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# Recovery-oriented practice webinar series: Recovery Occurs in the Context of One's Life

#MHCChopelives

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# Important! Send questions/comments to 'All Panelists'

A screenshot of a digital communication interface, likely a video conference platform. At the top, there's a header bar with a downward arrow icon and the word "Chat". On the right side of the header is a close button (an "X"). Below the header, the main area shows a "Send to:" dropdown menu. The menu has the following options:

- Select a participant message, a
- ▶ Q&A
- All Panelists (selected, highlighted in blue)
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- Select an Attendee...

To the left of the dropdown menu, there is a large green arrow pointing towards the "All Panelists" option. To the right of the dropdown, there is a "Send" button and a small "x" icon.



@mhcc\_ #workplaceMH #StandardCda

# Guidelines for Recovery-Oriented Practice



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## Guidelines for Recovery-Oriented Practice

Hope. Dignity. Inclusion.

The *Guidelines* were released in June 2015 to provide a comprehensive document to understand recovery practice and promote a consistent application of recovery principles across Canada



# Six Dimensions of Recovery-Oriented Practice

1. Creating a Culture and Language of Hope
2. **Recovery is Personal**
3. Recovery Occurs in the Context of One's Life
4. Responding to the Diverse Needs of Everyone Living in Canada
5. Working with First Nations, Inuit, Métis
6. Recovery is about Transforming Services and Systems



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# Presenters

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Regina manages a Graduate Diploma in Recovery-oriented Psychosocial Rehabilitation (PSR) program and British Columbia PSR Advance practice at Douglas College, BC. She is also clinical assist. faculty in the dept of Occupational Science and Occupational Therapy at UBC.

Currently, Regina has the privilege of being a post-doctoral student with the Africa Mental Health Foundation in Kenya helping to develop a social business, health and employee wellness toolkit with and for persons with mental illness.



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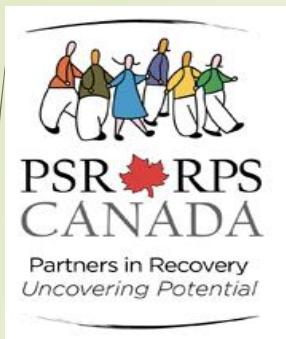
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# Presenters

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Katherine Stewart, OT Reg. (Ont.) is the Psychosocial Rehabilitation (PSR) Coordinator for St. Joseph's Care Group, Thunder Bay. As the PSR Coordinator she provides training and development in psychosocial rehabilitation and recovery models of practice across the spectrum of mental health services. She is a PSR/RPS Canada Board Member and a senior editor for the Canadian Journal of Community Mental Health.



# Chapter 3: Recovery Occurs in Context of Everyday Life

Katherine Stewart OT Reg (Ont.) and Regina Casey, PhD, MA, Dip OT, Post Doc AMHF

*"Healing and recovery do not occur in a vacuum ... outcomes [are better] when social supports /relationships are stronger" – Fiona Wilson*



# Thank You



► To my fellow presenter Katherine Stewart (and presenters from archived sessions), you the audience, the MHCC and particularly Bonita and Karla for the invite and PSR/RPS Canada for their support with this presentation today.

# Learning Objectives

- To consider the intersection of recovery with respect to family, loved ones and community
- To highlight an approach to social inclusion and social responsibility
- To identify key aspects of Stigma and discrimination
- To describe steps in building partnerships with community

from the perspective of two clinicians, researchers & educators



# **Recovery in the Context of One's Life**

## **Our plan for Guideline 3, A-D**

Regina

- ▶ 3A: Recognizing the value of family, friends and community
- ▶ 3B: Supporting Social Inclusion and Advocacy on Social Determinants

Katherine

- ▶ 3C: Addressing Stigma and Discrimination
- ▶ 3D: Building Partnerships with Community



## **Definition of Recovery For This Presentation**

Drawing from work by MHCC, Patricia Deegan and numerous others

Recovery – A person centered approach of engaging hope, meaning & purpose to help people become their best self. Helping individuals to build skills & supports - expecting and supporting self-determination, empowerment, wellbeing and responsibility taking while actively promoting full social inclusion and community interconnectivity.

# Psychosocial Rehabilitation

PSR- set of principles, practices [interventions], values & ethics [**competence**] aimed at facilitating **recovery** with and for people who live with mental health and substance use challenges

Farkas, M. (2013). *Introduction to Psychiatric/Psychosocial Rehabilitation (PSR): History and Foundations*. Current Psychiatry Reviews, (9) 177-187.

Interventions with Strong evidence - Assertive Community Treatment- Supported Employment- **Family based services** - Skills Training, Integrated Concurrent Disorders & Psychosocial Interventions for weight management, Cognitive Behavioral Therapy, MI (Port Studies, 2010). Peer involvement (Cook et al., 2012) Housing First, MHCC. Good evidence for Cognitive remediation, medication adherence & Early Intervention



# **MHCC, Complementary Approaches - PSR Principles & Competencies (2013) and Recovery Guidelines (2015)**

## **Guidelines**

- ▶ provide a broader, conceptual overview of Recovery and Recovery-Oriented practice.
- ▶ Contains recommendations for re-orientating of the full mental health system – policy, program and practice level.

## **PSR Competencies of Practice (2013)**

- ▶ Get at the deeper level of practice and evaluation by identifying key themes, competencies, and performance indicators.
- ▶ The PSR Competencies help get the specific question of what and how of practicing

*Slide reproduced with permission – Available on British Columbia Psychosocial Rehabilitation Advanced Practice Website: Psyrehab.ca, Archived Nov 27, 2015*

# PSR and Recovery – Our Roles

- ▶ **Person receiving services** (Being in Recovery)
- ▶ **Loved ones** (seeking and offering support re Recovery)
- ▶ **Professional** (Engage in ongoing development of the necessary skills, attitudes & knowledge – competence)
- ▶ **Mental Health and Substance Use Services**  
(Person-centered and recovery-oriented, help individuals fully engage in communities of choice, and overcome stigma and discrimination)



## **MHCC, Recovery is supported by building meaningful relationships and through social networks**

Regina's worldview – contextual influences

- ▶ Ireland
- ▶ Home Town
- ▶ Family life
- ▶ OT Clinician

# The Current Canadian Context – As I see it

- ▶ Recovery as established Approach/Model/Philosophy – with personal, system and political aspects
- ▶ Need for Knowledge Exchange, formal education, clinical support and evaluative practices and processes to promote recovery through evidence informed interventions in our mental health systems and communities
- ▶ Collaborative Partnership (PSR/RPS Canada and MHCC) – further the goals of the commission
- ▶ Challenge ahead of us as described by this Recovery Webinar Series - (Dr Ian Dawe March 17, 2016 and Brian McKinnon “ are we stepping back from this intrinsic commitment to recovery implementation” , April 21, 2015 - are we impeding the development of individual recovery and psychiatry in general – McKinnon adapted from Coleman)



### **3A: Recognizing the value of family, friends and community**

“Human relationships help us test ideas, recognize our strengths , successes and offer us opportunities to learn and grow” - Fiona Wilson

In addition, **what** we do, **why** and **with whom** matters



## **The Importance of Meaning Making; An Inextricable Link to Context**

- ▶ Consider Patricia Deegan's call ... to engage in a journey of the heart (1996), re thinking rehabilitation ... and following Freire (1989) to free ourselves to "pursue the ontological vocation of being and becoming more fully, more complexly and more joyously human.
- ▶ A wise call to "be" and "become" (to define oneself) in the context of everyday life that encompasses a sense of possibility... a sense of hope and meaning ... by shaping the human interacting environment
- ▶ ...a relevant message for all stakeholders two decades on

# Doing/being, Belonging and Becoming

Hammell, 2004; Reberio et al., 2001; Wilcock, 1998, 2006)

Dong/being in-the-world as	Belonging to-the-world via meaningful occupations	Becoming who I can become (Deegan 1998)
<p>A hopeful citizen</p> <p>Unaware, pre-reflective and embodied and at times reflective and embodied</p> <p>Being with illness and set backs</p> <p>Responding to the call to be involved and engaging with the self and others through activity</p> <p>Authentic, whole self being with the grey/darkness and yet empowered emotionally well</p>	<p>Of value for social inclusion connecting to self to others beyond the illness</p> <p>That afford one rights and responsibilities</p> <p>That allow one to grow and transcend</p> <p>That allow one to be recognized and recognize self and others, to be loved</p> <p>Of contribution as a skillful and valued person</p>	<p>Skillful at doing and doing what one does best</p> <p>Transcendent of illness- a transformed self</p> <p>Committed to someone or something</p> <p>Prevailing over the experiences of stigmatization</p> <p>Financially independent</p> <p>Engaged in meaningful activities</p>

For Possibilities

Casey, 2013

## So What? – What Matters?

- ▶ Self – in context;
- ▶ context shapes the self:

We experience meaning and purpose through what we do and who we do it with

Some people with significant mental health issues may experience profound disengagement from meaningful activity  
(Krupa et al., 2010)

# Ways to Involve loved Ones

The European Federation of Associations of Family of people with mental illness “asserts that meeting the expressed needs of family caregivers will quicken the recovery of their loved ones” (n.d. from)

<http://www.eufami.org/publications/position-papers/eufami-s-position-paper-on-family-carers-needs>

Inman advises MH systems “to carefully examine and address the unique difficulties faced by families dealing with severe mental illnesses ... it's imperative that family caregivers play a key role in this process.”  
2014 from [http://www.huffingtonpost.ca/susan-inman/schizophrenia-caregivers\\_b\\_6167104.html](http://www.huffingtonpost.ca/susan-inman/schizophrenia-caregivers_b_6167104.html)



## **Involving Loved Ones; How are we doing?**

MHCC- How do you assess family support needs and measure outcomes?

How are families involved in service delivery?

What resources are available to family members?

Please type (3-4 mins)

# **“The Strengths Bank Game”**

Lori Aschraft (2013)

- ▶ Prepares a group to identify and develop personal strengths (Balance sheet of skills/talents vs challenges- with an advisor).
- ▶ Identify talents that require further investment (self/others/community)
- ▶ Identify a resource directory of the group (current talents and talents under development)
- ▶ Identify a process to share talents/support resources as a team

The goal is to build the social capital necessary to develop reciprocal relationships

<http://www.behavioral.net/article/using-strengths-bank-build-authentic-community-inclusion>



# **Partnership Check-in; How Are We Doing?**

- ▶ How do you collaborate with community organizations – acknowledge and measure success?
- ▶ How do you support health and community partnerships
- ▶ How is community partnership a core aspect of your work

Please type ideas (3-4 mins)

# Recovery in the Context of One's Life

## Our plan for Guideline 3, A-D

Regina

- ▶ 3A: Recognizing the value of family, friends and community
- ▶ 3B: Supporting Social Inclusion and Advocacy on Social Determinants

Katherine

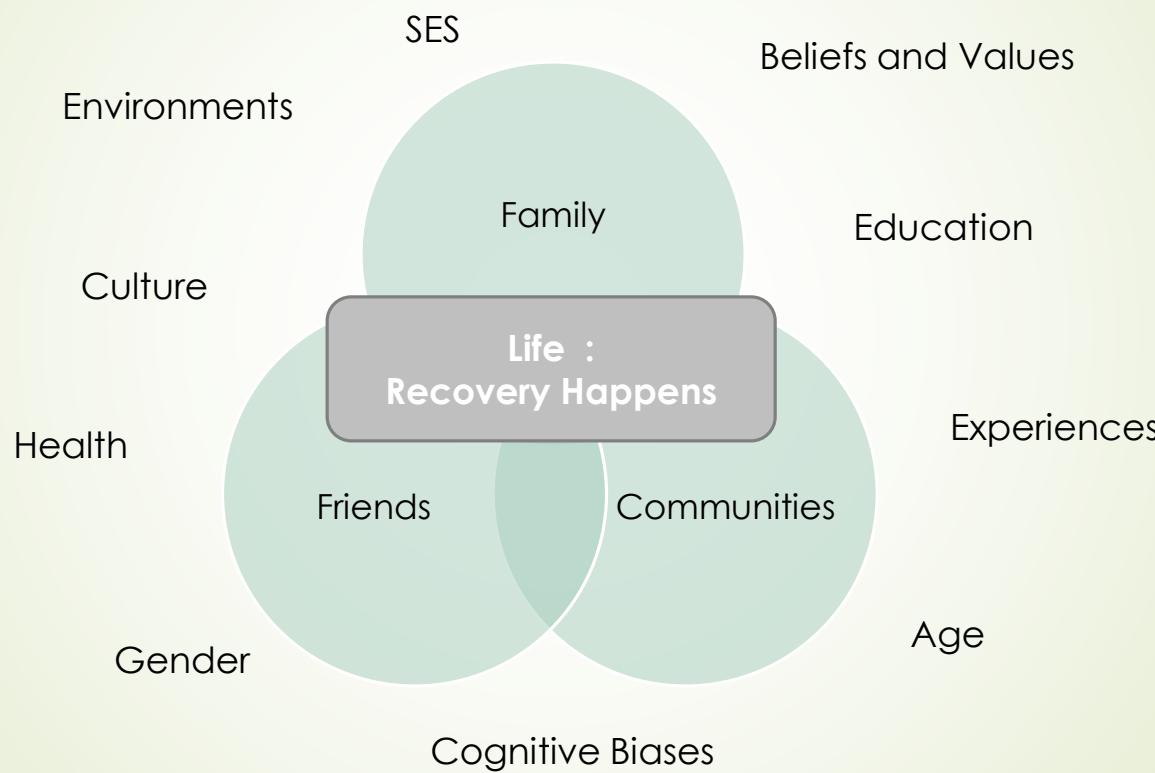
- ▶ 3C: Addressing Stigma and Discrimination**
- ▶ 3D: Building Partnerships with Community**



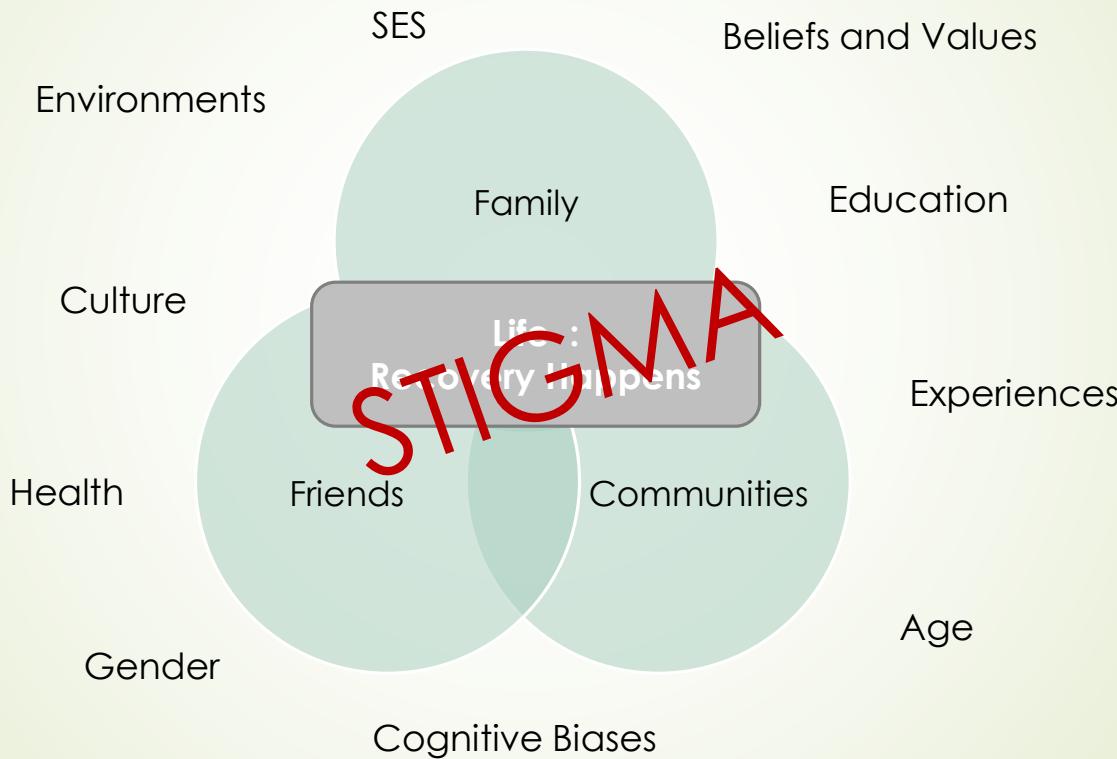
## Whiteboard Question

What does it mean to participate as an equal citizen in the social and economic life of your community?

# Factors Influencing One's Life



# Stigma's Impact on Recovery



*“The single most important barrier to overcome in the community is the stigma and associated discrimination towards persons suffering from mental and behavioural disorders.”*

*The World Health Organization, 2001*



# What is stigma?

# Types of Stigma

- ▶ Public
  - ▶ Attitudes and feelings
- ▶ Institutional
  - ▶ Policies, practices, culture
- ▶ Self
  - ▶ Internalizing

Michigan Department of Community Health, 2011

*“What you believe about yourself because you have a diagnosis of mental illness can often be more disabling than the illness itself.”*

Ike Powell, 2002

# Common Myths about Mental Illness

- If we know they are myths then why do they persist?



*“The absence of negative messages is more important in developing a positive self-image than the presence of positive messages.”*

Ike Powell, 2002

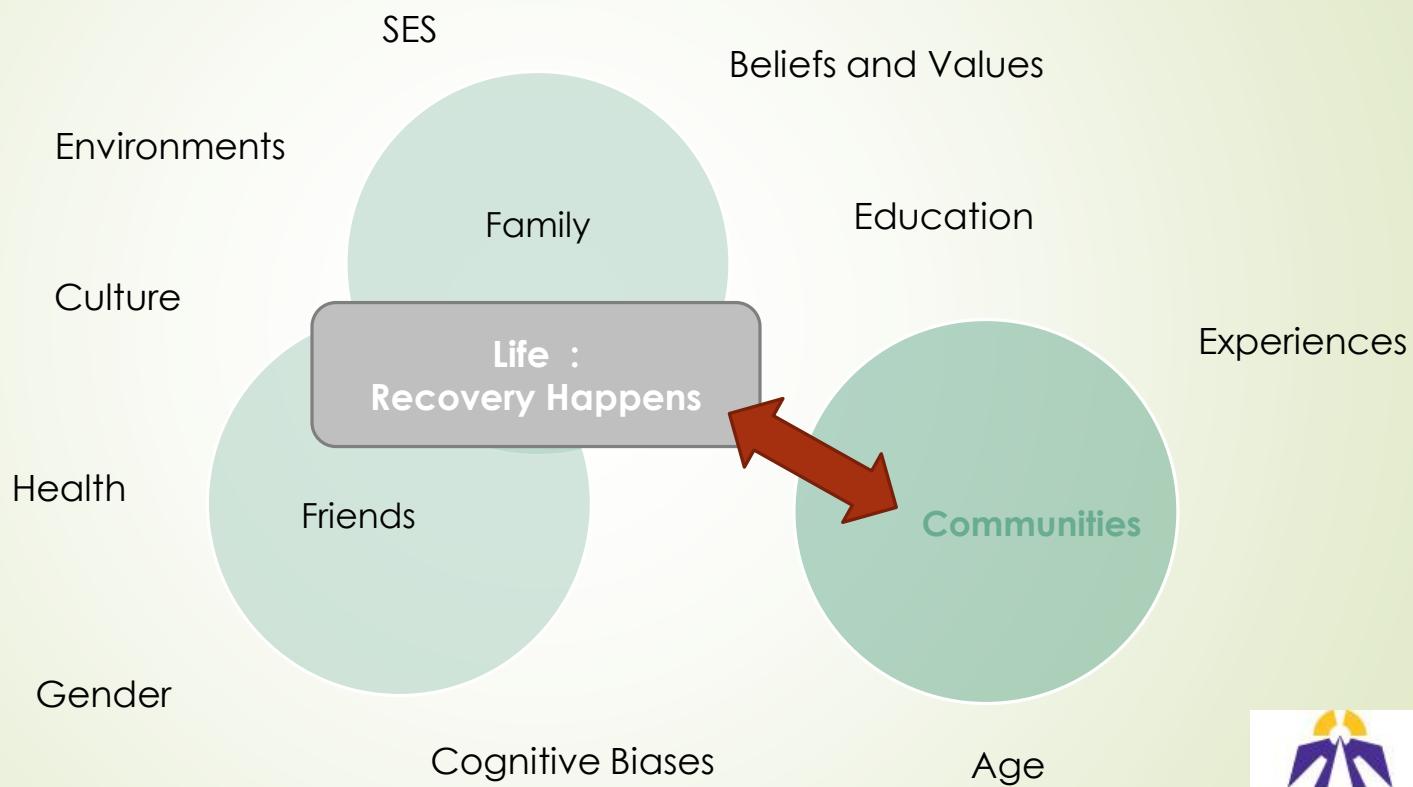


## What can YOU do about stigma?

- ▶ Listen to the stories
- ▶ Share and educate
- ▶ Speak up and out!
- ▶ Advocate
- ▶ Join in
- ▶ Create connections and partnerships



# Building Partnerships with Community





...full integration of people in recovery  
into their communities...

PSR/RPS Canada Core Principles and Values  
PSR/RPS Canada website



## Define Community

Community – a (social) group of people living in the same place; interdependence; feeling of fellowship; sharing attitudes, interests, goals.

[www.oxforddictionaries.com](http://www.oxforddictionaries.com)

- ▶ Personal
- ▶ Public
- ▶ Work/School
- ▶ Social
- ▶ Spiritual
- ▶ Cultural



## Equal Citizenship

- ▶ To have a home
- ▶ To have a purpose
- ▶ To have income
- ▶ To have social connections

*TO BELONG*



# Is your community...

- Welcoming and thriving?
- Hopeless and despairing?

## What can YOU do about building partnerships in the community?

- ▶ Listen to the stories
- ▶ Share and educate
- ▶ Speak up and out!
- ▶ Advocate
- ▶ Join in
- ▶ Create connections and partnerships



*“The degree to which I can participate in creating the life that I want is directly related to the degree in which I am truly aware of my participation in creating and sustaining the life that I have.”*



Ike Powell, 2002





# Thank you





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# Questions?





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# Next Recovery-Oriented Practice Webinar

**Date:** Thursday, June 21, 2016 at 1:00pm to 2:30pm ET

**RESPONDING TO THE DIVERSE NEEDS OF EVERYONE LIVING  
IN CANADA**

To rewatch or share this webinar visit:  
[www.mentalhealthcommission.ca/English/recovery](http://www.mentalhealthcommission.ca/English/recovery)





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# Thank you!

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**Regina Casey, PhD, MA, Dip OT, Post Doc AMHF**  
**Katherine Stewart, OT Reg.**

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