

Traditional ❌

Independence and community activities come after someone is clinically stable.

Following providers' instructions is valued.

Professionals hold the information (e.g., plans, assessments, records).

Problems (the "problem list") drive treatment.

Outcomes focus on clinical stability (e.g., fewer symptoms, fewer hospital stays).

The "team" is typically limited to clinical treatment professionals who provide targeted mental health services (e.g., medications, therapies, case management).

Treatment often happens only in formal treatment settings designed specifically for people with mental illnesses.

Priority on keeping the person safe and doing what is in the "best interest" of their safety and stability.



✔️ Person-Centered

Independence and involvement in the community are viewed as civil rights.

Active participation and empowerment of the person are strongly encouraged.

All team members have access to information to increase collaboration.

Interests, abilities, and personal choices are key in the recovery plan. Focus is on the person's goals.

Outcomes also include quality of life and recovery areas (e.g., employment, stable housing, greater control over their treatment and life).

Diverse supports are valued (e.g., faith-based supports, peer support, supported rehabilitation) and may be delivered by a range of individuals.

Diverse settings and integrated community participation are valued.

Safety remains a priority, but people are supported in trying new things. Responsible risk-taking is seen as a natural part of growth and recovery.