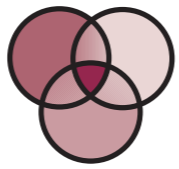
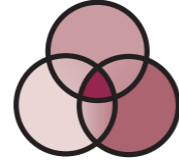


Recovery



the way ahead
for people with
severe mental illness



Adferiad

y ffordd ymlaen
i bobl gydag
afiechyd meddwl difrifol

Ynglŷâ'r Ar weiniad hwn

Mae'r Arweiniad hwn yn seiliedig ar brofiad dros 500 o bobl gydag afiechyd meddwl difrifol a'u teuluoedd. Mae'r Arweiniad yn defnyddio'r profiad hwn i adnabod prif elfennau agwedd newydd tuag at afiechyd meddwl difrifol, sy'n canolbwyntio ar gynnydd ac adferiad.

Beth yw adferiad?

Mae adferiad yn golygu adennill iechyd meddwl a chyflawni ansawdd bywyd gwell.

Gall nifer o bobl gydag afiechyd meddwl difrifol wella'n llwyr; mae eraill yn gallu gwneud llawer mwy o gynnydd nac a gredwyd oedd yn bosibl yn draddodiadol. Yn rhy aml, mae gwasanaethau iechyd meddwl wedi cyfyngu eu hamcanion i edrych ar ôl cleifion, neu leddfu rhywfaint o'r symptomau. Mae adferiad yn wahanol. Mae'n canolbwyntio ar alluogi pobl i wella pob rhan o'u bywydau, yn hytrach na chynnal bodolaeth ddigonol yn union.

Mae adferiad yn ymwneud â mwy na meddyginiaeth neu therapïau eraill, sy'n delio'n uniongyrchol â symptomau. Gall y rhain fod yn bwysig iawn, yn enwedig ar gyfer y rheiny sydd wedi profi afiechyd meddwl difrifol, ond mae iechyd meddwl wedi'i adeiladu ar sylfeini llawer ehangach. Ar gyfer unrhyw un person, efallai mai'r cam mwyaf i adferiad iechyd meddwl yw dod o hyd i le da i fyw, cael swydd, sefydlu perthynas dda gyda'u teulu, cyfarfod ffrindiau newydd neu adnabod gweithiwr proffesiynol a all eu helpu i weithio drwy eu problemau. Fel arfer, mae cyfres o wahanol bethau sy'n bwysig i adferiad unigolyn.

Mae llawer o bobl yn cyflawni iechyd meddwl da heb gynlluniau ffurfiol, ond yn hytrach drwy ofalu amdanynt eu hunain a bodloni eu hanghenion eang eu hunain. Ond pan fydd pobl yn profi afiechyd meddwl difrifol, gall fod yn help mawr i fod llawer mwy trefnus wrth edrych ar sut i wella eu bywydau. Mae'r Arweiniad hwn yn cynnig yr agwedd drefnus honno at adferiad.

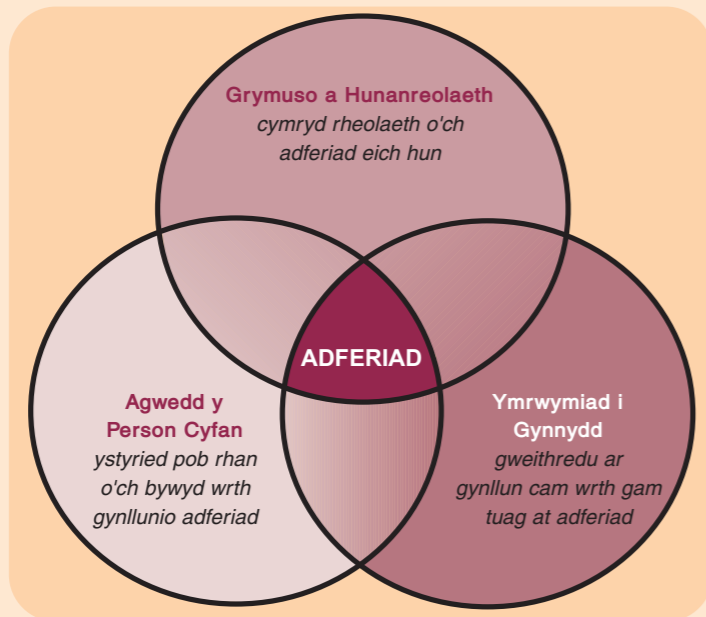
Ar gyfer pwy y mae adferiad?

Mae Adferiad ar gyfer pawb. Gall pawb wneud camau sylweddol tuag at adfer neu wella iechyd meddwl a chyflawni ffordd well o fyw. Mae gan y rhai sy'n profi afiechyd meddwl hawl – a dyletswydd y maent arnynt i'w hunain – i wneud gwelliannau ym mhob rhan o'u bywydau, sydd gyda'i gilydd yn cyfrannu at iechyd meddwl.

Fel arfer, bydd pobl gydag afiechyd meddwl difrifol angen cefnogaeth i allu gwneud cynnydd tuag at adferiad. Mae gan rai pobl lefel uwch o angen, a bydd angen llawer o gefnogaeth arnynt – er enghraifft, pobl sydd wedi byw mewn ysbyty am gyfnod – ond nid yw hyn yn eu heithrio rhag cyflawni adferiad.

Beth sydd ei angen ar gyfer adferiad?

Mae tair elfen sy'n hanfodol i adferiad, sef:



Mae adferiad yn dibynnu ar fodolaeth y tair elfen hyn: mae hyn yn cyflwyno her wirioneddol, ond y newyddion da yw bod y tair elfen yn realistig ac yn gyraeddadwy. Ar y tudalennau nesaf, byddwn yn edrych ar bob elfen yn fanylach.

detail.

Recovery depends on these three components being in place: this poses a real challenge but the good news is that all three components are realistic and achievable. On the next pages we will look at each of the components in more



There are three components essential to recovery. These are:

What is required for recovery?

People with severe mental illness will usually need support in order to make progress towards recovery. Some people have a higher level of need and require a lot of support – for example, people who have lived in hospital for some time – but this does not exclude them from achieving recovery.

Recovery is for everybody. Everyone can make significant steps to regain or enhance mental health and achieve a better way of living. It is the right of those who experience mental illness – and a duty which they owe to themselves – to make improvements in all areas of their lives which together contribute to mental health.

Who is recovery for?

Many people achieve good mental health without formal plans but rather by looking after themselves and meeting their own broad needs. But when people experience severe mental illness it can be helpful to be much more methodical in looking at how to improve their lives. This Guide offers that methodical approach to recovery.

Recovery is not just about medication or other therapies which deal directly with symptoms. These can be very important, especially for those who have experienced severe mental illness, but mental health is built on much broader foundations. For any one individual the biggest step to recovery of mental health may be finding a great place to live, getting a job, establishing a good relationship with their family, meeting new friends or identifying a professional who can help them work through their problems. Usually there are a set of different things which are important to an individual's recovery.

Many people with severe mental illness can make a full recovery; others can make far greater progress than has traditionally been thought possible. Too often mental health services have confined their objectives to looking after patients or alleviating some symptoms. Recovery is different: it is focused on enabling people to improve their lives in all areas rather than just maintaining an adequate existence.

Recovery means regaining mental health and achieving a better quality of life.

What is recovery?

This Guide is based on the experience of over 500 people with severe mental illness and their families. The Guide uses this experience to identify the key components of a new approach to severe mental illness focused on progress and recovery.

About this Guide

Empowerment and Self-Management

Empowerment and self-management together form the first essential component for recovery.

Empowerment means exercising rights and responsibilities in making choices about life.

Self-management means taking the actions required to lead a life based on those choices.

Most people with a severe mental illness already exercise a significant amount of choice about their lives and take much of the action required to achieve recovery. For example, many people manage the administration of their medication.

The following are different ways in which people can demonstrate empowerment and self-management:

- A person is self-managing when they:**
- make plans in their own language and using their own words
 - feel a strong sense of autonomy
 - are at the centre of decision-making processes concerning their life
 - are able to access information necessary to make choices
 - are able to choose from a range of options
 - see their right to choice respected
 - have the first **and** last word in any discussion about them
 - feel equal to others and are treated equally by others
 - make "advance directives" – telling people how they want to be treated when they are unwell.
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Of course some people, for example people in hospital and possibly under section, have more limited opportunities to exercise choice and manage their life. But there are still important areas where they can make choices and take action – for example in developing social contact, looking after their health, and acquiring skills. Empowerment and self-management are the key to progress for everybody.

Achieving empowerment and self-management does not mean having to make choices and take action alone and without support. When a person takes the lead in making plans and taking action they still often need the help and support of other people. These supporters can be chosen according to their specialist skills and knowledge or because they are friends and family willing to help.

The key challenge is to develop the *right relationship* with supporters, taking care to ensure that they do not take over responsibility. There are exceptions to this: in times of crisis or great need it may be appropriate that supporters intervene and take a degree of control. But this should be exceptional and care should be taken that this does not become routine. Some examples of supporters are:



Grymuso a Hunanreolaeth

Mae grymuso a hunanreolaeth gyda'i gilydd yn ffurfio'r elfen hanfodol gyntaf ar gyfer adferiad.

Mae grymuso yn golygu arfer hawliau a chyfrifoldebau wrth wneud penderfyniadau am fywyd.

Mae hunanreolaeth yn golygu cymryd y camau sydd eu hangen i fyw bywyd yn seiliedig ar y dewisiadau hynny.

Mae'r rhan fwyaf o bobl sydd ag afiechyd meddwl difrifol eisoes yn gwneud llawer o ddewisiadau am eu bywydau ac yn cymryd llawer o'r camau sydd eu hangen i gyflawni adferiad. Er enghraifft, mae llawer o bobl yn rheoli gweinyddiad eu meddyginiaeth.

Mae'r canlynol yn ffyrdd gwahanol y gall pobl ddangos grym a hunanreolaeth:

Mae person wedi'i rymuso pan fyddant yn:

- cydnabod fod ganddynt yr un hawliau a chyfrifoldebau â phobl eraill
- cael teimlad cryf o ymreolaeth ac yn teimlo eu bod wrth graidd y prosesau gwneud penderfyniadau ynglŷn â'u bywyd
- gallu cael gafael ar wybodaeth sy'n angenrheidiol i wneud dewisiadau
- gallu dewis o amrywiaeth o opsiynau
- gweld eu hawl i ddewis yn cael ei barchu
- cael y gair cyntaf ac olaf mewn unrhyw drafodaeth amdanynt hwy
- teimlo'n gyfartal i eraill ac yn cael eu trin yn gyfartal gan eraill
- gwneud "cyfarwyddiadau pellach" – dweud wrth bobl sut yr hoffent gael eu trin pan fyddant yn wael.

Mae person yn hunan-reoli pan fyddant yn:

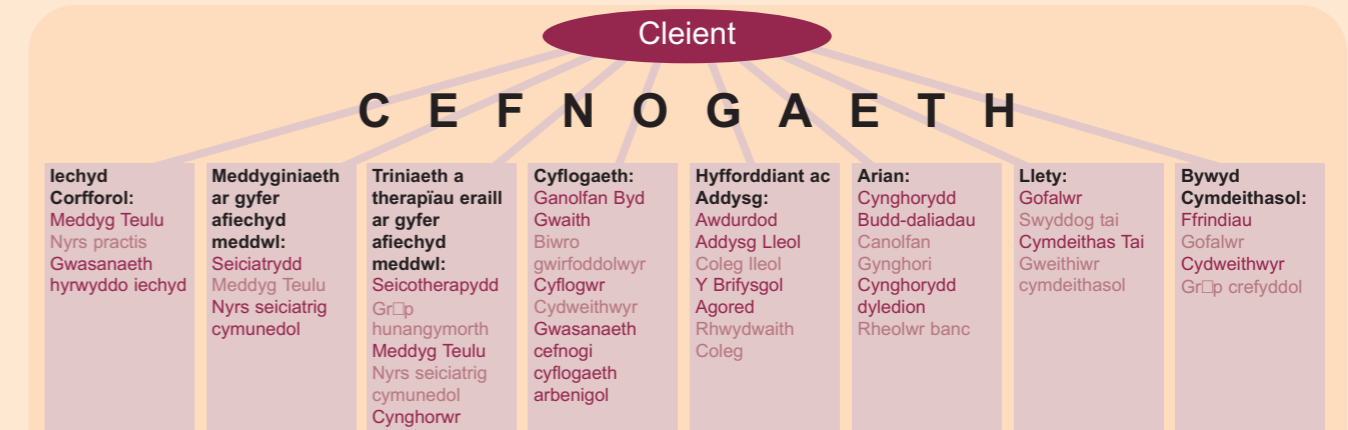
- gwneud cynlluniau yn eu hiaith eu hunain ac yn defnyddio eu geiriau eu hunain
- gwneud galwadau ffôn, ysgrifennu llythyrau a llenwi ffurflenni drostynt eu hunain i ateb eu hanghenion
- datrys eu problemau eu hunain
- trafod gyda phobl i sicrhau bod eu hanghenion yn cael eu bodloni
- derbyn cefnogaeth gan eraill ar eu telerau eu hunain a heb iddio cyfrifoldeb
- edrych ar ôl eu hunain, cynnal iechyd corfforol a delio â phroblemau iechyd meddwl
- gweinyddu eu meddyginiaeth eu hunain
- arfer hunanymwybyddiaeth a gweithredu ar hyn – gan gynnwys rhagweld cychwyn argyfwng.

Wrth gwrs, mae gan rai pobl, er enghraifft, pobl sydd yn yr ysbyty ac o bosibl dan orfodaeth, lai o gyfleoedd i wneud dewisiadau a rheoli eu bywyd. Ond mae rhannau pwysig yn dal i fod lle y gallant wneud dewisiadau a chymryd camau – er enghraifft, wrth ddatblygu cyswllt cymdeithasol, gofalu am eu hiechyd, ac ennill sgiliau. Grymuso a hunanreolaeth yw'r allwedd i gynydd ar gyfer pawb.

Nid yw cael grym a hunanreolaeth yn golygu gorfod gwneud dewisiadau a chymryd camau ar eich pen eich hun a heb gefnogaeth. Pan fydd person yn arwain y ffordd wrth wneud cynlluniau a chymryd camau, maent yn aml yn dal i fod angen help a chymorth pobl eraill. Gellir dewis y cefnogwyr hyn yn ôl eu sgiliau a'u gwybodaeth arbenigol neu oherwydd eu bod yn ffrindiau a theulu sy'n fodlon helpu.

Y brif her yw datblygu'r berthynas gywir gyda chefnogwyr, gan gymryd gofal i sicrhau nad ydynt yn cymryd drosodd y cyfrifoldeb. Mae eithriadau i hyn: mewn amseroedd o argyfwng neu angen mawr, efallai y bydd yn briodol i gefnogwyr ymyrryd a chymryd rhywfaint o reolaeth. Ond dylai hyn fod yn eithriad, a dylid gofalu na fydd hyn yn digwydd yn rheolaidd.

Dyma rai enghreifftiau o gefnogwyr:



...a rhai cefnogwyr, fel gofaluwr a gweithwyr allweddol, a allai gynnig cefnogaeth gyffredinol ar draws yr wyth maes.

Agwedd "Y Person Cyfan"

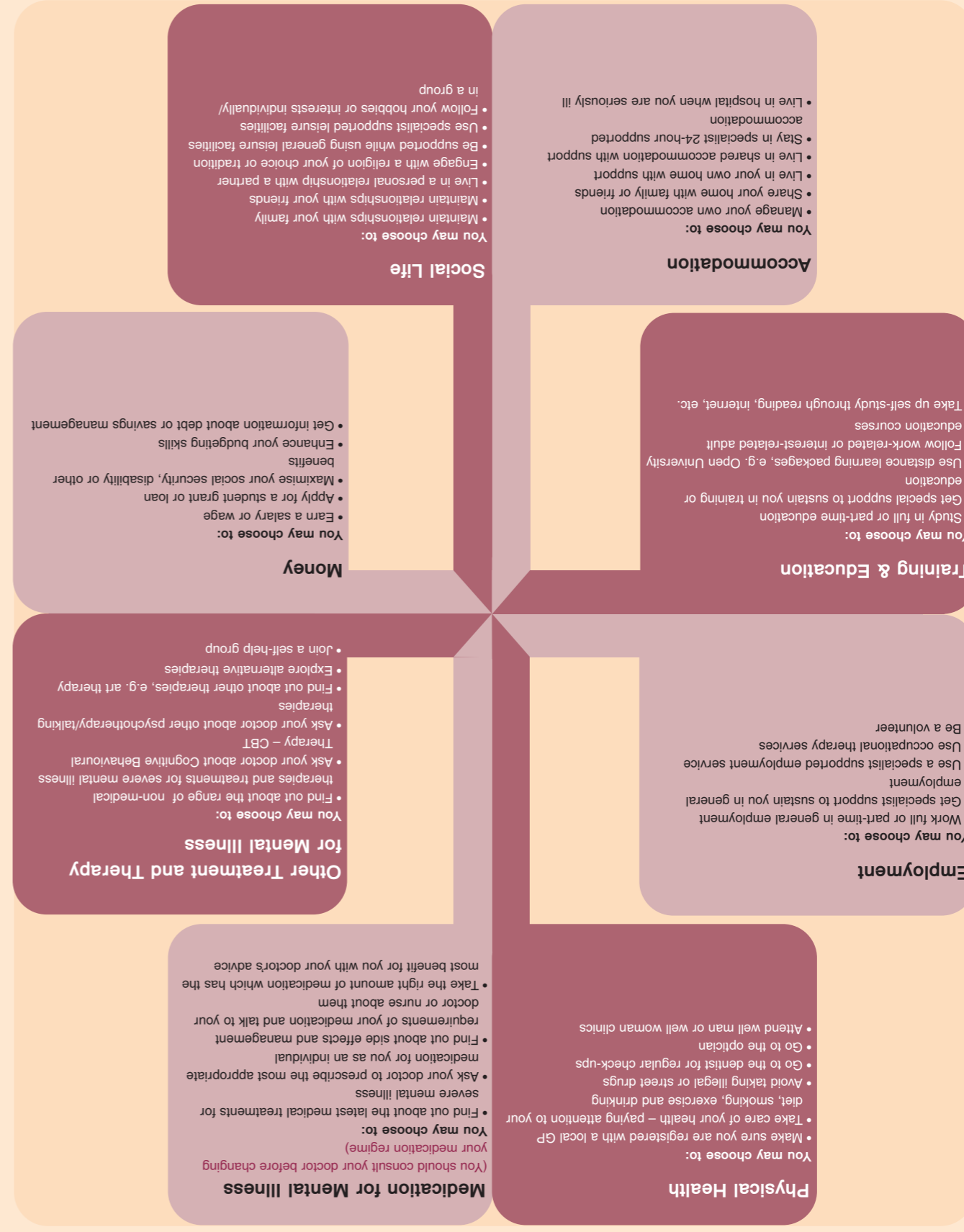
Mae adferiad yn gofyn am agwedd "Y Person Cyfan" (a gaiff ei alw'n agwedd 'gyfannol' weithiau). Golyga hyn fynd i'r afael â phob agwedd allweddol ar fywyd, sydd gyda'i gilydd yn cyfrannu at les. Drwy osod nodau ym mhob rhan o fywyd, gall pobl wynebu adferiad gydag agwedd fwy cynhwysfawr. Mae Agwedd Y Person Cyfan yn cynnig ffordd drefnus o wneud hyn.

Yma, rydym yn gosod allan Agwedd y Person Cyfan, ynghyd â rhai opsiynau ar gyfer nodau y gallai pobl eu gosod yn yr wyth maes:



Recovery requires a "Whole Person" approach (sometimes called a "holistic" approach). This means addressing all key aspects of life which together contribute to well-being. By setting goals in all areas of life people can approach recovery more comprehensively. What the Whole Person Approach offers is a methodical way of doing this.

Here we set out the Whole Person Approach along with some options for goals which people might set in the eight areas:



Commitment to Progress

Recovery depends on actively taking steps to improve life. It is vital to agree and act upon a step-by-step, goal-focused plan.

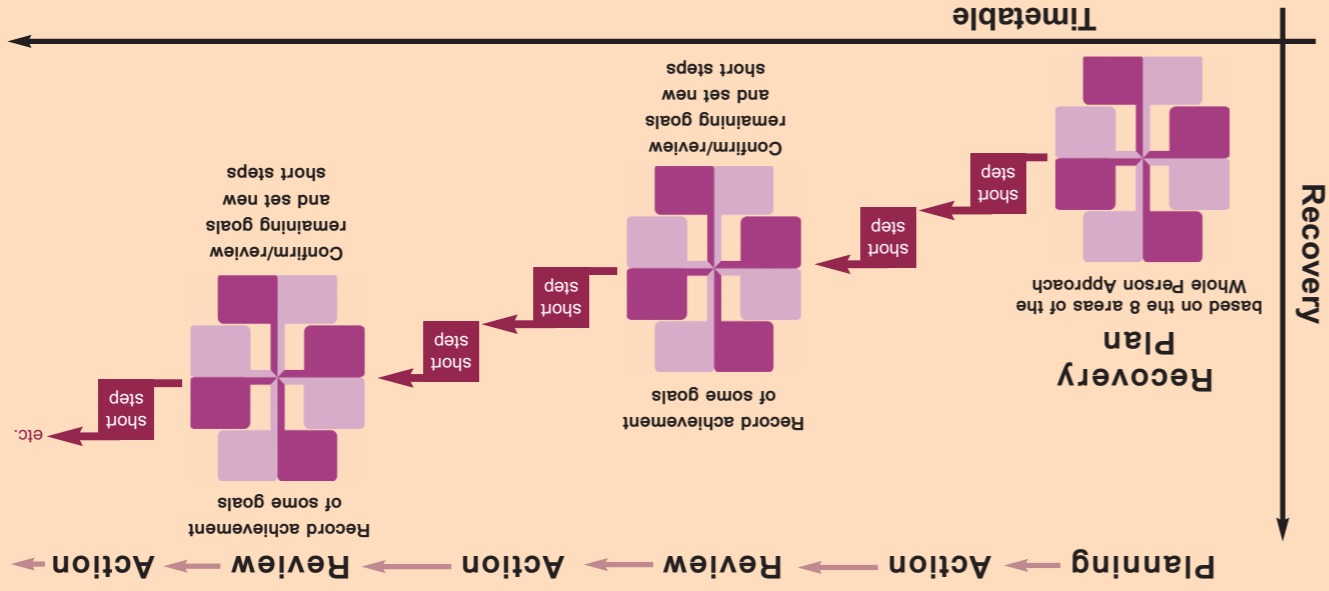
Too often planning concentrates on assessment: in other words it says a lot about where the individual is at a particular point but not about where they want to go. Alternatively plans may include long-term goals but not the simple, short-term steps that need to be taken to achieve them. A good plan needs to hold its focus on long-term goals but include the intermediary, less intimidating steps which allow a person to take action.

To be effective, a Plan must:

1. **Assess current circumstances** – analyse and recognise where the individual is starting from at the planning stage
2. **Identify needs** – practical and personal challenges faced by an individual
3. **Identify long-term goals** – strategic targets which the individual aims to achieve
4. **Identify short-term steps** – simple, manageable actions required to achieve the goals
5. **Identify supporters** – specific people or agencies whose help is needed with the short-term steps
6. **Create a timetable** – target dates to take short-term steps and achieve long-term goals
7. **Timetable regular reviews** – to recognise progress, and confirm or revise short-term steps and long-term goals

Planning for recovery needs to be fully incorporated into conventional or formal planning processes. For example people can plan their recovery through the Care Programme Approach which is a standard requirement for many NHS/Social Services clients. And there are other formal processes such as referral and hospital discharge which offer important opportunities to plan for recovery. People can also use this Guide at meetings with doctors, psychiatrists, social workers and other professionals.

The process of recovery based on effective planning can be illustrated as follows:



Ymrwymiad i Gynnydd

Mae Adferiad yn dibynnu ar gymryd camau amlwg i wella bywyd. Mae'n hanfodol eich bod yn cytuno ac yn gweithredu ar gynllun cam wrth gam, sy'n canolbwyntio ar nod.

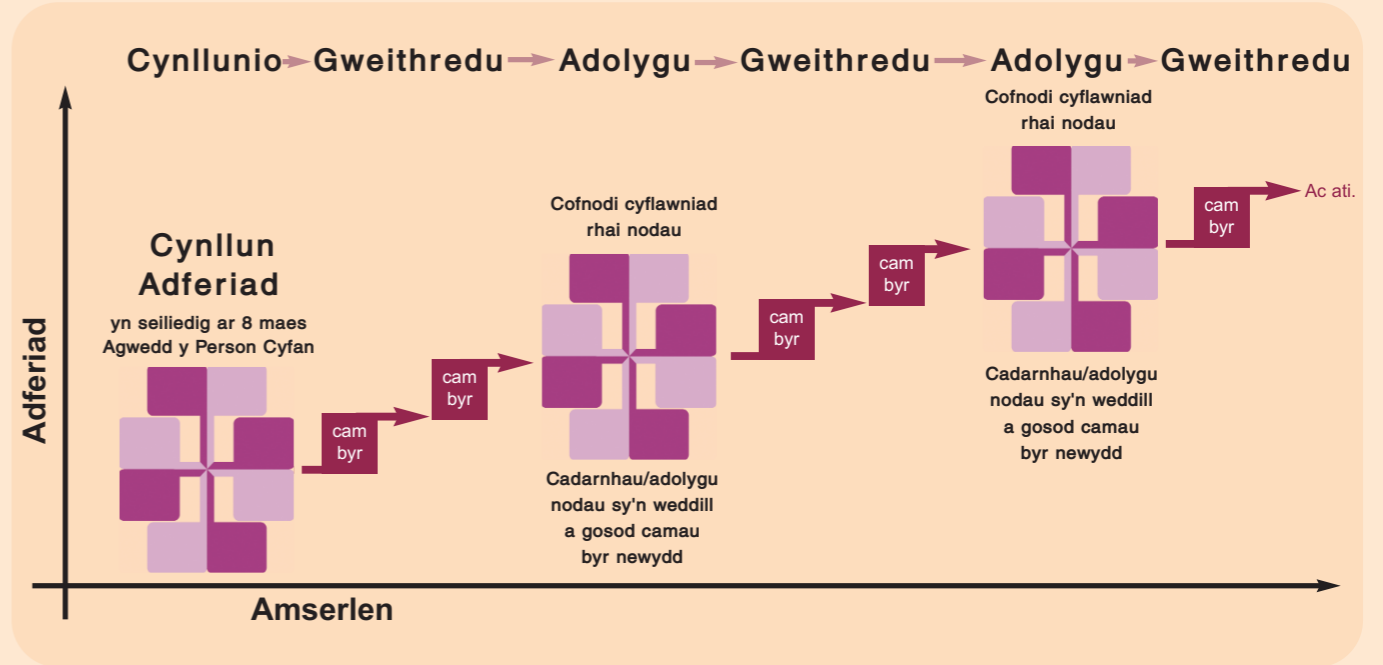
Yn rhy aml, mae cynllunio'n canolbwyntio ar asesu: mewn geiriau eraill, mae'n dweud llawer am lle mae'r unigolyn ar bwynt penodol, ond yn dweud dim am lle y maent eisiau ei gyrraedd. Dro arall, gall cynlluniau gynnwys nodau tymor hir, ond nid y camau syml, tymor byr, y mae angen eu cymryd i'w cyflawni. Mae angen i gynllun da ddal ei sylw ar nodau tymor hir, ond cynnwys y camau canol, llai bygythiol, sy'n galluogi person i gymryd camau mwy.

I fod yn effeithiol, rhaid i Gynllun:

1. **Asesu amgylchiadau presennol** – dadansoddi ac adnabod o ble mae'r unigolyn yn dechrau yn y cam cynllunio
2. **Adnabod anghenion** – heriau ymarferol a phersonol y bydd unigolyn yn eu hwynebu
3. **Adnabod nodau tymor hir** – targedau strategol y mae'r unigolyn yn anelu at eu cyflawni
4. **Adnabod camau tymor byr** – camau syml, hawdd sydd eu hangen i gyflawni'r nodau
5. **Adnabod cefnogwyr** – pobl neu asiantaethau penodol y mae angen eu help gyda'r camau tymor byr
6. **Creu amserlen** – dyddiadau targed i gymryd camau tymor byr a chyflawni nodau tymor hir
7. **Amserlennu adolygiadau rheolaidd** – i adnabod cynnydd, a chadarnhau neu adolygu camau tymor byr a nodau tymor hir

Mae angen i gynllunio ar gyfer adferiad gael ei ymgorffori'n llawn mewn prosesau cynllunio confensiynol neu ffurfiol. Er enghraifft, gall pobl gynllunio eu hadferiad drwy'r Agwedd Rhaglen Gofal, sy'n ofyniad safonol ar gyfer nifer o gleientiaid y GIG/Gwasanaethau Cymdeithasol. Ac mae prosesau ffurfiol eraill, fel cyfeirio a rhyddhau o'r ysbty, sy'n cynnig cyfleoedd pwysig i gynllunio ar gyfer adferiad. Gall pobl ddefnyddio'r Arweiniad hwn hefyd mewn cyfarfodydd gyda meddygon, seiciatryddion, gweithwyr cymdeithasol a gweithwyr proffesiynol eraill.

Gellir dangos y broses o adferiad yn seiliedig ar gynllunio effeithiol fel a ganlyn:



Sut y Gallwch Ddefnyddio'r Arweiniad Hwn

Cleientiaid	Gall pobl gydag afiechyd meddwl difrifol – ac yn wir unrhyw un arall – ddefnyddio'r Arweiniad fel pwynt cyfeirio i gynllunio gwelliannau yn eu bywydau. Gellir ei ddefnyddio hefyd fel rhestr wirio cyn neu yn ystod cyfarfodydd cynllunio gyda gweithwyr achos, doctoriaid ac ati. Rydym yn argymhell bod cleientiaid, lle bo'n briodol, yn dangos yr Arweiniad i weithwyr proffesiynol, yn enwedig os ydynt yn ei ddefnyddio fel offeryn cynllunio. Gallai cleientiaid hefyd ofyn i gynlluniau gofal ffurfiol (gan gynnwys cynlluniau sy'n seiliedig ar yr Agwedd Rhaglen Gofal) ganolbwyntio ar brif elfennau'r Arweiniad, a'u bod yn mynd i'r afael yn drefnus â'r wyth maes yn Agwedd y Person Cyfan. Pwynt pwysig: os ydych chi'n credu fod gennych afiechyd meddwl, ac nad ydych eto wedi cysylltu â'ch doctor ynglŷn â'r mater, rydym yn eich cyngori i wneud hynny cyn gynted â phosibl ac i beidio â chymryd unrhyw un o'r camau a awgrymir yn yr Arweiniad hwn nes y byddwch wedi gwneud hynny.
Gofalwyr	Gall gofalwyr, aelodau teulu a ffrindiau ddefnyddio'r Arweiniad i annog unigolyn i weithio tuag at eu hadferiad. Awgrymwyr fod gofalwyr yn rhannu'r Arweiniad gyda'r person y maent yn gofalu amdanynt, ac yn rhoi cyfle iddynt ei ddarllen a barnu ei werth drostynt eu hunain. Gall gofalwyr, aelodau teulu a ffrindiau hefyd ddefnyddio'r Arweiniad iddynt eu hunain: mae'r egwyddorion yn berthnasol i unrhyw un sydd eisiau agwedd drefnus at wneud gwelliannau i'w bywyd.
Gweithwyr Proffesiynol	Gall gweithwyr iechyd a gofal cymdeithasol proffesiynol ddefnyddio'r Arweiniad hwn gyda'u cleientiaid fel rhan o'r broses o gynllunio adferiad – er enghraifft, wrth weithio gyda chleient i lunio Cynllun Gofal. Awgrymwyr fod gweithwyr proffesiynol yn rhannu'r Arweiniad gyda chleientiaid ac yn rhoi cyfle iddynt ei ddarllen a barnu ei werth drostynt eu hunain. Gall yr Arweiniad hefyd helpu gweithwyr proffesiynol i adnabod yr agweddau hynny ar adferiad y gallant helpu gyda nhw a'r rhai y bydd angen help gan eraill. Gallant hefyd ddefnyddio'r Arweiniad iddynt eu hunain: mae'r egwyddorion yn berthnasol i unrhyw un sydd eisiau agwedd drefnus at wneud gwelliannau i'w bywyd.
Cleientiaid hafal	Mae holl wasanaethau Hafal yn seiliedig ar Raglen Adferiad sy'n dilyn yr egwyddorion a gyflwynir yn yr Arweiniad hwn. Caiff cleientiaid Hafal eu cefnogi i gynhyrchu cynllun personol, gan ddefnyddio'r Arweiniad. Fel arfer, bydd gwasanaethau Hafal yn cynnig cymorth gyda nodau mewn neu ddau o wyth maes Agwedd y Person Cyfan, ond rydym hefyd yn helpu drwy gyfeirio pobl at ffynonellau eraill o gefnogaeth. Mae Hafal yn annog cleientiaid sy'n ofalwyr i ddefnyddio'r Arweiniad o'u safbwynt nhw fel cefnogwr allweddol.

Ynglŷn â hafal

Mae Hafal yn sefydliad a reolir gan y bobl y mae'n ei gefnogi – unigolion gydag afiechyd meddwl difrifol a'u teuluoedd.

Mae Hafal wedi'i sefydlu ar y gred mai pobl â phrofiad uniongyrchol o afiechyd meddwl sy'n gwybod orau sut y dylid cyflwyno gwasanaethau. Rydym wedi ymrwymo i roi grym i bobl gydag afiechyd meddwl difrifol a'u teuluoedd i:

- gael gwell ansawdd i fywyd
- cyflawni eu huchelgeisiau ar gyfer adferiad
- brwydro yn erbyn gwahaniaethu
- mwynhau mynediad cyfartal i iechyd a gofal cymdeithasol, tai, incwm, addysg a chyflogaeth

Mae holl wasanaethau Hafal yn seiliedig ar yr egwyddorion ar gyfer adferiad a gyflwynir yn yr Arweiniad hwn. I gael gwybod mwy am ein gwasanaethau neu i gael rhagor o wybodaeth am adferiad, cysylltwch â ni yn:

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www.iechydmeddwl.cymru.net (gwybodaeth gyffredinol am afiechyd meddwl difrifol)

Mae Hafal yn gwmni cyfyngedig drwy warant, wedi'i gofrestru yng Nghymru a Lloegr
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www.hafal.org (information about Hafal)
www.mentalhealthwales.net (general information about severe mental illness)

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Neath SA10 6EL

All Hafal's services are based on the principles for recovery presented in this Guide. To find out more about our services or for more information on recovery please get in touch with us at:

- achieve a better quality of life
 - fulfill their ambitions for recovery
 - enjoy equal access to health and social care, housing, income, education, and employment.
- Hafal is founded on the belief that people who have direct experience of mental illness know best how services should be delivered. We are committed to empowering people with severe mental illness and their families to:

Hafal (meaning 'equal') is an organisation managed by the people it supports – individuals with severe mental illness and their families.

About hafal

Clients	People with a severe mental illness – and indeed anyone else – can use the Guide as a point of reference to plan improvements in their lives. It can also be used as a checklist before or during planning meetings with case-workers, doctors, etc. We recommend that where appropriate clients show professionals the Guide, particularly if they are using it as their planning tool. Clients could also ask that formal care plans (including plans based on the Care Programme Approach) are focused on the key components in the Guide, and that they systematically address the eight areas in the Whole Person Approach. An important point: if you believe you have a mental illness and you have not yet contacted your doctor about it we advise that you do this as soon as possible and that you do not take any of the steps suggested in this Guide until you have done so.
Carers	Carers, family members and friends can use the Guide to encourage an individual to work towards their recovery. We suggest carers share the Guide with the person being cared for, giving them an opportunity to read it and judge its value for themselves. Carers, family members and friends can also use the Guide for themselves: the principles apply to anyone who wants a methodical approach to making improvements in their life.
Professionals	Health and social care professionals can use this Guide with their clients as part of the process of planning recovery – for example, when working with a client to put together a Care Plan. We suggest that professionals share the Guide with clients, giving them an opportunity to read it and judge its value for themselves. The Guide can also help professionals identify clearly those aspects of recovery they can help with and those which require the help of others. They can also use the Guide for themselves: the principles apply to anyone who wants a methodical approach to making improvements in their life.
Clients	All of Hafal's services are based on a Recovery Programme which follows the principles presented in this Guide. Hafal clients are supported to produce a personal plan using the Guide. Typically Hafal's services provide assistance with goals in one or two of the eight areas of the Whole Person Approach, but we also help by directing people to other sources of support. Hafal encourages carer clients to make use of the Guide from their perspective as a key supporter.

How you can use this Guide