


Accelerating the Adoption of Recovery-Oriented Practices Within Primary Care

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Mental Health Commission of Canada




Welcome




Faculty Disclosure

Faculty: Howard Chodos

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Jump on the Bandwagon!



Learning objectives:

1. Overview of the concept of “Recovery” and its place in the Mental Health Strategy for Canada
2. Learn about the Guidelines for Recovery-Oriented Practice
3. Consider the implications of a recovery orientation for primary health care




Mental Health Commission of Canada


Created 2007 by federal government as independent arms length non profit organization with a 10-year mandate to:

- Develop Canada’s first Mental Health Strategy.
- Address stigma and discrimination.
- Build knowledge exchange capacity in Canada.
- Expanded mandate: Housing and Homelessness research demonstration project


Commission renewed for an additional 10 years in Budget 2015 (mandate and funding to come)



Phased process used to develop and act on the Mental Health Strategy for Canada





The flowchart illustrates a three-stage process: 1. Framework: Vision & broad goals (represented by a book cover), 2. Strategy: Priorities for action (represented by a group of people), and 3. Promoting Recovery Practice (represented by a person running).




Recovery is foundational to the Strategy

“Recovery and well-being form the base” of *Changing Directions, Changing Lives*, and the *Strategy* calls for the mental health system to “shift policies and practices toward recovery and well-being for people of all ages living with mental health problems and illnesses, and their families.”


What do we mean by “Recovery”?

- Recovery is a process in which people living with mental health problems and illnesses are actively engaged in their own journey of well-being.
- Recovery journeys build on individual, family, cultural and community strengths and can be supported by many types of services, supports and treatments.
- The goal is to enable people to exercise all their rights as citizens and to enjoy a meaningful life in their community while striving to achieve their full potential.



Recovery approach in the Strategy draws on multiple sources


- Advocacy by people with lived experience, who first articulated the key principles of recovery
- Pioneering work by practitioners in various fields, notably drawing on approaches based in psychosocial rehabilitation
- Policy initiatives in other countries that recognized earlier than we did the importance of recovery to improving mental health systems
- Growing evidence base on recovery



Recovery has become the dominant organizing principle in many countries

The 2003 publication of President George W. Bush’s New Freedom Commission on Mental Health’s report, *Achieving the Promise: Transforming Mental Health Care in America*, marked the coming of age of recovery as the dominant ideology shaping mental health policy. In the nearly 10 years since, recovery has become the unquestioned organizing principle of public mental health services...

Braslow, “The Manufacture of Recovery,” 2013




Recovery connects with important contemporary trends in medicine

The concept of recovery has a long history in medicine and its principles are important in the management of all chronic disorders. The concept of recovery enriches and supports medical and rehabilitation models.

APA Position Statement on Use of the Concept of Recovery (2005)

In addition, the profession of medicine is changing. It is becoming more collaborative, with a greater emphasis on shared decision making, self-care and patient choice, and greater recognition of the contribution of service users as experts in their own conditions. Psychiatry may be ahead of this trend, but should be careful not get left behind.

Recovery is for All
A Position Statement by [UK] Consultant Psychiatrists, 2010



Recovery guidelines aligns with physician-defined competencies

Royal College of Physicians and Surgeons: Mental Health Core Competencies for Physicians

- Create an environment that conveys respect and caring
- Reduce stigma amongst health providers
- Optimize health outcomes (physical and mental) with a recovery focus that actively engages the individual and recognizes and supports the role of family and caregivers
- Support mental health promotion and wellness.



Recovery aligns with Collaborative Care Best Practices

- Including people as partners in their own care
- Affirming a person's right to choose treatments and supports
- Adopting a holistic approach to mind and body care
- Acknowledging the importance of family and community support
- Shaping support to the context and culture in which care takes place
- Facilitating seamless and timely access to community supports
- Committing to address stigma and discrimination

* CCMHI Primary care collaborative best practices



Recovery links the individual to the social

- Central to a recovery orientation is the recognition of each person's distinctiveness and their right to determine – with as few exceptions as possible – their own path to mental health and well-being.
- However, a recovery orientation also understands that we are not “isolated,” “self-sufficient” individuals, cut off from our histories, backgrounds, cultures, communities and families. Affirming each person's right to determine their own path to well-being does not imply that they journey on their own.



Recovery connects to all systems that impact people's mental health and well-being

- Having a stable adequate income, safe and affordable housing, access to health and social services, the support of family and friends, secure employment, livable communities and dependable transportation are some of the important determinants of health and mental health.
- Most of a person's recovery journey occurs outside mental health services, in large part at home where people may be supported by natural networks of family, friends and neighbours, and in the places people work, learn, play or engage in cultural or spiritual pursuits.



The values and principles that drive a recovery orientation also reflect many key collective aspirations we share as a society

- Enabling everyone to enjoy the best possible health and well-being;
- Ensuring that people, in all their diversity, are able to take advantage of fulfilling and satisfying opportunities;
- Being vigilant to promote justice, fairness and freedom, including from all forms of discrimination.



A Recovery approach is applicable across conditions, settings, organizations and professions

- To varying degrees, the principles that inform a recovery orientation — such as fostering hope, enabling choice, encouraging responsibility and promoting dignity and respect — apply to people of all ages.
- Irrespective of the type of service, service location, population served or professional roles, a recovery orientation provides a lens for assessing what individuals and organizations are doing.




Mental Health Strategy Recommendations

Strategic Direction 2


Foster recovery and wellbeing for people of all ages living with mental health problems and illnesses, uphold their rights

- 211 Implement a range of recovery-oriented initiatives in Canada, including the development and implementation of recovery guidelines.
- 212 Promote the education and training of mental health professionals, health professionals, and other service providers in recovery-oriented approaches.



MHS Primary Care Recommendations


- Strategic Direction 3.0: Provide access to the right combination of services, treatment and supports when and where people need them.
 - People are more likely to consult their family physician about a mental health problem or illness than any other health care provider, and the ongoing transformation of primary health care across the country has meant that 40 % of the population now has access to primary health care teams made up of a range of health care providers [...]
- 3.1.1 Strengthen collaborative approaches to primary and mental health care through better communication, supportive funding and interdisciplinary education.
- 3.1.2 Integrate recovery approaches into primary health care, involving people living with mental health problems and illnesses and their families in planning and facilitating self management and peer support.



Implementing the Strategy's recommendations

Stakeholders and champions have worked with us over the past two years to identify key ways to accelerate the implementation of recovery-oriented approaches across the system:

- Foster dialogue and common approaches.
- Build on and complement existing efforts.
- Enable sharing of recovery practices and resources.
- Celebrate and promote recovery initiatives across the country.
- Identify gaps and create tools to accelerate recovery uptake.



MHCC Recovery Initiative

Elements

1. Recovery Declaration
2. On-line Inventory of Resources
3. Recovery Guidelines



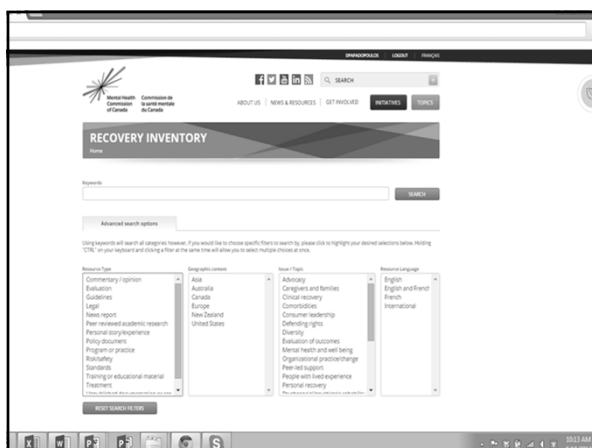
Making a Commitment to Recovery and Encouraging Dialogue



Recovery Declaration Goals:


- Build a shared understand of recovery concepts.
- Stimulate discussion and engagement.
- Build support and momentum for mental health service change.
- Encourage individual and organizational commitment.

Launched May 2014



The screenshot shows the 'RECOVERY INVENTORY' page with a search bar and several filter menus:

- Resource Type:** Commentary/opinion, Evaluation, Guidelines, Legal, Peer support, Peer reviewed academic research, Professional experience, Policy documents, Program or practice, Risk/recovery, Standards, Training or educational material, Treatment.
- Geographic context:** Asia, Australia, Canada, New Zealand, United States.
- Issue Area:** Advocacy, Gangs and families, Clinical recovery, Consumer leadership, Defending rights, Diversity, Evaluation of outcomes, Mental health and well being, Organizational practice change, Peer help support, People with lived experience, Personal recovery.
- Recovery language:** English, English and French, French, International.



Purpose of the Guidelines for Recovery-Oriented Practice

- To provide a conceptual framework to help transform culture and practice.
- To identify principles, values, knowledge, skills and behaviour that underlie recovery-oriented services and supports.
- To assist in implementing a recovery-orientation across the country at a policy, program and practice level.
- To provide a benchmark against which to measure service alignment with evidence-informed recovery-oriented practices.



Who will be able to use the Guidelines?

- Mental health professionals in a broad range of settings
- All staff and volunteers, who have contact with people accessing mental health and support services, their families and supporters
- Policy and decision makers
- Professionals in other service systems or sectors that contribute to mental health well-being
- All people accessing mental health services



The Guidelines identify six key dimensions of recovery-oriented practice and are presented in a series of tables

- Each Guideline table identifies the key capabilities for recovery-oriented practitioners and providers under the following headings:
 - Core principles
 - Values
 - Knowledge
 - Skills and Behaviours
- The tables include a series of “reflective questions” and also suggest opportunities that could assist during implementation.



Dimension 1: Creating a Culture and Language of Hope

- Hope stimulates recovery, and acquiring the capabilities to nurture hope is the starting point for building a mental health system geared to fostering recovery.
- This chapter contains a single, overarching Guideline that describes how to communicate positive expectations and to promote hope and optimism in order to create a service culture and language that leads to a person feeling valued, important, welcomed and safe.



Dimension 2: Recovery is Personal

- Core to a recovery orientation is the recognition of each person’s uniqueness and their right to determine, to the greatest extent possible, their own path to mental health and well-being.
- This chapter is about viewing a person’s life situation holistically, putting people at the centre of mental health practice and having practitioners partner with them to build on their strengths and foster autonomy.



Dimension 2: Recovery is Personal

This chapter contains four Guidelines:

1. Recovery is Person-First and Holistic
2. Affirming Autonomy and Self-Determination
3. Focusing on Strengths and Personal Responsibility
4. Building Collaborative Relationships and Reflective Practice



Dimension 3: Recovery Occurs in the Context of One’s Life

- Since most of a person’s recovery journey occurs outside the mental health system, fostering recovery necessitates understanding people within the context of their lives.
- Recovery-oriented practice works with people to help them lead a full and meaningful life, sustain their relationship to the world around them and participate as equal citizens in the social and economic life of their community.



Dimension 3: Recovery Occurs in the Context of One's Life

This chapter sets out the Guidelines required for recovery-oriented practice to address the multiple factors that contribute to mental health problems and illnesses; it contains four Guidelines:

1. Recognizing the Value of Family, Friends and Community
2. Supporting Social Inclusion and Advocacy on Social Determinants
3. Addressing Stigma and Discrimination
4. Building Partnerships with Community



Dimension 4: Responding to the Diverse Needs of Everyone Living in Canada

- Recovery-oriented practice is grounded in principles that encourage and enable respect for diversity and that are consistent with culturally responsive, safe and competent practices.
- Recovery-oriented practice [...] listens for, understands and responds to the multiple, complex and intersecting influences that impact everyone's mental health and well-being. It does not prescribe a single path to recovery and can adjust to the differing values placed on individual autonomy, family unity and community cohesion within different traditions, cultures and contexts.



Dimension 4: Responding to the Diverse Needs of Everyone Living in Canada

This chapter contains four Guidelines:

1. Responsive to the Diverse Needs of Everyone Living in Canada
2. Responsive to Needs Across the Lifespan
3. Responsive to the Needs of Immigrants, Refugees, Ethno-cultural and Racialized Communities.
4. Responsive to Gender Differences and to the Needs of Lesbian, Gay, Bisexual, Two-Spirited, Transgender and Transsexual People, their Families of Choice and their Communities.



Dimension 5: Working with First Nations, Inuit and Métis

- There is common ground between recovery principles and shared Indigenous understandings of wellness that provides a rich opportunity for learning and for strengthening mental health policy and practice.
- At the same time, recovery-oriented practitioners must recognize the distinct cultures, rights and circumstances of First Nations, Inuit and Métis, and understand how recovery for Indigenous peoples is uniquely shaped by Canada's history of colonization.



Dimension 5: Working with First Nations, Inuit and Métis

- This chapter contains one Guideline which describes how recovery-oriented practice learns from Indigenous understandings of wellness and cultural safety and provides specific guidance on how service providers can best respect, work with and learn from First Nations, Inuit and Métis.



Dimension 6: Recovery is about Transforming Services and Systems

- Achieving a fully integrated recovery-oriented mental health system is an ongoing process that will take time to implement.
- Irrespective of the type of service, service location, population served or professional roles, the commitment to recovery needs to find expression in everything an organization does, including ensuring support for a workforce that has the skills and resources required to deliver recovery-oriented practice.



Dimension 6: Recovery is about Transforming Services and Systems

This chapter contains four Guidelines:

1. Recovery Vision, Commitment and Culture
2. Acknowledging, Valuing and Learning from People's Experiential Knowledge and from Families, Staff and Communities
3. Recovery-Promoting Service Partnerships
4. Workforce Development and Planning



Primary health care plays a critical role in recovery

- Physicians are providing the bulk of mental health care
- Often the first and only point of contact
- Service is community-based, readily accessible and funded
- Relationship is built on trust - often lasting a life time
- Seen as a less stigmatized location for mental health care
- Physicians can integrate mental, physical and prevention care
- Physicians can be critical in early identification and refer to mental health and addictions services



Physicians practice a "shared decision making model"

- Building collaborative, mutually trusting and respectful partnerships with service users, their families and caregivers is foundational to recovery.
- Seek and actively use information and feedback from people with lived experience of mental health problems and their families, individually and through the collective voice of their associations, to innovate and improve services.
- Encourage open and honest discussion especially when there are differences.
- Share ideas and options within a coaching approach, rather than giving advice in a critical or judgmental fashion.



Promotes holistic health and encourages active participation of patients and other health care professionals as "agents of change for mental health."

- View people in the context of their whole selves and lives.
- Appreciate the complexity of needs and aspirations across cultural, spiritual, social, economic, emotional and physical realms.
- Accept that identity and personhood are not limited or defined by a person's mental health status.




Care and recovery builds on the strengths, capacities and reality of each patient.

- Personal experiences, understandings, priorities and preferences shape choices and decision-making in the context of service delivery.
- Create safe environments where people can explore options, co-design their service plans, take positive risks and strive for growth.
- Promote opportunities for maximum autonomy and self-determination during assessment and in the coordination of service referrals.




Consideration of, and respect for, diversity and cultural safety are embedded in daily practice and care planning/programs.

- The starting point for recovery-oriented practice is to embrace a general approach that is based on a respect for, and interest in, the diversity of people's needs.
- Respect and accommodate diverse views on mental health problems and illnesses, well-being, treatment and services, and recognize that there are many pathways of recovery.
- Use language and approaches that demonstrate sensitivity when working with people and families from a diverse range of backgrounds and experience.



Physicians communicate with their patients with respect and without stigma irrespective of their mental health condition.

- The impact of stigma can impair a person's sense of identity, limit their capacity for hope and optimism, and inhibit their prospects for recovery; the effects of stigma can be more damaging than the illness itself.
- Recognize stigma and discrimination in the health, mental health and related workforces.
- A central shift entailed by embracing a recovery orientation involves seeing each individual not as a "patient" who is fundamentally different or damaged, but as a person striving to live the most fulfilling life possible.



Q&A

- Questions or concerns?
- How can recovery principles be applied in your practice?
- What tools/ resources do you need to accelerate adoption?
- Ways to promote recovery guidelines?
- What opportunities are there for partnership?
- Best advice for the MHCC moving forward?



Thank you – Stay in touch

Contact us: info@mentalhealthcommission.ca
 Visit: www.mentalhealthcommission.ca

#MHCChopelives

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