



New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Guiding Principles:

Resilience and Recovery



The New England Mental Health Technology Transfer Center has as its overarching aim “*using evidence-based means to disseminate evidence-based practices*” to mental health providers across the region to promote the resilience and recovery of persons at risk for, living with, or recovering from mental health challenges and their loved ones. In addition, we are committed to proactively advancing social justice and racial equity, as well as the provision of culturally and linguistically appropriate behavioral health services to all residents of the New England region. Based on the characteristics of **wraparound services** for children, youth, and families, as defined by the National Wraparound Initiative¹, and **recovery-oriented care**, as defined by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA)², these practices will be consistent with the following principles:



Resilience and recovery emerge from hope.

The belief that resilience and recovery are real provides the essential and motivating message of a better future: that people can overcome the range of internal and external challenges, barriers, and obstacles that confront them. Hope is a catalyst of resilience and recovery processes and can be fostered by peers and other mental health providers as well as by family, loved ones, friends, and communities. When people believe that resilience and recovery are possible, they are enabled to do the hard work required to minimize the mental health difficulties they encounter in living lives they value.

Resilience and recovery are based on respect.

Community, systemic, and societal acceptance of and appreciation for persons affected by mental health challenges—including protecting their rights and eliminating discrimination—are crucial to promoting resilience and recovery. Taking steps in this direction requires persistence and a commitment to action, ongoing learning, advocacy, and compassion on the part of systems, mental health providers, and advocacy groups. It also requires great courage on the part of individuals, families, and their loved ones. Self-acceptance and self-compassion, developing a positive and meaningful sense of identity and belonging, and regaining belief in one’s self are particularly important.

Resilience and recovery are culturally based and influenced.

Race, ethnicity, gender, sexual orientation, and other differences in cultural background in all of its diverse representations—including values, traditions, and beliefs—are keys in determining a person and family's journey and their unique resilience or recovery pathways. Mental health care shows respect for and builds on the values, preferences, beliefs, culture, and identity of the child, youth, adult, and/or family and their community. Care is to be culturally and linguistically appropriate as well as personalized to meet each individual's unique needs. Whenever possible, services and supports are to be provided in the language of preference of the persons and families being served. Addressing systemic racism and other forms of discrimination is essential to this work.

Resilience and recovery are family and person driven.

Resilience and recovery are grounded in a lifespan perspective that acknowledges that people may cultivate resilience and pursue recovery at every stage of life. Child, youth, and family participation is a high priority so that their perspectives are intentionally elicited and valued during all phases of care. Planning is grounded in the person and family members' perspectives and cultural context, and the team strives to provide options and choices that reflect their personal and family values and preferences. Self-determination and self-direction are foundations for resiliency and recovery, as persons define their own life goals and design their unique paths towards those goals. People optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery. In so doing, they are empowered

and provided the resources and space to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives. Systems, provider leadership, and all providers in the system understand and take great strides to uphold the rights of individuals receiving services, help to mitigate, remove, and speak up, on both micro and macro levels, against systemic oppression that makes it difficult for persons receiving services to exert autonomy and navigate their own recovery. Providers are also responsible for holding unwavering hope, demonstrating patience, and helping each individual and family navigate their recovery journey by focusing and building on their strengths. Systems and providers also have the responsibility of recognizing and allowing the learning opportunities, personal power, and dignity that comes with choice and risk along the person's recovery journey.

Resilience and recovery occur via many pathways.

Individuals have distinct needs, strengths, preferences, goals, cultures, and backgrounds that affect their preferred pathways for resilience and recovery. Both resilience and recovery are also built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each person and family. Finally, there are disparate components to recovery, ranging from symptomatic relief and restoration of functioning to reclaiming one's civil rights to full community inclusion despite prolonged disability. As a result, care pathways are highly individualized. To formulate and achieve the goals laid out in the care plan, the individual, their supporters, and their care team work as partners to develop and implement a customized set of strategies, supports, and services. These may include clinical care, use of medications, rehabilitation strategies, support from families



and in schools, peer support and mentoring, faith-based approaches, and other interventions. Whenever possible, these pathways are pursued within the cultural context and community of the person and family's choosing. Resilience and recovery are also non-linear, characterized by continual growth and life improvements that may involve setbacks. Because setbacks are a natural, though not inevitable, part of life—and therefore recovery—it is essential to foster resilience in all individuals and families.

Resilience and recovery are holistic.

Resilience and recovery encompass a person's whole life, including mind, body, spirit, family life, culture, and community. A holistic approach to team-based care thus integrates prevention, crisis intervention, self-care practices, family support, housing, education, employment, clinical care, community-based services and recovery supports, natural supports, primary health and dental care, and transportation into the person's care plan. In addition, faith, spirituality, complementary and alternative services, social networks, and community participation may comprise important components of the array of services and supports that are available to further resilience and recovery.

Resilience and recovery are community-based and promoted through collaboration.

Care team members work collaboratively and share responsibility for developing, implementing, monitoring, evaluating, and adjusting each care plan in partnership with the individual, family, and child or youth. The plan reflects an integration of the adult, child or youth, family, and team members' perspectives, mandates, and resources. The plan is based on the person and family's expressed goals and guides and coordinates each team member's work towards meeting those goals. The care team implements agreed upon service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote individual and family integration into home and community life.

Resilience and recovery are supported by peers and allies.

Mutual support and mutual aid groups, including the sharing of experiential knowledge and social learning, may play an invaluable role in promoting resilience and recovery. Families can support families, and peers can encourage and engage individuals, providing

each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back, one helps one's self as well. Peer-operated supports and advocacy organizations provide important resources to assist persons and families along their journeys of resilience and recovery. The roles of peers and allies may be different for adults and for children or youth and their families. Both families as a whole and youth can benefit from supports provided by their respective peers, and allies can also play roles for families as a whole. Peer work is important and unique. It is important, systemically, to maintain fidelity to the peer role and ensure that peer staff are adequately supported and have proper and appropriate supervision by a person knowledgeable in the values and intricacies of that role.

Resilience and recovery are supported through relationships, social networks, and collective action.

The presence and involvement of people who believe in the person and family's abilities to face and overcome their difficulties contributes to everyone's sense of well-being. Family members, peers, providers, faith and advocacy groups, community members, and other allies form vital support networks, offering hope, encouragement, strategies, and resources. To the degree to which persons have been subjected to discrimination and/or structural racism, involvement in collective action can be healing as well as instrumental to bringing about change. Through all of these relationships, people may leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, growth, autonomy, social inclusion, and full citizenship.

Resilience and recovery are supported by addressing trauma.

Very often, experiences of trauma (whether it be physical or sexual abuse, domestic violence, systemic oppression, racial discrimination, war, natural disaster, and /or others) are often precursors to and associated with mental health difficulties, alcohol and drug use, and related issues. Services and supports are thus trauma-informed to foster safety—physical, social, and emotional—and trust, as well as to promote choice, growth, health, empowerment, collaboration, and collective advocacy. Relationship building is a key component of recovery from trauma; those with histories of trauma may need support to develop more fully their conception of healthy relationships and accompanying social and emotional skills.

Resilience and recovery involve individual, family, and community strengths and responsibility.

Individuals, families, and communities all have strengths and resources that can serve as a foundation for resilience and recovery. Families and significant others have responsibilities to support their loved ones, especially children and youth. Care plans identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child, youth, or adult, their family, and their community. Communities have responsibilities to address and eliminate discrimination and injustice, to provide opportunities and resources for people to take on valued social roles, and to foster social inclusion. Adults have a personal responsibility for their own self-care. When in recovery, they also have a social responsibility and opportunities to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations. In promoting such responsibility, providers collaborate



with the individuals they serve in identifying and removing systemic, institutional, and community-based barriers to care, resilience, and recovery. This work involves upholding the human and civil rights of the persons being served and offering them and their families person and family centered, culturally and linguistically responsive, strength based, and trauma informed care.

Resilience and recovery are supported and enhanced through advocacy for social justice.

Persons at risk for, experiencing, or recovering from mental health difficulties often encounter stigma and discrimination based on outdated, dehumanizing understandings of mental illness. For persons of color, these experiences are further compounded by other forms of discrimination, including structural racism in its various forms. Acknowledging this context, it is incumbent upon mental health providers to examine their role in perpetuating these inequities and to join in advocating for equitable

care and outcomes for all communities in New England. Moving forward, all services and supports are to be designed in such a way as to ensure fair and equal treatment of persons from diverse backgrounds. To dismantle systemic racism and the various stigmas associated with mental illness will take time, sustained effort, collective advocacy, and will—including the will to advance authentic and empowered participation from persons of color, the will to hold organizations accountable for unequal treatment, and the will to revise and reform policies to remove barriers to access, equity, and full community inclusion. In this spirit, it is crucial for organizations to understand how racial and cultural discrimination have led to enduring trauma and multiple, on-going forms of discrimination against individuals from multiply marginalized groups. Such individuals are to be recruited and promoted to, and supported in, leadership positions within mental health systems in order to bring about true and sustainable reforms in these areas.

Resilience and recovery-oriented systems of care.

In addition to disseminating resilience and recovery-oriented practices, the New England MHTTC assists the states of Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont to offer evidence-based practices within the context of an overarching *resilience and recovery-oriented system of care*. Such systems take into account the ways in which care needs and how they are met change across the lifespan, with their main function being to provide developmentally appropriate services and supports that promote the resilience and / or recovery of children, youth, families, adults, and elders. This concept was developed with field input by SAMHSA and is described as a

coordinated network of community-based services and supports that is family and person centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve improved health, wellness, and quality of life for those at risk for, living with, or recovering from mental health difficulties.

In addition, a resiliency and recovery-oriented system of care:

- **Is unconditional and** does not give up on, blame, or reject anyone—adult, child, youth, or family—for their difficulties. When faced with challenges or setbacks, care teams continue working towards meeting the needs of the person and family and towards achieving the goals in the care plan until an agreement is reached that care is no longer desirable or necessary;
- **Is designed to be accessible, welcoming, and easy to navigate** and provides individuals and families with options from which to make informed decisions regarding their care;
- **Encompasses a menu of individualized, family and person centered, culturally responsive, and strength-based services.** This menu includes clinical care as well as recovery support services. Recovery support services include supported housing, employment, and education; peer recovery coaching and other forms of family and individual peer support; peer-run programs and recovery community centers; social and family support, including childcare; and care management;
- **Is research based and outcomes driven**, involving youth and adults in recovery, their families and allies, and the broader community in continually improving access to and quality of services;

- **Is anchored in the community**, offers outreach to individuals and families in need who are not yet engaged in care, and supports the premise that there are many pathways to promoting resilience and recovery;
- **Ensures continuity of care over time** and coordinated and integrated services;
- **Is adequately and flexibly financed;** and
- **Is assessed and monitored using observable or measurable indicators of success**, and revises care plans accordingly on a regular basis.

To ensure the responsiveness of our work, we actively develop, foster, and maintain Region 1 alliances among culturally diverse community stakeholders, including service users, people in recovery, youth, and family members; researchers and evaluators; advocates; and mental health providers, policy makers, administrators, and system leaders from each of the six states to guide New England MHTTC activities. We actively seek to include traditionally underserved communities and marginalized populations. We continually nourish a culture of learning and offer a range of training and technical assistance activities throughout the New England region, from universal and targeted technical assistance to intensive learning collaboratives that offer in depth and sustained interactive experiences.

The New England Mental Health Technology Transfer Center can be accessed through our website at <https://mhttcnetwork.org/centers/new-england-mhttc/home>. You can also contact us via email (networkoffice@mhttcnetwork.org) or phone (617.467.6014).

Endnotes

1. Bruns, E. J., Walker, J. S., & The National Wraparound Initiative Advisory Group. (2008). Ten principles of the wraparound process. In E. J. Bruns & J. S. Walker (Eds.), *The resource guide to wraparound*. Portland, OR: National Wraparound Initiative, Research and Training Center for Family Support and Children's Mental Health.
2. Substance Abuse and Mental Health Services Administration. (2012). *SAMHSA's 10 guiding principles of recovery*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

