

It's not enough to just professionals know about recovery orientation **Developing a Recovery Orientation Training**

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Background

The Organisation for Economic Co-operation and Development (OECD) estimated that the annual costs of mental health challenges in Finland are about 11 billion euros.



Recovery orientation has been the main frame in Niemikoti foundation's services since 2018. We have put a lot of effort to find ways to conduct services better, and this thesis was one of those ways.

Source: Finnish Centre for Pension



Purpose and goals

The purpose of the thesis was to develop training on recovery orientation for mental health recoverees. The training will be led by experts by experience.

The goal was to increase the participation of mental health recoverees in services, empower experts by experience, and develop the implementation of recovery orientation in mental health services.



Interviews

The first development question aimed to understand the experiences of mental health recoverees with recovery orientation.

By mapping the background knowledge of mental health recoverees on recovery orientation, it was ensured that the trainings could develop recovery orientation as a framework, and thereby offer better services to mental health recoverees.



Picture is generated with AI



Results of the interviews



The knowledge on the subject was quite superficial. Most knew that recovery orientation had something to do with the expertise of individuals in their own lives, the progression of rehabilitation in collaboration with professionals, and equality.

When discussing rights, the same aspects were emphasized, while most felt that there were no obligations regarding one's recovery. Two interviewees knew that their own activity and commitment are important in recovery orientation.



Conducting the brainstorming session Themes that emerged from the interviews were then worked on in a brainstorming session with experts by experience.

Theory	How to comprehensively describe the theory of recovery orientation, and what does it mean in practice? What rights and obligations does a recoveree have in relation to recovery orientation?
Format of the training	Does the effectiveness of the training depend on whether it is lecture-like or includes exercises? What kind of exercises could be related to the topic?
Recognising Recovery Orientation Location and Duration	How to act in a situation where one recognizes that recovery orientation is not being implemented? How to increase the discussion of recovery orientation in units? Where could the training be held? Is it a one-time event, or a course that takes place over several sessions?











The brainstorming session aimed to find an answer to the second development question, "how to increase the participation of mental health recoverees in mental health services" from the perspective of experts by experience.

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Results of the brainstorming session

The experts by experience thought that the training should include two sessions: the first covering theory, and the second involving exercises and practical examples.

In conclusion to the theoretical part, the experts by experience believed there should be a clear summary of recovery orientation, expressed in just a few words, encapsulating the concept.

11.00-	Coffee, introduction during the first session /
11.30	questions during the second session, warm-
	up exercises on both occasions
11.30–	course content
12.15	
12.15–	break
12.30	
12.30–	course content
13.45	
13.45–	break
14.00	
14.00-	course content
15.00	

Schedule structure of the course days



Recovery Orientation: Concrete effects

Improvement in functional ability	Honest & open dialogue
	Shared decision making
	Individuality
	Better outcomes compared to traditional treatments
Reduction in psychological symptoms and need of hospital care	Commitment to medication
	Psychoeducation
	Support from the employees
	Flexibility
Development of participation	Reduction in hierarchy
	Supportive relationships
	Being heard
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Recovery orientation: Subjective effects

Improvement in the quality of life	Development of life management
	Experience of a good and meaningful life
	Optimism and good life
Self-reliance and self– determination increased	Motivation increased
	Equality with the professionals
	Freedom of choice
	Individuality
	Achieving independence
Hope and empowerment increased	Faith in the future
	Reduction of stigma
	Positive identity
	Tolerationg hopelesness
	Improvement of human and civil rights
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Conclusions

Interviews revealed that mental health One of the best ways to increase recoverees do not know enough about the recovery orientation to evaluate its implementation in the best possible way.

Training mental health recoverees in recovery orientation was considered useful in both interviews and brainstorming sessions, and it is also beneficial for the overall effectiveness and implementation of the recovery orientation.

participation is to ensure that the mental health recoverees understands the services they receive and their content.

Recovery orientation can be seen as supporting the recovery of mental health recoverees, as several studies have found it to increase hope, self-determination, empowerment, self-initiative, and participation.



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