

# Panning for Gold: The personal journey of mental health wellness and its relationship with Planning Alternatives Tomorrows with Hope (PATH)

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## Abstract

This study explored how the Planning Alternatives Tomorrows with Hope (PATH) process could enhance and strengthen an individual's personal journey of recovery. This article utilised the knowledge base of members of a Community of Practice, located in Brisbane Australia. Members had a deep concern and passion to promote and strengthen wellbeing for people who live with the experience of mental ill health. They were invited to form a focus group to explore the use of PATH and its relationship with mental health wellness. After contemplating and reflecting on an example of the PATH process, the focus group explored opportunities for PATH to become one of many wellness resources for people experiencing and overcoming mental ill health. Through the exploration of personal meaning, storytelling and community connection (anchored in the visuals and graphics of the PATH example), the study found that PATH can make a valuable contribution by restoring some of the power imbalances in traditional service frameworks and enhancing personal self direction.

**Keywords:** mental health distress, practitioners, recovery, facilitation, creativity, planning

A pathway to achieve a positive future for people experiencing and overcoming mental health distress, can at times seem impossible to reach and obtain. The experience of distress can lead to exclusion and isolation from community, peers and family, with the experience being sometimes amplified by the complexity of navigating around service systems when reaching out to others for support. The individual person, their informal supports and involved helping professions, may at times confuse the symptoms of illness, as their disability. Combining these experiences as an identity, rather separating distressing experiences of mental ill health from the person, can lead to labels including "sick, victims, fragile, dependent and even as unhappy" (Mead & Copeland, 2000, p. 5).

The first author's interest in this study was to understand the relationship between PATH and the personal journey of wellness and recovery. PATH is an acronym for Planning Alternatives Tomorrows with Hope (O'Brien, Pearpoint & Kahn, 2010), a structured process which is underpinned by a focus on finding an alternative way for achieving a desired vision for the future. The process is one of many person centred, future planning tools that creatively incorporate planning and visioning for new opportunities. For people living with emotional distress this may be beneficial to realign life purpose, whilst offering recognition and being inclusive of times of emotional distress as part of a person's life long journey. Repper and Perkins further explain this "redefining identity in a way which includes, but moves beyond, that 'illness'" (2003, p.46). The journey of recovery is a very personal experience of regaining self-efficacy and redefining meaningful direction within one's own life and is not about being 'fixed' or 'cured' or achieving success through externally set goals.

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The ethos of working within a recovery orientated framework involves a shift of thinking from a medical, biological, psychological or social model to an understanding of mental health distress informed by people who have a lived experience within the human rights and citizenship movements. Research suggests that the “dominant discourses have served to fragment and suppress ... with attendant negative consequences for their identity and sanity” (Ussher in Butler, Ford & Tregaskis, 2007, p. 289). The recovery orientated movement has a focus on self-determination and self-management; shifting from interventions being “objective, expert and external” (Glover, 2012; Fisher, 2003). Service support models that are not underpinned by recovery values polarise against the lived experience of an individual (Australian Health Ministry Advisory Health Council, 2013).

Working as a PATH Facilitator with individuals, families and communities has heightened the first author’s belief that mental health recovery is an individual journey, which can only be defined by the person living with mental health distress. A recovery framework requires workers and allies to be “holders of hope” (Glover, 2006) and to have a fundamental belief that people do recover from mental health distress (Deegan, 1996; Fisher, 2003; Glover 2006; Mead & Copeland, 2000). PATH can create opportunities for people to reconnect and feel supported by significant people within their informal support networks. The process of participation and contribution offers opportunities for connection. Similarly, the creators of PATH have a focus on inclusion, citing, “a vision of a just world, rich with diversity, where each person’s gifts are acknowledged, supported, valued; a world where everyone is included, belongs and makes valued contributions” (Pearpoint, O’Brien & Forest; 1995, p. 1). The PATH process links the individual Pathfinder to a greater connection beyond themselves, combating exclusion and isolation, which can be common experiences of people experiencing mental health distress. Common planning practices in mental health are usually focussed on deficits or determined by ‘others’, considered to know what is in a person’s best interest (Deegan, 1996; Glover, 2012; Fisher 2003; Mead & Copeland 2000).

Graphic facilitation, as a form of communication, enhances understanding through the Pathfinders creative contribution into the graphics and personalised images. Pearpoint (2002) describes how “graphic facilitation is more about communication rather than art” (p. 2), enhancing understanding through the use of colour, shapes, shades and texture. Graphic Facilitators record images and symbols that capture the essence of the key themes generated through conversation. These key themes may represent the personal struggles or difficulty by acknowledging them rather than focussing on the challenge. This recorded image can remain with the person and be separate with only the Pathfinder’s full understanding of the significance. PATH needs to be facilitated with “skill and heart” (O’Brien & O’Brien, 2002, p. 95), which forms the basis of a framework centred on relationships.

### ***Description of PATH***

The PATH process has been facilitated for both individuals and community groups to align direction and purpose with a clear way forward through the use of a structured process (Figure 1). This structured process incorporates graphic images, colour and the use of words that represent meaning for a person on a journey. The Pathfinder (also known as the Focus Person) invites chosen supporters to help explore their vision of hope for a good life, full of purpose and meaning. These supporters may include family members, friends, neighbours, work colleagues and/or professionals. During the process, the Pathfinder is guided through a particular sequence, which commences “in the future” (as if the future has already happened). Vivid images and graphics are used to express the dreams and aspirations of the Pathfinder in their future, creating a foundation to work backwards towards desired goals. “Possible and positive” goals are visioned within a timeframe selected by the Pathfinder in the ‘bubble’ area of the template. O’Brien and Pearpoint (2004) describe this process as “carefully orchestrating steps which ... grounds the PATH with a brief visit to the present, then systematically reviews who will be needed (enrolment) and what we need to do to be strong to sustain this journey” (p. 32). By being guided through the sequence, both

Pathfinder and their supporters report a sense of “energy” and “momentum” being experienced with new opportunities realised (O’Brien & Pearpoint, 2004).

Two facilitators guide the process of PATH; a Process Facilitator and Graphic Facilitator, both of whom need to have personally experienced being a Pathfinder as part of the facilitation training requirements. This experiential and explorative part of the process fosters sensitivity toward the Pathfinder. The facilitators work together to guide the process through a teamwork approach. The Process Facilitator ensures that the intention of the PATH remains with the Pathfinder. The Graphic Facilitator records the PATH for the Pathfinder, capturing key themes through the use of graphics and words and summarising and checking that the information is clear at each stage of the process with the Pathfinder and supporters (Murray & Espinar, 2011, p. 4). The process encourages the Pathfinder and supporters, “to work through their understanding of their life situation and its possibilities for hopeful action; their actions for change, mutual support, personal and team development, and learning” (O’Brien, Pearpoint & Kahn, 2010, p. 5). At the conclusion of the PATH process, the completed ‘mural’ is rolled up and presented ceremoniously to the Pathfinder in the spirit of celebration and acknowledgement of their participation in PATH process.

Mental health recovery discourses shift between many paradigms of practice. Two of the dominant recovery discourses include the medical and the psychological social model. Many authors (Deegan, 1996; Fisher, 2003; Glover, 2010; Repper & Perkins 2003), highlight a need to ensure that neither the dominant medical, nor the social model, overpower self-direction and self-determination. Service intervention may form part of a recovery journey, however it is fundamental that this approach incorporates the values of respect, choice and having a voice in the process. In this way people may utilise services in their recovery journey, but it is vital that services support self-direction and not take over a service direction of people’s lives. This study will explore how PATH, may be able to further enhance self-direction and thus strengthen the recovery way forward for people living with mental ill health.

## **Method**

A focus group data collection technique was adopted to explore the potential of PATH to enhance the wellness and recovery journey for people experiencing mental ill health. The purpose of this study is “to explore rather than to describe or explain in any definitive sense” (Babbie, 2007, p. 309). The aim of this study was to explore the emerging themes being generated by focus group members rather than researching for a result. Krueger (1988) highlights the ability for focus groups to “capturing real-life data in a social environment” as a strength for qualitative studies (p. 309). This focus group was made up of both service providers who had a lived experience knowledge base and service providers with no identified mental health distress. It provided a qualitative narrative data which produced a rich account of experiences. This enabled the researcher to obtain a wide range of opinions and perceptions from people who had accessed mental health services and mental health practitioners. Further, a synthesis of literature was woven within the focus group findings.

## **Participants**

Members of an existing Community of Practice (CoP), who had an interest in the current tensions within the Brisbane and National mental health sector, were invited to participate in a focus group to explore the issues described above. As discussed, members represented both people with lived experience of overcoming mental ill health and mental health service providers. An initial information session was provided to the Community of Practice followed by an email invitation to all members distributed through the Community of Practice convenor.

Members already had a relationship with each other and had established relations of trust and confidence, which facilitated in-depth exploration on the potential to use PATH as a tool to aid a wellness and recovery journey. The purpose of the study was fully shared with participants by providing a detailed project plan to potential participants before the focus group met. The focus group comprised six participants: outreach workers, training and organisational consultants, key personnel of non-government organisations and community members.

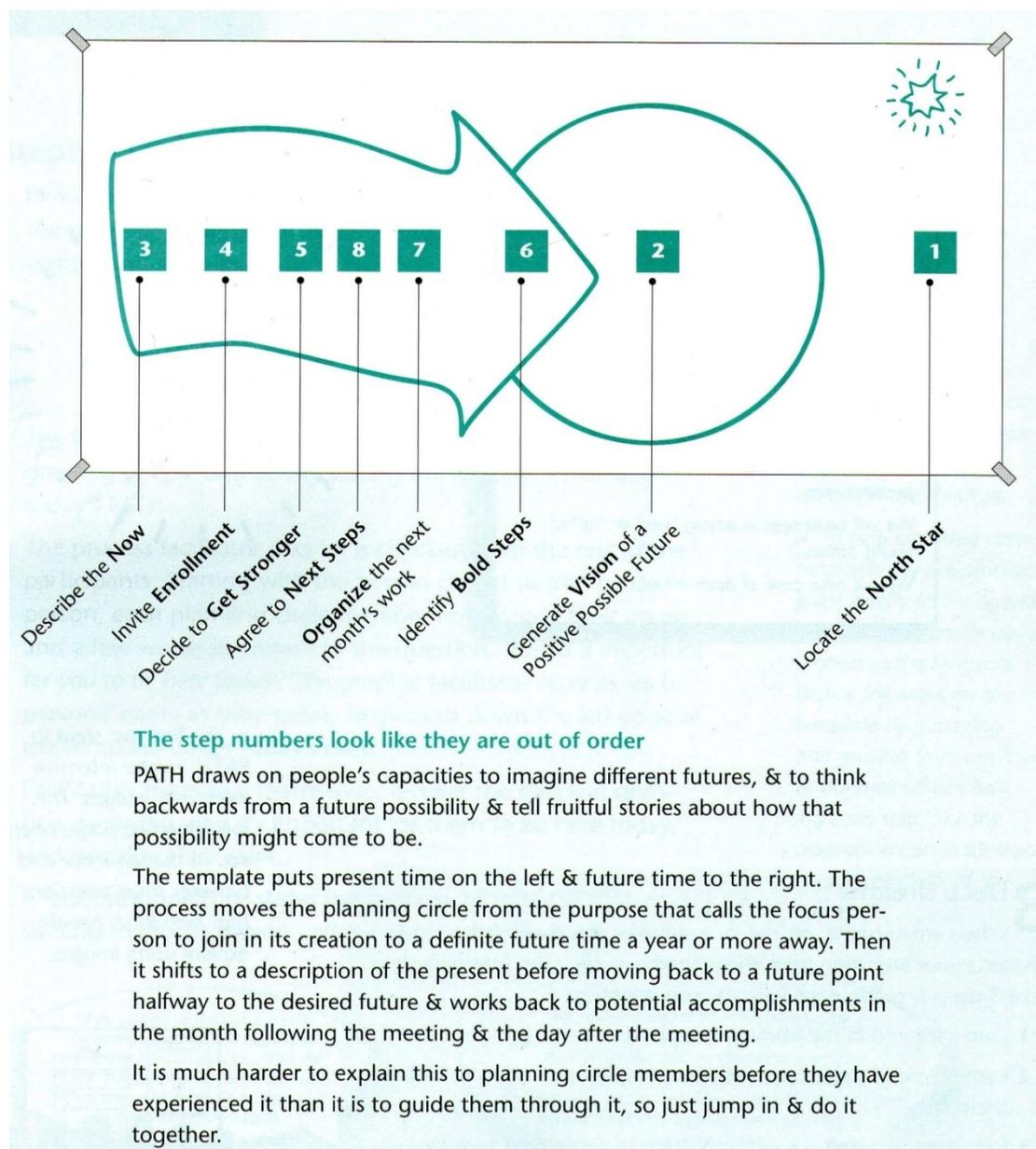


Figure 1 The structured process of PATH (O’Brien, Pearpoint & Kahn, 2010, p. 68)

**Data collection and management**

The focus group was facilitated in the context of an existing Community of Practice meeting. Two follow up meetings with one focus group member were also conducted to clarify data collected at the focus group. Participants were asked how PATH, as part of a ‘wellness

toolkit', can enrich the recovery journey of people living with mental health distress. The following clarifying prompts were used to guide the focus group:

- 'Can you see potential barriers of PATH'?
- 'How can the PATH process underpin a Recovery Framework'?
- 'How can the PATH process be more attuned to mental health wellbeing needs'?

### *Structure*

The structure of the focus group included two meetings: a pre-planning meeting and a focus group meeting.

#### 1. Preplanning Meeting

The Pre-planning Meeting included: (i) a setup meeting with the Community of Practice (CoP) convenor; (ii) the identification of a potential Pathfinder for the PATH demonstration; (iii) an invitation to the potential Pathfinder to participate; (iv) consent from the potential Pathfinder to be both the Pathfinder of the PATH demonstration and a focus group participant.

#### 2. Focus group meeting

Informed consent was obtained from all participants at the commencement of the Group. The focus group meeting included: (i) a presentation by the first author about his experience as both a participant of PATH and practitioner; (ii) a two hour demonstration of PATH being facilitated by a Graphic Facilitator and Process Facilitator; (iii) a one hour shared meal and informal conversation following the PATH demonstration; and (iv) a two hour facilitated group discussion of the PATH process using facilitated questions (Figure 2).

The focus group discussion was video recorded by an independent media consultant and transcribed verbatim. In addition, an independent note taker (a social worker with a research background) recorded observations throughout the group meeting. A copy of the transcript and notes were sent to the participants for confirmation and validated as an accurate record of the focus group interactions. Data were not identified to any specific Community of Practice member.

- These questions act as a guide and invitation to further learning into how a recovery framework of practice can underpin the PATH process. Feel free to write any notes.
1. Do you think PATH could be a useful tool to enhance the self-righting (recovery) journey of an individual living with emotional distress? How?
  2. What are the barriers when utilising the PATH process with people living with mental health distress?
  3. How can the PATH process encourage the strengthening of personal agency?
  4. How can PATH, as a planning process, be more attuned to the needs of people living with mental health issues?
  5. What part of the PATH process needs to be changed to be more attuned to mental health wellbeing needs?
  6. Is there another way to use PATH to specifically support people living with mental health distress?

Figure 2 Focus group reflection questions

### **Data analysis**

The first author utilised thematic analysis to elicit codes that truthfully reflected the content of the data, following the systematic process outlined by Coffey and Atkinson (1996): (i) initial coding of each transcript using the paragraph as the primary level of analysis; (ii) clustering



North Star of PATH and the journey of recovery. The findings are presented and discussed in the context of literature.

### **1. 'Re-storying' narratives**

Utilising the example of the PATH, authentic narratives ('re-storying') was a positive highlight identified by the focus group participants. Participants described PATH as having an emphasis on the Pathfinders narrative through the use of symbols, words and graphics to illustrate the narrative. Participants noted how PATH could be one of many processes that highlight wellness rather than illness and may generate another life direction. For example, one participant noted that during the PATH demonstration how "illness is not in the front row seat, it was in the context of life".

Another participant contrasted PATH to the traditional medical approach where "The only conversation is about medication, hospital, illness, and that becomes your Identity. Would I have dared a timeline conversation [in hospital]..." People's experiences post hospital centre on an 'illness identity'. The personal journey of recovery "involves redefining identity in a way which includes, but moves beyond, that illness" (Repper & Perkins, 2003, p. 46). PATH may provide another way to invite a person to explore an identity away from illness.

### **2. Opportunity to explore personal agency through contribution**

The focus group reflected how PATH may be a potential resource which could strengthen the existing inner resilience of the Pathfinder to identify and reclaim their personal self-worth, thereby supporting recovery. Two participants highlighted the following questions as possibilities for more enquiries, after viewing the PATH demonstration. One asked "how do you keep others strong as well as what keeps you strong?", while another wondered "who's enrolled you [who do you need to enrol]?" These questions are reciprocal in nature, as they acknowledge a person's interconnectedness with their community. Ife (2002, p. 223) explains the "emphasis (on) the idea of interdependence rather than independence" being a way to create connection, and research suggests that making a contribution and valued roles enhances mental health wellbeing (Barringham & Barringham, 1997; Oldenburg, 1992; Repper & Perkins, 2003).

### **3. Graphics and Visuals**

Strengthening the Pathfinder's sense of self through creative ways to plan was identified as useful for people living with emotional distress. PATH graphics and visuals resonated with participants. After viewing the PATH example participants noted how the PATH plan stays with the person as a visual compass; a living document held by the Pathfinder. One participant noted the process as "taking something [the narrative] and turning it into something beautiful [through a visual graphic of life]." Thoughts being visually presented in the PATH example highlighted a potential strength of the relationship between PATH and recovery. One focus group member cited, "panning for gold [the Pathfinder's identified image] raises it to the surface, visible and conscious".

Graphics may also be able to assist people who experience difficulty with long or short term memory loss. One participant said "struggling with long-term concentration, [the visual nature of PATH] allows visual achievement". Recording hopes and dreams with steps to achieve what's important to the Pathfinder may be one of many ways a person be able to maintain focus.

### **4. Nurturing, creative ways to plan**

The PATH example was highlighted as being a nurturing process, which brought supportive allies together to plan within a welcoming environment and culture. The nature of enquiry within the PATH process leads it to be nurturing, because the questions that are facilitated are not problem focussed, but rather focussed on possibilities. This paves a way for

nurturing support, together with the values based practice of PATH facilitators, (as being 'holders of hope') for a new way forward.

Creative ways to plan (not necessarily utilising PATH), which are not outcome or symptom reduction based, were identified by focus group members as being useful for people living with emotional distress. Focus group members identified additional creative ways to plan outside of PATH process. The creative process, described by Wallach (2006) "offers mysterious clues with no manual to document their validity. It is about change, a process where authentic expression intersects and connects with other. This causes a transformation producing origination: a breath, a baby, a work of art, a chemical reaction, a new idea, a paradigm shift" (p. 64). PATH has its foundation in creativity to encourage another way of moving forward, which is difficult to measure or explain.

Members of the focus group identified how PATH may form a way for people post hospitalisation, where support is more attuned to discharge plans. One participant described the limited support around planning, particularly around discharge time. "Post months (after hospital), I didn't have any support to plan. I did have plans...not as much nurturing support".

The focus group participants reported on the existing tension on planning lying in the domain of services, rather than the individual and their community. However the focus group also acknowledged the need for services, but with the person self-directing their supports. One participant cited this tension, "different ways of planning processes - not in crisis all of the time".

PATH, as a Person Centred Planning tool, is facilitated by people who hold a fundamental belief that a person will embark on a journey of discovery in generating new opportunities. Three participants reported that post hospitalisation support did not offer person centred planning, but rather discharge planning which, while trying to be supportive, had more of a focus on rehabilitation and monitoring, rather than future planning. Dempsey and Nankervis (2006) add "Person Centred Planning has been proposed as a response to the perception that traditional planning processes focus on deficits of the person and their needs" (p. 111). This highlights the misconception that all planning encompasses goals to overcome deficits. Focus group participants shared a belief that PATH holds similar values to the personal journey of recovery, if the process was chosen.

### **5. Values, ethics and power**

Members of the focus group reported an overarching concern of the potential misuse of PATH as another form of managed care planning or case management by service delivery systems for people living with mental health distress. The focus group described how the intention of some personal recovery wellness tools have been distorted and utilised by some services as an evidence base. One participant cited "concern that an untrained person will use it as a service plan".

Dempsey and Nankervis (2006) discuss the difference between person centred planning (PATH being a Person Centred Plan) and service planning. Person centred plans are "plans that focus on a person's life and their vision for the future" while individual service planning has a focus on a "person directed service delivery and supports" (Dempsey & Nankervis, 2006, p. 111). PATH, for example, may complement service plans, however this type of person centred planning is distinctively different from a service plan. A specific example of these challenges was given by a participant reporting on an observed interaction between another mental health practitioner and a person accessing a service "We'll do a WRAP [Wellness Recovery Action Plan] on you". WRAP is a self-directed plan where people identify their own personal recovery initiatives (Copeland, 1997). As a plan with values deeply rooted in social justice and human rights, there is potential for services, despite the

best intentions, to turn a plan owned by and for an individual, into an individual service plan which is based on formal supports monitoring progress.

Focus group members highlighted the potential of PATH to support the recovery journey because the goals within PATH are not imposed from the traditional service paradigm (“do unto others”). Rather the goals are generative from the Pathfinder and nurtured by significant people in the Pathfinder’s life. These goals may include and welcome the support of clinical and service support. This freedom of choice is more centred on a human right rather than choice. PATH may offer a platform for these ideas to be recorded and shared.

The focus group members highlighted how recovery centres on a journey that is not measured by outcomes. Members highlighted the need for facilitator expertise and training, which is underpinned by a framework with recovery orientated values: “for most of us who are stuck, it can be concerning” and “frightening when you are in a not good space to start with”. Facilitators need skills to navigate and gauge the vulnerability of personal history and distress of the Pathfinder and supportive allies, taking into account the non-verbal signals the Pathfinder may be demonstrating.

### **6. Hope, the North Star of PATH and its relationship to recovery**

In exploring the relationship between PATH and recovery, one focus group member noted how the individual narratives, which create meaning and purpose of the North Star, align with the Hope aspect of the Star of Recovery Framework, “PATH aligns around the hope stuff [from the Self Righting Star Framework] really well”. The Self-righting Star Framework describes the star as “a simple five point structure that attempts to articulate the efforts that individuals undertake in their processes of self-righting/recovery” (Glover, 2010, p. 30). The star points include hope, personal control, connectedness, discovery and an active sense of self. For a person living with mental health distress, hope is the “belief that mental illness is not a permanent state - that mental illness needs not to control or decide my future - to reach out to people who can be a holder of hope when I cannot hold my own hope - I am entitled to my dreams and aspirations” (Glover, 2006, p. 33).

O’Brien, Pearpoint and Kahn (2010) describe the North Star as a “fixed point that guides explorers as they navigate uncertain territory” (p.70). As a symbol, the North Star graphic guides people by being “above us and ahead of us” when needed and called upon. The North Star, as a higher life force, is only a guide for the Pathfinder (with the support of allies) and is not an outcome in itself nor linear in process. Pipi (2010), in a New Zealand study on PATH as a data gathering tool, describes the North Star concept as a “visual anchor” which grounds planning for a “a pull towards an aspirational space” (p. 3).

The following was also identified as a tension between PATH and its relationship with recovery by a participant, “I feel a pull (between recovery and PATH) however it (PATH) does not quite match recovery – ‘self-righting’. Something is missing. Historically, Point A leads to Point B. Self-righting is not about point A to Point B, it is mastery over”. In traditional service plan delivery, when a person receives support from a service, outcomes are measured with goals achieved. The structured process of PATH has goals to achieve however these goals are defined and generated by the Pathfinder, which may or may not include services.

The focus group described PATH as a tool to further connect to a higher life force to create meaning from mental health distress experiences and recovery: “regenerative, creative, glowing light....energy building” and “to have meaning opens up possibilities”. The spiritual connection that may occur through the use of narratives in the PATH stages has a potential to move a Pathfinder towards their higher life purpose. It may provide an opportunity for self-exploration and an anchor in times of personal distress.

The Steps of PATH ('Enrol' and 'Strong') enable an opportunity for deeper conversation around willpower, innate resilience and personal agency to be woven into the PATH conversation. This is in contrast to the Pathfinder being a sole recipient of support from others ("Who do you need to enrol?" Who do you need to keep you strong")? The following data represents this opportunity by the focus group, "How do you keep others strong as well as what keeps you strong? Who needs you, whose team are you on, who do you support?"

## **Discussion**

Self-righting and recovery is not defined in structured or linear processes (as represented in the 'Now', 'Enrol', 'Strong', 'First Steps' and 'Positive and Possible' parts) of PATH, but lay in the exploration of the North Star and how the North Star can anchor future planning goals (Pipi, 2010). Thus, the meaning of the North Star image is not defined as linear or attainable as a goal to be reached; rather it acts as a guide which has a higher purpose meaning, internal and personal to the Pathfinder, which may or may not be shared with others. The Pathfinder calls upon the North Star to guide a journey, not dissimilar to some First Nations utilising the "Emu in the Sky" (Noris, 2008, p. 23) as a compass and calendar. The North Star (Hope) oversees 'Point A to Point B'. Self-righting is described by Glover as "a natural process in us all" which "requires much more of a continual self-righting versus an achievement or arrival at a destination point" (2010, p. 16). The continual ability to self-right may be held in the exploration and awareness of the higher life purpose identified by the Pathfinder in the North Star grounded with personal meaning for the person.

Geeki, Randall, Lampshire and Read (2012) highlight the positive impact of reclaiming the power to tell one's own story, borrowing Shotter's (1981) term 'authoring' (or 're-authoring') and White's (2001) contribution through Narrative Therapy. The PATH example visually noted distress as a life learning symbol reflected in the plan. The experience of mental ill health, or other aspects of a person's life, can be noted as a symbol with the meaning and conversation only shared with other planning members present during the process.

Part of the context of life is to have dreams, hopes and aspirations, and PATH (being a person centred tool) has its focus on the "discovery and contributions of a person's gifts" (O'Brien & O'Brien, 2002, p. 24). PATH can be a vehicle where mental health distress is acknowledged (and supported) as a way for one of many personal narratives, but not the only narrative, whereby the Pathfinder can be guided to nurture and support the journey of personal discovery.

Visual journaling and visual storytelling encourage a different way of thinking. Joffe (2008) discusses the power of visuals as being a "thought to send people along emotive pathways where textual/verbal material leaves them in a more rational, logical and linear pathway of thought" (p. 84). Graphics assist the inherent creativity of the Pathfinder, and their allies, to view thoughts on a visual template and "to talk, brainstorm, analyse, dialogue and move forward" (Murray & Espinar, 2011, p. 10). Through participating in the PATH process, one focus group member highlighted the strength of PATH in providing opportunities to reflect and explore meaning and then visually record it on paper. Weick, an organisational psychologist, highlights this concept through recording data in a visual format, stating "How can I know what I think until I see what I say" (in Anderson, 2006, p. 1675).

In a personal account of coping with specific mental health symptoms, Leete (as cited in Repper & Perkins, 2006, p. 116) summarised a list of strategies, which included breaking "tasks down into small steps.....and recognising the achievement of small goals". The personal journey of recovery research suggests that visuals can enhance wellness, and PATH, being a visual process, has potential to enhance this connection. Van Lith, Schofield and Fenner (2013) highlight the relationship between visuals and art making as offering "person-centred and recovery-oriented approach that embraces emotional, social and

spiritual needs alongside the clinical” (p. 1310). Glover (2011) highlights the importance of support in her training on the Efforts that Support Recovery with Health Care Professionals explaining how “it is essential that anyone who wishes to have their practice as recovery orientated ... demonstrate how it directly creates an environment where a person has more realisations of their own personal efforts of reclaiming a life beyond the impact of mental illness” (p. 5).

Alston and Bowles (2003) acknowledge “power differentials inherent in practice” (p. 173). These power imbalances, in both the medical and social model of service delivery, may view the person as ‘other’ (the client) and not as the expert of their inner wisdom and chosen destiny (Alston & Bowles, 2003, p. 173). This is further highlighted by practitioners who are not clinically trained but may still provide support within a ‘clinical context’ of being an ‘expert’ to manage the illness of others (Glover, 2010). Making power structures transparent through the monitoring of language constructions aligns with a strengths-based practice framework that emphasises “power with” (McCashen, 2005, p. 31). By adopting “power with”, the PATH facilitator is conscious to accurately capture language, meaning and culture of the Pathfinder, and in doing so, strengthens and validates their journey (O’Brien, et. al, 2010). In essence, facilitators play a role that is non-interpretive of a person’s history of reported and recorded deficits. Amering (2009) describes how “freedom of choice must not simply mean choosing between one medication and another, for example, but rather being able to bring your own ideas to the table and having the chance to implement them” (p. 63).

Recovery (and self-righting) conversations, which can underpin the conversations of PATH, highlight strengths as opposed to finding problems to solve. This contrasts with many planning processes that focus on problems to be eradicated, monitored and or minimalised. From the findings, the planning tool of PATH is centred on the person self-directing a life journey with the terminology of goals being only evaluated by the PATH Facilitators providing messages of hope, “as if recovery is a reality” (Glover 2006, p. 34). This aligns with the visioning “possible and positive” bubble section of the PATH template, grounding positive feelings, images and events as if they have already happened, after having been directed and generated by the Pathfinder.

In presenting these findings, the authors acknowledge the limitation of this study due to the limited sample, and therefore not generalisable.

## **Conclusion**

The simplicity of the PATH process breaks down complex issues and creates a space whereby new opportunities are allowed to enter into another paradigm, rather than intellectualising or diagnosing by dominant discourses. The Pathfinder is in essence the ‘expert’, which further aligns within a Recovery Orientated practice framework. Both PATH and recovery share fundamental values in the belief that people have the ability to ‘self-right’ with a shared higher purpose and meaning. Both PATH and a Recovery Orientated Framework align well with shared underpinning human rights values. The findings show how PATH and its focus on creativity encourages another way of moving forward that is difficult to measure or explain. This was highlighted by the focus group as an overarching theme.

The findings highlight the power of graphics in generating a future vision. A central theme that was highlighted by the focus group was the use of culturally sensitive graphics to guide, anchor and ground the ‘re-storying’ narrative of a life journey for planning. Above all, the findings illustrate the importance of having real and authentic supports, which are outside of the service domain. Through the use of ‘re-storying’ mental health distress, an opportunity exists to self-direct a plan toward what has personal meaning to the Pathfinder. The North Star image of the PATH can not only guide and ‘anchor’ a personal journey towards mental

health wellness, but also provides an opportunity to 're-story' the language used to describe mental health distress by others.

A recovery orientated framework can underpin many tools and processes, however a deep reflective process to further explore implications of practice is required. Can or should personal life planning happen within a service context? Future studies could explore whether planning needs to lie outside of service provision to avoid an inherent agenda about the service remaining central to the person's life. The focus group also identified a need to further explore recovery orientated questions and inquiry throughout the PATH process. Future research could further explore these 'self-righting conversations' and how they can be woven through the process of PATH, whilst maintaining the creative beauty and integrity of the process.

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