

# Kormilo oporavka kao alat za izradu individualnog plana oporavka u svakodnevnoj psihijatrijskoj praksi

## */ The Helm of Recovery as a Tool for Developing an Individual Recovery Plan in Everyday Psychiatric Practice*

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Individualni plan liječenja s ciljem oporavka temelji se na bio-psiho-socijalnom, holističkom pristupu osobama s poteškoćama mentalnog zdravlja u kojem je u fokusu osoba i njeno individualno iskustvo, a ne njena dijagnoza. Premda je individualni plan liječenja ključna kompetencija za specijalista psihijatra postoje poteškoće u njegovoj primjeni u praksi, osobito u primjeni principa oporavka. Stoga je važno razviti alate koji bi pomogli psihijatrima da primijene principe oporavka u svakodnevnoj psihijatrijskoj praksi. *Metodologija:* Kako bismo izradili kormilo oporavka za pomoć psihijatrima u izradi individualnog plana liječenja usmjerenog na oporavak pretražili smo literaturu koristeći ključne riječi: oporavak od mentalnih poremećaja, bio-psiho-socijalni pristup, psihosocijalne determinante mentalnog zdravlja i *WHO QualityRights*. *Rezultati:* Zaštitni psihosocijalni čimbenici za mentalno zdravlje, bio-psiho-socijalni pristup, načela oporavka i smjernice *WHO QualityRights* identificirani su kao ključni čimbenici za razvoj novog alata Kormila oporavka. Kormilo se sastoji se od 10 područja važnih za oporavak, pitanja koja treba postaviti da bi se učinila procjena koja postaje temelj za izradu individualnog plana liječenja. *Zaključak:* Kormilo oporavka je alat koji pomaže psihijatrima u izradi individualnog plana liječenja/oporavka, kao i osobama s mentalnim poteškoćama u izradi osobnog plana oporavka. U budućnosti bi bilo važno procijeniti primjenjivost Kormila u području istraživanja ishoda liječenja/oporavka.

*/ The recovery approach is an internationally accepted standard of care for persons with mental illnesses. This approach includes a shift of perspective from a clinical focus on symptoms to a focus on strength, wellness, and social inclusion. However, in clinical practice, there are difficulties with its application, and, therefore, it is important to develop tools to facilitate the use of recovery approach in everyday practice.*

*Methods: In order to develop a new tool to assist psychiatrists in application of recovery practice we have searched the literature using the following keywords: recovery from mental disorders, biopsychosocial approach, psychosocial determinants of mental health and WHO's QualityRights to determine the key factors important for recovery.*

*Results: Protective factors for mental health, biopsychosocial approach, recovery principles and WHO's QualityRights guidelines were identified as key factors for developing the new tool named Helm of Recovery. Helm of Recovery consists of 10 areas with the description of each area, questions to facilitate the application and instructions for use.*

*Conclusion: Helm of Recovery is a new tool to assist psychiatrists in making an individual treatment/recovery plan as well as people with mental health difficulties in creating a personal recovery plan. In the future, it will be important to assess the applicability of the Helm of recovery in treatment/recovery outcome research.*

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## UVOD

Prema stručnim smjernicama liječenja osoba s problemima mentalnog zdravlja primjenjuje se biopsihosocijalni, holistički pristup razumijevanja nastanka mentalnog poremećaja s ciljem postizanja oporavka, u fokusu liječenja je osoba s jedinstvenim osobnim iskustvom, a ne njena dijagnoza (1,2). Liječenje s ciljem oporavka provodi se na temelju individualnog plana liječenja koji se izrađuje u suradnji s pacijentom, a glavna obilježja su postavljeni ciljevi liječenja, bio-psiho-socijalni postupci koji će pomoći u postizanju ciljeva i osobe koje će sudjelovati u liječenju (3). Službe orijentirane prema oporavku i oporavak kao cilj liječenja su danas internacionalno prihvaćen standard za organizaciju pružanja usluga u području mentalnog zdravlja i u smjernicama za liječenje osoba s različitim dijagnozama mentalnog poremećaja (4-6), međutim još uvijek postoje barijere u implementaciji (7) koje također uključuju pesimističke stavove psihijataru o mogućnosti oporavka i nedostatak edukacije iz oporavka u edukaciji za psihijatre za koje je potrebno pronaći rješenja (8). Jedno od rješenja je Inicijativa SZO-a *QualityRights* (9) koja snažno podupire države da transformiraju usluge mentalnog zdravlja prema načelima oporavka i poštivanja ljudskih prava. Orijentacija na oporavak traži transformaciju skrbi za mentalno zdravlje u kojoj postoji odmak od biomedicinskog modela pretjerano usredoto-

## INTRODUCTION

According to the international guidelines for the treatment of people with mental health problems, a biopsychosocial holistic approach to understanding the origin of a mental disorder is applied where the focus of treatment is set on a person with a unique personal experience rather than their diagnosis and recovery is an expected outcome (1,2). Treatment whose goal is to result in recovery is carried out on the basis of an individual treatment plan that is agreed in cooperation with the patient. The main features of this plan are predefined treatment goals, selected bio-psycho-social interventions that will help in achieving the goals, as well as professionals and non-professionals who will participate in the treatment (3). Recovery principles and recovery as the goal of treatment are today an internationally accepted standard for the organization of mental health services and part of the guidelines for the treatment of persons with different mental disorders diagnoses (4-6). However, there are still barriers to implementation (7), including psychiatrists' pessimistic attitudes about the possibility of recovery and the lack of education about recovery in the training for psychiatrists, for which solutions need to be found (8). One of the solutions is the WHO *QualityRights* Initiative (9), which strongly supports countries to transform mental health services according to the principles of recovery and respect for human rights. Recovery orientation requires a transformation of mental health care with a shift from the biomedical model overly focused on symptoms and pharmacological

čenog na simptome bolesti i na farmakološko liječenje, a nedovoljno usredotočenog na cijelu osobu, njezinu snagu, nade i na poticanje osobe da se oporavi (5,9) Orijentacija na oporavak uključuje i poticanje korištenja alata za samopomoć (10).

## ODNOS REMISIJE I OPORAVKA

Razlikovanje oporavka od remisije može potaknuti implementaciju principa oporavka u psihijatrijsku praksu. Oporavak nije isto što i medicinsko značenje remisije postizanja oporavka od simptoma i povrat na funkcioniranje prije bolesti, nego označava stanje osobnog osnaživanja i upravljanja svojim životom na način koji omogućuje postizanje osobnih ciljeva, život sa smislom i doživljaj pripadanja zajednici bez obzira na to ima li osoba još uvijek neke simptome mentalnog poremećaja i/ili neke od teškoća funkcioniranja (12). Pokazalo se da postoji razlika o značenju remisije simptoma između pacijenata, članova njihovih obitelji i stručnjaka. Remisija simptoma često za pacijente i članove njihovih obitelji ima sekundarnu ulogu (13), ona može ali ne mora biti povezana s funkcionalnim oporavkom ni s doživljajem dobrobiti, kvalitete života osoba oboljelih od mentalnih poremećaja (14), tj. oporavaka vođenjem zadovoljavajućeg života unatoč ograničenju koja ljudi imaju zbog bolesti i postaje glavni cilj (12,15,16). Osobni oporavak je jedinstveni individualni proces ili iskustvo koje se najbolje može opisati kao putovanje (15,16), kao i proces promjene kojim pojedinci poboljšavaju svoje zdravlje i dobrobit, žive samostalnim životom i nastoje postići svoj puni potencijal (16). U procesu oporavka stručnjaci se mogu promatrati suputnicima na tom putu što je kraće moguće, ali ipak onoliko dugo koliko je potrebno (16,17). Daljnja istraživanja o procesu oporavka dovela su do identifikacije principa oporavka (11,18). Prema konsenzusu SAMH-

treatment and insufficiently focused on the whole person approach, their strength and hope, as well as on facilitating the process of recovery (5,9), including the use of self-help tools (10).

## RELATIONSHIP BETWEEN REMISSION AND RECOVERY

Differentiating recovery from remission may initiate the implementation of recovery principles in psychiatric practice. Recovery is not synonymous with the medical meaning of remission, i.e., recovery from symptoms and return to pre-disease state. It implies personal empowerment and lifestyle management leading to the achievement of personal goals, meaningful life and sense of belonging to a community, regardless of whether a person still shows certain symptoms of a mental disorder and/or some difficulties in functioning (12). Research has shown that symptom remission is interpreted differently by patients, their family members and professionals. For patients and their family members, symptom remission often has a secondary role (13); it may or may not be related to functional recovery or to the subjective experience of well-being, quality of life of persons diagnosed with mental disorders (14). People can lead satisfactory lives despite the limitations due to their condition (12, 15,16). Personal recovery is a unique individual process or experience that can best be described as a journey (15,16) or a process of change through which individuals may improve their health and well-being, live independent lives, and strive to reach their full potential (16). In the process of recovery, mental health professionals may be perceived as companions on the road to recovery for the shortest possible period of time, but as long as necessary (16,17). Further research on the process of recovery has resulted in the identification of principles of recovery (11,18). According to a consensus report issued by SAMHSA (11), there are ten principles that support the individual recovery process: hope, person-driven, many pathways, holistic, peer support, culture, trauma-informed, strengths and responsibility, and respect. One study (18) has found that con-

SA (11), individualni proces oporavka podržavaju deset načela: nada; vođenje osobnim ciljevima osobe; različiti individualni putevi oporavka; holistički pristup; vršnjačka podrška; poštivanje sustava vrijednosti osobe i kulturne pripadnosti; razumijevanje utjecaja traume; orijentacija na snage osobe i odgovornost; odnosi s drugima i podrška; poštovanje. Jedno istraživanje (18) je utvrdilo da su povezanost, nada i optimizam u pogledu budućnosti, identitet, smisao života i osnaživanje najvažniji za oporavak.

Cilj rada je prikaz novog alata za izradu individualnog plana liječenja/oporavka koji može pomoći psihijatrima kao i drugim stručnjacima da u liječenju pacijenata primijene holistički bio-psiho-socijalni pristup i principe oporavka.

Kako bismo izradili kormilo oporavka za pomoć psihijatrima, u izradi individualnog plana liječenja usmjerenog na oporavak pretražili smo literaturu koristeći ključne riječi: oporavak od mentalnih poremećaja, bio-psiho-socijalni pristup, psihosocijalne determinante mentalnog zdravlja i WHO *QualityRights*.

## REZULTATI

Pretraživanjem literature identificirali smo psihosocijalne čimbenike važne za zaštitu mentalnog zdravlja (19-21), principe oporavka (11,18) i smjernice WHO *QualityRights* (9) te smo te informacije koristili za razvoj kormila oporavka. Na temelju dobivenih rezultata kreirali smo područja važna za oporavak u ormilu oporavka, opisali ta područja i sugerirali pitanja kako bismo olakšali procjenu (tablica 1), te smo izradili i upute za primjenu kormila. Procjena u navedenim područjima kormila služi kao osnova za izradu individualnog plana liječenja/oporavka prema smjernicama za izradu bio-psiho-socijalne formulacije i individualnog plan liječenja (3,22) (tablica 2).

nectedness, hope and optimism about the future, identity, meaning of life and empowerment are the most important elements of recovery.

Although, recovery approach has become an internationally accepted standard, there are still many difficulties related to its implementation in everyday psychiatric practice. It is, therefore, important to find ways to facilitate its implementation in everyday psychiatric practice.

Helm of Recovery is intended primarily for psychiatrists, but also for other mental health professionals to increase their competence in implementing the principles of recovery and respect for human rights in everyday psychiatric practice.

The aim of this paper is to present a new tool for creating an individual treatment/recovery plan that can be helpful to psychiatrists in the application of a holistic bio-psycho-social approach and principles of recovery in the treatment of patients.

In order to identify areas important for recovery to be used in developing Helm of Recovery, we searched the available literature using the following keywords: recovery from mental disorders, biopsychosocial approach to mental disorders, psychosocial determinants of mental health, as well as the WHO *QualityRights* guidelines.

## RESULTS

Literature search has identified psychosocial factors relevant for mental health protection (19-21), recovery principles (11, 18), and WHO's *QualityRights* guidelines (9), which have been and used to develop a helm of recovery. Based on the obtained search results, we have established and described the areas important for recovery in the helm of recovery and suggested a number of questions in order to facilitate the assessment. We have also created instructions on how to use Helm of Recovery (Table 1). The assessment of various areas of the helm serves as the basis for creating an individual treatment/recovery plan according to the guidelines for creating a biopsychosocial formulation and an individual treatment plan (3,22) (Table 2).

**TABLICA 1.** Područja procjene i rezultati procjene. Napomena: prije procjene objasnite osobi što je to oporavak i pitajte što bi za njih značio oporavak. Procjenu učinio: Pacijent (P), Stručnjak (S); zajednička procjena između pacijenta i stručnjaka (Z)

**TABLE 1.** Areas of assessment and assessment results. Note: Before the assessment, explain to the person what recovery means and ask what recovery means to them. Definition of recovery: Recovery is not same as remission as it is related to the process of personal strengthening and managing of one's life in a way that enables the achievement of personal goals, living with the sense of purpose and experience of belonging to the community, if the person has some difficulties related to a mental disorder. Assessment made by the patient (P); an expert (E); and (A) as the result of a joint agreement between the patient and the expert

Područja procjene / Area of assessment & description	Pitanja koja treba postaviti za izradu plana liječenja/ oporavka i zabilježiti rezultat na ljestvici od 0 % do 100 % Napomena: pitanja su orijentacijska, prilagodite ih situaciji. Nakon procjene kako biste izradili plan oporavka pitajte Želite li nešto promijeniti u ovom području? Što bi vam u tome moglo pomoći? Također sugerirajte što vi mislite da bi moglo pomoći / Questions to ask to develop a treatment/recovery plan and record the result on a scale from 0% to 100% Note: the questions are indicative and have to be adapted to a specific situation. After the assessment, in order to develop a recovery plan, ask the following question: Do you want to change anything in this area? What might be helpful in doing that? Also suggest what you think might be helpful.	P1 1-100 %	P2 1-100 %
<p><b>Kontrola simptoma mentalnog poremećaja, fizičko zdravlje i zdravi životni stilovi</b> – odnosi se na procjenu stanja prisutnosti simptoma bolesti/poremećenog mentalnog zdravlja, stanja tjelesnog zdravlja i zdrava načina života, kao i na procjenu što je potrebno poduzeti da se postigne poboljšanje u ovom području, tj. da se otklone ili ublaže simptomi bolesti, bilo lijekovima i/ili psihosocijalnim metodama, da se postigne ili poboljša ne samo suradnja u liječenju nego i bolja briga o fizičkom zdravlju te da se provode zdravi životni stilovi. Otklanjanje/ublažavanje simptoma i uspješno upravljanje njima važni su ciljevi za mnoge osobe u oporavku. / <b>Symptoms control, physical health and healthy lifestyles</b> – This area refers to the assessment of mental health difficulties /symptoms of an illness, physical health and a healthy lifestyle. It includes the control/managing symptoms of mental health difficulties with the help of medications and/or psychosocial methods, collaboration in treatment, taking care of one's physical health and a healthy lifestyle. Removal/reduction and successful management of symptoms are important goals for mental health of many people in recovery, as well as a healthy lifestyle.</p>	<p>Imate li neke od poteškoća mentalnoga zdravlja/simptoma bolesti? Koje su to poteškoće? Kako se s njima nosite? Što vam pomaže? Kako poteškoće mentalnog zdravlja utječu na vaš život? Kakvo je vaše tjelesno zdravlje? Primjenjujete li zdrav životni stil (pazite li na izbor hrane, tjelesnu težinu i fizičku aktivnost)? / Do you have any of the mental health difficulties/symptoms of illness? What are the difficulties? How do you deal with them? What helps you? How do mental health difficulties affect your life? How is your physical health? Are you physically active and do you follow the recommendations for a healthy diet?</p>		
<p><b>Nada i optimizam za budućnost</b> – Nada u oporavak i optimizam za budućnost uvijek su prioritet, jer bez nade i optimizma da je promjena moguća, da se ljudi zaista mogu oporaviti, mnogi mogu odustati od oporavka. Nada potiče motivaciju suradnje u liječenju i individualnim planovima oporavka da se postignu ciljevi i da se ne odustane unatoč teškoćama. Vjerovanje da je oporavak doista moguć snažna je motivirajuća poruka za bolju budućnost. Vjerovanje u realnost oporavka mora imati ne samo osoba s problemom mentalnog zdravlja nego i osobe koje joj pružaju pomoć. Kada se osoba osjeća bespomoćno, kada je izgubila nadu, kada ne vjeruje u promjenu, prvi postupak formalnih i neformalnih pomagača mora biti obnavljanje nade da je oporavak moguć i poticanje motivacije za oporavak. / <b>Hope and optimism for the future</b> – Hope and optimism are always a priority, because without hope people can give up on recovery. Hope is the engine of motivation to change. Hope relates to the belief that change is possible as well as that there is always a solution for any difficult situation, no matter what happens. Hope and optimism for recovery is a prerequisite for those who receive help as well as for those who provide help. When a person feels helpless, when hope is lost, when there is no motivation for change, the first step that formal and informal helpers take must be the renewal of hope that recovery is possible and encouraging the motivation to introduce change.</p>	<p>Vjerujete li, i koliko, da se možete oporaviti od mentalnoga poremećaja, vjeruju li druge osobe u vašem okruženju (stručnjaci, obitelji, prijatelji i drugi, vama bliski) da se možete oporaviti? / Do you believe, and to what extent, that you can recover from a mental disorder? Do other people in your environment (mental health professionals, family, friends and others close to you) believe that you can recover?</p>		
<p>Svrha, smisao života i motivacija za promjenu odnosi se na prepoznavanje i poticanje osobnih vrijednosti, svjetonazora i tradicije povezanih sa svrhom i smislom života. Svrha i smisao života varira od osobe do osobe. Ljudi pronalaze smisao na različite načine: kod nekih je religija značajan izvor smisla, međutim niz dnevnih aktivnosti kao što su posao, školovanje, kreativni rad, obiteljski život, društveni aktivizam i drugo može biti značajan izvor smisla i motivacije za promjenu. Osobni planovi i želje mogu osnažiti ljude da pronađu smisao, svrhu i zadovoljstvo u svom životu, kao i motivaciju za promjenu. Svrha i smisao života snažni su pokretači procesa oporavka. Ljudi bez motivacije ne mogu donijeti odluku da pokrenu proces oporavka. Osobe s problemima mentalnog zdravlja mogu imati nisku motivaciju za promjenu ili su prema promjeni podvojeni/ambivalentni iz različitih razloga, stoga im je potrebno pomoći donijeti odluku da započnu proces oporavka i podupirati ih tijekom toga procesa. / <b>Purpose, meaning of life and motivation to change</b> refers to recognition and support of personal values, worldviews, traditions connected to the purpose and meaning of life. Purpose and meaning of life differ from one person to another. People find meaning in different ways, where for some religion is a significant source of purpose. Meaning is also included in a set of daily activities such as professional work, education, creative work, family life, social activism, and many others. Personal plans and wishes can empower a person to find meaning in their life. Purpose and meaning of life can be strong motivation to start the recovery process. Formal and informal support providers should support people to find meaning in life and motivation for change.</p>	<p>Koje su vrijednosti važne za vaš život, koje vašem životu daju smisao? Što vas motivira za postizanje životnih ciljeva i zadovoljstva u životu? Ako ih osoba ne navodi: Koje su bile prijašnje vrijednosti i smisao? Što biste željeli obnoviti? Je li je bolest utjecala na vaš smisao života? (Pazite da ne namećete vlastite vrijednosti i smisao, nego da pomognete osobi da identificira svoje vrijednosti i poduprete je u ostvarenju.) / What are your values that drive your motivation to achieve life goals and satisfaction in life? If you don't see them now, what were your values before? Has the mental illness affected your sense of life? What would you like to restore? The supporter must be careful not to impose their own values, but to encourage the values of the person they support.</p>		
<p>Identitet, samopouzdanje/samopoštovanje, osnaženje – Identitet se može definirati kao način na koji se čovjek doživljava kao pojedinac u odnosu prema drugima i zajednici u kojoj živi. Pozitivna percepcija identiteta, samopouzdanje i samopoštovanje potiču proces oporavka; s druge strane, "identitet pacijenta" prepreka je oporavku. Pozitivan doživljaj sebe kao osobe koja je sposobna postići ciljeve vrijedne poštovanja, koja je prihvaćena i poštovana od drugih povezan je s dobrim mentalnim zdravljem i doživljajem osnaženosti, nasuprot doživljaju sebe kao manje vrijedne osobe, nesposobne da postigne ciljeve, neprihvaćene i nepoštovane od drugih, koji je povezan s lošim mentalnim zdravljem i rizikom od mentalnih poremećaja.</p>	<p>Kako biste ocijenili svoje samopouzdanje i povjerenje u svoje sposobnosti? Koliko je bolest utjecala na vaše samopouzdanje i samopoštovanje? Doživljavate li da vas drugi poštuju, prihvaćaju vaše mišljenje? Vjerujete li da ste manje vrijedni jer imate psihički poremećaj? Tretiraju li vas drugi ljudi drukčije jer znaju da imate psihički poremećaj?</p>		

**TABLICA 1. nastavak**  
**TABLE 1. continued**

<p>Samo-stigmatizacija označava doživljaj manje vrijednosti osobe zbog toga što ima dijagnozu mentalnog poremećaja. Osažena osoba ima pozitivnu percepciju svojeg identiteta, oslobode-na je samostigmatizacije, doživljava teškoće mentalnog zdravlja kao samo jedno svoje obilježje koje nije dominantno u njezinu životu, jer osoba ima puno drugih obilježja, za razliku od „identiteta bolesnika“, u kojem bolest postaje dominirajuće obilježje ličnosti povezano s negativnim doživljajem identiteta. Postupci koji potiču obnavljanje/izgradnju pozitivnog identiteta, samopouzdanja i samopoštovanja i preveniraju samostigmatizaciju ključni su za poboljšanje mentalnog zdravlja i oporavak.</p> <p><b>/ Identity, self-esteem/self-respect and empowerment</b> – Identity is connected to perception of oneself as a person in relation to others and the community in which a person lives. The assessment is related to a positive or a negative perception of one's own identity, as well as "patient identity", and regulation of self-esteem and self-respect in situations of perception of threat to self-esteem and self-respect. Positive experience of oneself as a person capable to achieve goals, worth of respect, accepted and respected by others is closely connected to mental wellbeing and feeling of empowerment, contrary to the experience of oneself as a person of less value and incompetent to achieve goals, as someone disrespected and unaccepted by others, which is connected to the risk of developing mental disorders. Personal perception of an individual with mental health difficulties is often connected with self-stigmatisation that marks the experience of negative, less valuable identity of a person based on identity transformation due to the fact that a diagnosis of a mental illness is experienced as a weakness of character. An empowered person is free from self-stigmatisation, experiences the difficulties in mental health as just one of his/her traits that is not a dominant trait of a personality in their life, because he/she has many other traits in comparison to the "patient identity" in which an illness becomes a dominant trait of his/her personality. The activities that encourage building/rebuilding of a positive identity and improve self-esteem and self-respect are crucial for the improvement of mental health and recovery from mental illness.</p>	<p>Da li postoji povezanost između vašeg samopouzdanja i bolesti? / How would you rate your self-confidence and belief in your abilities? How much has the mental health conditions affected your self-confidence and self-esteem? Do you feel that others respect you and your opinion? Do you believe that you are less valuable because you have a mental disorder? Do other people treat you differently because they know you have a mental disorder?</p>
<p><b>Utjecaj traume, stresa, sučeljavanje/otpornost prema stresu</b> – odnosi se na utjecaj traumatskih iskustava osobe i/ili negativnih životnih događaja (u prošlosti i sadašnjosti) na mentalno zdravlje, na otpornost prema stresu, podnošenje uobičajenog stresa svakodnevnog života, načine reagiranja u stajanjima tjeskobe i stresa (mehanizmi obrane i suočavanja), kao i na procjenu o potrebi postupaka za povećanje otpornosti na stres. Postupanje sa stresom, tj. tjeskobom koju izaziva, ključno je u zaštiti mentalnog zdravlja i u prevenciji mentalnih poremećaja, stoga je stres-menadžment i povećanje otpornosti na stres jedan od ključnih postupaka u zaštiti mentalnog zdravlja, oporavku i smanjenju rizika od mentalnih poremećaja uključujući i prevenciju ponovne epizode mentalnih teškoća.</p> <p><b>/ Trauma, coping with stress and resilience</b> – This area refers to the influence of traumatic experiences and/or negative life events (in the past and the present) on mental health, resilience to stress, tolerance of usual everyday life stress, reactions to anxiety and stress (defence mechanisms and coping skills), as well as the assessment of the need for interventions that increase the resilience to stress. Coping with stress and the anxiety it produces is key in the protection of mental health and prevention of mental health difficulties, therefore, stress-management and increasing resilience to stress is one of the key interventions in protecting mental health, promoting recovery and lowering the risk of developing mental health difficulties, including the prevention of episodes of mental disorder.</p>	<p>Je li tijekom života – u djetinjstvu, mladosti, odrasloj dobi, dakle u bliskoj prošlosti ili sadašnjosti – bilo negativnih iskustava koja su negativno utjecala na vaše mentalno zdravlje? Kako reagirate u stresnim situacijama? Jeste li tada uznemireni, povlačite se, ne možete funkcionirati i slično? / Have you had negative experiences in childhood, youth or adulthood that you consider having had a negative impact on your mental health? How do you usually react in stressful situations? How does stress affect your mental health? Are you scared, too worried, withdrawn or unable to function in those situations?</p>
<p><b>Vještine za samostalan život</b> – odnosi se na posjedovanje vještina koje su važne za samostalno življenje u zajednici, što uključuje brigu o sebi, socijalne vještine, funkcioniranje u očekivanim socijalnim ulogama i korištenje resursa zajednice za socijalnu uključenost. Procjenjuju se sposobnosti (snage) i teškoće u različitim područjima, važnima za samostalnost. Briga o sebi uključuje sposobnosti obavljanja aktivnosti dnevne rutine, kao što su, primjerice, briga o osobnoj higijeni, odgovarajućoj prehrani i nabavi hrane, postupanje s novcem, urednost, održavanje vlastitog prostora i sigurnost u kući, briga o vlastitom zdravlju, samostalnost u kretanju i u korištenju prijevoznih i komunikacijskih sredstava te druge aktivnosti važne za svakodnevni život. Pod socijalnim vještinama podrazumijevaju se sposobnosti u komuniciranju i interakciji s drugima, uključujući izražavanje i kontrolu emocija, vještine rješavanja problema i konflikata, funkcioniranje u ulogama kao što su: obitelj, radno mjesto, školovanje i društvene uloge. Korištenje resursa zajednice odnosi se na procjenu koristi li osoba i kako resurse u zajednici te koje resurse želi koristiti da bi poboljšala svoje mentalno zdravlje i potaknula oporavak. Stjecanje vještina ključno je za oporavak – one omogućuju ljudima da preuzmu kontrolu nad vlastitim životom. Oporavak znači upravljanje teškim situacijama, a razvoj vještina potrebnih za upravljanje negativnim situacijama u životu poboljšava mentalno zdravlje i potiče oporavak. U procesu oporavka mnogi će trebati potporu u različitim područjima života kako bi mogli na ravnopravnoj osnovi s drugima živjeti u zajednici.</p> <p><b>/ Skills for independent life</b> – This area relates to one's capabilities and skills important for independent life in the community, including self-care, social skills, functioning in expected social roles, and using resources of the community for social inclusion. Self-care implies abilities to maintain daily routine activities such as personal hygiene, appropriate nutrition, buying groceries, keeping a budget, tidiness, maintaining order and safety in one's own house, taking care of one's own health and collaboration in a treatment, self-mobility, using means of public transport, and other activities important for everyday life. Social skills include abilities for communicating and interacting with others, including expressing and controlling emotions, problem-solving and conflict-resolving, functioning in various roles in family, at workplace, in education, and social roles. Use of community resources refers to assessing whether and how the person uses the community resources to feel that she or he belongs to the community that encourages recovery, as well as the action plan to use the community resources. Skills and independence are key factors for many people in recovery as they enable people to take control of their own lives. Recovery means managing difficult situations, and developing the skills needed to manage negative life situations improves mental health and promotes recovery. In the process of recovery, many will need support in different areas of life in order to be able to live in the community on an equal basis with others.</p>	<p>Kako procjenjujete svoje sposobnosti u obavljanju svakodnevnih zadataka, kao što je, primjerice, osobna higijena, odlazak u trgovinu, briga o kućanstvu, komunikacija s ljudima? Koliko ste samostalni u obavljanju tih aktivnosti, obavljate li ih sami? Trebate li potporu za obavljanje dnevne rutine, socijalnih kontakata i drugih aktivnosti? Jesu li vaše vještine povezane s vašim mentalnim zdravljem? / How do you assess your skills for carrying out the usual daily routine, such as personal hygiene, shopping, taking care of the household, communicating with people? How independent are you in performing these activities, and do you perform them yourself? Do you need support to carry out your daily routine, social contacts and other activities? How does your mental health affect your daily life skills?</p>
<p><b>Uvjeti stanovanja</b> – procjenjuju se uvjeti stanovanja, uključujući beskućništvo, i kvalitetu međuljudskih odnosa u kućanstvu. Osiguravanje prikladnih uvjeta stanovanja, uz potporu u samostalnom životu i uključivanje u zajednicu kada je potrebno, potiče oporavak.</p> <p><b>/ Housing</b> – Housing conditions are assessed, including homelessness and the quality of interpersonal relationships in the household. Providing suitable living conditions, with support in independent living and inclusion in the community, when necessary, promotes recovery.</p>	<p>Koliko ste zadovoljni uvjetima stanovanja? Kako uvjeti stanovanja utječu na vaše mentalno zdravlje? Trebate li pomoć u održavanju kućanstva, druženju s drugim ljudima u zajednici, organizaciji slobodnog vremena ili za nešto drugo da biste mogli obavljati aktivnosti koje biste željeli, a ne možete bez potpore?</p>

	<p>/ How satisfied are you with your living conditions and do they affect your mental health? Do you need help with household maintenance, socializing with other people in the community, organizing your free time or for something else to be able to do the activities you would like and cannot do without support?</p>
<p><b>Posao, školovanje, prihodi i dobrobiti</b> – odnosi se na motivaciju za rad i školovanje, procjenu potreba za potporom u zapošljavanju/školovanju i održavanju posla, prava na pogodnosti na osnovi invaliditeta ili socijalnog stanja, na prihode dovoljne za život, kao i na utjecaj radne sredine na mentalno zdravlje.</p> <p><b>/ Job, education, income, and benefits</b> – This area refers to motivation to work and seek education, assessment of needs for support in employment/education, and maintaining a job, right to benefits according to one's disability or social status, incomes that are sufficient to live by, as well as the influence of work environment on mental health.</p>	<p>Kakav je vaš radni/obrazovni status i koliko ste njime zadovoljni? Imate li poteškoća na poslu? Ako ne radite, želite li raditi ili se školovati? Kako vaš radni ili obrazovni status utječe na vaše mentalno zdravlje? Imate li novčane prihode vezano za invaliditet? Koliko ste zadovoljni svojom financijskom situacijom i kako ona utječe na vaše mentalno zdravlje? / Do you have a job or are you in education? Do you have difficulties at work related to your mental health? Do you want to find a job, or do you want to get an education? How does your work status or schooling affect your mental health? Do you have any financial income related to mental health problems, disability, etc.? Does your financial situation affect your mental health?</p>
<p><b>Odnosi, potpora i socijalna uključenost</b> – Kvaliteta odnosa i doživljaj povezanosti s drugim ljudima, emocionalna povezanost s obitelji i prijateljima, potpora iz različitih izvora, prihvaćanje i socijalno uključivanje važni su za oporavak. Odnosi i povezanost s drugima uključuje neformalne i formalne odnose, primjerice s članovima obitelji, bliskim prijateljima, intimnim partnerom, kolegama na poslu i susjedima, terapijske odnose sa stručnjacima, stručnjacima po iskustvu (engl. <i>peer workers</i>), pružateljima socijalnih i zdravstvenih usluga. Ljudi se teško mogu oporaviti bez potpore. Potpora uključuje razumijevanje, poštovanje, poticanje nade, ohrabrenje, ne-kritiziranje, poticanje na samostalno donošenje odluka, na aktivno sudjelovanje u liječenju i drugim životnim aktivnostima, kao i instrumentalnu potporu za aktivnosti koje osoba sama teško obavlja. Osobu se podupire uvijek u onim područjima u kojima ona treba, želi i traži potporu. Osobe koje pomažu ljudima s mentalnim teškoćama, bilo da su neformalni ili formalni pružatelji potpore, sudputnici su na putu oporavka u razdoblju koje može biti dugo onoliko koliko je potrebno. Osobe koje sudjeluju na putu oporavka, uključujući stručnjake, moraju se uvijek pitati pomažu li svojim postupcima ili ometaju proces oporavka. Socijalna uključenost odnosi se na korištenje resursa zajednice koji su povezani s radom, aktivnostima slobodnog vremena, društvenim kontaktima, a uključuje aktivnosti koje osobu ispunjavaju zadovoljstvom. Aktivnosti u zajednici mogu biti sportske, kulturne, političke, hobiji, plaćeni posao, volontiranje, školovanje, uključenost u vjersku zajednicu ili grupu prijatelja, kao i sudjelovanje u različitim programima liječenja i socijalnog uključivanja, bilo u formalnom ili neformalnom sustavu brige za mentalno zdravlje.</p> <p><b>/ Relationships, support and social inclusion</b> – This area includes the quality of relationships with others, experience of connectedness with others, including support, acceptance and social inclusion as important factors for recovery. Relationships and connectedness with others include informal and formal relationships such as members of family, close friends, intimate partners, work colleagues, neighbours, therapeutic relationships with mental health professionals, peer workers, social and healthcare providers. People can hardly recover without support. Support includes understanding, respect, encouraging hope, lifting-up, not criticising, support to independent decision-making, active collaboration in treatment and other life activities, as well as instrumental support in activities that the person has trouble performing alone. The person is always given support in the areas that she or he needs, wants or asks for support. People who help persons with mental health difficulties, whether they are informal or formal supporters, are fellow travellers on the path of recovery that can last differently, as long as it is needed. People who support the process of recovery, including mental health professionals, should always ask themselves whether they are helping or not in the process of recovery. <i>Social inclusion</i> refers to using the resources of the community connected to work, leisure time activities, social contacts. It implies prevention of social exclusion that is related to poor mental health. Activities in the community might be sports, cultural or political activities, volunteering, education, inclusion in congregation or a group of friends, as well as collaboration in treatment programmes and social inclusion in any formal or informal system of mental healthcare.</p>	<p>Kakvi su vaši odnosi s drugim ljudima (obitelji, prijatelji, posao, drugi)? Kakvi su vaši odnosi sa stručnjacima? Jeste li uključeni u život zajednice, ili ste više izolirani? Osjećate li se dijelom zajednice, socijalno uključeno ili isključeno? Kako odnosi s drugim ljudima utječu na vaše mentalno zdravlje? Želite li poboljšanja u ovom području, i koja?</p> <p>/ How are you satisfied with your relationships with people: family, friends, colleagues at work, neighbours, relationships in treatment services, and other services? How do your relationships with others affect your mental health? Do you wish your relationships were different? What would you like to change? Do you feel that you belong to the community where you live? Do you feel excluded from the community?</p>
<p><b>Odgovornost</b> – uključuje osobnu odgovornost osobe s teškoćama mentalnog zdravlja i odgovornost drugih dionika koji sudjeluju u zaštiti mentalnog zdravlja. Osobna odgovornost za svoj oporavak zapravo je u planiranju i sudjelovanju u provedbi postupaka i aktivnosti važnih za oporavak. Može se odnositi na suradnju u liječenju, preuzimanje odgovornosti za svoje zdravlje, odgovorno financijsko ponašanje, održavanje dobrih odnosa s ljudima, ispunjavanje obveza za stan/kuću u kojoj osoba živi, preuzimanje odgovornosti za svoje postupke i odluke, poštovanje zakona, sudjelovanje u aktivnostima zajednice i drugo. Također, uključuje pravo na rizik, ali i prihvaćanje posljedica rizika i učenje iz tih situacija. Uključuje pravo na donošenje odluka o svom životu i odgovornost za posljedice tih odluka. Odgovornost drugih dionika, primjerice službi za liječenje i zapošljavanje, socijalnih službi i cijele društvene zajednice povezana je s dostupnošću usluga koje potiču oporavak i omogućuju pravo na potporu i socijalno uključivanje.</p> <p><b>/ Responsibility</b> – This area refers to personal responsibility of every person with mental health difficulties in fulfilling obligations and participating in different activities that are important for recovery, including making decisions, relationships with others, treatment, social inclusion, as well as responsibility of others in providing the resources for facilitating recovery. Personal responsibility might refer to fulfilling different roles and activities, such as responsible financial behaviour, maintaining good relationships with people, fulfilling the chores in the apartment/house they live in, taking responsibility for their actions and decisions, health, medical procedures, way of life and obeying the law. It also includes the right to risk, but accepting the consequences of that risk, and learning from these situations. Running their own life, choosing between options and making decisions in important areas of life, including health and housing is key in recovery. It includes the right to make one's own decisions with or without the help of others. Assessment of others' responsibilities, such as health services and employment, are connected to the availability of services that facilitate recovery, including the availability of support in the community.</p>	<p>Kako procjenjujete koliko sudjelujete u svom liječenju/oporavku, u određivanju ciljeva i provedbi zadataka koji vode do ispunjenja ciljeva? Koliko vi možete utjecati na poboljšanje svojeg mentalnog zdravlja? Sudjelujete li aktivno u izradi svojeg plana oporavka i u provedbi dogovorenih ciljeva liječenja?</p> <p>/ How do you assess your responsibility/participation for improving your mental health in setting recovery goals, creating a recovery plan, and completing agreed-upon activities to achieve the goals?</p>

**TABLICA 2.** Individualni plan liječenja/ oporavka. Napomena: Individualni plan liječenja/ oporavka je dogovor između pacijenta i psihijatra i/ili drugih stručnjaka o ciljevima liječenja/ oporavka, izboru metoda za postizanje ciljeva te osobama i drugim službama koje će sudjelovati u provođenju plana liječenja/oporavka.

**TABLE 2.** Individual recovery plan. Note: An individual treatment/recovery plan is an agreement between the patient and the psychiatrist and/or other experts on the treatment/recovery goals, choice of interventions to achieve those goals, and persons and other services that will be included in the implementation of the treatment/recovery plan.

Područja procjene / Area of assessment	Početno (%) / Baseline (%)	Prioritetna područja, ciljevi i postupci / Intervention priority and plan	Ponovna procjena (%) / Re-evaluation (%)	Primjedbe / Comments
Kontrola simptoma mentalnog poremećaja, tjelesno zdravlje i zdravi stilovi života / Control of mental health symptoms, physical health and healthy lifestyles				
Nada i optimizam za budućnost / Hope and optimism for the future				
Svrha, smisao života i motivacija za promjenu / Purpose and meaning of life				
Identitet, samopouzdanje/ samopoštovanje i osnaživanje / Identity self-esteem/ self-respect and empowerment				
Utjecaj traume, stresa i otpornost na stres / Trauma/stress coping and resilience				
Vještine za samostalan život / Skills for independent life				
Uvjeti stanovanja / Housing				
Posao, obrazovanje, primanja, beneficije / Job, education, income, benefits				
Odnosi, potpora i socijalna uključenost / Relationships, support and social inclusion				
Odgovornost / Responsibility				



## Opis Kormila oporavka, ciljevi i upute za njegovu upotrebu

Kormilo oporavka mentalnog zdravlja je alat koji pomaže psihijatrima i drugim stručnjacima u izradi individualnoga plana liječenja/oporavka za osobe s teškoćama mentalnog zdravlja, što uključuje određivanje ciljeva oporavka i postupaka za postizanje identificiranih ciljeva liječenja/oporavka. Kormilo oporavka zasniva se na holističkom psiho-bio-socijalnom pristupu razumijevanja zaštitnih i rizičnih čimbenika za mentalno zdravlje, principima oporavka definiranim prema smjernicama SAMHSA za poticanje oporavka i poštovanja ljudskih prava prema *WHO QualityRights*, te procjene funkcioniranja prema Međunarodnoj klasifikaciji funkcioniranja Svjetske zdravstvene organizacije (23). Obuhvaća tri područja oporavka: oporavak od simptoma, oporavak funkcioniranja i oporavak identiteta.

Pomoću kormila oporavka može se procijeniti stanje u životnim područjima koja su važna za oporavak, stoga treba prikupiti podatke iz svih važnih područja kako bismo mogli planirati liječenje i oporavak, odrediti područja u kojima se želi postići promjena, pratiti napredovanje prema željenim ciljevima u različitim vremenskim razmacima, kao i evaluirati rezultate i modificirati ciljeve. Nezadovoljene potrebe u bilo kojem području kormila mogu biti povezane s lošim mentalnim zdravljem i rizikom od pojave ili pogoršanja mentalnog poremećaja. Mogu ga koristiti stručnjaci u procjeni psiho-bio-socijalnih čimbenika koji pridonose nastanku mentalnih teškoća, procjeni zaštitnih i rizičnih čimbenika za mentalno zdravlje u određivanju ciljeva liječenja i izradi plana liječenja, ali i osobe s teškoćama mentalnog zdravlja u izradi osobnog plana oporavka. Stručnjaci također mogu koristiti kormilo u postupku vještačenja različitih prava osoba s problemima mentalnog zdravlja. Pri procjeni važnosti pojedinačnih područja kormila za oporavak osobe s problemima mentalnog zdravlja treba voditi računa da se percep-

## Description of Helm of recovery, goals and instructions for use

Helm of Recovery in mental health is a tool that helps psychiatrists and other professionals in developing an individual treatment or recovery plan for persons with mental health difficulties, including recovery goals and interventions that are necessary to achieve those goals. Helm of Recovery is founded on holistic biopsychosocial approach in understanding certain protective and risk factors that have an impact on mental health, principles of recovery as defined by SAMHSA guidelines for fostering recovery and respecting human rights in line with WHO's *QualityRights* and the assessment of functioning according to the WHO International Classification of functioning, disability and health (23).

Helm of Recovery may be used to evaluate the conditions in the areas of life that are relevant for recovery, to define the areas that require change, to follow the advancement toward defined goals in different time intervals, to evaluate the results and to modify the goals accordingly. Unsatisfied needs in any area of the helm may be associated with poor mental health and the risk of developing or aggravating symptoms of a mental disorder.

Helm of Recovery can be used by experts for assessing psychobiosocial factors that contribute to the development of mental health difficulties and for developing a treatment plan, as well as by persons with mental health difficulties for developing a personal recovery plan. It comprises three areas of recovery: recovery from the symptoms, recovery of functioning, and recovery of identity. In this context, recovery is different from the medical term "remission", which implies full recovery from symptoms and returning to pre-disease functioning. Instead, it is related to the process of personal strengthening and managing one's life in a way that enables the achievement of personal goals, living with the sense of purpose and experience of belonging to the community, even if the person still has some of the symptoms of mental health difficulties

cija stručnjaka i osobe s teškoćama mentalnog zdravlja može razlikovati, ali u planu liječenja treba se voditi prioritetima osobnih ciljeva osobe s teškoćama mentalnog zdravlja. Važno je napomenuti da se poboljšanje funkcioniranja u bilo kojem području kormila može odraziti i na druga područja uključujući i smanjenje rizika od ponovne pojavu simptoma mentalnog poremećaja. Osoba u procesu oporavka može postići i opće poboljšanje funkcioniranja, koje može biti i bolje od onoga koje je bilo prije bolesti. Za oporavak osobe često će biti potrebno, osim zdravstvenih, uključiti i druge službe i resurse zajednice.

## UPUTE ZA KORIŠTENJE KORMILA OPORAVKA

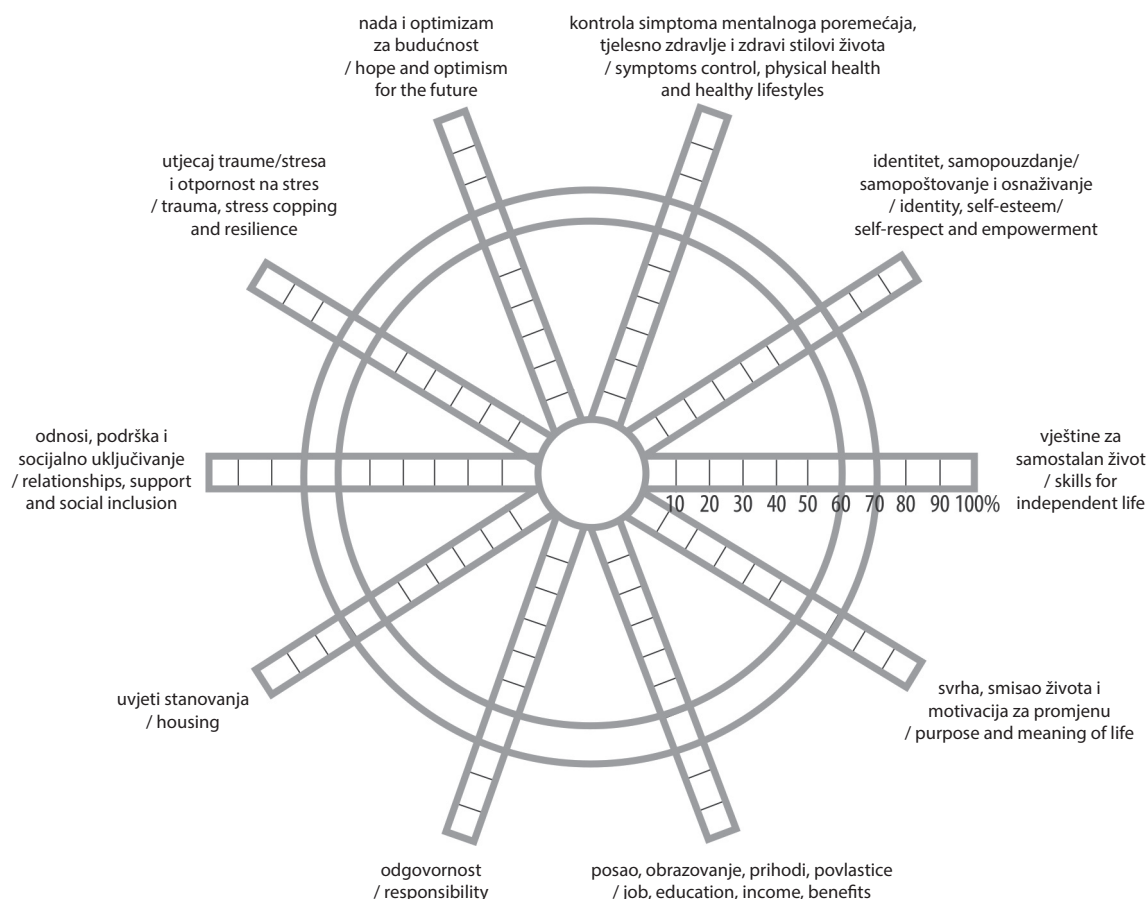
### Procjena postojećeg stanja

Postojeće stanje u područjima obuhvaćenima u kormilu oporavka procjenjuje se na temelju različitih izvora podataka koji, osim izvora od osobe čije se stanje procjenjuje, mogu uključivati i druge korisne izvore za sagledavanje stvarnog stanja u području procjene. Procjena stanja u deset područja, opisanih u kormilu oporavka za svako područje, izražava se u postotku od 0 % do 100 %, gdje 0 % označava najlošije stanje u području, a 100 % najbolje moguće stanje. Točka usporedbe je očekivano funkcioniranje prosječno zdrave osobe u području koje se procjenjuje. Kada se kormilo koristi za planiranje liječenja/oporavka, postotak treba usuglasiti s osobom čije se stanje procjenjuje, ili treba navesti dva različita rezultata: procjenu osobe s teškoćama mentalnog zdravlja i procjenu stručnjaka. Opisi područja procjene i upisivanje rezultata procjene navedeni su u tablici 1. U tablici 1 označeno je tko je izvršio procjenu pacijent (P), stručnjak (S), a kada je procjena rezultat zajedničkog dogovora između pacijenta/korisnika i stručnjaka oznaka je (Z). Za upisivanje rezultata procjene može se koristiti i grafička shema kormila (slika 1).

and/or some of the difficulties with functioning. It should be noted that the assessment of the areas recovery included in Helm of Recovery might differ between the expert assessment and the assessment of the person with mental health difficulties. Depending on the purpose for which we use the helm of recovery in assessment, it can be improved if the assessment is coordinated together with the person with mental difficulties whose health state is being assessed when creating the plan of treatment/recovery where the person decides on the priorities important for his or her individual path of recovery that it is based on the expert's assessment or on the assessment of the person who has mental health difficulties exclusively when she/he creates her/his own plan of recovery.

## INSTRUCTIONS FOR USING THE HELM OF RECOVERY

Assessment of the current condition in the areas included in Helm of Recovery is done based on various sources of data that may include other useful sources besides the information obtained from the person whose condition is being assessed. The assessment of the condition according to ten areas described in the helm of recovery ranges from 0% to 100% for each area, where 0% marks the worst condition, and 100% the best possible condition. The point used for reference comparison is expected functioning of an average healthy person in the specific area of assessment. When the helm of recovery is used for the planning of treatment/recovery, the percentage should be negotiated with the person whose condition is under assessment. Descriptions of the assessment areas and entry of the assessment results are provided in Table 1. Table 1 also indicates who performed the assessment, i.e., the patient (P), the expert (E), or (A) if the assessment is the result of a joint agreement between the patient/user and the expert. To enter the assessment results, one can also use the diagram of Helm of Recovery provided in Figure 1.



**SLIKA 1.** Procjena stanja u područjima oporavka. Upute za korištenje kormila: <http://shorturl.at/arxY2>  
**FIGURE 1** Assessment of the conditions in the Helm of Recovery areas. Instructions for use: <http://shorturl.at/gyCDQ>

## Izbor prioritetnih područja promjene i ciljeva koji osoba želi ostvariti

Nakon određivanja područja u kojem osoba želi postići promjenu potrebno je u tablici 2 odrediti konkretne ciljeve i postupke koji mogu doprinijeti promjeni/oporavku.

Izbor postupaka koji doprinose promjeni/oporavku – postupci u individualnom planu liječenja/oporavka odnose na različite psiho-bio-socijalne postupke liječenja, potporu, suradnju s različitim službama (izvan zdravstvenih) i korištenje resursa zajednice koji pridonose oporavku. Izbor postupaka ovisit će o procjeni razloga (psiho-bio-socijalnih) koji doprinose utvrđenim teškoćama u određenom području kormila oporavka. Primjerice, razlozi mogu biti povezani sa simptomima bolesti, nedostatkom motivacije i

## Choosing the priority areas of change and the goals that the person wants to accomplish

After deciding on the areas in which the person wants to see change, it is important to identify specific goals and actions that can contribute to change/recovery.

The choice of interventions that might contribute to change/recovery, or interventions in the treatment/recovery plan, include various psycho-bio-social modalities of treatment, support, collaboration with different services (other than health services) and the use of resources available within the community. The choice of interventions depends on the assessment of reasons (psycho-bio-social) that contribute to the difficulties in certain areas. For example, such reasons may be related to symptoms of an illness, lack of motivation, lack of skills, difficulties in interperson-

vještina, lošim međuljudskim odnosima, socijalnom izolacijom, nezaposlenošću, neprikladnim stanovanjem, stigmom, nedostatkom potpore i dr. Sve osobe koje se koriste kormilom oporavka i/ili provode bilo koji od postupaka koji potiču oporavak moraju poznavati principe oporavka i imati autentične stavove/vjerovanja da je oporavak realno moguć.

## RASPRAVA

Individualni plan liječenja s ciljevima oporavka je obavezni standard za sve službe koje se bave pružanjem usluga u području mentalnog zdravlja, stoga psihijatri i drugi stručnjaci moraju imati kompetencije za izradu individualnog plana liječenja (2,24). Reorijentacijom skrbi za mentalno zdravlje prema oporavku i ljudskim pravima ciljevi liječenja se od fokusa na oslobađanje od simptoma pomiču prema osobnom oporavku, pa tako svi postupci koji se primjenjuju za poboljšanje mentalnog zdravlja imaju za cilj da potiču optimizam oporavka i osnažuju ljude da vode svoje živote u zajednici kojoj pripadaju. To je teško postići ako se psihijatrijska skrb pruža na „tradicionalni“ način s pesimističkim očekivanjem oporavka u kojem je holistički bio-psiho-socijalni pristup samo deklarativan. Zaokret prema terapijskoj kulturi oporavka u praksi traži primjenu principa oporavka (11,18), ali, nažalost, postoje poteškoće u primjeni u svakodnevnoj psihijatrijskoj praksi zbog više razloga: tradicionalnog fokusa psihijatrije na kliničke ishode otklanjanja simptoma i prevladavanja biološkog pristupa u razumijevanju mentalnih poremećaja (9) kao i pesimističnih stavova psihijatara (8) prema oporavku koji nemaju podlogu u istraživanjima (25) i nedostatka edukacije iz oporavka (7). Svjetska zdravstvena organizacija razvila je cijeli niz preporuka za transformaciju sustava skrbi za mentalno zdravlje prema principima oporavka i poštivanja ljudskih prava (26) koji su korisni alati za transformaciju terapijske kulture. Kako bi

al relationships, social isolation, unemployment, inadequate housing, stigma, lack of support and other. Everyone using Helm of Recovery should be familiar with the principles of recovery. It is important to mention that the improvement/change in one area of the helm may influence changes in other areas, for example, employment may lead to the improvement of mental health, housing conditions and better relations with others.

## DISCUSSION

An individual treatment plan with recovery goals is a mandatory standard for all mental health services that provide treatment in the field of mental health. Psychiatrists and other experts, therefore, must have the competence to create an individual treatment plan (2,24). By reorienting mental health care towards recovery and human rights, the goals of a treatment shift from a focus on relief of symptoms to personal recovery. Therefore, all interventions applied to improve mental health aim to encourage optimism in recovery and empower people to lead their lives in the community they belong to. This is difficult to achieve if psychiatric care is provided in a “traditional” way and with a pessimistic expectation of recovery in which the holistic bio-psycho-social approach is only declarative. The switch to a therapeutic culture of recovery in practice requires the application of the principles of recovery (11, 18). Unfortunately, there are many difficulties in applying it in everyday psychiatric practice due to several reasons. Psychiatry traditionally focuses on the clinical outcomes of eliminating symptoms and the prevailing biological approach in understanding mental disorders (9) as well as the pessimistic attitudes of psychiatrists towards recovery (8) that have not been confirmed by evidence in research (25) and the lack of education in recovery (7). The World Health Organization has developed a series of recommendations for the transformation of the mental health care system according to the principles of recovery and respect for human rights (26), which are useful tools for those who want to transform the therapeutic culture.

psihijatar što uspješnije izrađivao individualni plan liječenja u relativno novoj terapijskoj kulturi oporavka, potrebni su mu lako primjenjivi alati za izradu plana liječenja u svakodnevnoj kliničkoj praksi. Upravo zbog toga, a inspirirani asmjernicama *WHO QualityRights* za transformaciju terapijske kulture službi za mentalno zdravlje prema poticanju oporavka i poštivanja ljudskih prava odlučili smo se za izradu kormila oporavka kako bi povećali kompetencije psihijatra u primjeni principa oporavka u svakodnevnoj praksi. Kormilo oporavka stavlja pacijenta u fokus, jer je on taj koji određuje ciljeve liječenja u suradnji s psihijatrom, sudjeluje i ima odgovornost za njihovu provedbu. U odnosu na neke dostupne alate naše kormilo oporavka možemo usporediti sa zvijezdom oporavka, koja se koristi u praćenju oporavka osoba s teškoćama mentalnog zdravlja koji žele postići promjenu u različitim područjima života i kao mjera ishoda oporavka, temelji se na modelu promjene, te koristi ljestve promjene koje se sastoje od nekoliko faza definiranih u stepenicama promjene (27). Kao i naše kormilo, zvijezda oporavka također uključuje poznate principe oporavka. Naše kormilo je namijenjeno za kliničku upotrebu u psihijatrijskoj praksi pa se zato temelji na holističkom bio-psiho-socijalnom modelu i obuhvaća tri područja oporavka: simptome, funkcioniranje i personalni oporavak.

## ZAKLJUČAK

Kormilo oporavka je alat za izradu individualnog plana liječenja/oporavka koji uključuje sva područja relevantna za oporavak mentalnog zdravlja s ciljem da pomogne psihijatrima i drugim stručnjacima u području mentalnog zdravlja u implementaciji principa oporavka u svakodnevnoj psihijatrijskoj praksi. Mogu ga koristiti i pacijenti u izradi individualnog plana oporavka. U daljnjem tijeku bilo bi važno procijeniti primjenjivost kormila oporavka u istraživanjima ishoda liječenja/oporavka.

In order for a psychiatrist to create an individual treatment plan as successfully as possible in a relatively new therapeutic culture of recovery, he or she needs to have easily applicable tools for creating a treatment plan in everyday clinical practice. Precisely because of this and inspired by the *WHO QualityRights* guidelines for the transformation of the therapeutic culture of mental health services towards encouraging recovery and respect for human rights, we decided to create *Helm of Recovery* in order to increase the competence of psychiatrists in applying the principles of recovery in everyday practice. *Helm of Recovery* puts the patient in focus, as the patient becomes the one to determine the treatment goals in cooperation with the psychiatrist. Thus, the patient participates and has responsibility for their implementation. In relation to some available tools, our *Helm of Recovery* can be compared to the *recovery star*, which is used in monitoring the recovery of people with mental health difficulties who want to achieve change in different areas of life and as a measure of the outcome of recovery. It is based on a model of change, and uses a ladder of change, which consist of several phases defined in the steps of change (27). Like the *recovery star*, *Helm of Recovery* also incorporates the known principles of recovery. Our *Helm of Recovery* is intended for clinical use in psychiatric practice and is based on a holistic biopsychosocial model encompassing three areas of recovery: symptoms, functioning and personal recovery.

## CONCLUSION

*Helm of Recovery* is a tool for creating an individual treatment/recovery plan that includes all areas relevant to mental health recovery. It can help psychiatrists and other mental health professionals in implementing the principles of recovery in everyday psychiatric practice, as well as people with mental health difficulties in creating a personal recovery plan. In the future, it would be important to assess the applicability of *Helm of Recovery* in treatment/recovery outcome research.

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