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du Canada

# Recovery-Oriented Practice Webinar Series

## Creating a Culture & Language of Hope

#MHCChopelives

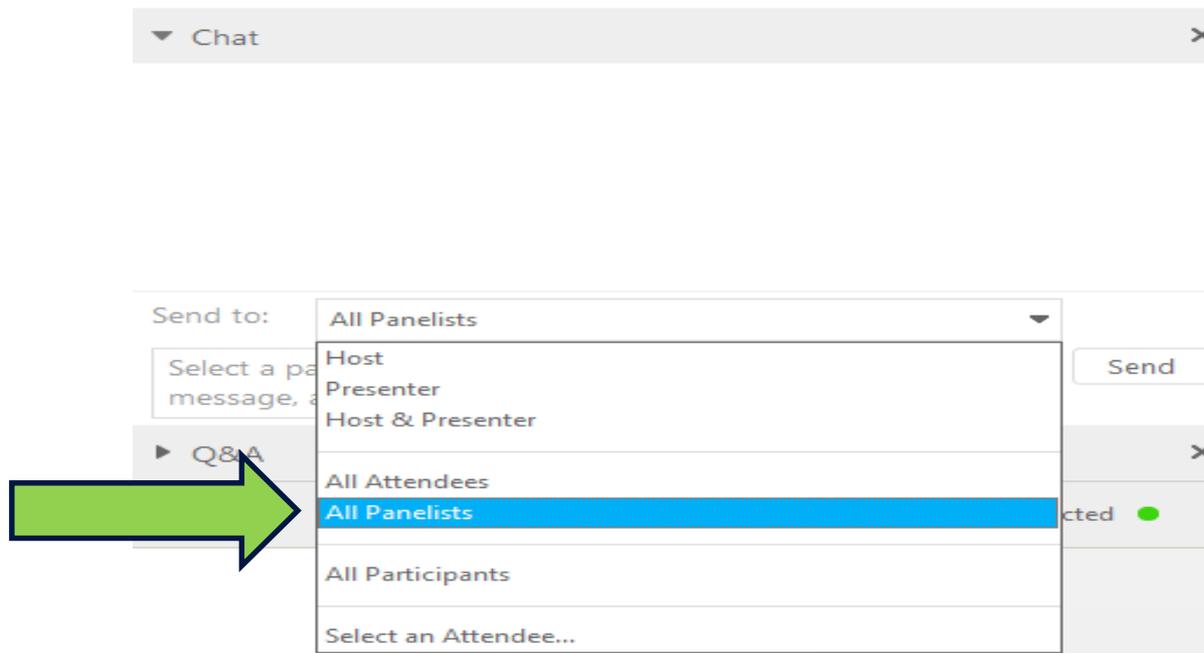
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# Important! Send questions/comments to 'All Panelists'

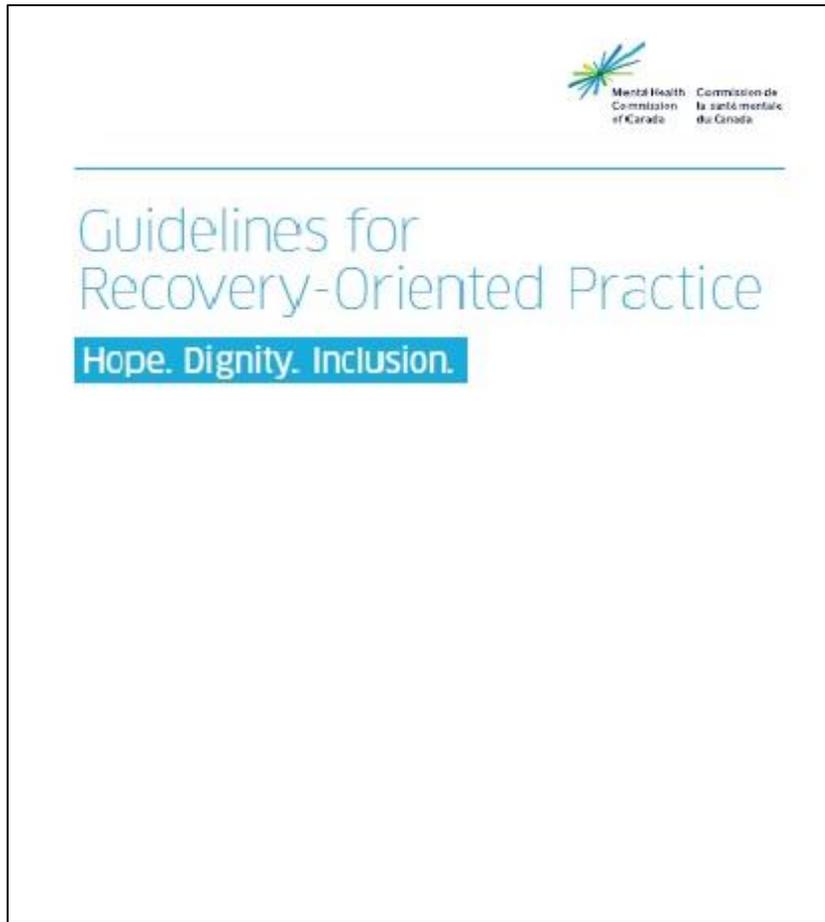




## Goals

1. Stimulate thought and discussion on the Guidelines for Recovery-Oriented Practice
2. Explore hope in recovery
3. Share strategies for fostering hope

# Guidelines for Recovery-Oriented Practice



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



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# 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

# Presenters

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**Neasa Martin**, mental health and recovery consultant and co-author of the *Guidelines for Recovery-Oriented Practice*.



**Tyrone Gamble**, mental health and addictions recovery specialist, with education and experience as a consumer, peer supporter and a mental health worker.



# Creating a Culture & Language of Hope

Guidelines for Recovery-Oriented Practice

Presented by Neasa Martin, Mental Health Consultant

# Recovery not a new concept

- Advocated by people living with mental health issues.
- Turned to peers for support in response to low expectations.
- Defining 'self' beyond 'diagnosis'.
- Rooted in empowerment, rights & advocacy. Changing the social context.
- Advanced by PSR / professional allies.
- Research building evidence for recovery.
- PWLE high sense of ownership & pride.
- MHCC developed a collaborative framework for transformation.
- Recovery-oriented Practice Guidelines.



# Hope is recovery's bedrock

- Identified as critical in first person narratives.
- Studies confirm hope improves long-term outcomes.
- Helps sustain action during times of low expectation.
- Strengthens motivation and resilience.
- Hope is an antidote to pessimism.
- Helps family / friends maintain positive involvement.
- Hopeful workplaces improve mental health *for everyone*.





*Hope involves uncertainty - with certainty there is no need for hope.*

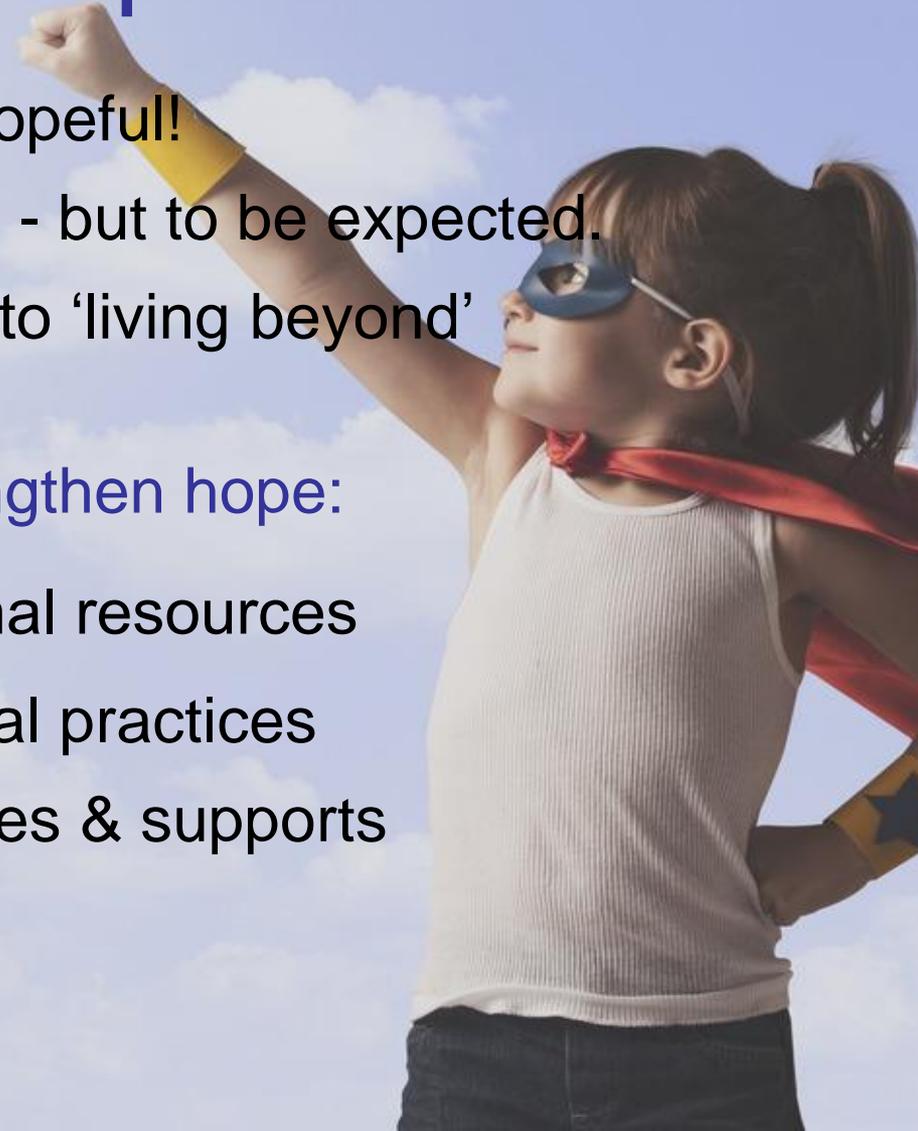
- Hope can be in short supply. Acknowledge uncertainty.
- Inspiring hope involves how we feel, act, & relate.
- Hope is knowing & feeling there are ways forward.
- Envisioning a personally meaningful future.
- Hope is found within - but supported by others.
- Focusing on strengths, abilities & potential for growth.
- People do not need to journey alone. You are not alone.
- Hope has past, present and future dimensions.
- *Everyone needs to feel hopeful!*

# Strengthening hope

- ✓ There is good reason to be hopeful!
- ✓ Recovery is not only possible - but to be expected.
- ✓ Focus shifts from 'living with' to 'living beyond'

## Three essential ways to strengthen hope:

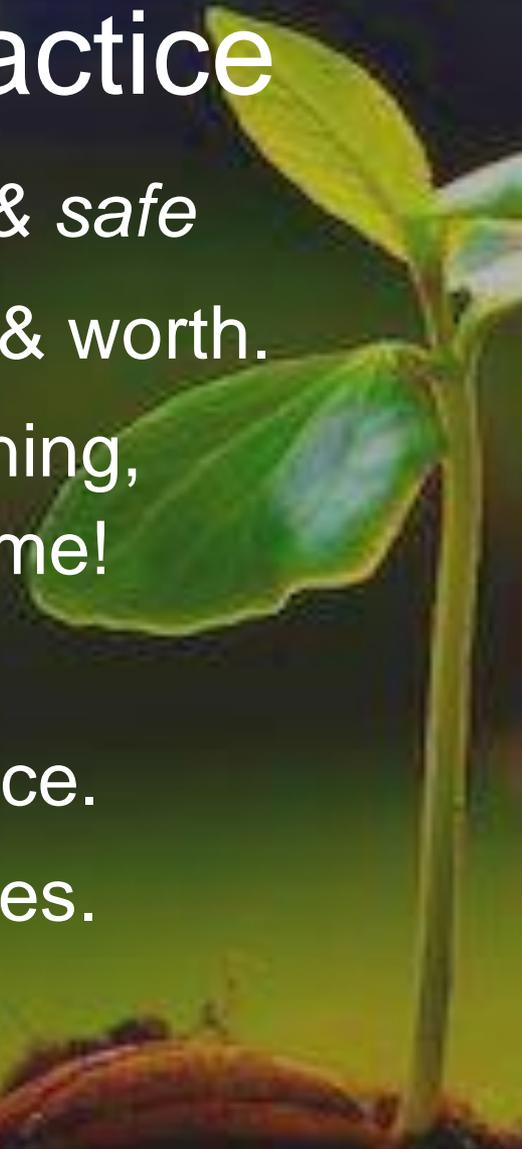
1. Activating a person's internal resources
2. Hope inspiring interpersonal practices
3. Access to external resources & supports



# Hopeful interpersonal practice

*Hope occurs when people feel valued & safe*

- Acceptance, respect for uniqueness & worth.
- Genuine connectedness - deep listening, patience & positive regard. Takes time!
- Hope is unique to each person.
- Look for & mirror strengths & resilience.
- Celebrate people's efforts & successes.





## Hopeful practices cont.

- Crisis & setbacks are seen as a chance for growth & part of our shared humanity.
- Create a culture of ‘doing with’ not ‘doing for’ people.
- Learn about different approaches & options.
- Build your recovery toolkit & help them build theirs.
- Avoid labels & the hope killing fallacy of “false hope”.
- Use 1st person & inspiring language.
- Listen. Work with dissenting voices.
- Value & learn from diversity.

# Creating hopeful spaces



*“Our organizations are called ‘Career Resources Centres’ - but they should be called ‘Hope Centres’ because that’s what we sell. That’s our product!”*

Kathy McKee, Manager,  
Job Resource Centre

Ask yourself - have you created an environment that communicates hope, inclusion and a sense of welcome? If not – consider how you can.



# Build hope filled spaces

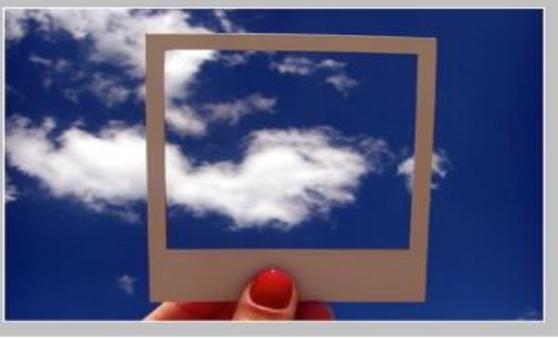
## How do your services feel?

- From the front door - to the back office & into the community to reflect welcome & inclusion.
- Include hope in your mission, policies, program design, recruitment, training, evaluation, resources, & the design of physical space.
- Act as service-wide allies: support champions, build partnerships, share resources.
- Working with service-user - develop tools to measure impact - evaluate & share results.

# Peers strengthen hope

- Peer support workers embody hope:
  - Share knowledge, skills, & resources that support recovery. Positive contact reduces self stigma.
  - Act as culture shifters in advancing transformative change.
- Families also benefit from peer support.
- Include ‘experts by experience’ across the organization:
  - Planning, services, administration, councils, evaluation, governance...
  - Learn how to do this successfully.
- Professionals can also be peers:
  - High levels of stigma discourage disclosing. Can be a therapeutic tool.





# Stigma in mental health service

## Framing matters

### 1) Dominance of biomedical model:

Illness model, genetically based, chemically mediated, diseases of the brain, leading to diagnostic labeling.

- Individual problem, immutable, increases stigma & discrimination.
- Focus is on professional expertise, managing symptoms, avoiding adverse incidents, medication & use of coercion.
- One model - not shared by all.

### MHCC Changing Direction Changing Lives:

- No single cause - no one is immune.
- Interplay of social, psychological, biological & genetic factors.
- MH impacted by poverty, homelessness, 'isms', exclusion, inequality & discrimination. Need to address barriers.

### 2) People seen at their lowest point - few role models for recovery.

# It takes a village...

- Consider the context of people's lives.
- Recovery occurs in roles, community & engagement. Focus on inclusion.
- Consider & address barriers people face.
- Link people to resources.
- Strengthen families & promote healing.
- Reflect diversity of your community. Build cultural competency.
- Close service gaps by collaborative partnerships.
- Addressing discrimination is everyone's problem.
- Advocate on systemic issues **as allies**.



*“When you peel away the poverty, deal with the trauma, provide for housing... then the mental illness that is left is quite small and easier to deal with.”*

Pat Capponi,  
Advocate

# Creating a Culture & Language of Hope

A peer perspective

Presented by Tyrone Gamble, Peer Specialist



**WHO'S HOPE IS IT?**

**EVERYONE'S**



## GETTING STARTED



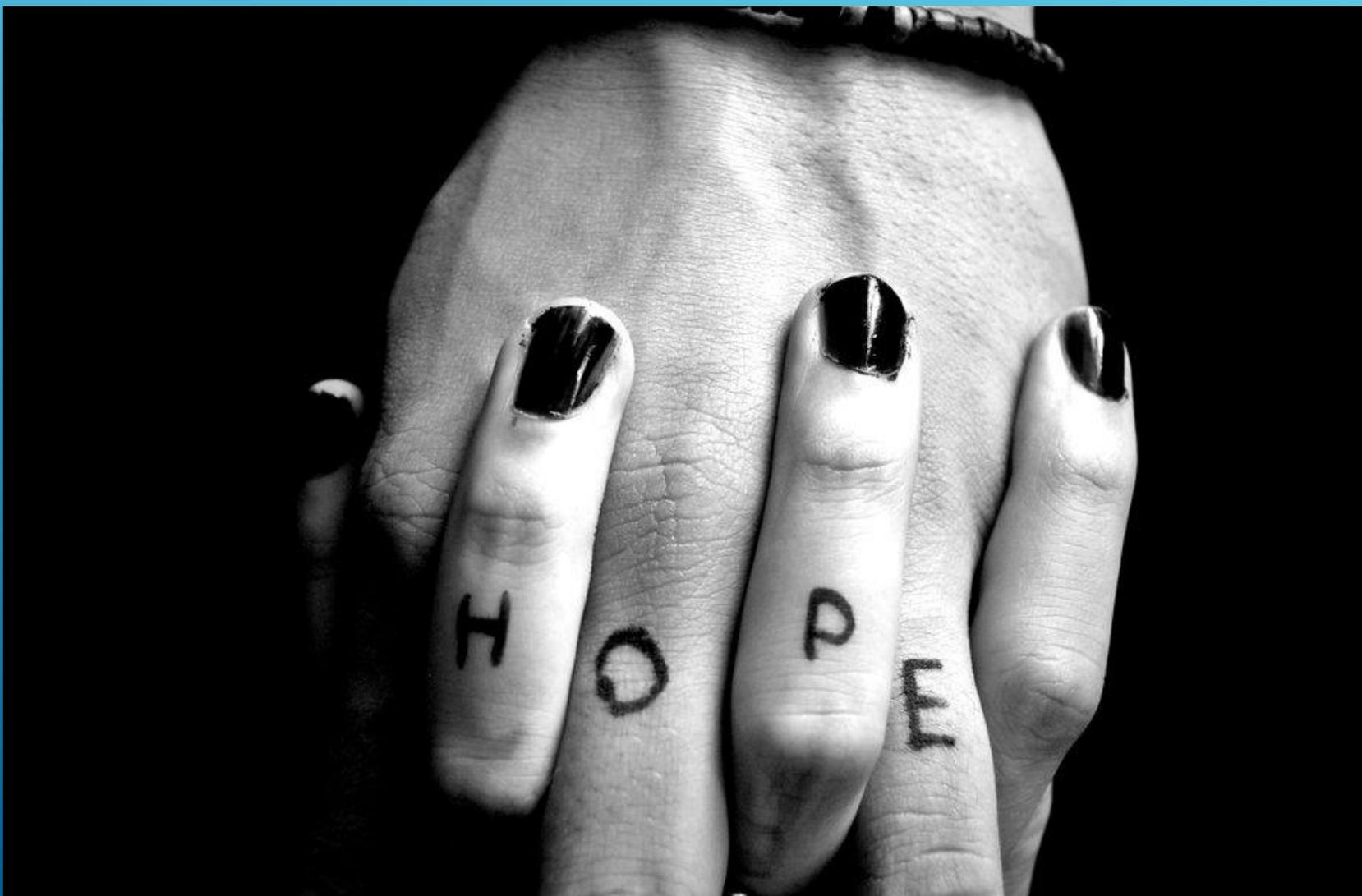
- Need and desire to build a culture of hope.
- Respect and do not ignore how people feel and their experiences.
- Acknowledge that everyone has different sources of hope and values.
- We need to empower people to explore and discover hope sources for themselves.



# WORKING TOGETHER

- People with mental health challenges must find their own path of recovery and hope, but other people can and do influence and effect them on their journey.
- Be aware that people can either help build or crush one another's hope.
- We have the opportunity as a community to help and support one another to tap into various sources of hope and inspiration.
- We need to respect individual and community journey's to recovery and hope; One shouldn't be prioritized above another.

# EMPOWERING HOPE



## Examples that can discourage and disempower people from building hope :

People mean well, but it is not always helpful or supportive to try to convince (or coerce) a person living with mental health challenges to share in a belief, especially when it comes to hope. One person's beliefs might not be another person's beliefs. Pushing it can even reinforce self-stigma, shame and guilt.

Example: Saying things like “You have your family.”

Family can be a good source of hope for some people, but family might not foster hope for other people.

## More examples of potential pitfalls -

- Substituting goal setting for a conversation about hope - Hope is more than just goals and motivation.
- Turning hope into merely feeling good.
- Equating hope with compliance - Treatment and therapy are important coping tools but not the only ones. Engage people where they are at with the tools that speak to them.
- Avoid Coercion (Question of Safety)

# Supporting and empowering people to build hope:

- Inspire and model hope
- Establish an open, honest and non-judgmental dialogue about hope. For some people hope is not something they actively or consciously think about. (not a quick conversation; need to spend time on it)
- Respect people for who they are and where they are at

## Supporting and empowering hope #2 –

- Allow people the space and opportunity to find their own path to building hope, meaning and purpose their own way and on their own terms.
- Share concerns and feelings but take responsibility and ownership of them. Negotiate Boundaries. (see Shery Mead's Intentional Peer Support : An Alternative Approach, 2008)
- Be creative. Don't just say a hope or belief is unrealistic or unhealthy. Learn about their worldview. Work on and try to develop a shared worldview.

## Supporting and empowering hope #3 –

- Connect people with their peers and colleagues. (Family with family, professionals with professionals, etc. )
- Connect people with people with lived experience who are at various stages of recovery (seeing people in crisis or distress all the time or often can erode and undermine hope)
- Introduce and connect people with a wide variety of sources of hope and inspiration

IS HOPE A  
PROCESS,  
PRACTICE OR  
SOMETHING  
ELSE?



HOPE  
CHANGES  
EVERYTHING.

# HOW DO YOU BUILD HOPE?

- ▶ How do you include people in setting personal recovery goals?
- ▶ What options, choices, self-management tools do you offer?
- ▶ Do you support the dignity of risk, learning, failure & growth as part of recovery?
- ▶ Is your language respectful & hopeful?
- ▶ How do you include family / carers as part of an optimistic recovery team?
- ▶ What signs of hope & inclusion do people see?
- ▶ Is there mutual learning & sharing of expertise?
- ▶ Are different beliefs & ways of knowing respected?
- ▶ How do you work as allies, partners & co-creators of knowledge?
- ▶ What is your plan for addressing discrimination gaps, etc?

EMPOWERMENT sting different self-stigma RAP  
beat group discrimination IDENTIFICATION  
neglect emergency madness fail HOPE alone LEAD  
HONOUR victim self-help jobless peers mental  
myths inclusion reject EMPLOYMENT fear JUSTICE  
hate caring disabled respect labeling informed  
consent failure NNMH jailed CONTACT madness  
stereotypes belonging trauma WORTHY secrecy health  
community loneliness human rights loss support  
avoidance self incompetent safe pessimism dignity psychiatric  
acceptance barriers blame disclosure fractured  
recovery choice imprison income contamination  
media efficacy reframing defeat public nuts  
potential hopeless support crazy alternative  
safety MEANING prejudice attitudes useless hurt  
social impulsive belong ignorance power cracked  
outsider LEADERSHIP different sharing shame MEDIA  
quality of life fragile CITIZEN ignorance PURPOSE  
harm accept excluded ASSOCIATION police informed  
CONSUMER violence suicide knowledge negative  
SURVIVOR indifference education experiential expertise

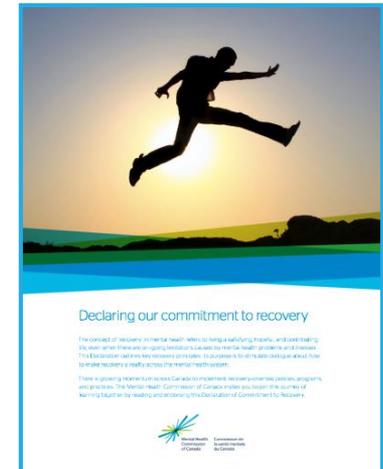


# Additional Resources

[www.mentalhealthcommission.ca/English/recovery](http://www.mentalhealthcommission.ca/English/recovery)

## Recovery Declaration:

- Build a shared understand of recovery concepts.
- Stimulate discussion and engagement.
- Encourage individual and organizational commitment.



## Recovery Inventory:

- 1,300+ recovery-oriented policies, programs, practices, and research articles, as well as personal accounts
- Search by keyword, resource type, topic, geographic location, and language



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# Additional Resources

Career Services Guide - [ceric.ca/mentalhealth](http://ceric.ca/mentalhealth)

Ontario Peer Development Initiative - <http://www.opdi.org/>

100 ways to support recovery - <https://www.rethink.org/about-us/commissioning-us/100-ways-to-support-recovery>

Hope Changes Everything video – Schizophrenia Society of Canada  
<https://www.youtube.com/watch?v=5Q2zkeirxK4>

Peer Support Accreditation and Certification (Canada) [www.psic-Canada.com](http://www.psic-Canada.com)

Archived recovery webinars -

<http://www.mentalhealthcommission.ca/English/issues/recovery/free-monthly-webinars-recovery-oriented-practice/recovery-oriented-practice-webinars>



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# Next Recovery-Oriented Practice Webinar

**Date:** Thursday, March 17, 2016 at 1:00pm to 2:00pm ET

**RECOVERY IS ABOUT TRANSFORMING SERVICES AND  
SYSTEMS**

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





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## How did we do?

Please fill out the survey  
that opens **after** you leave  
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# Thank you!

**Bonita Varga**, Knowledge Broker  
[bvarga@mentalhealthcommission.ca](mailto:bvarga@mentalhealthcommission.ca)

**Neasa Martin**, Consultant and Co-Author of the  
Guidelines

**Karla Thorpe**, Director  
[kthorpe@mentalhealthcommission.ca](mailto:kthorpe@mentalhealthcommission.ca)

**Tyrone Gamble**, Peer Specialist

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