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Sixth Webinar in the RECOVERY Series

Transforming services, structures, systems and the culture is key to recovery

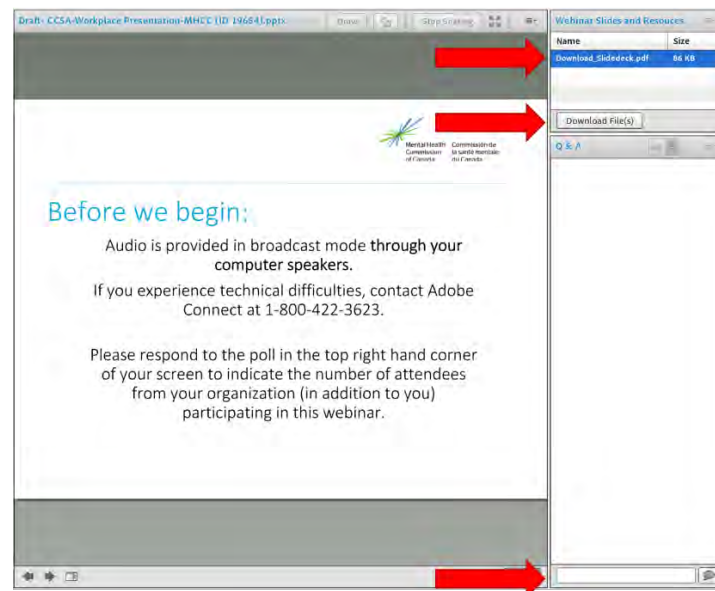
March 29, 2018

Samuel Breau, Laurence Caron, Diane Harvey, Julie Lesage, Steve Blanchette



Housekeeping notes

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What recovery means

It refers to the possibility of living a satisfying, hopeful, and contributing life, even when a person may be experiencing ongoing symptoms of a mental health problem or illness.





The six dimensions of recovery-oriented practice

1. Promoting a culture and language of hope and optimism
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 and Métis
6. Recovery is about transforming services and systems





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Speakers:



Diane Harvey,
Director general, Association pour la réadaptation psychosociale



Julie Lesage,
Program director, Mental Health and Addictions, CIUSSS de la
Capitale Nationale



Steve Blanchette,
President, Association des personnes utilisatrices de services de
santé mentale (APUR)



Laurence Caron (Animateur)
Project manager, anti-stigma program, AQRP

TODAY'S WEBINAR

Recovery by and for the person

The concept of self-determination in recovery

Recovery is a personal journey, but it doesn't have to be undertaken alone

TONE?

Friendly

The contents
aim to?

*Open the heart
Nourish the mind
Take over daily life*



LEARNING OBJECTIVES



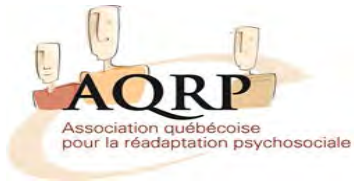
1. Gain a deeper understanding of principles associated with **recovery and of structures and practices when it comes to mental health care and services.**
2. Identify **issues and means** that relate to recovery structures and practices.
3. **Looking forward to watching the next webinars and taking part in them.**



Proposed schedule

1. Webinar series summary and Recovery 101
2. Diane Harvey (AQRP)
3. Julie Lesage (CIUSSS-03)
4. Steve Blanchette (APUR)
5. *Questions, comments*





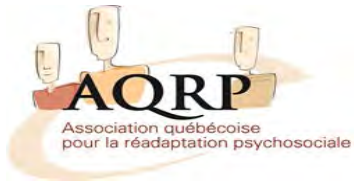
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WEBINAR SERIES SUMMARY & RECOVERY 101

(Feel good and feel better)





2017-2018 Webinar Series on Recovery

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PARTNESHIP BETWEEN MHCC and AQRP



Series inspired by the Guidelines for Recovery-Oriented Practices (MHCC)



Themes of the series

1. **THE IMPORTANCE OF HOPE:** managers, stakeholders and people living with a mental health problem (Linda Dufour, Caroline Lemire, Annie Bossé, Laurence Caron).
2. **SELF-DETERMINATION:** promoting self-management of mental health and access to different approaches by focusing on strengths (Elodie Barthell-Mailhot, Bruno Collard, Sandrine Rousseau).
3. **RECOVERY IN ONE'S LIFE AND FULL CITIZENSHIP:** movement of people living with mental health issues, rights advocacy, recovery outside of services (Eugène Leblanc, Doris Provencher, Marie Gagné).
4. **DIVERSE APPROACHES FOR DIVERSE PEOPLE:** health determinants, specific needs of some groups, alternatives in mental health and individuals (Marie-Eve Lapointe, Annie Pavois, Myriam Lecousy).
5. **WORKING TOGETHER,** non-Indigenous and Indigenous people: the recovery approach influenced by First Nations and culturally responsive services, initiatives from cities and regions (Mélodie Jourdain-Michel et Charles-Eric Lavery)



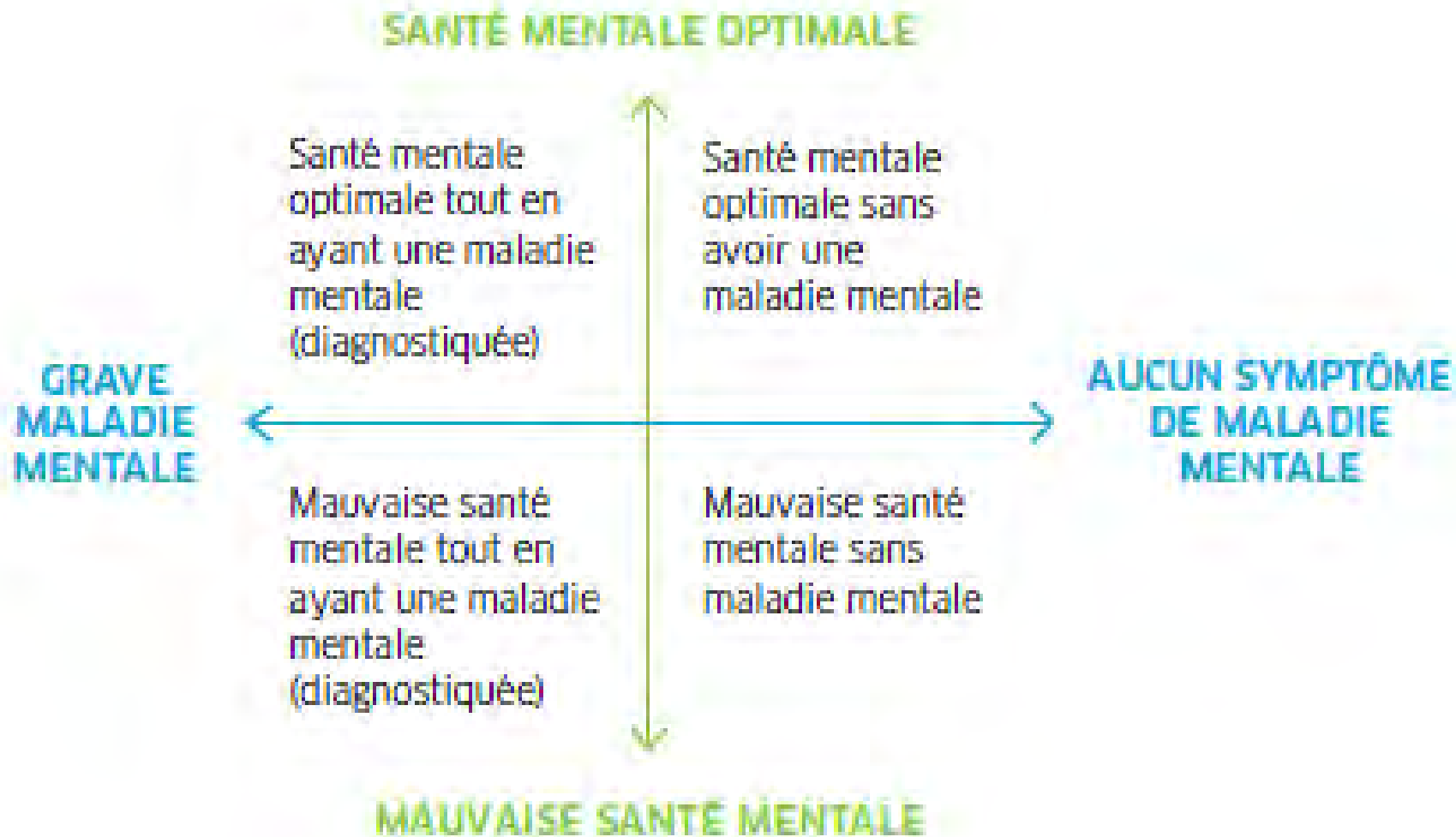
RECOVERY 101

DEFINITION(S)

- Based on the chosen perspective, there will be impacts on:
 - The life of people in recovery
 - The support toward recovery (loved ones and service providers)
 - The recovery structure



Global or positive mental health



Personal recovery in short

ATTENTION CONFUSION

CLINICAL

- From researchers and professionals:
 - (TL, Slade, 2015): partial or complete remission of symptoms, and achievement of functional milestones in autonomy, work, school or social relations, etc.
 - Is a state or a result.
 - Can be observed, is objective and can be assessed externally.
 - The definition does not vary based on the person.

PERSONAL


- Comes from affected people
 - ❖ (Deegan, 1996): The goal of recovery is not to become *normal*. Recovery is a way of life, an attitude and a way of meeting challenges on a daily basis. It's to aspire to live, to work and to love in a community where we can make a significant contribution.
- Is subjective, defined and assessed by the person
- Is based on principles such as dignity, self-determination, the power to act; it's based on strengths, hope, responsibility, inclusion and overall health...



Two pillars of recovery

(according to Chodos and Thorpe of the MHCC, 2016)

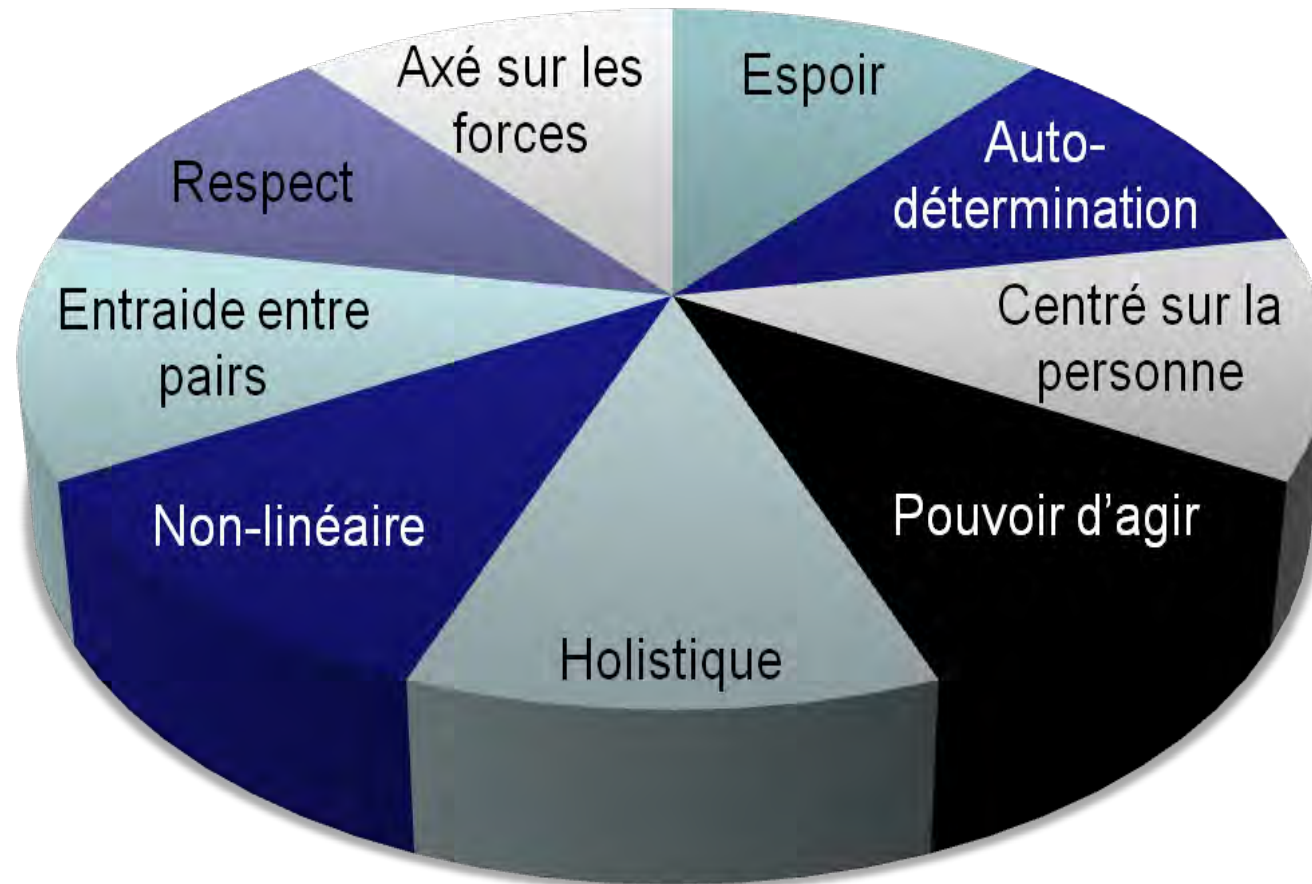
Recovery approaches stand on two pillars:



Recognizing that each person is a unique individual with the right to determine his or her own path towards mental health and wellbeing

Understanding that we live our lives in complex societies where many intersecting factors (biological, psychological, social, economic, cultural and spiritual) have an impact on mental health and wellbeing.

Components of recovery



Source: *Substance Abuse and Mental Health Services Administration (2006)*



1. Health, disease and recovery in short

CONCEPTS OF THE DAY



FULL CITIZENSHIP

(<http://www.iusmm.ca/pleinecitoyennete.html>)

In a community, “full citizenship” means that people can play an active role while having their rights, duties and abilities respected.


Full citizenship is based on solidarity and on the place given to each individual by the community.

RECOVERY 101

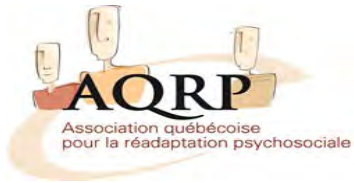


Let's be pragmatic here.

IT ALL BEGINS WITH HOPE



Believing that one's recovery is possible is nothing new. It's been part of the continuum of lived experience for decades (Provincial training group on recovery for housing providers, 2012)



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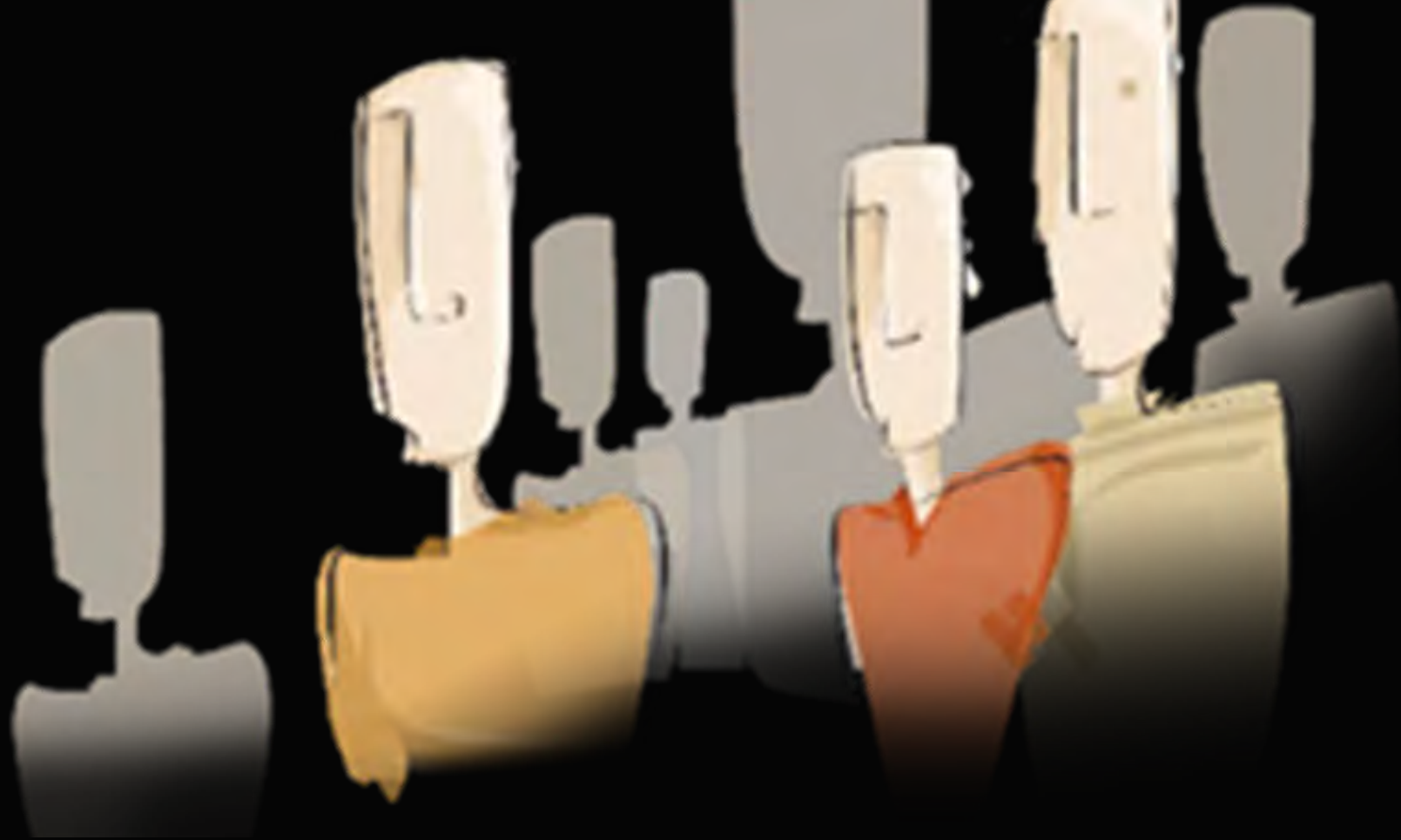
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Diane Harvey (AQRP)

You are?

A personal strength?

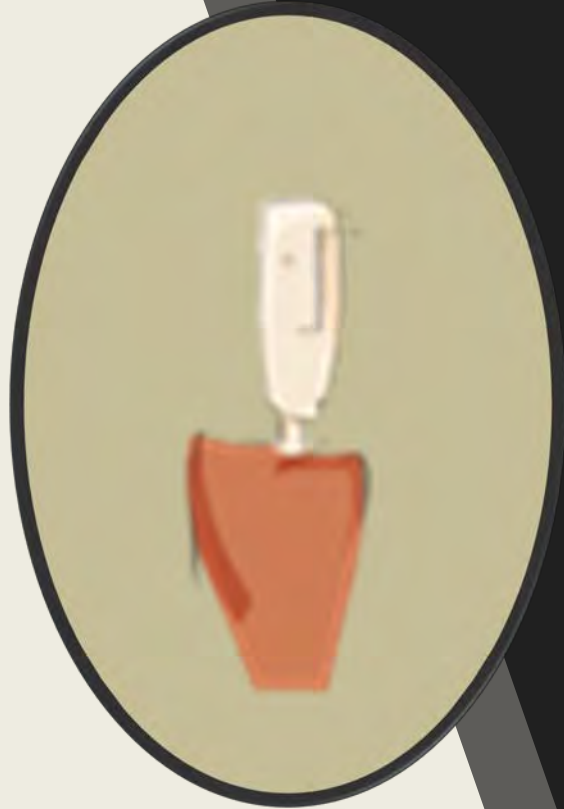
You will talk about?



Webinar on recovery at the organizational level

March 29, 2018
Mental Health
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Welcome



Introductions

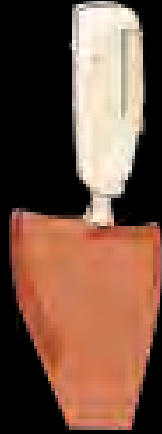
- Diane Harvey, director general, dharvey@aqrp-sm.org

Mission and mobilization

To promote best practices...

- Psychosocial rehabilitation
- Reclaiming the power to act
- Recovery process





Goals of the presentation

- To grasp the issues that pertain to recovery at the organizational level
- To understand the nature and the importance of following a transformation process



Why talk about recovery?

- PASM 2005-2010 (*one of the key issues*)
- PASM 2015-2020 (*guiding principles*)
- Mental Health Commission of Canada, 2009/Toward Recovery and Well-Being
- Commissaire à la santé mentale et au bien-être Québec, 2012 Report (*overcoming stigma: first five main recommendations*)
- Mental Health Commission of Canada, 2015/Guidelines for Recovery-Oriented Practice
- Ending stigma/Provincial training initiative (DSM, SACAIS, OPHQ and AQRP)
- International literature (movement)

Action Plan PASM 2015-2020

5 main questions

- How will people who use services and their loved ones be involved in the delivery and the organization of services?
- How will they be informed about their rights?
- What measures will be taken to overcome stigma and discrimination?
- What measures will be introduced to promote recovery-oriented services?
- How will clients be made aware of community services available to them?





Different angles

Putting the person first

Rights and
responsibilities

Overcoming
stigma

Active
participation of
people in
service
delivery

Active
participation of
people in
service
organization

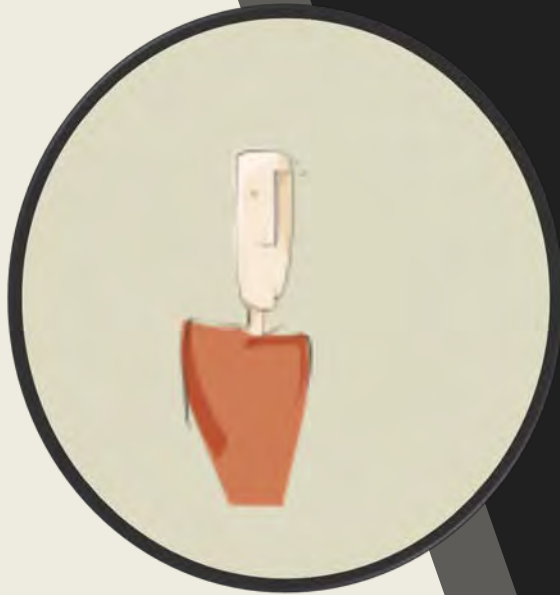
Recovery of
the person

Paradigm shift

- Instead of protecting clients from stress to prevent decompensation, clinicians must coach them to help them overcome daily difficulties.
- Instead of making decisions for people, a recovery-oriented approach provides treatment and intervention choices and asks the person and his or her loved ones to help make a decision.



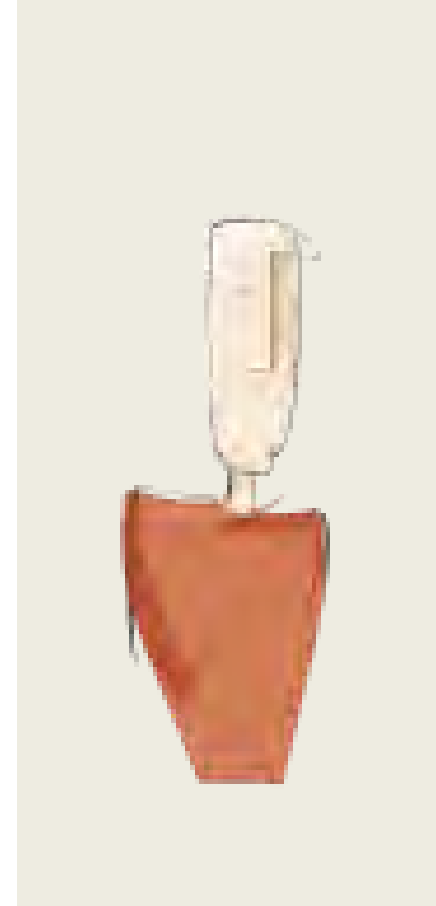
Whose responsibility is it?



- People who are experiencing recovery are the experts; people around them offer support.
- Health professionals and stakeholders must offer a recovery-oriented clinical practice.

Recovery is individual but cultural change is collective

- To change the culture, there needs to be an in-depth transformation process



To achieve a systemic vision of recovery based on **MVV**

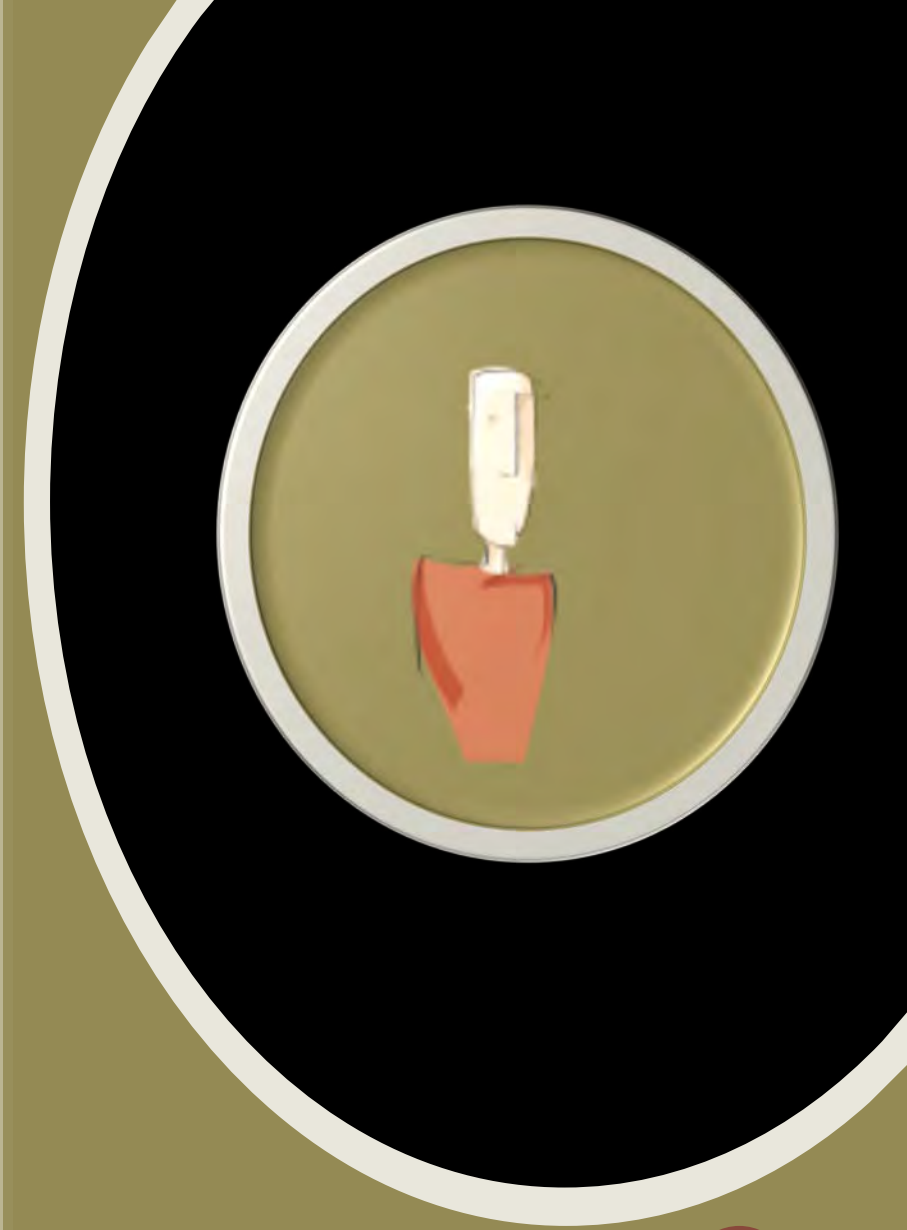
- Individual and collective engagement within an organization (including partners)
- Systemic and common vision of recovery
- Transformation process
- Driving force for change



A TRANSFORMATION EXERCISE that...

- Requires time
- Requires thinking
- Proposes a new dialogue between stakeholders
- Underlines a new vision
- Support, strategies, tools, approaches and interventions

THAT GIVE A NEW MEANING TO WORK and redefines it!

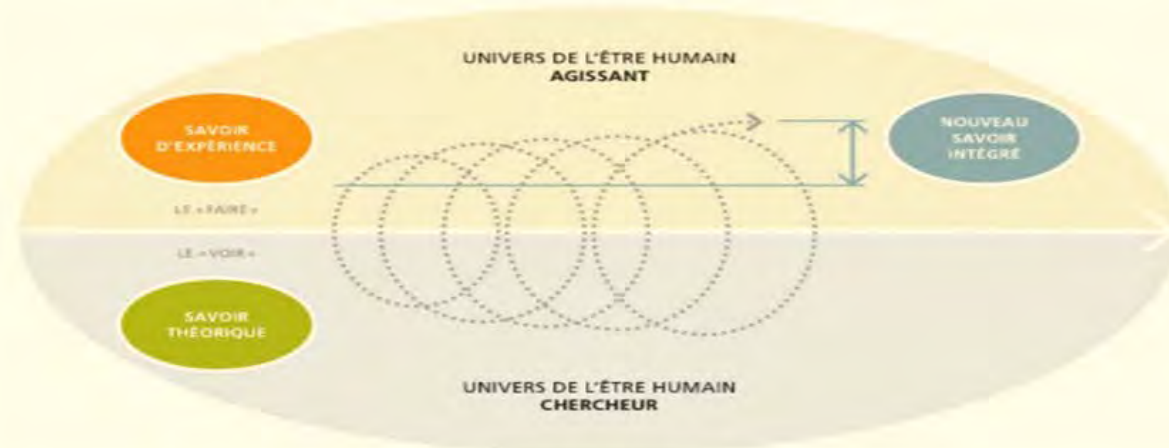




The challenge of developing integrated knowledge

Contexte de savoir intégrés

Figure 2 Le mode de transfert en spirale

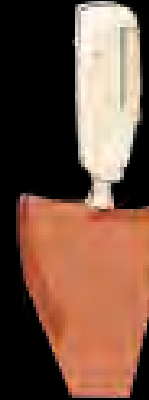


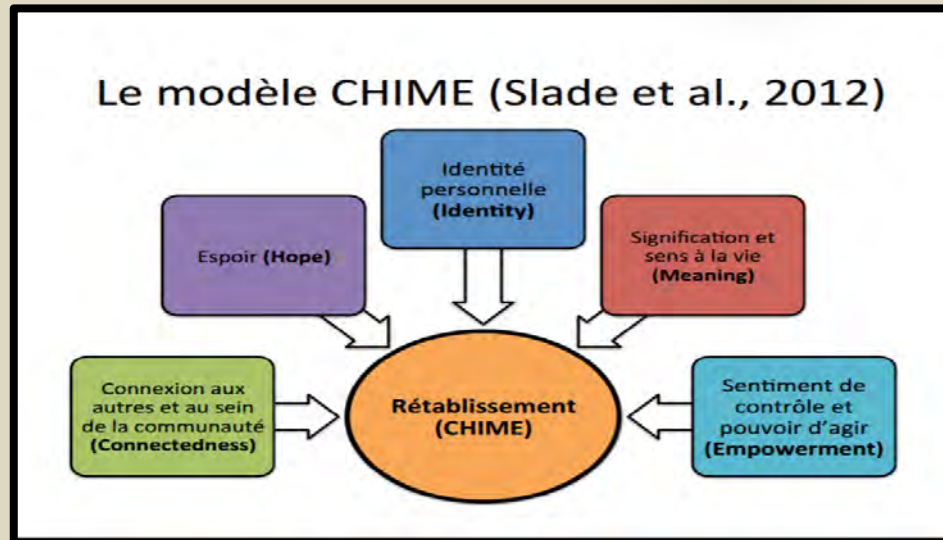
Inspiré de Bouchard et Gélinas (1990) dans Roy M., J.-C. Guindon, et coll. (1995). Études et recherches, IRSST. p. 31.

(INSPO, 2009)

Recovery on an organizational level: two conceptual models

- The **CHIME** model (Slade et al., 2012) (connectedness, hope and optimism about the future, identity, meaning in life and empowerment)
- The MOSOR: Organizational model of recovery-oriented services (Hélène Provencher, Ph.D)

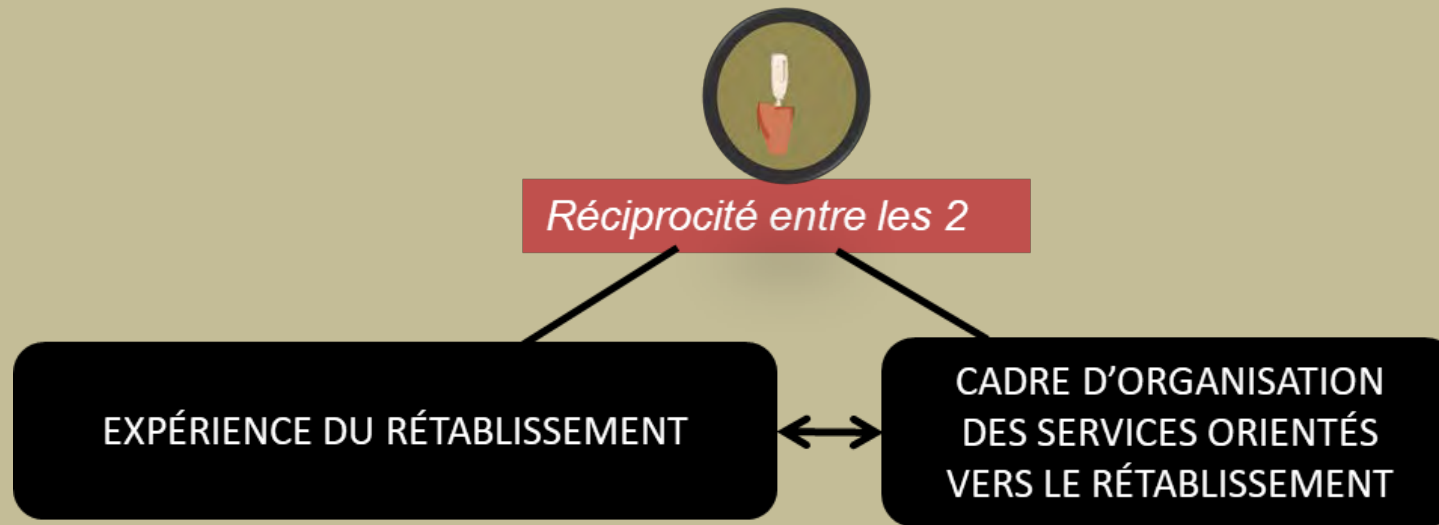




A metamodel for understanding personal recovery based on all other theoretical models based on literature/second generation.

<http://www.schizophrenia.ca/docs/Mike%20Slade%2020Facts%20and%20Fictions%20About%20Recovery.pdf> CERRIS, 2016

Recovery



Source : le partenaire vol. 15, no 1, printemps 2007, p. 3
Le paradigme du rétablissement : 1. Une expérience globale de santé; Par Hélène L. Provencher, Ph.D

Recovery Paradigm



According to H el ene Provencher, Ph.D.,'s MOSOR

Cadre d'orientation

Vision de l'exp erience
du r etablissement

Valeurs

Principes

Cadre structurel

Gamme de services

Progr. d'intervention

Cadre op eratif

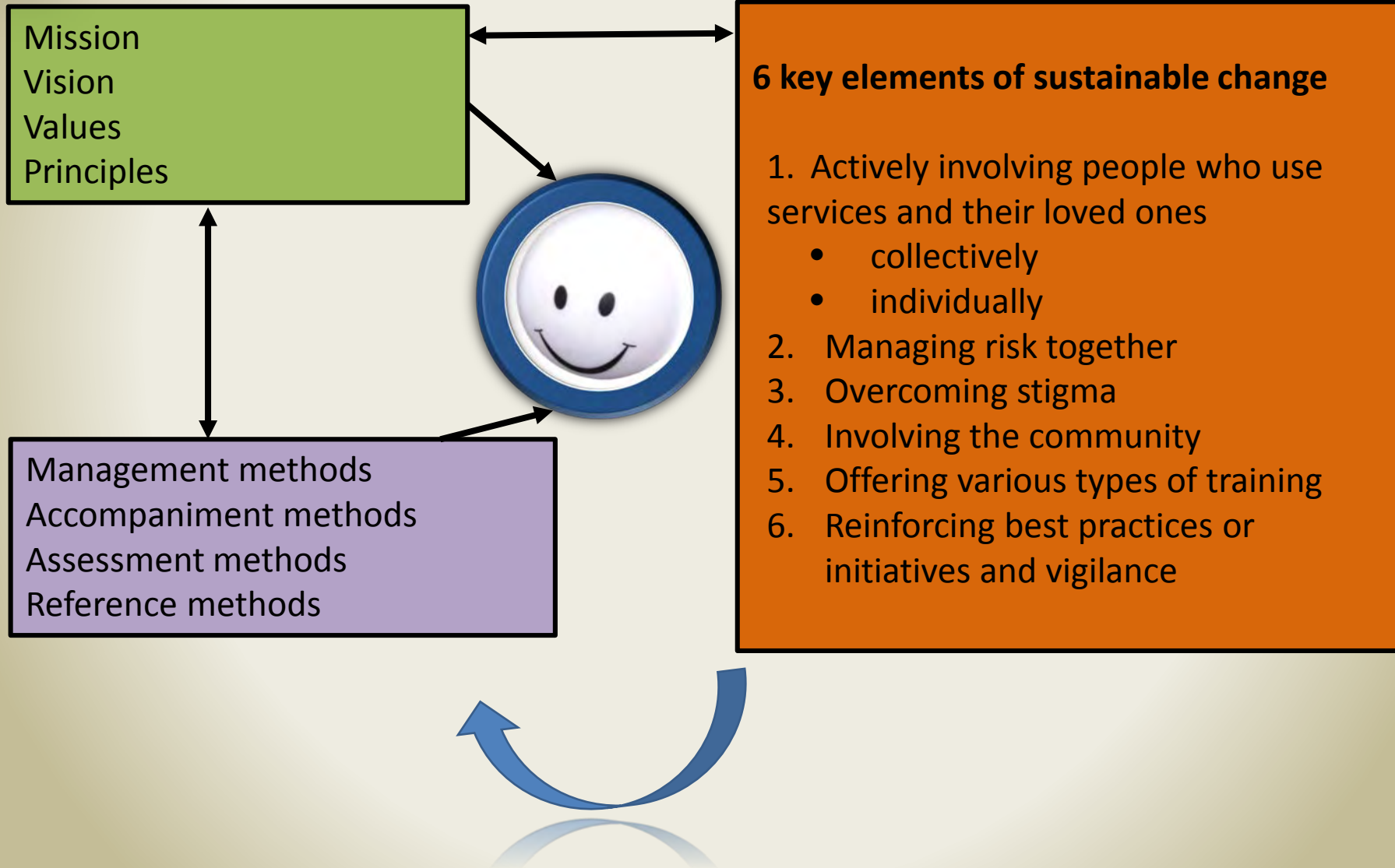
Modes d'accompagnement.

Modes de gestion

Source: H. Provencher PPT, MOPROSOR



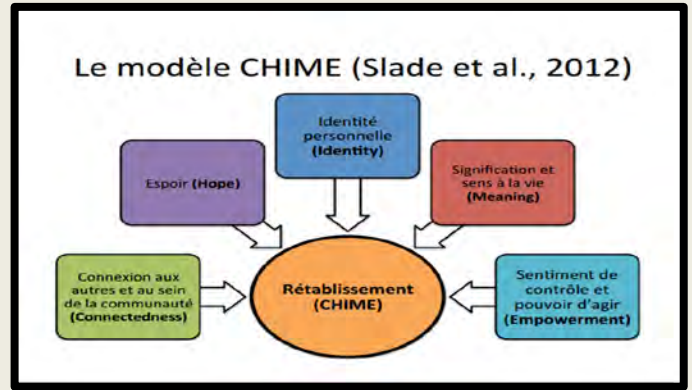
Recovery according to a systemic perspective





Recovery according to a systemic perspective

Mission
Vision
Values
Principles



Management methods
Accompaniment methods
Assessment methods
Reference methods



6 key elements of sustainable change

1. Actively involving people who use services and their loved ones
 - collectively
 - individually
2. Managing risk together
3. Overcoming stigma
4. Involving the community
5. Offering various types of training
6. Reinforcing best practices or initiatives and vigilance



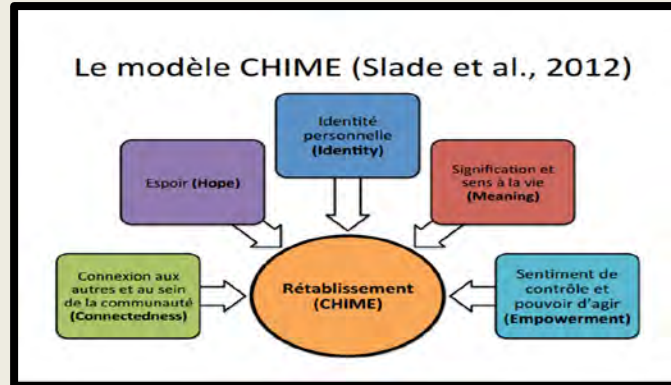
Recovery according to a systemic perspective

Mission
Vision
Values
Principles

Values

1. Respect for people and their experiences
2. Potential for people and other stakeholders to grow
3. Actively involve people and their loved ones in service organization
4. Peer support

(H.Provencher)



Management methods
Accompaniment methods
Assessment methods
Reference methods



PRINCIPLES (Australia)
MH care is based on:

1. Each person is unique
2. Real choices
3. Attitudes and rights
4. Dignity and respect
5. Partnerships and communication
6. Assessing recovery





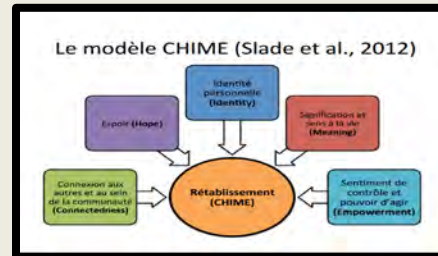
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Management methods
Accompaniment methods
Assessment methods
Reference methods



Rights and responsibilities

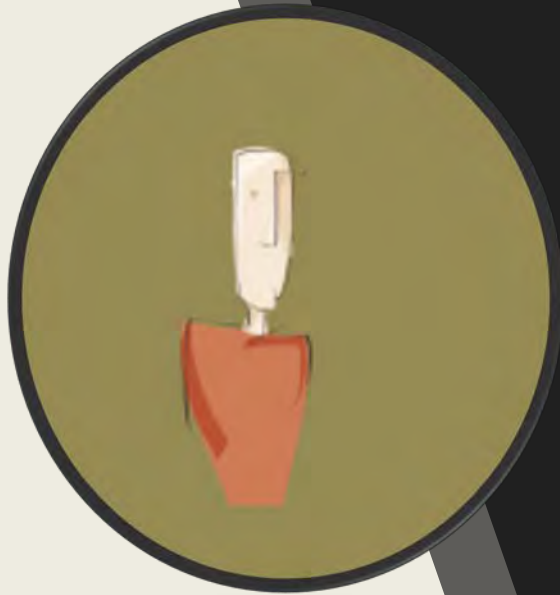
Overcoming stigma

Active participation of people in service **delivery**

Active participation of people in service **organization**

Recovery of the person

Indicators of a recovery-oriented organization according to Davidson, L (2006)



- Stakeholders work to develop partnerships with neighbourhoods and communities.
- Services are provided in the natural environment of the person.
- Peer helpers work in the organization.
- Loved ones are involved.
- Stakeholders pay the same attention to those who are well and to those who are in pain.
- Stakeholders believe that people have the ability to recover.
- Stakeholders play a fundamental role in helping people take part in activities that have nothing to do with mental health or addictions.
- Services go beyond controlling symptoms and promote integration in the workplace, achievements of life goals, hobbies and interests.
- Stakeholders are well aware of self-help groups and community activities.

Indicators of a recovery-oriented organization (continued)



- People who use services also train staff based on their lived experience.
- The organization promotes educational activities on mental health problems and addictions for the community and for employers.
- There are different options for receiving services and/or treatments.
- Services are culturally appropriate for people with different backgrounds and interests.
- Procedures in place allow to refer people quickly to other resources.
- People living in recovery are involved in service assessment, development and delivery.
- Staff and service users share the same bathrooms.
- Service users are regular members of advisory committees.
- Stakeholders help people stay in the community.

Davidson, L. (2006)

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Guidelines for Recovery-Oriented Practice

Hope Dignity Citizenship

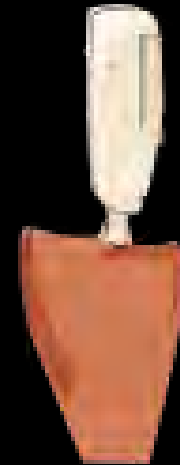
Six Dimensions

- Promoting a culture and language of hope and optimism
- Recovery by and for the person
- Recovery occurs in the context of one's life
- Responding to the diverse needs of everyone living in Canada
- Working with First Nations, Inuit and Métis
- Recovery is about transforming services and systems

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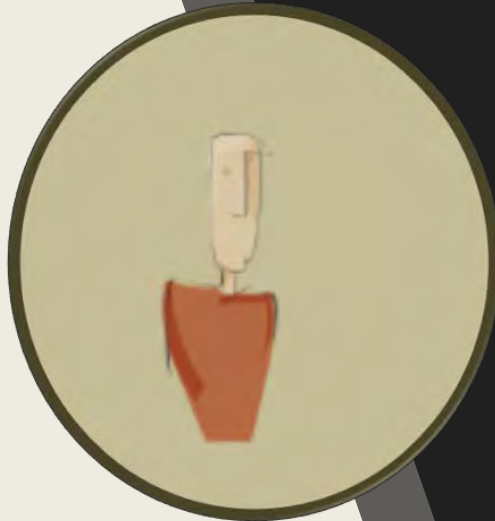
Recovery is about transforming services
and systems

- Recovery-oriented vision,
engagement and culture
- Users' lived experience is
recognized and valued
- Service partnerships to promote
recovery
- Staff planning and development



Points to Ponder

For a genuine transformation process

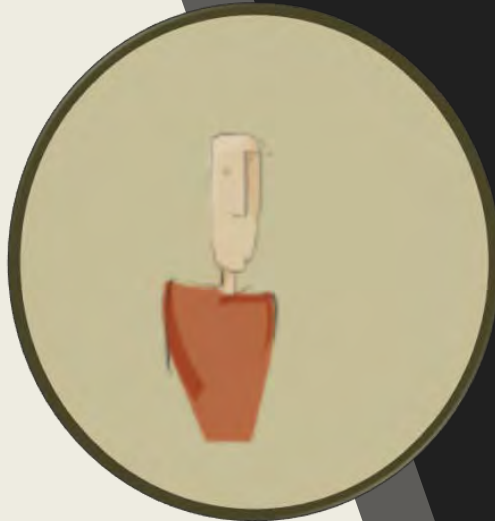


- Explore the driving force behind proposed change, goals PPP and more
- Revisit your mission and your services based on a new policy framework
- Set new goals:
 - *Challenges/Indicators/Results*
- Revisit your tools accordingly

And don't forget to put people living in recovery and their loved ones at the heart of the transformation process!

Support offered by AQRP

To help you implement measures contained in the Mental Health Action Plan.



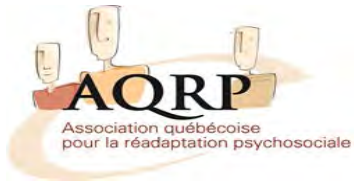
AQRP offers a range of services and training sessions related to the PASM:

- Recovery from different angles
- Overcoming stigma/best strategies and disclosure support
- Employment, stigma and recovery
- Hiring peer helpers/awareness training
- Peer intervention for future peer helpers
- Facilitation of hearing voices groups
- Supporting integration at work

Thank you for your participation!

- Best of luck on the journey toward creating recovery-oriented services that put **people first!**
- It takes willingness, people who use services at the heart of the transformation and time, time to recognize one another and to change things...
- Don't hesitate to get in touch with us!
- aqrp-sm.org





Thank you
for your time

(Please write down your questions)

Julie Lesage

(CIUSSS de la Capitale-Nationale)

You are?

A personal strength?

You will talk about?



Groupe régional de mobilisation sur le rétablissement et la participation citoyenne

A regional transformation process in the National Capital

Webinar on recovery at the organizational level
March 29, 2018
Mental Health Commission of Canada

*Centre intégré
universitaire de santé
et de services sociaux
de la Capitale-Nationale*

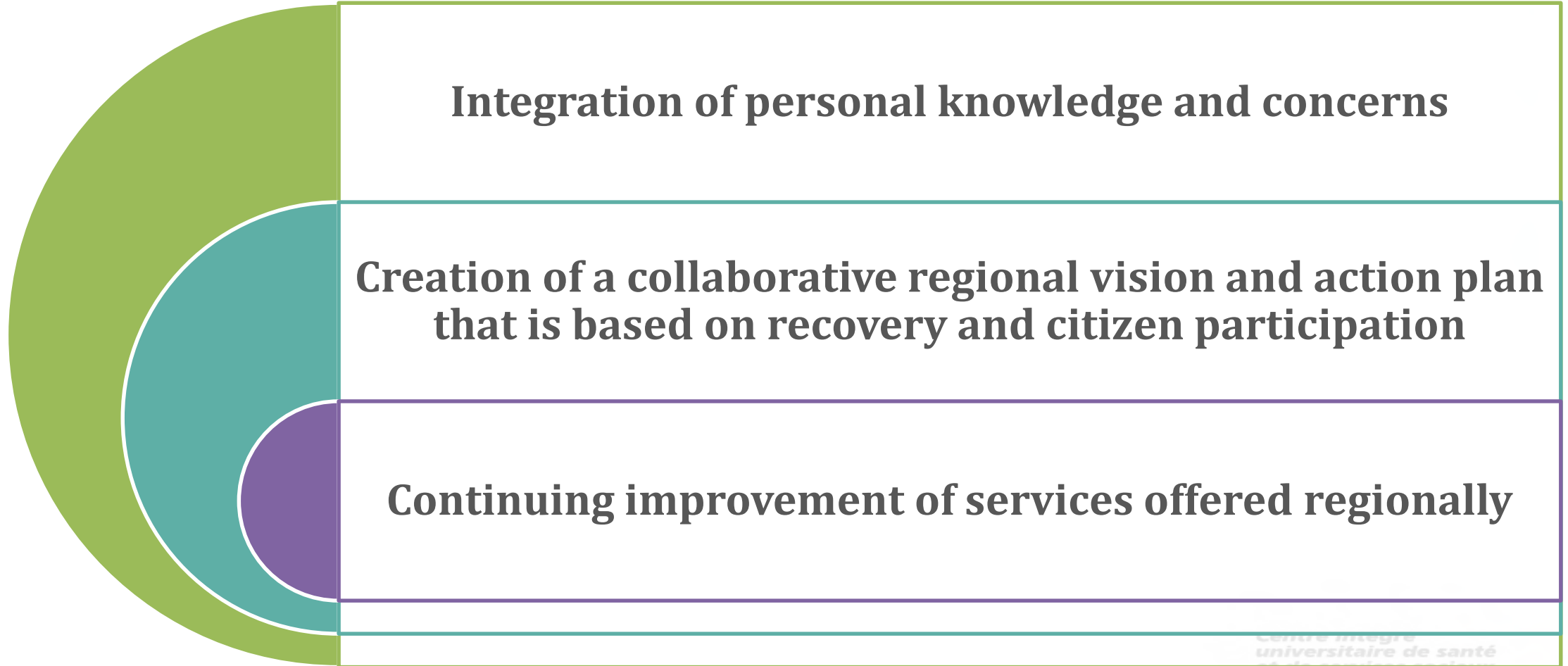


Process in the National Capital Charlevoix, Portneuf and Quebec City

- **Philosophy behind the process:**

The original process is part of a **reflexive approach** based on the **development of integrated knowledge** promoted by **stakeholders' buy-in to the process**. The process takes place thanks to **JOINT** networking and emulation between sectors and networks.

A joint process



First Mobilization Day

Creation of a common vision

- People with lived experience in mental health
- Loved ones
- Public and community networks
- 89 participants, 11 mixed working groups



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de la Capitale-Nationale



First Mobilization Day

Key words on...

recovery
citizen participation
services offered regionally

Elements of the vision on the regional services network

when it comes to putting people first
at the organizational level

A strength-based approach, regional plan

Second Mobilization Day



17 basic statements/goals from participants exercises

COMMON CONCERNS AT THE REGIONAL LEVEL

17 basic statements from the exercises during the second mobilization day

1. Ensure that everyone has access to services, regardless of their needs or where they live in the region.

ORIENTATIONS & MESURES

2. Implement initiatives to overcome stigma.

4. Create a table or a focus group for all (public network, community, service users, loved ones and cross-sectoral groups)

5. Promote recovery and assume ownership of a common language that is focused on recovery.

7. Encourage psychiatrists and doctors to take part in the regional process and to promote the adoption of recovery-oriented practices

LIVED EXPERIENCE

8. Involve people who use services in the decision-making process.

9. Promote the hiring of peer helpers.

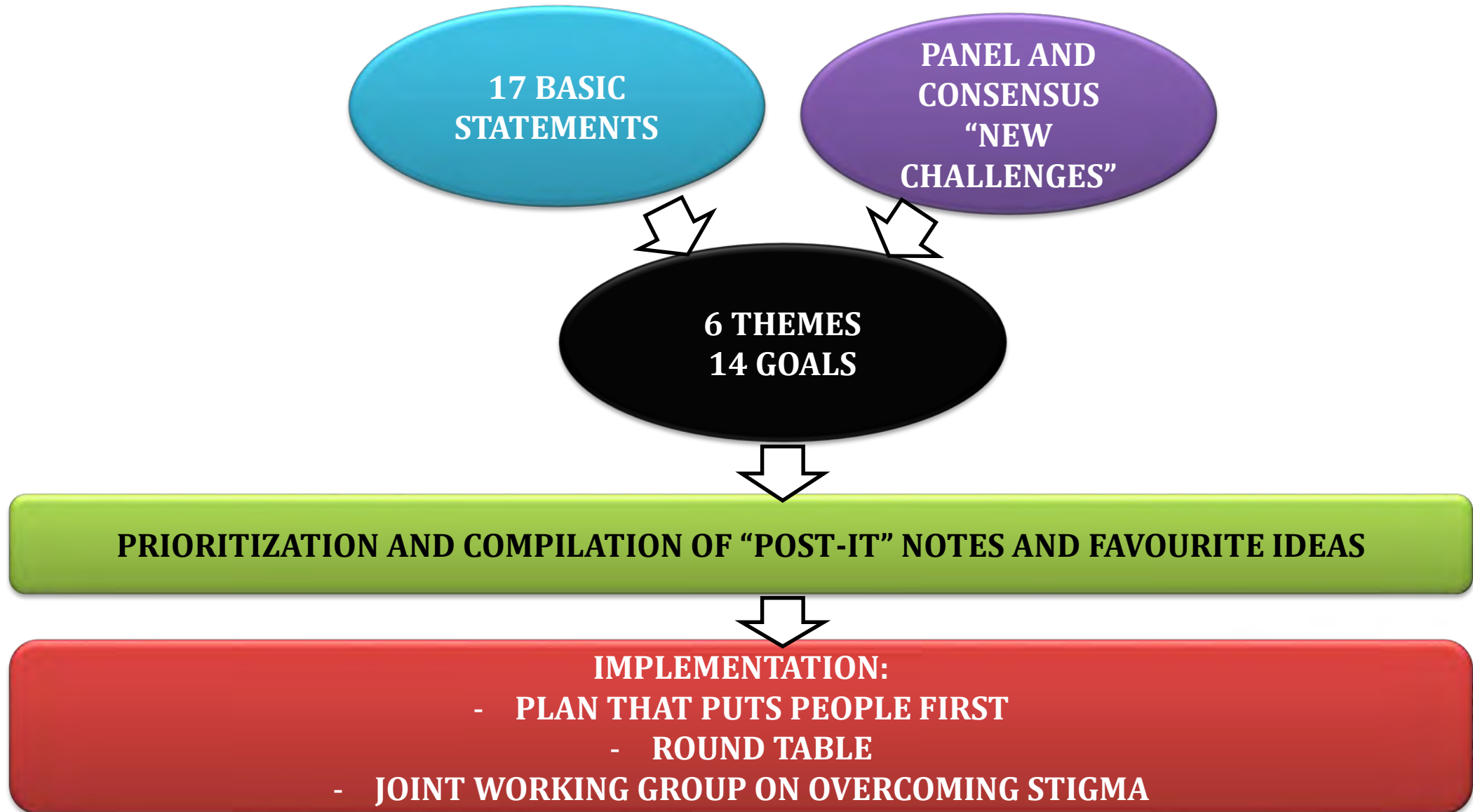
10. Promote lived experience in different ways (not only with peer helpers)

INNOVATION

12. Promote employment and lead by example.

17. Fund and develop innovative recovery projects.

Third and Fourth Mobilization Days



EXERCISE ON PUTTING PEOPLE FIRST IN SERVICE DELIVERY AND ORGANIZATION/**Illustration**

THEME 3: RECOVERY

Measure 1.3 ... specific measures on promoting a **recovery-oriented approach** in institutions, with managers, health professionals (including psychiatrists), and stakeholders, as well as developing and assessing services that promote and support recovery.

Statements from the exercises on the second mobilization day

- *Promote recovery and assume ownership of a common language that is focused on recovery (5)*
- *Promote lived experience in different ways (not only with peer helpers) (10)*
- *Promote the hiring of peer helpers (9)*
- *Encourage psychiatrists and doctors to take part in the regional process and to promote the adoption of recovery-oriented practices (7)*
- *Fund and develop innovative recovery projects (17)*

Examples of the influence of the process on the CIUSSS' plan to put people first

Goals	Means	Collaborators	Completed steps and steps to come
Overcoming stigma and discrimination about mental health (measure 1.2)			
<p>Reflexion process undertaken by involving managers, stakeholders, people who use services and their loved ones about organizational and clinical practices that pertain to stigma and discrimination associated with mental illness within the organization.</p> <p>Planning, delivering and assessing activities or overcome stigma and discrimination within the organization by using contact learning, collaborating with people who use services and their loved ones, community partners and stakeholders within the organization.</p>	<ul style="list-style-type: none"> ➤ Create a critical mass (managers, stakeholders) that is representative on overcoming stigma (pillar role). ➤ Delivering reflexion activities and organizing discussions on stigma within clinical teams (structural focus), and involving people who use services and their loved ones. ➤ Joint development or a regional program to overcome stigma. 	<ul style="list-style-type: none"> ➤ AGIR ➤ APUR ➤ AQRP ➤ CROP 	<ul style="list-style-type: none"> ➤ Training ➤ Development of a facilitation guide ➤ Plan at least one team reflexion activity as part of the annual goals ➤ Achieve goals ➤ Regional consensus on goals (October 2016) ➤ Open book activity, inspired by living libraries ; ➤ General public (Gabrielle-Roy library). ➤ (CIUSSS de la Capitale-Nationale) ➤ Creation of a working subgroup ➤ Annual planning of activities

Implementation: living up to our ambitions

First collective action:

- Create a new regional round table, lead by CIUSSS de la Capitale-Nationale (points ++)

Second collective action/proposal and recruitment:

- Set up a regional committee to overcome stigma



Winning Condition:

- Actively involving people who use services

According to our philosophy

Exploration/reflexion/vision



Integration of values and principles during the year

Framework based on recovery and citizen participation

Regional action plan on recovery and citizen participation

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de la Capitale-Nationale

Québec 

In conclusion

- FOCUS ON STRENGTHS
- CREATE A COMMON VISION



To address obstacles

- NOT KNOWING STAKEHOLDERS
- CULTURAL SHOCK
- POWER STRUGGLES

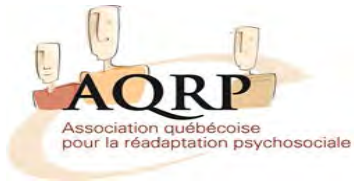


A graphic of a spotlight with a yellow beam of light shining downwards. The text is centered within the beam.

**CONTACT-BASED
STRATEGIES MAXIMIZED BY
A COMMON PROJECT OR
IDEA**

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et de services sociaux
de la Capitale-Nationale

Québec 



Thank you
for your time

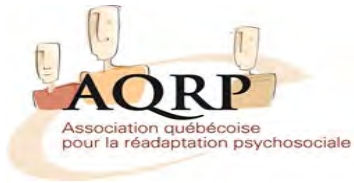
(Please write down your questions)

Steve Blanchette (APUR)

You are?

A personal strength?

You will talk about?



Thank you
for your time

(Please write down your questions)

In summary

Questions and comments

You are?

A personal strength?

Your question or comment (for whom?)





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Thank you!

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