.	Do you know where detailed information can be found regarding cultural and religious practices	E	D	C	B	A	
36.	Are acceptable attitude and behaviors discussed at induction to new areas of work	E	D	C	B	A	

Adapted from Essence of Care document (Dept of Health, 2003) - privacy and dignity benchmark

Factor 3 – Involvement

Poor Practice

People receive prescribed care with no involvement

Benchmark of best practice

People are involved in identifying their own individual needs and goals at all times

E  A

Questions/ Issues to consider:

		E	→			A	COMMENTS/EVIDENCE
Service Checklist							
37.	Is there evidence that assessments are seen as a partnership to explore and plan towards a person's defined goals?	E	D	C	B	A	
38.	Is there evidence that issues of confidentiality are discussed?	E	D	C	B	A	
39.	Is there evidence that people who use services are invited to all meeting where their needs may be discussed?	E	D	C	B	A	
40.	Is there evidence that people who use services are aware of the purpose of all interventions at all times? e.g. Art, leisure groups	E	D	C	B	A	
41.	Is their evidence of an agreed recovery plan that identifies goals and associated action plans including details of when the individual wants care to be prescribed?	E	D	C	B	A	
42.	Is there evidence that service users knowingly contribute and are given access to records maintained by the service about them?	E	D	C	B	A	
43.	Is there evidence that all people have access to advance agreements?	E	D	C	B	A	
44.	Is there evidence people who use services choose/define any used "outcome measure"?	E	D	C	B	A	
45.	Is there evidence people who use services are enabled to write their own care plans and records?	E	D	C	B	A	
46.	Is there evidence that service users evaluate the recovery orientation of services eg. Use of DREEM?	E	D	C	B	A	
47.	Is there evidence that people who use services are involved / direct all changes in service provision?	E	D	C	B	A	
48.	Is there evidence that people who use services are involved in the recruitment of staff?	E	D	C	B	A	
Issues to consider							
49.	Are you aware of a variety of self assessment documents eg "Viewpoint", "Cues", "The Avon"	E	D	C	B	A	
50.	Have you had training in supporting	E	D	C	B	A	

	people complete such documentation?						
51.	Do you have user friendly care/recovery plan paperwork for service users?	E	D	C	B	A	
52.	Have you received training in : <ul style="list-style-type: none"> • advance agreements • Early warning signs • Crisis planning • WRAP 	E	D	C	B	A	
53.	Do you know how to respond to people who do not want involvement in care?	E	D	C	B	A	

Factor 4 – Power & Control

Poor Practice

People are actively disempowered

Benchmark of best practice

People are recognised as having the potential of power and control over their own recovery at all times

E  **A**

Questions/ Issues to consider:

		E → A					COMMENTS/EVIDENCE
Service Checklist							
54.	Is there evidence that all people who use services are offered a self assessment of individuals needs document?	E	D	C	B	A	
55.	Is there evidence that persons own achievable goals have been identified?	E	D	C	B	A	
56.	Is there evidence of assessments having a strengths and solution focus?	E	D	C	B	A	
57.	Is there evidence that people who use services made aware of all meetings where they may be discussed?	E	D	C	B	A	
58.	Is there evidence that people who use services have a say in who will be present at all meetings where they may be discussed?	E	D	C	B	A	
59.	Is there evidence that people who use services are enabled to “chair” such meetings?	E	D	C	B	A	
60.	Is there evidence of plans emphasising the use of self-help/management strategies?	E	D	C	B	A	
61.	Is there evidence of awareness of early warning signs and action plans that include identifying a person’s strengths and coping strategies. ?	E	D	C	B	A	
62.	Is there evidence that situations where others may need to take control been identified and planned for e.g. Advance Agreements?	E	D	C	B	A	
63.	Is there evidence of positive risk taking in situations where a person’s power has been restricted?	E	D	C	B	A	
64.	Do people who use services hold their own records of care?	E	D	C	B	A	
65.	People who use services are aware and knowingly contribute to what is documented in all written records and notes?	E	D	C	B	A	
66.	Is there evidence that people who use services are allowed their own explanation for mental distress?	E	D	C	B	A	
67.	Is there evidence that people who use services have explanations for any restrictions to a person’s power and	E	D	C	B	A	

	control?						
68.	Is there evidence that individual service users chosen outcomes are reviewed and updated with them?	E	D	C	B	A	
69.	Is there evidence that people who use services are encouraged to access Direct Payments scheme?	E	D	C	B	A	
70.	Is there evidence of any feedback mechanism for users/carers in your area, e.g. compliments, informal discussions, focus groups, staff discussion groups, away days, strategy meetings?	E	D	C	B	A	
71.	Is there evidence that any feedback is acted upon?	E	D	C	B	A	
Questions for people using and working in services							
72.	Do you have access to self-management workbooks eg. WRAP, Life plan booklet, Viewpoint, Safewatch etc.	E	D	C	B	A	
73.	Are all services easily accessible to people who need/use them?	E	D	C	B	A	

Factor 5 – Information

Poor Practice

Information is actively withheld

Benchmark of best practice

People have access to all information that will support their personal recovery

E  A

Questions/ Issues to consider:

		E → A					COMMENTS/EVIDENCE
Service Checklist							
74.	Is there evidence that information on the concept of “recovery” is given?	E	D	C	B	A	
75.	Is there evidence that Information available and given is appropriate depending on a person’s needs in relation to their recovery?	E	D	C	B	A	
76.	Is there evidence that a variety of explanations for mental distress are provided?	E	D	C	B	A	
77.	Is there evidence that a variety of information sources are available, internet, literature, tapes, CD’s, pod casts including up to date directory of resources available that includes housing, education, finance, employment, symptom management, medication, complementary and other treatment options, support networks?	E	D	C	B	A	
78.	Is there evidence that people are supported in accessing resources?	E	D	C	B	A	
79.	Is there evidence that information is available and provided in an accessible format to all	E	D	C	B	A	
80.	Is there evidence that information is kept up to date and factual in plain language format with no jargon or abbreviations	E	D	C	B	A	
81.	Is there evidence that information given is understood fully and has the same meaning for all involved	E	D	C	B	A	
82.	Is there evidence that information is reviewed by people using services and health care staff to ensure it is accessible and applicable	E	D	C	B	A	
83.	Is there evidence that the service provide information to people prior to them making a coming into the service?	E	D	C	B	A	
84.	Is there evidence that information made available to friends and family?	E	D	C	B	A	
85.	Is there evidence that information is given on service outcomes?	E	D	C	B	A	
86.	Is there evidence that Staff skills are identified and “advertised” to enable users to make choices about staff member to engage with to support their	E	D	C	B	A	

	needs?						
87.	Is there evidence that the service has up to date information of local resources that is accessible to all users including peer support, local housing, local employment? Local education/training national support networks leisure?	E	D	C	B	A	
88.	Is there evidence that the directory contains information/resources about symptom management, wellness strategies, medication treatment options including complimentary therapies?	E	D	C	B	A	
89.	Is there evidence that there is a process within the service that advises users on how to access all information contained within the resource directory?	E	D	C	B	A	
90.	Is there evidence that Support mechanisms exist that enable users to access and utilise all sources of information?	E	D	C	B	A	
91.	Is there evidence that all information is available in a range of accessible formats?	E	D	C	B	A	
Issues to consider							
92.	How do you identify and provide information on your outcomes?	E	D	C	B	A	
93.	How do you identify the right time and format to give information to users?	E	D	C	B	A	
94.	Are you provided with the right information, resources etc?	E	D	C	B	A	
95.	Do know where to access information?	E	D	C	B	A	
96.	Do you regularly update information?	E	D	C	B	A	
97.	Do you regularly share information about your resources and service?	E	D	C	B	A	

Factor 6 – Support

Poor Practice

People are abandoned and discouraged from developing a support network

Benchmark of best practice

People are enabled to develop a support network that provides the variety of support needed in their recovery

E  **A**

Questions/ Issues to consider:

		E → A					COMMENTS/EVIDENCE
Service Checklist							
98.	Is there evidence that the service can show a diversity of support required depending on the different needs at a particular time?	E	D	C	B	A	
99.	Is there evidence that the skills and opportunities to develop support networks are identified?	E	D	C	B	A	
100.	Is there evidence that peer support systems are actively encouraged and supported by healthcare staff	E	D	C	B	A	
101.	Is there evidence of support available for friends and family	E	D	C	B	A	
102.	Is there evidence that staff encourage people to take on new challenges, positive risk taking?	E	D	C	B	A	
103.	Is there evidence that barriers to accessing support are identified	E	D	C	B	A	
104.	Is there evidence that at any given time all people are aware of their responsibilities and nature of their support?	E	D	C	B	A	
105.	Is there evidence that people who use services have plans that identify a wide range of supports and alternative strategies to support the person's recovery, particularly those, which have been helpful in the past Including professional support?	E	D	C	B	A	

Factor 7 – Choice

Poor Practice

Choices are actively withheld

Benchmark of best practice

People are supported in making choices to aid their recovery

E  A

Questions/ Issues to consider:

		E → A					COMMENTS/EVIDENCE
Service Checklist							
106.	Is there evidences that people are made aware of the choices that are available to them?	E	D	C	B	A	
107.	Is there evidence that people are actively supported in making their choices?	E	D	C	B	A	
108.	Is there evidence that the potential outcomes of the choices available to the person are discussed?	E	D	C	B	A	
109.	Is there evidence that independent advocates are available to people to support their choices?	E	D	C	B	A	
110.	Is there evidence that people who use services are given choice of key worker?	E	D	C	B	A	
111.	Is there evidence that people who use services are given choice of times and venue of meetings?	E	D	C	B	A	
112.	Is there evidence that choices regarding how to access mental health services are explored?	E	D	C	B	A	
113.	Is there evidence that choices regarding lifestyle are explored?	E	D	C	B	A	
114.	Is there evidence choices regarding accommodation are explored?	E	D	C	B	A	
115.	Is there evidence choices regarding “wellness strategies” / treatment are explored?	E	D	C	B	A	
116.	Is their evidence choices regarding physical health are explored?	E	D	C	B	A	
117.	Is there evidence that situations where choices are withheld discussed with people who use services?	E	D	C	B	A	

Factor 8 – Community Focus

Poor Practice

People are seen as symptoms within services

Benchmark of best practice

Life roles with respect to work, meaningful activities and education are defined and supported

E  **A**

Questions/ Issues to consider:

		E → A					COMMENTS/EVIDENCE
Service Checklist							
118.	Is there evidence that employment, leisure and education are identified and seen as needs for each person	E	D	C	B	A	
119.	Is there evidence in the care planning process that mental health services are not always seen as the individuals primary need	E	D	C	B	A	
120.	Is there evidence that there are clear pathways to access employment, leisure and education	E	D	C	B	A	
121.	Is there evidence that life roles outside services are identified and developed	E	D	C	B	A	
122.	Is there evidence that people who use services are enabled to use community buildings and services for leisure, education and employment?	E	D	C	B	A	
123.	Is there evidence that opportunities for employment, education, recreation and social involvement are identified within individuals' recovery plans?	E	D	C	B	A	
124.	Is there evidence that strategies are in place to reach and engage people within all communities, for example through out-reach measures and use of communication media, for example, pamphlets, video, letters, notice boards and television	E	D	C	B	A	
Issues to consider							
125.	Are you aware of community resources e.g. through mapping exercises.	E	D	C	B	A	

Factor 9 – Spirituality

Poor Practice

Spirituality is not considered within a person's recovery

Benchmark of best practice

Recognising spirituality as a major source of hope, solace and understanding within a person's recovery

E  A

Questions/ Issues to consider:

		E	→			A	COMMENTS/EVIDENCE
Service Checklist							
126.	Is there evidence that an individual's spirituality, deep-seated sense of meaning and purpose in life is identified?	E	D	C	B	A	
127.	Is there evidence that an individual's spirituality is actively used as a way for the individual to understand their experiences or as support?	E	D	C	B	A	
128.	Is there evidence that an individual's spirituality is explored and incorporated into care/recovery plans?	E	D	C	B	A	
129.	Is there evidence that resources required for people to develop or enhance their spirituality are identified?	E	D	C	B	A	
130.	Is there evidence that people who use services are asked about their spiritual and religious needs upon entry to the service and throughout their care and treatment?	E	D	C	B	A	
131.	Is there evidence that people who use services are helped to identify those aspects of life that provide them with meaning, hope, value and purpose?	E	D	C	B	A	
132.	Is there evidence that opportunities are provided for people who use services to discuss their spirituality or religion with others?	E	D	C	B	A	
133.	Is there evidence that people who use services are encouraged to build strong and effective links with religious and spiritual groups in the local community if applicable?	E	D	C	B	A	
134.	Is there evidence that the religious or spiritual experiences of people who use services are not pathologised, dismissed or ignored?	E	D	C	B	A	
135.	Is there evidence that self expression through creative activities are explored as a strategy to improve wellbeing?	E	D	C	B	A	
Issues to consider							
136.	Are you aware of the importance of spirituality?	E	D	C	B	A	

137.	Are you aware of the difference between spirituality and religious beliefs?	E	D	C	B	A	
138.	Are you aware of relevant and appropriate religious and spiritual resources?	E	D	C	B	A	
139.	Do you know where detailed information can be found regarding cultural and religious practices?	E	D	C	B	A	

Adapted from recommendations – The Mental health Foundation
The Impact of Spirituality on Mental Health – a review of literature 2006

Factor 10 – Stigma

Poor Practice

Stigma is perpetuated or ignored

Benchmark of best practice

Recognising the importance of and addressing both external and internal stigma as a barrier to recovery

E  **A**

Questions/ Issues to consider:

		E → A					COMMENTS/EVIDENCE
Service Checklist							
140.	Is there evidence that the care environment does not stigmatise people; e.g. segregation through toilet facilities, dining and eating areas, crockery?	E	D	C	B	A	
141.	Is there evidence that there is a rational reason for any restriction to access to an area and that this is explained?	E	D	C	B	A	
142.	Is there evidence that there is access to “quiet” areas for people who use services and staff?	E	D	C	B	A	
143.	Is there evidence that health care professionals identify and discuss with people, difficulties around internal and external stigma e.g. active discrimination in the community, self labeling with a diagnosis?	E	D	C	B	A	
144.	Is there evidence of health promotion including anti stigma information being used and is visible?	E	D	C	B	A	
145.	Is there evidence that the service positively advertises itself within the local community?	E	D	C	B	A	
146.	Are there separate toilet facilities for staff working within the service?	E	D	C	B	A	
147.	Are there separate dining facilities for staff?	E	D	C	B	A	
148.	Is there separate crockery for staff?	E	D	C	B	A	
149.	Are people who use services able to access the same facilities within the service that staff are? E.g. gym, restaurant, library	E	D	C	B	A	
150.	Is there evidence that care is taken regarding the use of language including diagnostic labels, NHS numbers?	E	D	C	B	A	
151.	Is there evidence that staffs are engaged in stigma reducing activities with external agencies and local services?	E	D	C	B	A	
152.	Is there evidence that “lived experience” of recovery is seen as desirable in person spec for jobs within the service.	E	D	C	B	A	

Issues to consider							
153.	Do you know how to prepare for an interview/ report with the media?	E	D	C	B	A	
154.	Do you know of local anti stigma activities e.g. "media watch" group is located?	E	D	C	B	A	
155.	Do you prepare an event for mental health day?	E	D	C	B	A	