

Traditional ❌

✔️ Person-Centered

Independence and community activities come after someone is clinically stable.



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

Following providers' instructions is valued.



Active participation and empowerment of the person are strongly encouraged.

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



All team members have access to information to increase collaboration.

Problems (the "problem list") drive treatment.



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

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



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

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



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

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



Diverse settings and integrated community participation are valued.

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



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.