Mental Health Commission of Canada
Commission de la santé mentale du Canada

Guidelines for Recovery-Oriented Practice

Hope. Dignity. Inclusion.

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Contents

It is with great pleasure and pride that I present the Guidelines for Recovery-Oriented Practice. Since its inception, the Mental Health Commission of Canada has made it a priority to work with people from across the country on ways to improve mental health systems based on a recovery orientation.

Recovery approaches stand on two pillars. First, they recognize that each person is a unique individual with the right to determine his or her own path towards mental health and well-being. Second, they also understand that we all live our lives in complex societies where many intersecting factors (biological, psychological, social, economic, cultural and spiritual) have an impact on mental health and well-being. These Guidelines encompass both dimensions, and in so doing address everyone with direct experience of mental health problems and those who support them, as well as the many communities – in all their diversity – in which people live, work and play.

The development of these Guidelines flows directly from recommendations in Changing Directions, Changing Lives: The Mental Health Strategy for Canada, released in May 2012. However, the impetus in Canada for embracing a recovery orientation stretches further back to the landmark Senate Committee report, Out of the Shadows at Last (2006). The roots of the recovery "movement" lie deeper still, nourished by decades of experience and advocacy by people with lived experience of mental health problems and illnesses and by the pioneering work of early champions and practitioners. This movement has been embraced in many countries, to the point that it has been called the new "paradigm" for mental health.

My enthusiasm for these Guidelines does not stem only from my conviction that they represent another step towards the creation of a mental health system that can respond to the full range of mental health needs of everyone living in Canada. It also reflects the personal values and commitments that have guided me during my many years of work at every level of the mental health system. The Guidelines concretize what a recovery-oriented system looks like and will help us build a holistic, person-centred and person-directed system, one that is grounded in best and leading practices and treats all people with dignity and respect.

Moreover, I am proud to say that, while the MHCC is always learning how to better incorporate a recovery perspective in its work, the recovery principles that infuse the Guidelines are already embedded in its initiatives. They are clearly visible in areas such as housing and homelessness and our ongoing efforts to address

stigma and discrimination; they are likewise reflected in the importance the Commission has attached to improving mental health in the workplace.

These Guidelines help to strengthen the foundation for change. They have drawn on the best international practice as well as on the knowledge and experience of people from coast to coast to coast in Canada. They provide support and encouragement for the many excellent recovery-oriented initiatives already underway, as well as inspiration for new ways of thinking and doing. To help them come alive, we need to make them a reference point for everyone who is part of, or who engages with, the mental health system, as well as all those who are working in areas that have an impact on people's mental health and well-being.

The mental health landscape in Canada has changed significantly for the better over the past decade. These Guidelines are a major addition to our collective resources and will help ensure that the momentum for change continues unabated.

Louise Bradley

President and Chief Executive Officer, Mental Health Commission of Canada

Recovery is on the lips of many in the mental health community, and those of us who live and breathe this practice know that the tide is turning in our mental health system. It is with great enthusiasm that I support the Mental Health Commission of Canada (MHCC) as it launches these recovery-oriented guidelines. With the support of service providers and policy makers across the country who have already embraced a recovery approach, the guidelines will help change the way we practice mental health care in this country.

For many of us experiencing mental health challenges and illnesses, recovery – the practice, the philosophy and the hard work – is not just a word, but an actual process. Recovery is made possible by having a safe space to be ourselves, and to find friends, family and peers who know and understand our experiences; it's nurtured when our voices are heard, and we get to speak our stories of courage and resilience. Recovery is about hope.

Every day, as the director of a peer-run mental health service, I see the real effects of discrimination and stigma. Recovery is quite difficult when your experience has marginalized you – by racism, sexism, homophobia, poverty, transphobia, histories of trauma and colonization, as well as by mental illness. A recovery lens allows us to appreciate the various ways we engage with the mental health system; it recognizes the value of working collaboratively across sectors, the important practices of peer support, respectful relationships, mutuality and equity, the social determinants of health and, of course, advocacy. Recovery-oriented practice can help us trust in the work that happens on the ground and at the grassroots in order to make fundamental changes to our mental health system.

We are in the midst of a powerful movement started by those with lived experience of mental illness, who knew that there was something much more to life besides diagnoses and dire conclusions that nothing would get better – a movement that is gaining ground and changing lives. I am eager to see how these guidelines are embraced by all of us in mental health care. I am inspired by the MHCC and all who have worked hard to develop the practices that are vital for keeping this movement marching forward.

Shana Calixte

Executive Director, NISA/Northern Initiative for Social Action

What does recovery mean to those of us living with a mental health problem? It does not necessarily mean regaining the life and person we were before. Often, recovery is a journey towards a new life that better reflects our identity, our needs and our deepest desires. Recovery can bring us precious and unexpected gifts.

Yes, recovery is currently trending. And trendy words can sometimes become empty vessels that certain people will fill with their own interests, whether political, economic, corporate or clinical. For example, some of us believe, not without reason, that there is a risk of some of the principles associated with the recovery approach, such as autonomy and peer accountability, being hijacked. We fear seeing the approach being used to justify cutting services and, consequently, downloading even more of the weight of the recovery process onto the already overloaded shoulders of our peers and the members of their networks.

Since it is an approach whose roots are entwined with the very roots of the user movement, it is up to us to remain vigilant so that recovery retains its true nature. For this reason, I am pleased to support the efforts of the Mental Health Commission of Canada in publishing and disseminating the Guidelines for Recovery-Oriented Practice, a document that, in my view, infuses the term recovery with the full meaning we want it to have. It is no surprise that at least half of the team contributing to the Guidelines have lived experience of recovery.

Empowerment is not a privilege bestowed on someone but a right that peers must acknowledge. For this condition to become an integral part of our Canadian mental health system, leaders of the user movement must come together to embody this empowerment and ensure that the roots of our movement constitute the core of the identity and values of the broader recovery movement. It is only through a massive alliance of all players in the mental health environment and in the community that recovery will become a word that brings profound and positive change to mental health services – and to lives!

The Guidelines are definitely an important step in that direction.

Luc Vigneault

President, Les Porte-voix du Rétablissement
The Quebec association of persons living with (or having experienced) a mental health problem

INTRODUCTION

Guidelines for Recovery-Oriented Practice in Canada

In the spring of 2006, the landmark report Out of the Shadows at Last called for recovery to be "placed at the centre of mental health reform"[1] in Canada. Since then impressive strides have been made across the country to embrace and implement a "recovery orientation," both in policy and in practice. Many provinces and territories have incorporated the concept of recovery into their strategic and planning documents, and some have begun important initiatives to support recovery-oriented change.[2] Many health and mental health facilities have embraced recovery as the goal and transformed the way they work.[3] Recovery-oriented services and supports based in the community are becoming more widely available throughout Canada.

A recovery orientation also lies at the heart of *Changing Directions, Changing Lives: The Mental Health Strategy for Canada* released in 2012. In the words of the Strategy:

> *An orientation toward recovery is helping to bring about important changes in the mental health systems of many countries. Here in Canada, recovery has strong roots in the advocacy efforts of people with lived experience and in the psychosocial rehabilitation field.... Recovery and well-being form the base of this Strategy and are now embraced by most provincial and territorial mental health policies.*[4]

The Strategy put forward two specific recommendations to help strengthen the commitment to a recovery orientation and its implementation across the mental health system:

2.1.1 Implement a range of recovery-oriented initiatives in Canada, including the development and implementation of recovery guidelines, and

2.1.2 Promote the education and training of mental health professionals, health professionals, and other service providers in recovery-oriented approaches.[5]

These Guidelines for Recovery-Oriented Practice represent an important contribution to achieving these recommendations. They constitute a key element of the work undertaken by the Mental Health Commission of Canada (MHCC) to build on the significant pockets of practice already oriented towards recovery and well-being across the country. Over the past two years, stakeholders and recovery champions have worked with the Commission to identify objectives that will help accelerate the implementation of recovery-oriented approaches across the mental health system.

The Guidelines have been written to provide a comprehensive Canadian reference document for understanding recovery and to promote a consistent application of recovery principles. They seek to build a common understanding, shared language and knowledge about recovery in order to:

- Provide a conceptual framework to help transform culture and practice.
- Promote the centrality of supporting people with lived experience, along with their families and caregivers, to play an active leadership role in their personal recovery; delivering ser-

vices; program design and development; policy setting; recruitment and development of staff; and evaluating services.

- Identify principles, values, knowledge, skills and behaviour that underlie recovery-oriented services and supports.
- Assist in implementing a recovery orientation across the country at a policy, program and practice level.
- Provide a benchmark against which to measure service alignment with evidence-informed recovery-oriented practices.

MOVING THE RECOVERY CONCEPT FORWARD

The idea of recovery and the need for a mental health system geared to its promotion is not a new one. A key impetus for the development of the concept came directly from people with a lived experienced of mental health problems in the 1980s and 1990s. They described their own experience and journeys and affirmed their personal identity beyond their diagnoses. They advocated for a system that provided hope, treated people with dignity and respect and supported everyone in finding their path to better mental health and well-being.

At the same time, there are many ideas that underpin the recovery philosophy – such as self-help, empowerment and advocacy – that have an even longer history, both inside and outside the mental health field. Some of these ideas had their roots in the Civil Rights movements of the 1960s and 1970s in the United States and in self-help groups such as Alcoholics Anonymous, where the concept of being "in recovery" remains a central tenet.

Recovery was key to the approach taken by pioneer psychiatric rehabilitation professionals in the United States, who began to challenge mental health services to adopt a recovery vision and transform their services to a recovery orientation. In Canada, PSR providers have long incorporated recovery ideas and practices and have actively advocated for the widespread adoption of a recovery orientation [see box].

PSYCHOSOCIAL REHABILITATION AND RECOVERY

Psychosocial rehabilitation (PSR) approaches include programs, services and practices with documented effectiveness in facilitating recovery. PSR services are collaborative, person-centred, and individualized. They build upon each individual's strengths and skills and support people in accessing the resources they need for successful and satisfying lives in the communities of their choice.

PSR approaches include the best and most promising practices in key domains – including housing, employment, education, leisure, wellness and living skills – and draw upon emerging areas of family involvement, peer support and peer-delivered services. Supportive PSR services such as recovery-oriented Assertive Community Treatment (ACT) Teams are effective in enabling people with complex and persistent conditions to live successfully in the community and in helping to reduce emergency hospitalizations.

PSR researchers and practitioners have developed tools for individuals, their peers, families and service providers to facilitate recovery. PSR approaches contribute to the transformation to effective, recovery-oriented mental health services and systems. They can play an important role in supporting people in their journeys to wellness, and in improving housing, educational and employment outcomes, social supports and successful community living. Their adoption can also help to limit the personal, social and system costs associated with avoidable emergency admissions, hospitalizations, reliance on social assistance and involvement with law enforcement.

PSR/RPS Canada has developed Competencies of Practice for Canadian Recovery-Orientated Psychosocial Rehabilitation Practitioners, available at http://www.psrrpscanada.ca/index.php?src=gendocs&ref=competencies&category=Main

The Commission launched its "Recovery Initiative" to help accelerate the movement to adopt recovery-oriented practice in Canada by developing the following three tools:

1. The Recovery Declaration – a tool to facilitate dialogue
2. An online inventory of recovery resources (www.mentalhealthcommission.ca/inventory) and,
3. The development of Recovery Guidelines, presented here.

The release of the Declaration and the launch of the Inventory preceded the publication of these Guidelines.

Progress in advancing recovery as a foundational concept for the mental health system has not, however, been easy or straightforward. One of the challenges associated with broadening the uptake of a recovery orientation has been the need to help people understand what recovery-oriented practice means in concrete terms. These Guidelines will help answer the question "What does a recovery orientation look like in actual practice?"

For some, however, it is the recovery approach itself, or its implications for mental health practice, that remains challenging. Some concerns relate to the ways in which recovery is understood or interpreted, including that:

- The language of recovery may not be seen to reflect people's historical, linguistic or cultural background and experience.
- The exact meaning of the term recovery is not always well defined, and may be interpreted by some to mean "cure."
- The spectrum of mental health problems and illnesses to which recovery is applicable may not always be clear.
- Recovery may not be seen as relevant to children, youth and seniors.
- A recovery orientation may sometimes be thought to imply the wholesale rejection of existing practices in the mental health field, for example the use of psychopharmacology or involuntary treatment.

Other concerns arise from the perceived consequences of implementing a recovery orientation, including that:

- Emphasis on recovery may encourage a "false" sense of hope.
- Promoting self-reliance could lead to reduced public support for mental health services.
- A focus on the individual nature of a person's recovery journey may lead to less attention being paid to the broader social factors that influence mental health.
- A recovery label could sometimes be applied to programs without reflecting real change.
- As recovery is more widely embraced, it may no longer reflect the values defined by people with lived experience.

These concerns reflect a variety of perspectives. While these Guidelines do not explicitly address them all, they do embody responses to them. Not everyone will agree with the approach taken in this document, but the Commission's experience with promoting recovery, and of grappling with the many concerns about recovery, has informed the content of the Guidelines. The Commission wishes to highlight a few key elements of its approach as readers review and consider the Guidelines:

- Recovery does not equate with "cure," but refers to "living a satisfying, hopeful and contributing life, even when there are ongoing limitations caused by mental health problems and illnesses."[6]
- The underlying principles and philosophy of a recovery approach are applicable to all providers of mental health services, regardless of setting or type of mental health problem being addressed.
- The Guidelines present a foundational approach that will need to be adapted to the wide variety of mental health needs manifested across the population and complemented by other approaches.
- Upholding people's ability to choose the type of support most suited to their needs implies that the "system" as a whole is able to make available the requisite range of services, treatments and supports from which people can in fact choose.
- While each person's journey of recovery is unique, people do not journey alone; their journeys take place within a social, familial, political, economic, cultural and spiritual context that impacts their mental health and well-being.
- There may be different views on how best to implement a recovery-oriented practice, and it is important to allow these to be aired openly, collegially and widely.

The approach to these Guidelines was informed by a review of the literature, international guidelines and best practices. The format was inspired by an Australian model, articulated in the 2012 National Recovery-Oriented Mental Health Practice Framework, following extensive research and consultations over a two-year period. We are grateful to the Government of Australia for permission to borrow from its content and approach. The Guidelines were further developed and adapted to the Canadian context through consultation with recovery leaders and experts (including experts by experience) here in Canada; we are indebted to them for having shared their insights and experience with us. People with lived experience have also played a central role in the drafting and review of the Guidelines.

USING THE GUIDELINES

Recovery-oriented approaches are inclusive, participatory and seek involvement of everyone to advance mental health and well-being. All people employed in the mental health service system, regardless of their role, profession, discipline, seniority or degree of contact with people using services are encouraged to draw upon these Guidelines. This document describes the dimensions of recovery-oriented practice and the key capabilities needed for the mental health workforce to function in accordance with recovery-oriented principles. It provides guidance on tailoring recovery-oriented approaches to respond to the diversity of people living with mental health problems and illnesses –people with a wide range of life circumstances and at different ages and stages of life. It complements existing professional standards and competency frameworks.

The experience and insights of people living with mental health problems and their families are at the heart of recovery-oriented culture. Recovery-oriented approaches recognize the value of this lived experience and bring it together with the expertise, knowledge and skills of mental health practitioners, many of whom have experienced mental health problems in their own lives or in their close relationships. Recovery approaches challenge traditional notions of professional power and expertise by helping to break down the conventional demarcation between

service users and staff. Within recovery paradigms, all people are respected for the experience, expertise and strengths they contribute.

Respecting peoples' experience means being open to diverse perspectives on mental health and wellness. A recovery approach is well suited to enabling bridges to be built across cultures and traditions. Although there may be elements in the language of "recovery" that do not immediately resonate with everyone, the foundational approach of adapting to people's needs, respecting people's strengths and experiences, adopting a holistic approach and understanding the impact of people's individual and collective histories on their well-being constitute a solid basis for mutual understanding and learning from one another.

For example, although First Nations, Inuit and Métis represent distinct cultural groups, they also largely share a common understanding of well-being or wellness as something that comes from a balance of body, mind, emotion and spirit and is embedded in culture and tied to the land. A strong belief in family, community and self-determination is also a common element. This rich cultural heritage and holistic understanding of the world have much to contribute to strengthening a recovery orientation and to the transformation of the mental health system in Canada.

Indigenous peoples in Canada are developing innovative approaches to healing and wellness that can have value for us all and are largely compatible with recovery-oriented practice. For example, many Indigenous-led programs draw on the importance of cultural identity and self-determination, integrate traditional knowledge and the wisdom of elders with non-Indigenous approaches and recognize the close relationship between mental health, addictions, and inter-generational trauma.

More recently, Indigenous peoples in Canada have begun to refine and adapt the concept and practice of cultural safety first developed by Maori nurses in New Zealand. While the dialogue in Canada continues to evolve, cultural safety aims not only to improve the health outcomes of First Nations, Inuit and Métis, but also to help transform how the broader health system responds to diverse needs across multiple cultural dimensions. In particular, it draws our attention to the need for people of all origins to think critically about their own approach to mental health and mental illness and to seek ways to address the power imbalances and inequities that can have a major impact on health and social outcomes. This, too, mirrors a recovery approach.

These Guidelines present a set of values, attitudes, knowledge and skills that form a comprehensive approach to promoting recovery and provide a basis for reflection about how to align resources and organizational culture with a recovery approach. As such, the Guidelines contain a great deal of information and, even for those who have already committed to a recovery-oriented practice, it will take time and effort to figure out how to put them all into practice. The ways these guidelines are used will vary according to the circumstances of each organization or service and, in particular, the extent to which steps may already have been undertaken to embrace recovery-oriented culture and practice. The Guidelines can be used to help develop step-by-step plans that build on current strengths, advance practice changes already underway and help set goals. They can assist in developing procedures, establishing benchmarks and measuring outcomes.

Although not everyone will necessarily use the full array of elements they contain, the Guidelines are intended for use by a wide audience, including:

- Mental health professionals in a broad range of settings
- 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 and well-being, and
- All people accessing mental health services and their supporters.

While the Guidelines can apply across the spectrum of mental health conditions and are relevant to the full diversity of Canada's population across the lifespan, they will also require further "customization" to fully reflect the realities of different populations (e.g., children and youth, seniors, LGBTQ people), to more specifically address the learning needs of particular stakeholder groups (e.g., psychiatric nurses, social workers, employment counselors) or to provide more detailed guidance with respect to particular issues or situations (e.g., involuntary treatment and the use of seclusion and restraint).

In this sense, these Guidelines are a foundational document from which additional tools for knowledge exchange, implementation, evaluation, research and curricula can be developed. Implementing recovery-oriented practice will involve training and education, as well as reflection about values, beliefs and ways of working together. As educators consider curriculum changes to professional training, the core principles identified within the Guidelines can be helpful in identifying the knowledge, skills and behaviour required to ensure recovery-oriented practice. They

SUBSTANCE ABUSE AND RECOVERY

Prevalence studies confirm that many, many individuals of all ages and backgrounds experience co-occurring mental health and substance use problems, as well as other forms of addiction. The relationship between mental illnesses and problematic substance use is complex. For some people, mental health problems can be risk factors for problematic substance use; for others, problematic substance use contributes to the development of mental health problems.[7]

Despite some differences in approaches to providing support and treatment, the vision and principles for recovery in addictions and mental health are complementary and overlapping. They both:

- Acknowledge the multidimensional nature and complexity of issues
- Appreciate that recovery is a personal journey, with goals defined by the individual
- Recognize the significance of family, peers, workplaces and a community of support
- Understand the need for collaboration across sectors, particularly in relation to social determinants
- Are founded upon hopeful, strengths-based approaches in pursuit of well-being, quality of life and full citizenship

There are multiple possible pathways to recovery in both mental health and addictions. For some who live with an addiction, this may mean pursuing abstinence. Recovery-oriented services do not address addictions and mental health problems sequentially, do not use exclusion criteria or impose treatments. Recovery-oriented practitioners and providers in both mental health and addictions services work with people at whatever happens to be their current state and respect the choices, autonomy, dignity and self-determination of service users. They see to people's safety and offer support for harm reduction, positive risk-taking and continual personal growth. Integrating mental health and addictions services at both the systems and practice levels provides the most helpful support for recovery.[8]

can inform the work of accreditation bodies so that recovery-oriented practices are defined as core elements of care and service delivery can be better aligned with recovery outcomes. The Commission will work with stakeholders to identify and further refine recovery-oriented tools to promote learning and accelerate change.

As emphasized throughout the Guidelines, advancing recovery also depends on the involvement of non-mental health organizations and groups, as well as the community as a whole. The Guidelines can serve as a common basis for creating collaborative partnerships between organizations and agencies, forging stronger relationships for shared learning, improving access to resource planning, engaging in advocacy and exploring ways to broaden social and economic opportunities for people living with mental health problems and illnesses. The Commission will continue to work with all stakeholders to weave together the many initiatives underway that improve the mental health of people living in Canada and build an inclusive community that values the diversity of all people.

THE DIMENSIONS OF RECOVERY PRACTICE

The Guidelines have been organized into six key dimensions of recovery practice and are presented in a series of tables. Each Guideline table identifies the core principles and key capabilities for recovery-oriented practitioners and providers. The tables include a series of "reflective questions" for practitioners and leaders to encourage critical consideration of what they are doing and also suggest opportunities that could assist during implementation, as well as pointing to additional resources. Each "dimension" is introduced by a section that summarizes key issues.

The elements of each Guideline are presented under the following headings:

Core principles:
those aspects that are foundational to the entire set of values, knowledge, skills, behaviour and practice and are relevant to the particular chapter topic (not recovery in its entirety).

Values:
those values, beliefs and attitudes held by individuals that shape or influence behaviour, noting that values have an emotive component.

Knowledge:
that which is intellectually understood or can be learned; the tables do not distinguish between levels or types of knowledge.

Skills and Behaviours:
that which is manifested as observable actions.

Good practice reflective questions:
intended to support individual practitioners' efforts to translate recovery principles into their daily practice.

Good leadership reflective questions:
directed at service providers, managers and leaders, these describe activities and governance structures that could be expected of a recovery-oriented organization.

Opportunities:
suggestions of types of activities that could assist during implementation.

Resource materials:
additional references to guide and support implementation.

Despite some overlap, each dimension has its own specific focus, and the dimensions are intended to be used concurrently. The order in which the dimensions are presented does not reflect their importance. It is anticipated that some readers may find certain chapters more helpful than others given their role or the nature of their service.

The six dimensions of recovery-oriented practice are summarized below.

Dimension 1: Creating a Culture and Language of Hope

Recovery is possible for everyone. Hope stimulates recovery, and acquiring the capabilities to nurture hope is the starting point for building a mental health system geared to fostering recovery. In this sense, recovery is fundamentally about hope. 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. Recovery acknowledges the individual nature of each person's journey of wellness and each person's right to find their own way to living a life of value and purpose in the community of their choice. 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.

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. Family, friends, neighbours, local community, schools, workplaces, spiritual and cultural communities all influence mental health and well-being and can play an important role in supporting recovery. 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.

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. As well, the principles that inform a recovery orientation – such as fostering hope, enabling choice, encouraging responsibility and promoting dignity and respect – can, and indeed must, apply to people of all ages (taking into account their developmental stage) and to meeting the needs of lesbian, gay, bisexual, transgender and intersex people. Recovery-oriented practice is about appreciating the rich diversity of Canada's population in order to better respect the choices people make throughout their recovery process and determine how best to adapt services to meet their needs.

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, Ethnocultural 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. Many principles that are grounded in Indigenous knowledge and cultures, such as promoting self-determination and dignity, adopting a holistic and strengths-based approach, fostering hope and purpose and sustaining meaningful relationships, also form the foundation of a recovery orientation. 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.

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. Recovery is a journey not only for people living with mental illness and their families but for everyone involved in providing support and service. 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.

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

These Guidelines provide a reference point both for those who may be just beginning to think about how to implement a recovery orientation as well as for those who have already embarked on significant learning and promotion of recovery ideas and practice. There are also many aspects of these Guidelines that will benefit from additional dialogue, deeper reflection and further research. As we all continue the journey of learning and change, the Commission looks forward to working with people across the country to implement these guidelines and, where necessary, to further particularize them for specific disciplines, service sectors or populations.

ENDNOTES FOR INTRODUCTION

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CHAPTER 1

Creating a Culture and Language of Hope

Hope is the foundation on which a journey of recovery is built. A recovery approach focuses on the values, hopes and dreams of each person, while never losing sight of the impact of the social context on people's lives. Feeling positive about the future contributes to everyone's mental health and well-being and is of particular importance when people are living with mental health problems and illnesses. Too often, people who experience the onset of a mental illness are led to believe that they should not expect to be able to function at work, in school, within society or be capable of caring for themselves independently. This lack of optimism can crush hope and limit a person's ability to recover.

On the contrary, despite the challenges, people can thrive and succeed. Long-term outcome studies and promising research on successful interventions and on the ability of our brains to adapt are inspiring hope and challenging pessimistic beliefs about the chronicity of mental health problems and illnesses.[1] Research shows that having hope plays an integral role in the process of recovery and in fact is essential to achieving the best possible outcome.[2] Having hope is equally important for family members and others supporting people on their journey of recovery, including health and mental health providers.

Hope is not an abstract concept, nor is it an unreasonable expectation. At its core, being hopeful means holding an expectation for positive development. Hope helps provide the motivation and sustain the strength required to confront the many challenges posed by mental health problems and illnesses. It can be activated by accepting people for who they are and holding a belief in everyone's potential to build a life of meaning and purpose.[3]

Hope has many expressions – there is no standardized path of recovery or single definition of what it means for each person. For some it will mean returning to their previous life, even if symptoms persist. For others, the recovery journey may represent a new beginning and an experience leading to positive transformation. The specifics of what one hopes for will vary from person to person; the need to have hope, however, is common to all.

Fostering hope does not mean ignoring the real distress people experience or the challenges they may face. During times of diminished hope, it is often the support of caring others that holds the key to a brighter future. Hope is sometimes an ember that can be fanned into the flame that makes recovery possible. In first-person stories of recovery, people frequently remark on how it was the sustained support of just one individual, able to see their potential and mirror it back, that helped to kick-start their recovery process.[4]

By embedding, modelling and communicating a culture of hope in everything they do, mental health providers can make a significant contribution to a person's recovery journey.

"Family"

Throughout these Guidelines the term "family" will be used to describe those who are within a person's chosen circle of support, which may include family members and loved ones. Some refer to this as a "family of choice."

Health and mental health service providers can play a critical role in influencing hope through their words and actions. To consistently encourage hope and the expectation of recovery, mental health providers may need to reflect on their own experience. They often see people in their most vulnerable and distressed state and may only rarely have the opportunity to follow people as they get better. As a consequence, some may hold pessimistic and potentially stigmatizing attitudes about the possibility for recovery.[5]

A key source of hope comes from looking beyond the challenges that may accompany illness to see people's unique strengths, character, innate abilities and potential for growth. By embedding, modelling and communicating a culture of hope in everything they do, mental health providers can make a significant contribution to a person's recovery journey. Hope is also fostered by peers with lived experience who can share their own path of recovery, the actions they have taken, the resources they have drawn upon and the tools they have used to build a new meaningful life for themselves.

Recovery is nurtured by working with people to help activate their internal resources so they are able to retain and deepen a belief in their abilities, strengthen their sense of personal agency and acquire control over their journey of recovery and well-being. When people are encouraged to focus on their strengths and what they can do—rather than on their limitations and the barriers they face—they are more likely to access available resources, take risks and explore new opportunities. Recovery-oriented practice enables people to choose from amongst a full range of treatments, supports and services that would benefit them. By demonstrating genuine concern for the person's well-being and building day-to-day interactions on a foundation of

kindness and mutual respect, practitioners can create a positive culture of healing.

Language matters. Avoiding the use of terms that convey pessimism and helping people to regain a positive sense of identity contribute to supporting recovery. Hope can be encouraged through optimistic representations of people in all their diversity recounting stories of recovery and resilience. Organizations can promote recovery by reflecting hope in all their written material, including mission statements, policies, forms, websites, social media and brochures. Active, nonjudgmental listening, supporting self-determination and choice and promoting opportunities for growth all help reinforce hope. Fostering hope does not mean ignoring the real distress people experience or the challenges they may face.

In addition, organizations can support staff to develop recovery-oriented skills and collaborative partnerships as well as to learn how to encourage positive risk-taking that can contribute to personal growth and empowerment. Supporting self-management and the use of tools such as recovery action plans and Advanced Care Directives reflect a belief in the person's capabilities, communicates the hope of recovery and helps to align programs and services to reflect recovery values and practices.[6]

Families and friends often provide the bulk of day-to-day support and can be an important part of a person's chosen recovery team. They can be carriers of hope by helping people recall and build upon their successes and positive experiences. Yet, families, friends and a person's wider circle of support can also struggle to maintain optimism in the face of illness. They are entitled to hold hope for themselves, and providers also need to be respectful of their needs and help nurture the recovery of family unity from the stresses associated with mental distress.[7]

Recovery is possible for everyone. Hope stimulates recovery, and acquiring the capabilities to nurture hope is the starting point for building a mental health system geared to fostering recovery. At its core, recovery is fundamentally about hope.

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Promoting a Culture and Language of Hope and Optimism

The culture and language of recovery-oriented practice communicates positive expectations and promotes hope so that people feel valued, important, welcome and safe.

CORE PRINCIPLES

- Everyone delivering mental health services, treatments and supports can make a significant contribution to a person's recovery by building respectful person-centred relationships and conveying a culture of hope and personal empowerment.
- Hope is supported by using positive language, maintaining a focus on strengths, building resources and helping people sustain relationships.
- Providing the opportunity for people to express their goals and self-direct their care helps to build hope.

MENTAL HEALTH PRACTITIONERS AND PROVIDERS...

Values and Attitudes

- Respect and value a person's inherent worth and importance.
- Affirm a belief in a person's capacity to recover, thrive and lead a meaningful and contributing life.
- Celebrate each person's effort and achievements.
- Commit to embedding optimism and the expectation of positive outcomes in language and relationships.

Knowledge

- Understand the core concepts of recovery and the role people with lived experience have played in its development.
- Maintain knowledge of current issues in recovery literature and research, including from broader fields such as positive psychology and organizational culture change.
- Learn from research undertaken by people with lived experience.
- Understand the research on stigma and discrimination and its implications for hope and optimism.
- Learn and respect the recovery lexicon, and understand the significance of language in promoting hope.

Skills and Behaviours

- Communicate expectations for positive outcomes as well as hopeful messages about recovery.
- Create a welcoming and accepting environment for growth through the use of non-judgmental listening, genuineness and warmth.
- Utilize hopeful and strength-based language in interactions and in written communication.
- Encourage consideration of culture, social connections and roles, physical activity, sexuality, creative expression and connection to faith communities as potential sources of meaning and hopefulness.
- Support people to explore the impact of external barriers such as limited access to housing or poverty on feelings of hope.
- Encourage connections with peer supporters who can relate to people's challenges and ignite hope.
- Invite people to recall previous achievements and reflect on positive experiences.
- Reframe setbacks in the context of learning opportunities and the prospect for longer-term recovery outcomes.

REFLECTIVE PRACTICE QUESTIONS

Recovery-oriented Practice

- Do you engage people early in setting personal recovery goals and help people monitor indicators of progress toward their goals?
- How do you model hope and provide ongoing opportunities to discuss, celebrate and promote people's recovery stories and their ability to learn from successes?
- Is there encouragement for team members to learn to be optimistic, use hopeful language and communicate positive expectations?
- How do you systematically engage family members, supporters and caregivers in creating a climate of optimism and encouraging positive outcomes?

REFLECTIVE PRACTICE QUESTIONS (Continued)

Recovery-oriented Leadership

- What are the visible signs of a safe, welcoming and inclusive environment in your organization?
- Are resources made available for people with lived experience, families and caregivers to gather together and share their experience and stories of success?
- Have you ensured adequate training for team members to further develop their own learned optimism and positive mindset?
- Have you taken a critical look at policies and materials used for education, orientation and community engagement – is the language positive, encouraging of inclusion and hopeful?
- What channels, mechanisms and organizational supports are in place to hear challenges or complaints from those who did not experience a positive or hopeful organizational culture?
- Do you model and provide feedback to reinforce recovery-oriented behaviours and language in service planning, coordination and review processes?
- Are leaders of the organization visible and active participants in celebrating achievement, growth and progress towards recovery goals?

OPPORTUNITIES FOR LEADERS AND MANAGERS

- Sponsor service-wide and regional exchange of research and information about recovery concepts; support staff to participate in such conferences and case rounds.
- Encourage the development of peer-produced resources that share and celebrate achievements of people with lived experience; help make these widely available using a variety of means such as films, booklets, art exhibits, newspapers and social media; and publicize these on your program or organization's website and calendar of events.
- Support local recovery champions and introduce them to other local leaders in order to advance community understanding and rally support.
- Initiate conversations with your staff, governing board and regulatory bodies about how to build hopeful and optimistic organizations with positive statements of expectations for clients, staff, volunteers and visitors.
- Facilitate training opportunities for staff in reflective practice, and provide staff with time to engage in this activity.
- Incorporate tools that measure hope and optimism – including amongst staff – as part of your evaluation process.
- Reorient your performance development and coaching tools to incorporate the culture and language of hope and optimism, using specific observable feedback and modelling mutual goal-setting.

RESOURCE MATERIALS

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CHAPTER 2

Recovery is Personal

This chapter outlines four key sets of capabilities that define the personal dimensions of recovery. Its purpose is to set out how recovery-oriented services and supports can strengthen each person's capacity to undertake a journey towards recovery by fostering individual strengths and encouraging people to be the authors of their own lives. A strong working alliance between people living with mental health problems and illnesses and providers is essential. When such an alliance encourages choice and autonomy, it is positively associated with improved recovery outcomes and greater satisfaction, both for those who receive service and for service providers.

The following Guidelines are addressed in this chapter:

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

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. Recovery-oriented practice acknowledges the unique nature of each person's journey of wellness and everyone's right to find their own way to living a life of value and purpose in the community of their choice. A recovery orientation encourages everyone to take charge of improving their own mental health and well-being and understands the very exercise of this ability to be an important contributor to achieving well-being.[1]

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. Rather, a rich web of relationships to people, places and traditions forms the foundation for each person's individual journey towards improved well-being.[2]

A recovery orientation encourages everyone to take charge of improving their own mental health and well-being and understands the very exercise of this ability to be an important contributor to achieving well-being

There are also many different beliefs about what it means to be an individual and various ways of approaching how each person relates to the world around them. We each bring our own preferences for how we would like to connect to those around us, and a recovery orientation does not prescribe one formula for what it means to be an individual or the nature of each individual's relationship to their surroundings. For some people, connection to one's biological family may be central, while for others it may be a larger community, a tradition or a set of beliefs that helps them define who they are.[3]

A SHIFT FROM PATIENT TO PERSON

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. Recovery-oriented practice helps to highlight our shared humanity and avoids putting labels on people or defining them by a diagnosis.[4]

Each person brings their own special skills, qualities, values and experience and holds multiple roles and identities that fuel their sense of personal agency and can be drawn upon to support recovery. A holistic recovery-oriented approach seeks to understand the interplay between the multiple factors – including biological, psychological, social, economic, cultural and spiritual ones – that affect each person's well-being.

Focusing on the inherent and diverse strengths and abilities of each person, rather than on their deficits or limitations, motivates people to feel good about themselves and builds confidence and resilience while helping people take action towards achieving their goals. Recovery-oriented practice supports people in identifying sources of personal meaning and valued social roles, along with tools to support resilience, coping and healthy living, including contact with peers.

RISK-TAKING IS PART OF GROWTH

An essential part of our shared human experience is the ability to learn and grow from the decisions we make, and this is no different for people living with mental health problems and illnesses. Recovery-oriented practice facilitates people's ability to choose from amongst all major types of interventions including biological and pharmacological treatments, psychological and psychotherapeutic approaches, psychosocial rehabilitation and support, peer support, physical activity

SELF-MANAGEMENT OF MENTAL HEALTH MEDICATION

Self-management of mental health medication (GAM, in French) is an approach developed by a number of organizations in Quebec[16] to enable people who are taking medication to find the one best suited to their needs and, working with their physician as coach and partner, to take responsibility for their own medication. GAM is one example of an approach designed to make medication part of an overall strategy to improve global quality of life and well-being, and to empower people to regain control over the different dimensions of their lives.

Created from a blend of experiential knowledge (people with lived experience, practitioners, managers) and research, the GAM approach represents a unique and comprehensive way to take into account both the benefits and adverse effects of various medications. The GAM process is founded on respecting a person's desired outcomes. It insists on the necessity of providing people living with mental health problems access to complete information concerning medication and alternative treatments as the basis on which to identify a treatment that will best balance each person's ability to manage symptoms while retaining their optimal mental and physical functioning. Moreover, it allows people to review the very significance of taking medication for their sense of who they are – something that can be as important to people with mental health problems as the actual effects of medication.

This novel approach was developed in the mid-90s in Quebec and has since inspired similar approaches in other provinces, notably Ontario, and other parts of the world, in particular Brazil.

and exercise, alcohol and drug treatment and counselling, traditional healing in different cultures and alternative and complementary treatments.[5]

Recovery practitioners acknowledge that there may be differences of opinion on the best course of action and that the possibility of risk is the inevitable consequence of empowering people to make decisions about their own lives. Respecting the "dignity of risk" means remaining engaged with people even when they take actions that may seem misguided to others. It entails addressing the tension between maximizing personal choice and supporting positive risk-taking on the one hand, and promoting safety on the other. Recovery is not a linear process. Recovery-oriented practice encourages learning and using mistakes or setbacks as opportunities for insight and personal growth. Resilience is developed by engaging, rather than avoiding, life's challenges.[6]

An essential part of our shared human experience is the ability to learn and grow from the decisions we make, and this is no different for people living with mental health problems and illnesses.

Supporters and providers may not always agree with the choices people make. Honouring choice does not mean ignoring harmful risks or minimizing safety, but rather allowing each individual's personal experiences, understandings, priorities and preferences to shape service delivery. It requires developing flexible strategies aimed at preventing or minimizing the potential negative impact of risk-taking. Negotiating differences of opinion can be an opportunity to share knowledge and perspective and help inform decisions that assist in mitigating harm.[7]

RESTRICTIONS ARE MINIMIZED

Recovery-oriented mental health services commit to reducing restrictions to freedom and involuntary interventions to a minimum. Nonetheless, mental health problems and illnesses can be episodic, and there may be times when people lack the capacity to make important life decisions.[8] During a crisis, should the person temporarily lose their mental ability to make sound decisions and other options have been exhausted, family and professionals may need to intervene on the person's behalf and seek some form of compulsory treatment. Recovery principles emphasize the importance of working collaboratively with a person and their family irrespective of whether they are receiving treatment voluntarily or involuntarily, or whether that treatment is in a hospital or in the community. They encourage a full, open and honest discussion and negotiation about all legal requirements.

If decision-making responsibility is withdrawn, an important recovery goal is to support people to regain decision-making as quickly as possible. The concepts of self-determination, personal responsibility and self-management and the goals of reclaiming control and choice are pivotal regardless of a person's legal status. The development of advanced directives, for example, provides an opportunity for open, transparent and honest discussion of perceived risk and safety planning. They can provide guidance to mental health providers in protecting people's rights and in keeping their values and wishes at the forefront during a crisis.[9] A follow-up review of steps taken to manage the crisis can help people negotiate a preferred course of fu-

ture action and bring to the fore skills and resources they may need to identify risks and manage potential problems down the road.

RECOVERY IS STRENGTHENED THROUGH PARTNERSHIP

Building collaborative, mutually trusting and respectful partnerships with service users, their families and caregivers is foundational to recovery-oriented practice. Recovery-oriented care respects people as partners in all decisions that affect their mental health and emphasizes the importance of autonomy, self-determination and self-management. In recovery-oriented practice, the insight and expertise derived from "lived experience" is valued, and practitioners work alongside the person to co-design service plans, encourage problem solving and provide choices, rather than taking unilateral action to "fix" the problem or the person.[10]

By adopting a hopeful attitude and actively encouraging the person's leadership in all aspects of decision-making, the focus of support in a recovery-oriented relationship rests on assisting people to build their lives in the ways that they desire. The aim is to shift the balance within the relationship away from taking responsibility for the person and towards walking with the person on their journey of recovery. Professional expertise remains an essential ingredient, but one that is applied to support informed choice, shared decision-making and self-management. Professional expertise, when deployed within a coaching context, can help activate the individual's self-righting[11] capacity.[12]

Building recovery-oriented partnerships requires practitioners to have personal insight, undertake ongoing critical reflection and maintain openness towards continuous learning. Negotiating and collaborating within a partnership-based relationship involves

The "dignity of risk" or the "right to failure," is a value first championed by advocates for people with physical disabilities. It refers to the importance of respecting a person's right to take risks as part of personal growth.

values awareness by practitioners and self-knowledge about their personal, professional and cultural values and beliefs. Recognizing and acknowledging the power difference that may exist within the relationship can help to minimize bias and the likelihood of using directive and coercive practices.

Affirming each person's right to determine their own path to well-being does not imply that they journey on their own.

Many professionals working in mental health also bring their own experience with mental health problems or illnesses, either directly or within their family or other relationships.[13] The awareness gained through their own lived experience can be used positively to create empathy and model hope. When managed well, self-disclosure can serve as a therapeutic tool within a counselling relationship,[14] but practitioners need to reflect on the potential impact of their personal experience on decision-making and on their relationship with the people they support.[15]

ENDNOTES FOR CHAPTER 2

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Recovery is Person-First and Holistic

Recovery-oriented practice acknowledges the range of influences that affect a person's mental health and well-being and provides a range of services, treatment, rehabilitation, psycho-social and recovery support.

CORE PRINCIPLES

- Each person is a unique individual with the right to determine their own path towards mental health and well-being.
- Recovery is an individual process – care and services are tailored to people's preferences, life circumstances and aspirations and are integrated with their community of supports.
- Everyone's mental health and well-being is affected by multiple intersecting factors – biological, psychological, social and economic, as well as family context and cultural background, personal values and spiritual beliefs.

MENTAL HEALTH PRACTITIONERS AND PROVIDERS...

Values and Attitudes

- Believe in the ability and right of a person to make their own life decisions.
- 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.

Knowledge

- Understand the individual and personal nature of recovery and recovery approaches, and respect, learn from and understand those developed by people with lived experience.
- Incorporate bio-psychosocial theoretical perspectives on health, mental health and well-being.
- Recognize the interplay between physical health, mental health and coexisting conditions.
- Understand the physical health challenges faced by people living with mental illness and the importance of monitoring health and well-being and treating chronic illness.
- Know the range of treatments and therapies that can contribute to recovery, including biological and pharmacological treatments, psychological and psychotherapeutic approaches, psychosocial rehabilitation and support, peer support, physical health care, alcohol and drug treatment and counseling, nutrition, exercise and recreation interventions, traditional healing in different cultures and alternative and complementary treatments, such as yoga, acupuncture, Ayurveda etc.
- Understand the prevalence and effects of trauma, how to practice trauma informed care and prevent the retriggering of trauma.

Skills and Behaviours

- Respectfully explore a person's circumstances and identify what is important and meaningful to them.
- Assist individuals, as well as family members and caregivers, to explore and express their aspirations for recovery and well-being.
- Acknowledge a person's family, caregivers and circles of support, and with the person's consent, work to include them as partners in recovery planning.
- Facilitate access to information, treatment, support and resources in line with a person's recovery goals.
- Describe pros and cons of different treatment options to promote decision-making and support people to make best use of treatments, therapies and services.
- Explore ways to minimize side effects or other potential harm from interventions, as well as ways to achieve an optimal therapeutic level of medication, including withdrawal from medication if a person so chooses.
- Address multiple needs collaboratively and simultaneously, and coordinate a range of relevant services, including: health services, peer support, alcohol and drug services, harm reduction, poverty alleviation, disability management, employment, education and training and housing supports.

REFLECTIVE PRACTICE QUESTIONS

Recovery-oriented practice

- How has your practice been responsive to individuals' expectations, recovery goals and unique needs?
- How have you sought to understand what helps with recovery and learn from those you serve?
- Have you considered what possible alternative service offerings might be appropriate?
- Does the treatment/service plan create opportunities for attention to physical health, exercise, recreation, nutrition, expressions of spirituality, sexuality and creative outlets, in addition to stress and symptom management?
- What do you do to maintain positive connections with referring agencies and service partnerships to be able to offer people a range of options?

Recovery-oriented leadership

- To what extent can the systems and processes in your setting (e.g., intake, documentation, family involvement) offer flexible and individualized approaches?
- Have you critically reviewed the assessment and care planning processes in use – is there reference to a person's home environment, personal goals, priorities, relationships or natural supports?
- How do you help people obtain access to a broad range of treatment approaches, services and support options?
- In clinical governance, policies and professional development, do leaders reinforce that the person is central to all that is done and create the opportunity for people with lived experience to determine their own path of recovery and participate in decision-making?

OPPORTUNITIES FOR LEADERS AND MANAGERS

- Use a variety of media and formats to provide program and service information for people with lived experience, families and staff.
- Seek to understand staff beyond their employment identity, and model an approach that recognizes the impact of multiple intersecting factors on mental health and well-being.
- Highlight opportunities for staff to take account of individual variation and particularize recovery goals within standard clinical pathways; help them introduce co-design to replace traditional care plans.
- Collaborate with managers who have expertise in complementary sectors so that staff and clients can experience a broader range of supports.

RESOURCE MATERIALS

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Affirming Autonomy and Self-Determination

Recovery-oriented practice affirms a person's right to exercise self-determination, to exercise personal control, to make decisions and to learn and grow through experience.

CORE PRINCIPLES

- Personal control, self-agency and the ability to choose are fundamental to recovery.
- A recovery orientation positions and respects people as partners in decisions affecting their mental health care.
- Personal experiences, understandings, priorities and preferences shape choices and decision-making in the context of service delivery.
- Safety and well-being of everyone is enhanced by promoting personal efficacy and responsibility.

MENTAL HEALTH PRACTITIONERS AND PROVIDERS...

Values and Attitudes

- Afford primacy to the wishes and views of the person accessing the service.
- Respect each person's choices and their right to self-determination.
- Recognize the importance of balancing the rights and interests of individuals against the need to ensure the safety of the individual, family members and others in the broader community.
- Seek alternatives to coercion and involuntary interventions and work to make them unnecessary.

Knowledge

- Understand the relationship between autonomy, self-determination, resilience and recovery.
- Understand the role of local advocacy, peer support and rights advisor groups in supporting decision-making.
- Are aware of the research evidence related to trauma and coercive intervention, and its implications for recovery.
- Appreciate the importance of positive learning and risk taking to recovery, and know strategies to enable responsible risk-taking.
- Recognize ethical and legal requirements when making decisions about restricting freedoms.

Skills and Behaviours

- Use communication techniques (e.g., motivational interviewing, reflective listening) to promote a person's self-advocacy and help them to articulate their goals, motivations, challenges and priorities.
- Inform people of their rights, and support them in exercising their rights.
- Create safe environments where people can explore options, co-design their service plans, take positive risks and strive for growth.
- Maintain engagement, and offer opportunities for decision-making, including self-determination and choice, taking into account any legal considerations.
- Facilitate availability of advance directives / power of attorney for personal care to enable people to determine their preferred course of action should future crises arise.
- Promote opportunities for maximum autonomy and self-determination during assessment and in the coordination of service referrals.

REFLECTIVE PRACTICE QUESTIONS

Recovery-oriented practice

- Do your assessment processes and forms demonstrate evidence of support for personal autonomy and self-determination?
- Do you use recovery and well-being planning tools that have been developed and validated through meaningful consultation with people with lived experience?
- What examples can you provide of how you have removed barriers to enable people to carry on with their tasks of daily living?

Recovery-oriented leadership

- How do you encourage positive risk-taking, acknowledge progress and reframe setbacks using affirmative language?
- How have you assisted the service team to collaboratively explore strategies for avoiding coercion, including the involvement of persons with lived experience in these efforts?
- Is there evidence of respecting the principles of autonomy and self-determination in service policies and procedures?
- What checks and processes are in place to ensure any limitations on a person's choice, autonomy and self-determination are the least restrictive they can be and removed as soon as possible?
- How do you help staff consider the range of options to promote individual, staff and community safety, and access the best-practice research related to trauma, advance directives and determining capacity?

OPPORTUNITIES FOR LEADERS AND MANAGERS

- Visit sites with person-held service records already in use; advocate for action plans that are co-designed and for opportunities for shared charting.
- Ensure that staff understand and appreciate relevant legislation and have access to mental health law resources so they are equipped to promote people's autonomy, protect their rights and support decision-making.
- Expand availability of ethics consultation for clinical staff and organizational decision-makers through collaborative arrangements with groups of organizations or academic centres.
- Expand the availability of peer support to strengthen the person's involvement in decision-making, and aid in the development of Advanced Care Directives and performing safety audits.
- Seek opportunities to enable people with lived experience to lead in defining research priorities and become co-creators of research knowledge.
- Become directly involved in efforts to eliminate coercive practices, and sponsor celebrations to highlight milestone reductions in seclusion and restraint.

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Focusing on Strengths and Personal Responsibility

Recovery-oriented mental health care focuses on people's strengths and supports resilience and the capacity for personal responsibility, self-advocacy and positive change.

CORE PRINCIPLES

- People have the potential to recover, reclaim and transform their lives.
- People generally share common hopes, needs and responsibilities; however each person will have a unique approach to achieving them.
- A focus on strengths and abilities motivates and contributes to building the confidence and resilience necessary for self-agency.
- Taking responsibility for one's own health and well-being begins the recovery process.

MENTAL HEALTH PRACTITIONERS AND PROVIDERS...

Values and Attitudes

- Convey belief in people's capacity to reach their goals and have a life rich in possibility and meaning.
- Commit to focusing on people's strengths in one's attitude, language and actions.
- Recognize that engagement with people and offering support promotes personal recovery.

Knowledge

- Know how to apply strengths-based approaches.
- Understand the concepts of resilience, mindfulness and elements of positive psychology.
- Appreciate the implications of power imbalances on therapeutic relationships, and know ways to foster shared responsibility.
- Understand how forms of discrimination can be present within health, mental health and other systems, and be prepared to explore their impact on people.

Skills and Behaviours

- Use coaching and motivational techniques to help people use their strengths.
- Explore with people what their recovery path looks like and what works well for them.
- Foster people's belief in their ability to recover.
- Demonstrate confidence in people's ability to fulfill important roles such as parenting.
- Explore options for strengthening self-management of symptoms, monitoring of triggers and identifying environmental stressors and early warning signs of changing capacity.
- Offer education and tools (including technological and on-line self-management tools) to assist in maintaining physical health, employing trauma-informed care, chronic disease and medication management, and to help promote mental health and well-being.

REFLECTIVE PRACTICE QUESTIONS

Recovery-oriented practice

- How do your assessment and collaborative service planning processes highlight a person's strengths and assets, foster responsibility, support positive identity and nurture hope?
- How does your documentation reflect a person's strengths and self-defined goals?
- What have you done to prompt family and support people to focus on strengths, enhancing abilities and supporting risk taking?
- How do you encourage the reinforcement of people's successes and resilience on their journey of recovery, along with their ability to draw on these in other life contexts?
- What approaches have you used to actively foster people's resilience and learning?

Recovery-oriented leadership

- How do you encourage staff and team members to recognize, reflect upon and celebrate a person's achievements and outcomes?
- Do you draw on lived experience and encourage the co-design of policies and procedures?
- Have you critically assessed the language in forms, tools, data collection and education and training materials – do they emphasize strengths, assets, building relationships and providing supports?
- How do you proactively model strengths-based approaches with staff and team members?

OPPORTUNITIES FOR LEADERS AND MANAGERS

- Introduce strengths-based discovery and learning tools in continuing education and performance development initiatives.
- Use information resources and communication materials that promote positive messages and emphasize strengths in all settings – with staff, visitors, the general public and the media.
- Engage with others beyond your sector/service setting to foster opportunities for people to apply and build upon their identified strengths and develop transferable skills.
- Support the establishment of Recovery Colleges that focus on enhancing skills, civic engagement and acquiring tools for self-management and career development.

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Building Collaborative Relationships and Reflective Practice

Recovery-oriented practitioners demonstrate reflective practice and build collaborative, mutually respectful, partnership-based relationships with people to support them in building their lives in the way they desire.

CORE PRINCIPLES

- Recovery-oriented practice and service delivery are built upon mutually respectful and collaborative partnerships.
- Supporting another's recovery requires reflection and awareness of one's own culture, values, beliefs and mental health.
- High quality therapeutic relationships require ongoing critical reflection and continuous learning.

MENTAL HEALTH PRACTITIONERS AND PROVIDERS...

Values and Attitudes

- Are open and willing to learn from the person in recovery as well as from their family and circle of support.
- Place the priority on the needs of the person being supported.
- Are open to using their own personal experience as a way to demonstrate empathy and strengthen the collaborative relationship, while maintaining professional boundaries and recognizing how this differs from peer roles.
- Respect others as equal partners in the therapeutic relationship, and acknowledge people as the directors of their own lives.
- Demonstrate commitment to reflective practice and recognize its role in enabling authentic engagement and the development of collaborative relationships.

Knowledge

- Understand the impact of culture, values, life experiences, roles and power in interactions and relationships.
- Know a range of collaborative practices and communication techniques.
- Know the foundational elements of building trust and how to apply them to developing collaborative therapeutic relationships.
- Understand the relevance of the stages of change in order to align practice with a person's motivational stage and readiness to move forward.

Skills and Behaviours

- Demonstrate kindness, honesty and empathy in interactions with people as a foundation for being respectful and genuine.
- Offer professional expertise and tools to help the person alleviate distress and lessen the possibility of setbacks or harmful risk.
- Continue respectfully to make oneself available to those who have declined assistance or who might appear to be unmotivated, and develop strategies to foster engagement.
- 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.
- Collaboratively work through differences of opinion and points of conflict, and work toward acceptable compromises when necessary.

REFLECTIVE PRACTICE QUESTIONS

Recovery-oriented practice

- How have you balanced duty of care and dignity of risk?
- Do you engage people as partners and offer professional expertise without assuming control or discontinuing support if your assistance is declined?
- When appropriate, can you share aspects of your own life experience to model hope, build empathy and deepen trust with a person?
- Have you acknowledged and explored the power imbalances in the therapeutic relationship and their possible impact on recovery?

Recovery-oriented leadership

- What opportunities have you built for people with lived experience to be collaboratively involved in service change, practice enhancement and professional development?
- Are policies, practices, quality initiatives, education programs, recruitment and supervision all consistent with building collaborative relationships?
- Time spent with people and within the team is necessary for collaborative care – how do you support staff to prioritize the resources (space, time, learning, tools) necessary for collaborative and reflective practice?

OPPORTUNITIES FOR LEADERS AND MANAGERS

- Help establish a community of practice, and participate in learning that builds expertise in recovery-oriented collaborative care.
- Advocate for reflective practice and mindfulness as necessary components of collaborative relationships within your own discipline or peer group.
- Reconsider allocation of resources and decision-making criteria to foster the development of collaborative relationships and peer-led initiatives.

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CHAPTER 3

Recovery Occurs in the Context of One's Life

The previous chapter looked at the personal nature of recovery and the ways recovery-oriented services can assist an individual to build on their strengths and define their personal road to recovery. This chapter sets out the Guidelines required for recovery-oriented practice to address the multiple factors that contribute to mental health problems and illnesses.

The chapter includes the following Guidelines:

- Celebrating the value of family, friends and community
- Addressing stigma and discrimination
- Supporting social inclusion and advocacy on social determinants
- Building partnerships with community

Since most of a person's recovery journey occurs outside the mental health service system, fostering recovery necessitates understanding people within the context of their lives. Family, friends, neighbours, local community, schools, workplaces, spiritual and cultural communities all influence mental health and well-being and can play an important role in supporting recovery. Recovery-oriented practice works with people to help them lead full and meaningful lives and sustain their relationship to the world around them. It fosters their participation as equal citizens in the social and economic life of their community. There is no "right way" for people to understand themselves as individuals and as citizens, or to behave in relation to their family, community, culture or background, and a recovery approach supports people in learning how to navigate their own path through the web of family, community and society. Recovery-oriented practice helps people give primacy to their identity beyond illness, strengthen their natural network of connections and fulfil important personal and family roles.

IMPORTANCE OF FAMILIES TO RECOVERY

Families can provide emotional, social and material support critical to quality of life. For many people living with mental health problems and illnesses, family – whether made up of relatives or chosen from a person's broader circle of support – constitutes their primary source of support. Families can help recovery by expressing hope, building on people's ties to others, reminding them of their strengths and capabilities, assisting them in accessing and navigating the mental health system and sustaining their involvement in community life. With the person's permission, recovery-oriented practitioners consistently engage a person's family of choice as early in care as possible. Families also have the right not to participate in a caregiving role, and this choice is respected.

For many people living with mental health problems and illnesses, family – whether made up of relatives or chosen from a person's broader circle of support – constitutes their primary source of support.

However, families can be under significant stress during times of crisis when the judgment of their loved one may be impaired by illness. They may also feel compelled to facilitate hospital admissions, which can damage relationships and trust. Listening carefully to the concerns of families and finding ways to facilitate timely access to care can greatly alleviate distress. When the involvement of family is declined, recovery-oriented practice can include providing ongoing support to improve communications and help negotiate family involvement.

FAMILIES BENEFIT FROM SUPPORT

Family caregivers experience a range of emotions when working with a family member with a mental health problem or illness, including despair, guilt, helplessness, fear, grief, loss and sadness. Families also report feeling frustration and anger with the challenges they confront in getting access to appropriate services for their loved ones and in how they are consulted. Caregivers can best contribute to the recovery of their family member when their involvement is welcomed and their experience is acknowledged. Families are also on their own journey, and when their needs are recognized and supported they are better able to support the recovery of their loved one.[1]

Recovery-oriented practitioners understand and show concern for the impact of mental health problems on the family. Supporting families so they can find hope, heal and, when people desire, reconnect in helpful ways is vitally important. Recovery-oriented services seek to collaborate as partners with caregivers and draw on their intimate knowledge of their loved one, routinely encouraging them to play a part in assessment and to provide their perspective when planning care. They understand and respond respectfully to the diversity of families, including their histories, cultures, values and traditions; to their particular ideas of social interdependence and varying spiritual practices and beliefs; and to the different ways they may understand the nature of mental health and substance use problems.

The inclusion of family peer support workers within services provides a valued source of support and experiential expertise. Linking people to family services and providing timely information, respite, education and training helps to support family members. Families also benefit when there is coordination and communication between and across services. Families can play a valuable role in the development and design of programs and services and in advocating for broader system change.[2]

FAMILIES MAY NOT ALWAYS BE SUPPORTIVE

Recovery-oriented practice begins with the assumption that family can play a positive role in the journey of recovery and well-being. However, there are times when families and people living with mental illness disengage from one another. In some situations, where there is conflict, abuse or a lack of support, it may not be in the person's best interest to involve family members. Legally, the choice of whose, how much, and how often family support is desired rests with the individual. Recovery-oriented services respect this right, while also acknowledging that, at times, a person's condition may compromise their ability to make appropriate judgments and decisions.

People living with mental health problems and illnesses also face complex issues with respect to informed consent and privacy. Finding a balance between facilitating the family's ability to contribute to decision-making and the need to respect the privacy rights of the person living with the mental illness

requires a careful case-by-case review. Family involvement depends on the willingness and the capacity of the family to participate, and on the consent of the person living with the mental health problem or illness.[3]

STIGMA AND DISCRIMINATION

Stigma refers to the internal negative feelings and beliefs people hold, usually based on misinformation, that lead to prejudicial attitudes.

Discrimination is the external behaviour that results from prejudice and is also manifested in institutional policies, practices and laws that deny people their rights or limit their inclusion.

Self-stigma refers to the internalization of negative social stereotypes, which in turn has an impact on people's sense of identity and leads to reduced self-esteem and diminished expectations.

People living with mental health problems and illnesses and those who care for them report that stigma and discrimination negatively impact almost every area of their lives and can frequently be more harmful than the illness itself. Stigma and discrimination manifest in: high rates of un/underemployment; lower educational achievement; the loss of friendships, kinship and parenting roles; and experiences of persistent poverty, homelessness, and housing instability. They can lead to people losing important civic roles and rights and to being rejected by neighbours or colleagues. For older adults, these can lead to the loss of autonomy and having their abilities minimized. People living with mental health problems and illnesses also report facing stigma from those they rely on for support, including family members and health, mental health and social service providers.[4,5] Stigma by these key players can be manifested when they demonstrate negative attitudes, a lack of respect or pessimism regarding recovery, or when they take steps to remove control over decision-making; all of these interfere with recovery. At a structural level, the effects of stigma and discrimination can be seen in the chronic underfunding of the mental health system, lack of affordable housing and income and disability supports that do not always meet people's needs.[6]

People living with mental health problems and illnesses and those who care for them report that stigma and discrimination negatively impact almost every area of their lives and can frequently be more harmful than the illness itself.

Even when effective services are available, many people fear being labelled or judged because of past negative experiences with the mental health system. As a result they fail to seek or prematurely drop out of services. Addressing self-stigma is important because when people anticipate rejection or underestimate their capabilities, their self-esteem is diminished, and they are less likely to pursue opportunities or advocate for their rightful entitlements. Family caregivers also report experiencing the impact of stigma in their dealings with family, friends and health providers, feeling a sense of "shame, blame and contamination" that leads to their isolation and loss of valuable support. For mental health providers, stigma can be experienced through a lack of respect from their peers and the inadequate provision of resources to do their work.

SUPPORTING RECOVERY MEANS ADDRESSING STIGMA

Reducing stigma and discrimination requires a shared effort at a system, community, program and individual level.[7] Recovery-oriented practices contribute by affirming the ability for everyone to recover, emphasizing people's strengths and capabilities, normalizing the experience of mental distress and reinforcing the effectiveness of self-care and treatment. Adopting a holistic view also acknowledges the multiple influences on mental health and the impact of discrimination. Working with people to help them positively reframe their experience within the broader context of their lives, find purpose and meaning and understand and protect their rights can help reduce self-stigma. Peer support, including family peer support, plays a valuable role in assisting people to positively re-define their experience, practise disclosure and become empowered to advocate for their personal rights and greater social equity.

Anti-stigma efforts are best designed and delivered with leadership by, and active participation of, people with lived experience. Providing targeted education to influential groups helps challenge stereotypes by sharing personal journeys of recovery, identifying what helps and hinders recovery and emphasizing ways to enhance social and economic inclusion. This approach has been found to achieve lasting change. Ultimately, addressing stigma and discrimination is an issue of equity. People living with mental health problems and illnesses and their families must be accorded the same respect, rights and entitlements and have the same opportunities as the broader population.

The three best stigma-reducing strategies:

1. Positive personal contact.
2. Education about the recovery journey.
3. Advocacy and supporting empowerment

IMPACT OF THE SOCIAL DETERMINANTS OF HEALTH

Everyone in Canada should have the opportunity to achieve the best possible mental health and well-being, but currently that opportunity does not come equally. 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. It is worth noting that many factors that can contribute to persistent mental illness and the way we perceive people with "serious mental illness" are related to the effects of poverty, social isolation and exclusion, poor education, chronic physical illness, housing instability and unresolved trauma. Addressing these issues can help render the remaining symptoms of mental illness less intense and easier to treat.[8]

Working to reduce disparities in how these determinants of health affect people's opportunities in life and health outcomes will involve efforts at many levels of Canadian society. Such an objective cannot be the exclusive responsibility of the mental health system in general or of recovery-oriented mental health services in particular. It nevertheless constitutes an objective that is integrally linked to providing recovery-oriented services and supports and will require a collaborative effort across systems, sectors and services to accomplish.[9]

By taking time to listen and learn about a person's socioeconomic stressors, recovery-oriented practitioners can help identify ways to address the factors that impact health. This means having knowledge about the broader social system and the availability of resources, and providing practical help across many areas. For example:

- Assisting people to achieve housing and food security.
- Working with people to stabilize income, including by helping them apply for income supports, tax credits and supplements.
- Assisting people to connect to a family physician or community health team in order to address ongoing general health needs and any co-occurring medical conditions.
- Linking people to career planning resources, supporting people's aspirations to work and connecting with best practices for supporting successful employment.
- Helping people to identify their social, creative, spiritual and recreational needs and linking them to appropriate community resources.

BUILDING PARTNERSHIPS

There is a wealth of knowledge, skills and resources residing in local communities that can be leveraged to support recovery by building service partnerships and nurturing community connections. Engaging community partners to help educate the public, address discrimination and enhance service linkage is a core element of recovery-oriented practice. Recovery-oriented practice encourages the formation of multisector partnerships to promote the development of service agreements that support inclusion and to address policies and practices that restrict opportunity. Collaborative partnerships are enriched by the resilience, expertise and participation of those who have experienced mental health problems, either first-hand or within their families. Advancing recovery includes collaborating with national, provincial and regional initiatives to advance fair and equitable treatment for all, remove barriers to full citizenship and create a social context that fosters mental health and well-being.

The creation of multisector agreements and plans, developed in partnership with people who have lived experience and their families, can help address structural barriers that stand in the way.[10]

Everyone in Canada should have the opportunity to achieve the best possible mental health and well-being, but currently that opportunity does not come equally.

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Recognizing the Value of Family, Friends and Community

Recovery-oriented practice and service delivery recognizes the unique role of personal and family relationships in promoting well-being, providing care and fostering recovery across the lifespan; as well as recognizing the needs of families and caregivers themselves.

CORE PRINCIPLES

- Value the role of peers, family and social networks for each as potential resources to facilitate recovery.
- Mental health practitioners acknowledge families, friends and significant others as partners and are responsive to their need for inclusion, education, guidance and support.
- Fulfilling valued roles and responsibilities within significant relationships can promote and sustain recovery efforts.
- The person experiencing mental health problems has the right to define their "circle of support" and how family members, caregivers, peers and significant others should be involved, with consideration for what is age appropriate.
- Input from family members, caregivers, peers and significant others can help inform personal recovery plans and improve the planning, organization and delivery of mental health treatments, services and supports.

MENTAL HEALTH PRACTITIONERS AND PROVIDERS...

Values and Attitudes

- Recognize and affirm the importance of a person's roles and relationships for their well-being.
- Acknowledge and affirm the ability of family members, caregivers and significant others to support a person's recovery.
- Respect the choice of the person experiencing mental health problems regarding the involvement of specific family members, caregivers and significant others.
- Appreciate the journey of discovery, healing and well-being that the family and significant others may also be experiencing.

Knowledge

- Understand the impact of mental health problems and illnesses on close relationships.
- Understand the stress placed on families when negotiating hospitalization during a crisis and the potential impact on relationships and trust.
- Understand the tensions associated with family dynamics, conflicting aspirations and the need to respect privacy and personal choices.
- Be aware of the diversity of family relationships and responsibilities, including but not limited to different cultures, same-sex relationships and blended families.
- Have up-to-date knowledge of services and supports available to meet the needs of families.

Skills and Behaviours

- Invite people to identify close relationships, express their choices and identify needs for support from significant others, and engage those identified as early as possible in the recovery process.
- Assess the needs of family caregivers and support people, and help them to navigate service systems.
- Support positive family communications and foster opportunities to maintain, establish or re-establish relationships with family and support people as part of the service plan.
- Support people to continue to fulfill important roles such as being a parent, spouse, student, employee, friend etc.
- Provide education, communication and an inviting atmosphere for family members and significant others to feel respected, welcome, safe and valued.
- Seek out and incorporate views of family members and caregivers to inform recovery practice, research and delivery of services.

REFLECTIVE PRACTICE QUESTIONS

Recovery-oriented practice

- In what ways have you offered family and other people in a person's support network continuing assistance in navigating service systems and helped them to connect with family support and advocacy groups?
- How have you supported the needs of children and young people in families experiencing mental health challenges?
- What do you do to make sure that people's choices about involving significant others are respected and re-examined regularly?
- How have you helped to mediate tensions and encouraged open dialogue when views and interests are in conflict?
- What have you done to address child custody issues to support people in fulfilling their parenting roles?
- What have you done to support people sharing their recovery goals with family and support people?

Recovery-oriented leadership

- Have you critically reviewed organizational policies and procedures to make sure they embrace working collaboratively with families, caregivers and support networks?
- What resources have been made available to support involvement of families and caregivers in program and service delivery planning?
- How have you encouraged flexibility in working with families, for example by including opportunities for off-site, after-hours and in-home assessment and services?
- What have you done to ensure that staff, people with lived experience, families and support people are aware of sources of family and caregiver support, including family peer support?
- What process do you use to assess family support needs, and how is the impact of support on family functioning measured?

OPPORTUNITIES FOR LEADERS AND MANAGERS

- Establish ongoing connections with family associations, and increase opportunities for the co-design of family peer support programs.
- Identify peer support resources for families within the community, and where these are not present, establish links with peer support specialist training groups.
- Support the use of Advanced Care Directives and substitute decision-making protocols that encourage people to share their preferences and choices with providers, families and caregivers.
- Incorporate ongoing evaluation of satisfaction levels and planning processes to improve the inclusion of, and support for, families and friends.

RESOURCE MATERIALS

- Canadian Collaborative Mental Health Initiative. (2006). Working together towards recovery: Consumers, families, caregivers, and providers: A toolkit for consumers, families and caregivers. Mississauga, ON: Author. Retrieved from http://www.shared-care.ca/files/EN_Workingtogethertowardsrecovery.pdf
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Supporting Social Inclusion and Advocacy on Social Determinants

Recovery-oriented practice and service delivery advocates to address inequitable living circumstances and unequal opportunity that adversely impact personal recovery.

CORE PRINCIPLES

- People living with mental health problems and illnesses want to and should be able to enjoy the same social, economic, educational and employment opportunities as everyone else.
- Housing, transport, education, employment, income security, health care and civic participation are some of the determinants of health; poor and unequal conditions in these areas increase the risk of poor health and mental health outcomes and interfere with recovery.
- Fostering social inclusion means ensuring that people have opportunities for active community involvement and citizen participation.
- Recovery-oriented mental health services can help connect people to their communities of choice, assist in maintaining people's naturally occurring supports and networks and promote a focus on social inclusion and the exercise of citizenship rights.

MENTAL HEALTH PRACTITIONERS AND PROVIDERS...

Values and Attitudes

- Uphold the right of people experiencing mental health problems to participate in community and social settings as full and equal citizens.
- Accept and nurture the contribution of naturally occurring supports, community connections and opportunities outside of mental health services to support a person's recovery.
- Are willing to take action to challenge barriers to social inclusion, including within their own service, and to advocate for equity.

Knowledge

- Understand that social inclusion is a determinant of health and well-being, and know how to make this a focus of practice.
- Recognize the potentially negative impact of poor and unequal living conditions on health, mental health and recovery.
- Have up-to-date information about community services and resources for housing, education, transportation, employment and income supports.
- Maintain knowledge of current legislation, instruments, protocols and procedures governing people's human and legal rights.

Skills and Behaviours

- Proactively draw attention to disparities, and work alongside people with lived experience and through community partnerships to mitigate them.
- Use knowledge of human and legal rights and of the way service systems operate to challenge social exclusion.
- Initiate discussion of recovery goals, and make referrals to services and resources that can contribute to:

  Meaningful social engagement
  Education and employment opportunities
  Income security
  Housing stability
  Food security
  General health and well-being
  Creating culturally safe and responsive services

- Develop working relationships with police, justice, corrections and probation and parole services.
- Help people connect to a family physician or community health team to address ongoing general health needs and co-occurring medical conditions.

REFLECTIVE PRACTICE QUESTIONS

Recovery-oriented practice

- How do support plans and service activities promote the inclusion of a person's existing support network, social connections and opportunities for participation in the community?
- How does your documentation reflect people's aspirations and goals related to education and employment?
- What indicators are you using to measure the impact you are having on advancing social inclusion?

Recovery-oriented leadership

- What have you done to challenge social exclusion and disadvantage? Have you used knowledge of human and legal rights in this regard?
- How are staff members supported to be active partners in broad-based alliances that advocate for action on the social determinants of health and well-being and address discrimination?
- In what ways have you supported and validated the advocacy efforts of staff, people with lived experience, families and communities?
- How do you model a positive service culture that promotes inclusion of people with lived experience and their families at all levels?

OPPORTUNITIES FOR LEADERS AND MANAGERS

- Provide input into relevant public inquiries, community meetings and processes for social reform.
- Encourage strong working relationships with people who are working to create economic, social, recreational and employment opportunities at the local and regional level, including local elected representatives and business leaders.
- Use social media to publicize community resources and information, as well as to leverage open events that your program or organization offers.
- Participate and encourage staff to become involved in a broad range of initiatives (e.g., local food drives, community fairs, microbusinesses and ride-share programs).

RESOURCE MATERIALS

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- Mikkonen, J., & Raphael, D. (2010). Social determinants of health: The Canadian facts. Toronto, ON: York University, School of Health Policy and Management. Retrieved from http://www.thecanadianfacts.org/The_Canadian_Facts.pdf
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Addressing Stigma and Discrimination

Recovery-oriented practice and service delivery promotes a positive approach to mental health problems and mental illness and challenges stigma and discrimination.

CORE PRINCIPLES

- There is still widespread stigma and discrimination against people with mental health problems and illnesses across society, within communities, service settings and amongst friends and families of people living with mental health problems and illnesses, who can themselves internalize stigmatizing beliefs (self-stigma).
- 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.
- The effects of stigma and discrimination on individuals living with mental health problems and illnesses can be counteracted by facilitating people's empowerment and self-efficacy.
- Education, advocacy and direct personal contact with people who have experienced mental health problems are effective approaches to reducing stigma, with the research pointing to the latter as holding the greatest promise.
- Stigmatizing beliefs and discriminatory practices needs to be addressed within organizational policies and directives, management practices and leadership and front-line interactions and services offered.
- People with lived experience of mental health problems should be involved in the design and delivery of anti-stigma initiatives.
- The experience of other forms of discrimination–for example based on race, gender, ability, sexual orientation or age–can compound the effects of stigma and discrimination experienced by people with mental health problems.

MENTAL HEALTH PRACTITIONERS AND PROVIDERS...

Values and Attitudes

- Accept individual and collective responsibility for challenging stigmatizing and discriminating attitudes and behaviours.
- Embrace, value and celebrate difference.
- Take personal responsibility for demonstrating acceptance and promoting inclusion.

Knowledge

- Understand that stigma and discrimination exist at all levels within service settings as well as being internalized among people with lived experience of mental health problems.
- Appreciate the negative impact of stigma and discrimination, including that it can be experienced as trauma.
- Understand the nature of self-stigma, the factors which contribute to it and how self-stigma can hinder access to social opportunities and impede community participation.
- Recognize stigma and discrimination in the health, mental health and related workforces.
- Be aware of the role of media both in perpetrating stereotypes and in contributing to redressing stigma and discrimination.
- Maintain up-to-date knowledge of human rights and antidiscrimination legislation and policy frameworks, as well as of mechanisms for addressing complaints.
- Have knowledge of best practices and research in stigma reduction and of ways to address discrimination.

MENTAL HEALTH PRACTITIONERS AND PROVIDERS (Continued)

Skills and Behaviours

- Speak out to actively challenge stigmatizing attitudes within service and community settings and engender hope and positivity.
- Provide accurate information about mental health issues, emphasizing recovery and the efficacy of treatment, while using positive and hopeful messages and images.
- Include people with lived experience as partners in public education and outreach to media.
- Assist people with lived experience, their families and caregivers to explore and work through self-stigma and their own negative beliefs and views.
- Encourage and support appropriate disclosure.

REFLECTIVE PRACTICE QUESTIONS

Recovery-oriented practice

- How do you model non-discriminatory practice, including the use of non-stigmatizing language?
- What have you done to foster leadership by people with lived experience in the design and delivery of anti-stigma initiatives?
- What opportunities have you utilized to encourage and support appropriate disclosure and open discussion about the impact of stigma?
- How do you address the interaction of multiple forms of discrimination and their harmful impact on mental health?

Recovery-oriented leadership

- How do your service standards model non-discriminatory practice and non-stigmatizing language and procedures?
- Are complaints mechanisms easily accessible, and do they have clear protocols for redress?
- What resources are available to facilitate and support peer-led anti-stigma initiatives?
- How do you encourage organizational and staff participation in local initiatives that promote positive understanding and reduce stigma and discrimination?

OPPORTUNITIES FOR LEADERS AND MANAGERS

- Develop anti-stigma criteria with partners based on the best evidence, and conduct an audit of service delivery against the identified criteria; share action plans to act on any areas needing change.
- Increase employment opportunities for people with lived experience within their field of interest; join employment networks that can audit existing processes for discrimination or inequitable practices.
- Create communication channels that allow all stakeholders to address structures or practices that perpetuate stigmatizing attitudes.
- Facilitate open discussion at staff forums to encourage awareness of, and attention to, stigmatizing behaviour.
- Link with existing advocacy groups and activities from non-health areas (e.g., sports, arts, media) to help increase everyone's learning and understanding; open your space and environment to these groups for shared initiatives.

RESOURCE MATERIALS

- Canadian Journalism Forum on Violence and Trauma. (2014). Mindset: Reporting on mental health. Retrieved from https://sites.google.com/a/journalismforum.ca/mindset-mediaguide-ca/mindset-media-guide-eng
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Building Partnerships with Community

Recovery-oriented practice and service delivery seek to maximize recovery by working in partnership with local communities.

CORE PRINCIPLES

- A wealth of diverse knowledge, skills, strengths and resources reside in local communities that can be leveraged to support recovery.
- Communities value the resources and contributions of local mental health services.
- Collaborative partnerships are enriched by the resilience, expertise and participation of those who have experienced mental health problems.
- Strengthening connections between systems and sectors can improve multisector planning and facilitate access to services (e.g., housing and employment services, schools, social services, addictions).
- Mental health services have a role in supporting communities to become more inclusive.
- Everyone shares the responsibility to create opportunities for interaction, service access, collaboration and civic participation.

MENTAL HEALTH PRACTITIONERS AND PROVIDERS...

Values and Attitudes

- Believe in healthy, inclusive communities in which people with experience of mental health problems flourish and have strong futures.
- Appreciate community as the space for recovery and active citizenship, where people find meaning according to their own customs, traditions, culture and upbringing.
- Acknowledge local diversity, strengths and skills; respect local expectations, values and processes.
- Appreciate collaboration as the means to address community development and learning.

Knowledge

- Understand the social nature of communities and how best to work with them.
- Know community leaders, services, agencies, resources, local issues and associations.
- Have up-to-date knowledge of funding sources and resources for community partnerships, capacity building, volunteerism and community development.

Skills and Behaviours

- Are able to implement techniques for group facilitation, networking and partnership building.
- Relate well to all audiences, using language readily understood by all.
- Participate in local initiatives to promote mental health and prevent mental illness, intervene early, foster resilience, develop mental health literacy and build capacity.
- Support peer-led community partnerships and initiatives.

REFLECTIVE PRACTICE QUESTIONS

Recovery-oriented practice

- How have you tapped into community goodwill, resourcefulness and creativity to support people's recovery goals and aspirations?
- In what ways have you built partnerships with peer workers and supported local peer leaders in community initiatives?
- In what ways have you collaborated with other networks or groups to provide referral pathways and create reciprocal agreements to improve service access (e.g., housing, income security, employment) that can contribute to recovery outcomes?
- What evidence demonstrates that partnerships and community collaboration is "core business" for recovery and not a discretionary extra?

Recovery-oriented leadership

- In what ways have you supported peer-led community partnerships and community coalition initiatives?
- How do you encourage staff to become active members in local interagency networks and acknowledge and reward their role in community partnerships?
- How have you increased the opportunities for interaction with the community and encouraged volunteers? Do your physical environment and facilities encourage this?
- What have you done to present positive mental health perspectives at community events and ensure organizational visibility at important and locally valued activities?
- How do you promote positive working relationships with local media organizations?
- How do you seek to collaborate across organizations to facilitate access to services and reduce barriers in information sharing and assessment across services?

OPPORTUNITIES FOR LEADERS AND MANAGERS

- Collaborate with national, provincial and regional initiatives to promote fairness and equity and the creation of healthy communities; regularly share news and updates with staff about these initiatives.
- Release staff to participate in mental health awareness and education campaigns; support people with lived experience to provide leadership in these activities.
- Strengthen opportunities for intersectoral collaboration, philanthropy and volunteerism, and for providing field experience for trainees and policymakers.

RESOURCE MATERIALS

- Addiction and Mental Health Collaborative Project Steering Committee. (2014). Collaboration for addiction and mental health care: Best advice. Ottawa, ON: Canadian Centre on Substance Abuse. Retrieved from http://www.ccsa.ca/Resource%20Library/CCSA-Collaboration-Addiction-Mental-Health-Best-Advice-Report-2014-en.pdf
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CHAPTER 4

Responding to the Diverse Needs of Everyone Living in Canada

The diversity of Canada's population is a source of great strength that enriches our common culture, enlarges our social fabric and contributes to our shared understanding of mental health and mental illness. This diversity is multi-faceted and complex. It embraces the rich traditions, histories, cultural practices and spiritual beliefs that have been contributed by Canada's Indigenous peoples and by people from around the world. It refers to the diverse needs that arise from people's evolution across the lifespan, different abilities, socioeconomic status, sexual orientation, the experience of racism and other forms of discrimination and spiritual or religious beliefs. Ignoring this diversity of needs and experience can hinder access to services and contribute to disparities in health outcomes.

RESPECTING THE DIVERSITY OF PEOPLE'S NEEDS

Recovery-oriented practice is grounded in principles that encourage and enable respect for diversity and are fully congruent with practices that are culturally responsive, safe and competent and can meet the needs of immigrants, refugees and people from ethnocultural and racialized groups.[1] 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 (taking into account their developmental stage) and to meeting the needs of lesbian, gay, bisexual, transgender, transsexual and queer (LGBTQ) people.[2]

Recovery-oriented practice takes a holistic approach to health, values the role of family and community and 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. Recovery-oriented practice acknowledges that, for many people, drawing on religious beliefs and spiritual practices can help overcome the sense of despair that can initially accompany mental health problems and illnesses, while enabling people to make sense of their experience and find a deeper meaning, greater purpose and renewed hope.[3]

Not every service provider will be able to know all things about all cultures or all dimensions of diversity. Rather, the starting point for recovery-oriented practice involves embracing a general approach based on respect for, and interest in, the diversity of people's needs and designed to build on their existing strengths. At the same time, in responding to the shared needs that can arise from a common background or set of experiences, one must always guard against stereotyping. Although two individuals may share a common cultural heritage, they may also be very different in other ways (age, gender, sexual orientation, religious or spiritual beliefs). We are all multifaceted individuals, and our individual identities are shaped by the many intersecting dimensions of our lives.

The experience of multiple, intersecting forms of discrimination based on factors such as race, age, gender, sexual orientation and social status can deepen a sense of marginalization and have a compound effect on mental health and well-being.[4] Inclusive and culturally responsive services promote practices that recognize and help counteract all forms of discrimination and address the structural barriers that can limit access to appropriate programs, treatments, services and supports for people from diverse backgrounds.[5]

Creating inclusive services that are able to meet diverse needs can be advanced through collaborative partnerships with community leaders that offer opportunities for mutual learning. Such partnerships strengthen community capacity and expand access to services through shared programming and reciprocal service agreements.

This chapter outlines how recovery-oriented practice addresses needs arising from three dimensions of diversity:

- Adapting recovery-oriented practice across the lifespan.
- Meeting the needs of immigrant, refugee, ethnocultural and racialized communities.
- Addressing differences relating to gender and sexual orientation.

Recovery-oriented practice is grounded in principles that encourage and enable respect for diversity

ACROSS THE LIFESPAN

It is necessary to adapt the way in which recovery principles are applied to reflect the realities of people's backgrounds, contexts and changing objectives as they move across the lifespan. The term recovery, for example, can be taken to imply a process of recovering a sense of self and capacities that were lost – a concept that is most applicable to midlife adult populations. The objectives for infants, children, youth and seniors cannot be exactly the same.

The recovery goal for infants, children and youth involves helping them develop their identity throughout the various developmental stages, attaining their best possible cognitive and mental functioning and retaining mental well-being into adulthood. Infants, children and youth are not "little adults," and their symptoms of mental health problems and illnesses present very differently from those of adults. Because infants, children and youth are in the process of forming an identity as they grow up, their presentation must be considered in relation to each specific stage of development.

It is necessary to adapt the way in which recovery principles are applied to reflect the realities of people's backgrounds, contexts and changing objectives as they move across the lifespan.

Recovery-oriented approaches with infants and children draw on perspectives of growth, health and well-being related to development, resilience and supportive family systems. Recovery-oriented practice and service delivery with infants and children occur in collaboration and partnership with a wide range of services, including childcare, education and recreation. Recovery approaches with adolescents and young people focus on prevention, early intervention, achieving developmental goals, building resilience and enhancing well-being. An integrated approach across mental health and allied service systems is required to provide flexible and individually tailored connections between child-, adolescent- and adult-focused services, both hospital-based and in the community, and to ensure seamless continuity of care during developmental transition points. For those whose illness starts early in life, the same values and principles need to guide their care throughout their lifespan.[6]

RECOVERY SUPPORTS DIGNITY, CONNECTION AND CHOICE

Older adults face numerous challenges to their ability to live independently with safety and dignity. These include physical limitations, chronic illness and dementia and neurocognitive changes. However, it cannot be assumed that age and cognitive impairment are linked, or that the presence of a mental health problem or illness is inextricably tied to cognitive decline. The recovery goal for older adults at every stage of the aging process is to ensure that they are supported in maintaining physical autonomy, privacy and dignity and have the greatest possible control over decision-making. Recovery-oriented practice supports older adults in maintaining contact with family, sustaining social connections and actively participating in valued roles within their community of choice.

As people living with mental health problems age, they may face the additional challenge of losing the support of family caregivers as their parents age, or encounter difficulty accessing housing or long-term care facilities. Recovery-oriented practice seeks to ensure that older adults, including those who experience a late onset of illness, have timely access to the resources they need to address mental health problems and illnesses that may emerge as they pass through important transitions associated with aging – such as retirement, alterations in income level, physical decline and changing social support networks, including spousal bereavement and increased social isolation.

People's ability to participate actively in decision-making will vary. For example, family members or guardians will be the primary decision-makers for young children or for older adults whose ability to make decisions for themselves may be compromised by a mental health problem or illness. Sometimes, in the absence of any better option – as when people temporarily lose their ability to look after themselves – caregivers and providers will need to take over. The use of Advanced Care Directives can help people retain decision-making control, define health care treatment goals and assign a substitute decision-maker to ensure their wishes are followed.

IMMIGRANT, REFUGEE, ETHNOCULTURAL AND RACIALIZED COMMUNITIES

People who are immigrants, refugees, members of ethnocultural groups or likely to be racialized (that is, to have others make assumptions about them based on perceptions about race) face particular challenges that put their mental health at greater risk. Many from these communities have difficulty getting a job, finding employment that matches their level of skill and education, earning a decent income or obtaining adequate housing.[7]

While they make up a large part of Canada's population, too many people from the immigrant, refugee, ethnocultural and racialized (IRER) communities face significant barriers to seeking or obtaining help. People from diverse backgrounds can have different values and traditions that inform approaches to health. People sometimes experience and describe mental health problems and illnesses differently, which may be challenging for service providers who do not share the same background. For some, the importance placed on promoting autonomy and self-direction within recovery-oriented practice may appear to be in tension with their own emphasis on family and community connections.[8]

Culturally safe, responsive and competent services provide an environment in which people are able to express themselves and deal with problems without fear of judgment. The need for cultural responsiveness and safety draws attention to issues of power and discrimination that can contribute to poorer health outcomes for some groups and that may diminish the quality of care they receive. It also points to the importance of providers reflecting on their own background and possible biases.

Culturally safe, responsive and competent services provide an environment in which people are able to express themselves and deal with problems without fear of judgment.

Providing responsive recovery-oriented service can be strengthened by ongoing collaboration with community leaders and organizations to build trust and deepen mutual understanding. Recovery-oriented practice supports communities to develop their own priorities, strengthen existing social networks and address all the factors that impact mental health. Expanding treatments and supports that are linguistically accessible, responsive and attuned to culture, experience and beliefs will improve recovery.[9]

GENDER AND SEXUAL ORIENTATION

Mental health problems and illnesses affect men and women differently and at different stages in life. For example, women are more likely than men to experience anxiety and depression, including depression following the

birth of a child. Men are more likely to experience psychotic illness, usually at a younger age.[10] Girls and women attempt suicide at higher rates, but men and boys (particularly older men) die by suicide more often.[11]

The different ways that gender makes a person vulnerable to mental health problems and illnesses mean that the impact of gender needs to be considered across the spectrum of mental health activities, including in prevention and early intervention efforts. Recovery-oriented services need to be alert to systemic disadvantage and barriers to service that may be related to gender roles, stereotyping and discrimination. Key risk factors for women are often interrelated: women have more caregiving responsibilities, endure higher rates of poverty and are more likely to suffer domestic violence and abuse. Childhood sexual abuse is linked to mental health problems and illnesses later in life for both girls and boys, but girls are more likely to be abused. Factors that threaten a sense of success and achievement, such as job loss, have a particular impact on men. Men may be less likely to acknowledge emotional problems. They may believe that men should handle their issues alone, and thus may delay seeking help. In addition, men do not always present signs and symptoms in ways that are easily recognized by service providers.

Stigma and discrimination on the basis of sexual orientation have an impact on the mental health and well-being of lesbian, gay, bisexual, two-spirited, queer, transgender and transsexual (LGBTQ) people. Sexual and physical assault and bullying are factors that increase the risk of suicide for this population. Risks for LGBTQ youth can be reduced by an accepting family and connection with other LGBTQ youth. Older LGBTQ people may be reluctant to access mental health services because of past negative experiences with the service system, including prejudice, discrimination and lack of knowledge about their needs.[12]

The different ways that gender makes a person vulnerable to mental health problems and illnesses mean that the impact of gender needs to be considered across the spectrum of mental health activities

Lesbian, gay, bisexual, two-spirited, transgender and transsexual people are helped in their recovery by their families, by educational institutions and workplaces, by their friends and partners and by mainstream services and community-specific support and community groups. Building collaborative partnerships with LGBTQ health and community resources can provide positive education and increase accessibility to the full range of services. The recovery concepts of self-determination, self-management, personal growth, empowerment, choice and meaningful social engagement are consistent with affirmative practice and with the processes of coming out.[13]

ENDNOTES FOR CHAPTER 4

1 The Ontario Human Rights Commission describes communities facing racism as "racialized." Race is a social construct and it is now generally recognized that notions of race are primarily centred on social processes that seek to construct differences among groups with the effect of marginalizing some in society. The Report (1995) of the Commission on Systemic Racism in the Ontario Criminal Justice System defined racialization "as the process by which societies construct races as real, different and unequal in ways that matter to economic, political and social life."

2 For definitions of LGBTQ refer to: Barbara, A. M. (2007). Asking the right questions 2: Talking about sexual orientation and gender identity in mental health, counselling, and addiction settings. Toronto, ON: Centre for Addiction and Mental Health. Retrieved from http://www.camhx.ca/Publications/Resources_for_Professionals/ARQ2/arq2.pdf

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Responsive to the Diverse Needs of Everyone Living in Canada

Recovery-oriented practices are responsive to people at different stages of life, from diverse backgrounds and sexual orientations, with different abilities, of all religious beliefs and spiritual practices, language groups and communities.

CORE PRINCIPLES

- 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 and that builds on their existing strengths.
- Recovery-oriented practices acknowledge that not all groups have equal access to mental health services, supports and treatments.
- Services respect and are responsive to people at different stages of life, from diverse backgrounds and sexual orientations, of all religious beliefs and spiritual practices, language groups and communities, and who live with physical disabilities.
- Recovery-oriented services address and seek to overcome the adverse impacts on mental health and well-being of disparities relating to the social determinants of health.

MENTAL HEALTH PRACTITIONERS AND PROVIDERS...

Values and Attitudes

- Embrace, value and celebrate diversity as a strength.
- Recognize and acknowledge experiences of all forms of discrimination.
- Are willing to work with people from disadvantaged or marginalized communities to address barriers that can prevent them from accessing the resources they need on their journeys of recovery.
- 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.
- Acknowledge personal beliefs as valid and relevant to mental health, and recognize that people express their personal identity differently and have many ways of relating to others, including family, community and society.

Knowledge

- Know that differing values are placed on individual autonomy, family unity and community cohesion within different traditions, cultures and contexts.
- Understand the stages of human development and their implications for recovery approaches across the life span.
- Understand the importance of cultural responsiveness, safety and competence for mental health practice and service delivery.
- Appreciate the connection between physical and mental health and understand the particular needs of people living with physical disability.
- Recognize the range of factors that influence people's expectations for safety and services.

Skills and Behaviours

- Use language and approaches that demonstrate sensitivity when working with people and families from a diverse range of backgrounds and experience.
- Proactively seek information from people about their preferences, expectations and needs, and use that information to develop appropriate responses.
- Collaborate with people from diverse communities to identify their needs and shape programs and services.
- Support people to identify and practice spiritual activities they find helpful and that contribute to their mental health and well-being.

REFLECTIVE PRACTICE QUESTIONS

Recovery-oriented practice

- How do your own values, assumptions and worldview shape your approach to others and influence your practice?
- What resources can you access when in doubt about aspects of diversity, and how have you used these to better individualize approaches within your practice?
- How have you modified your approaches to deliver developmentally appropriate responses and attend to needs for safety, accommodating for age, development stage, physical disability, gender and cultural traditions?
- Throughout their contact with services, how do you provide opportunities for people to share their preferences, expectations and needs?
- How do you include family recovery approaches, support people in fulfilling important social roles and link with naturally occurring supports in responding to the diverse needs of communities?

Recovery-oriented leadership

- How is access to diversity and cultural support services made available when required?
- How have you facilitated access to knowledge about diversity from people with lived experience of mental health issues? How have you included people with diverse perspectives in developing organizational policy, programs and service improvements?
- What forums and community opportunities have been created to establish shared understanding and different perspectives of mental health, including opportunities for children, adolescents and seniors?
- What partnerships have been formed with organizations and support services, specifically those reaching diverse communities?
- How have you made available training resources and supports for developing competence in addressing diversity?
- What systems are in place to identify and monitor the changing needs of local population groups?

OPPORTUNITIES FOR LEADERS AND MANAGERS

- Undertake an environmental scan to map the diversity of your community and build knowledge of existing resources.
- Increase the use of technology to facilitate responsiveness and access to service for rural and remote communities.
- Establish training and service delivery networks to increase exchange opportunities that can help build cultural competence.

RESOURCE MATERIALS

Across the Lifespan

- Scottish Recovery Network. (2014). Neither seen nor heard: What about recovery for children and young people? Retrieved from http://www.scottishrecovery.net/Latest-News/neither-seen-nor-heard-what-about-recovery-for-children-and-young-people.html
- Spenser, H., Ritchie, B., Kondra, P., & Mills, B. (n.d.). Child & youth mental health toolkits. Hamilton, ON: Collaborative Mental Health Care. Retrieved from http://www.shared-care.ca/toolkits

Sexual orientation

- Kidd, S. A., Veltman, A., Gately, C., Chan, J., & Cohen, J. N. (2011). Lesbian, gay, and transgender persons with severe mental illness: Negotiating wellness in the context of multiple sources of stigma. American Journal of Psychiatric Rehabilitation, 14(1), 13–39. doi: 10.1080/15487768.2011.546277
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Cultural diversity

- Jacobson, N., Farah, D., & Toronto Recovery and Cultural Diversity Community of Practice. (2010). Recovery through the lens of cultural diversity. Toronto, ON: Community Resource Connections of Toronto, Centre for Addiction and Mental Health, & Wellesley Institute. Retrieved from http://www.wellesleyinstitute.com/wp-content/uploads/2010/07/RTLCD-report-jul0410.pdf
- Kirmayer, L. J., Fung, K., Rousseau, C., Lo, H.-T., Menzies, P., Guzder, J., Ganesan, S., Andermann, L., & McKenzie, K. (2012). Guidelines for training in cultural psychiatry. Canadian Psychiatric Association position paper. Retrieved from http://www.academia.edu/2824551/Guidelines_for_Training_in_Cultural_Psychiatry

Spirituality

- Macnaughton, E. (Ed.). (2001). Spirituality and recovery [special issue]. Visions: BC's Mental Health Journal, no. 12. Retrieved from http://2010.cmha.bc.ca/files/visions_spririturality.pdf

Responsive to Needs across the Lifespan

CORE PRINCIPLES

- Recovery-oriented mental health services are responsive and adapted to a person's age and phase of development.
- Recovery-oriented practice and person-centred philosophies are complementary, strength-based approaches central to supporting people at every stage of life.
- Recovery-oriented practice works to give purpose to life and enhance quality of life, fostering hope and strengthening resilience for people of all ages.
- The involvement of family members is adapted to the age and development of the person receiving services.

MENTAL HEALTH PRACTITIONERS AND PROVIDERS...

Values and Attitudes

- Embrace, value and celebrate diversity as a strength.
- Accept people for who they are, regardless of age, and treat them with respect.
- Emphasize resilience and the unique developmental aspects of a recovery process for youth.
- Appreciate people's life accomplishments, respect them for their continuing role and contributions to family, friends, community and society and treat them as worthy human beings and full members of society.
- Recognize that ageism – the prejudice or discrimination against or in favour of any age group – is a form of discrimination that contributes to disregarding the views of young people and the social exclusion of seniors.

Knowledge

- Understand how mental health problems and illnesses, and their associated risk factors, may manifest differently across the age span.
- Recognize that recovery-oriented approaches with children and youth draw on perspectives of growth, health and well-being related to social, emotional, cognitive and physical development.
- Understand basic neuroscience and the long-term impact of adverse childhood experiences and trauma on mental health in later life.
- Know how to connect with the inherent resilience of young people, support the development of their capacities and help them to become socially, morally, emotionally, physically and cognitively competent.
- Understand that mental illness should not be considered an inevitable consequence of aging and that such misperceptions discourage people from seeking help.
- Know how to engage and support caregivers in enhancing recovery in age appropriate ways.
- Recognize the interrelationships between many physical conditions and changes to mental health and behaviour.
- Recognize that the physical and social structures of neighbourhoods or communities can protect older adults from the risks of loneliness and social isolation and that services such as home support and transportation have an impact on the social participation, security, independence and overall health and well-being of older adults.

Skills and Behaviours

- Encourage and value youth and seniors' perspectives, and ensure their meaningful participation in decision-making.
- Support young people to maximise learning opportunities as they increasingly assume control over decision-making.
- Work to ensure seamless continuity of care during developmental transition points, in particular when youth move to adult mental health services and when older adults require specialist geriatric care.
- Encourage social participation and relationships with others for people of all ages.
- Facilitate an environment in which seniors are provided with the required information, options and supports to make real choices, in keeping with their capacities.
- Provide opportunities for recreation, physical activity and fitness for people at all stages of life.
- Assist older adults to be in control of their own lives, do as much for themselves as possible and make their own choices wherever feasible.

REFLECTIVE PRACTICE QUESTIONS

Recovery-oriented practice

- How does your assessment process provide opportunities for people to share information about their needs and expectations related to age, development, gender, sex identity, sexual orientation and spirituality?

REFLECTIVE PRACTICE QUESTIONS (Continued)

Recovery-oriented practice (Continued)

- What opportunities have you included to assist families to participate, and how have you helped them to feel comfortable in the service environment?
- When families are impacted by the experience of mental illness of a loved one, what resources have been made available to support family healing, especially for children and, where relevant, for adolescents? Has guidance and support also been offered for siblings?
- How do you support adult children taking over caregiver responsibility and decision-making for their parents?
- How have you adapted interactions and activities to ensure age-appropriate communication and interventions?
- What adjustments in programming and the physical environment have you made to ensure safe participation opportunities for all, including children and young people?
- How have you optimized the use of appropriate technology, in particular for youth and older adults?

Recovery-oriented leadership

- How do you invite and incorporate input from people with lived experience to ensure responsiveness to age, gender and diversity in organisational policy, practice and service improvements?
- What processes have been established for systematically identifying training needs and routinely offering appropriate age, gender and diversity competency development and training?
- How have regular reviews of practice and documentation been instituted to encourage staff and volunteers to embrace age-sensitive and safe practice?
- How do you convey a positive approach toward the unique needs of older adults with or at risk of mental illness, including by ensuring access to clinical and ethical consultations, adequate supervision and mentoring, as well as through the provision of sufficient resources?
- What service partnerships have been arranged to access specialized services for children and youth and geriatric services for older adults?
- As you critically review your organization's work to address stigma and discrimination, how representative of the community and the lifespan are the stories, celebrations and events?
- How have you advocated for age- and development-appropriate appropriate services and specialized space?

OPPORTUNITIES FOR LEADERS AND MANAGERS

- Establish youth, older-adult and intergenerational councils to promote intergenerational learning and enhance engagement with service planning and delivery.
- Partner with school leaders to develop prevention, early identification and mental health promotion strategies and help people stay in school.
- Partner with age-related community networks to identify needs, undertake community development and advocacy campaigns and develop specialized programming and social media tools.
- Expand the availability of peer specialists, and showcase recovery among children, youth and older adults.
- Establish partnerships among mental health services, family practitioners, community nursing, aged-care services, accommodation and residential facilities, disability support, home and community care, substance abuse services and other community support services.
- Assist long-term care facilities and services for older adults to recognize and become more responsive to the needs of people with mental health problems.

RESOURCE MATERIALS

Children and youth:

- Cavanaugh, D., Goldman, S., Friesen, B., Bender, C., & Le, L. (2009). Designing a recovery-oriented care model for adolescents and transition age youth with substance use or co-occurring mental health disorders. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Retrieved from http://gucchdtacenter.georgetown.edu/resources/Recovery_Report_Adolescents - FINAL.pdf
- Family Service Thames Valley. (n.d.). mindyourmind. An online portal focused on youth mental health developed in collaboration with youth with experiential expertise. London, ON: Author. Retrieved from http://www.mindyourmind.ca/
- Institute of Families. (2014). Creating a culture of feedback: Feedback informed child and youth mental health care. Retrieved from http://www.instituteoffamilies.ca/sites/default/files/publications/Feedback%20Informed%20Mental%20Health-%20%20GFSE.pdf
- Institute of Families. (2014). May 7, 2014 Preliminary consensus statements: Urgency, action, role modeling and caring adults. Vancouver, BC: Author. Retrieved from http://www.familysmart.ca/sites/default/files/Preliminary%20Consensus%20Statements%20-%20May%207%202014%20%282%29_0.pdf

Seniors

- MacCourt, P. (2008). Promoting seniors' well-being: A seniors' mental health policy lens toolkit. Victoria, BC: British Columbia Psychogeriatric Association. http://www.mentalhealthcommission.ca/English/system/files/private/Seniors_Seniors_Mental_Health_Policy_Lens_Toolkit_ENG_0.pdf
- MacCourt, P., Wilson, K., & Tourigny-Rivard, M-F. (2011). Guidelines for comprehensive mental health services for older adults in Canada. Calgary, AB: Mental Health Commission of Canada. Retrieved from: https://www.mentalhealthcommission.ca/English/system/files/private/document/mhcc_seniors_guidelines.pdf

Responsive to the Needs of Immigrants, Refugees, Ethnocultural and Racialized (IRER) Communities

CORE PRINCIPLES

- Recovery is a process that occurs within a web of relations, including the individual, family and community and is contextualized by culture, language, experience of racism and other forms of discrimination, history of migration and the variable impact of the social determinants of health.
- Responsiveness to the needs of immigrant, refugee, ethnocultural and racialized (IRER) communities requires capacity-building at all levels – systems, organizations and practice.
- Responsive, recovery-oriented approaches require that practitioners be aware of their own ethnocultural identity, the potential for discrimination within the system and the diverse ways in which mental health, illness and recovery are experienced.

MENTAL HEALTH PRACTITIONERS AND PROVIDERS...

Values and Attitudes

- Appreciate the importance of reflecting upon one's own identity and background and relationship to people from other backgrounds and experiences.
- Remain open to others' perspectives of mental health, illness and recovery and tolerant of differences in opinions, experiences and beliefs that shape responses and behaviours.
- Value a support system that enables people from IRER backgrounds to know and exercise their human and legal rights, free from trauma, harassment and discrimination.
- Recognize the value of respectful curiosity and the importance of continuous learning about various cultures and diversity.

Knowledge

- Understand how assumptions about people from IRER backgrounds and their experiences may impact responsiveness.
- Have knowledge of local IRER communities and local community supports and resources available.
- Understand and respond to the impact of the social determinants of health on mental health and well-being.
- Appreciate the possible impacts of migration, seeking refuge, trauma and separation.
- Recognize cultural differences in expressions of distress, symptom presentation and models of health and illness.
- Are mindful that racism, discrimination and barriers to access can increase health disparities and impede people from IRER backgrounds from exercising their rights and getting the help they need.

Skills and Behaviours

- Demonstrate compassion and respect for people from IRER backgrounds.
- Actively explore how people from IRER backgrounds and their families understand mental health, illness, trauma and recovery.
- Utilize interpreters, cultural brokers, settlement workers and faith leaders to support a person's recovery plans.
- Provide orientation to services in safe and comfortable spaces.
- Provide information needed to make decisions about mental health care, including written information in easy-to-read language, and where necessary in multiple languages and/or via interpretation.
- Engage with people in the context of their families and important relationships, and explore the implications of experiences such as loss, separation, violence and trauma for recovery.

REFLECTIVE PRACTICE QUESTIONS

Recovery-oriented practice

- How have you applied culturally responsive practice to all those seeking support whose background is different from your own?
- How does the recovery plan incorporate provision for people's cultural and religious beliefs and faith traditions?
- How does your practice involve and support family members and other relevant people from IRER communities?

Recovery-oriented leadership

- What processes and service initiatives have you put in place to become a culturally responsive and diverse organization (e.g., language policies, cultural diversity plans, data collection/analysis related to local populations and needs)?
- What specific interventions do you use to address discrimination, harassment and bullying?
- Has an organization-wide cultural responsiveness plan been developed? How are you advancing its implementation?
- How do you work with the community and local decision-makers to understand the diversity of needs in your community, to champion issues relevant to them and promote equity and access to services?
- How have you used health equity impact assessments to evaluate effectiveness of the recovery approach with diverse populations?
- What resources have been made available to assist practitioners to work effectively with interpreters, participate in training, and have appropriate resources and materials to support responsive services, including sufficient time to engage families, caregivers and cultural and spiritual leaders?
- How do you participate in community cultural events and celebrations to support positive relationships and shared understanding of mental health issues?

OPPORTUNITIES FOR LEADERS AND MANAGERS

- Establish workforce positions or shared networks to build capacity to address the specific needs of the local IRER population (e.g., bilingual workers, cultural liaison workers, immigrant and refugee peer workers, cultural champions).
- Partner with ethnically specific community networks to undertake community development initiatives, advocacy campaigns and specialized programming.
- Subscribe to multicultural communications and training offerings, and make these available to staff.

RESOURCE MATERIALS

- Beiser, M. (2009). Resettling refugees and safeguarding their mental health: Lessons learned from the Canadian Refugee Resettlement Project. Transcultural Psychiatry, 46(4), 539–583.
- Dunn, J. R., & Dyck, I. (2000). Social determinants of health in Canada's immigrant population: Results from the National Population Health Survey. Social Science & Medicine, 51(11), 1573–1593.
- Hansson, E., Tuck, A., Lurie, S., & McKenzie, K. (2010). Improving mental health services for immigrant, refugee, ethno-cultural and racialized groups: Issues and options for service improvement. Calgary, AB: Mental Health Commission of Canada, Task Group of the Services Systems Advisory Committee. Retrieved from https://www.mentalhealthcommission.ca/English/system/files/private/Diversity_Issues_Options_Report_ENG_0.pdf

Responsive to Gender Differences and to the Needs of Lesbian, Gay, Bisexual, Two-Spirited, Transgendered, and Transsexual People, their Families of Choice and Communities

CORE PRINCIPLES

- Recovery-oriented practice recognizes and affirms diversity in sexuality, sex and gender.
- Gender-sensitive care recognises that women and men may experience mental health problems and illnesses differently and considers gender sensitivity and safety in service design, workforce development, policies and procedures.
- Recovery-oriented practice recognizes the negative impact of discrimination, stigma and phobia on the well-being of lesbian, gay, bisexual, two-spirited, transgendered, and transsexual people and recognize that these populations are potentially at high risk.
- Services uphold people's physical, sexual and emotional safety at all times, ensure safe and welcoming environments and services free from discrimination.

MENTAL HEALTH PRACTITIONERS AND PROVIDERS...

Values and Attitudes

- Affirm diversity in sexuality, sex and gender.
- Consider people in the context of their gender, gender identity and sexual preferences, as well as the range of other factors that interact with gender.
- Are able to reflect on the impact of their own gender on the provision of gender-sensitive care.
- Respect transsexual and other people's right to choose their gender and gender norms.

Knowledge

- Know current trends in service provision of gender-sensitive care and in service provision for lesbian, gay, bisexual, two-spirited, transgendered, and transsexual people.
- Consider gender, gender identity and sexuality in relation to people's identity, experiences, safety, resilience, vulnerability and well-being.
- Understand that men and women are sometimes predisposed to different physical health issues and can be impacted differently by some medications.
- Know the cultures, identities, language and common experiences of discrimination for lesbian, gay, bisexual, two-spirited, transgendered, and transsexual people.
- Recognize that trauma and abuse can have complex and enduring effects on people, that it can be understood to be gendered, both in terms of the prevalence of particular types of trauma, and acknowledge the high prevalence of experiences of assault and abuse amongst people accessing mental health services.
- Be familiar with local and on-line community-specific support groups and advocacy organizations on gender-based issues and for lesbian, gay, bisexual, two-spirited, transgendered, and transsexual people.
- Consider culturally responsive practice in engaging with men and women from diverse backgrounds who may have differing understandings of gender, gender identity and sexual identity and are aware of the different manifestations of gender-based power relationships.
- Recognize the multiple layers of stigma and discrimination that may be experienced by lesbian, gay, bisexual, two-spirited, transgendered, and transsexual people who also have a disability, are from culturally or linguistically diverse backgrounds, or identify as Indigenous peoples.

Skills and Behaviours

- Ensure practice is tailored and responsive to gender differences, sexual orientation and individual needs.
- Promote sensitivity and responsiveness to issues associated with gender and sexual identity in developing policies, procedures and programs.
- Offer equitable access and inclusive service to eliminate discrimination against lesbian, gay, bisexual, two-spirited, transgendered, and transsexual people.

MENTAL HEALTH PRACTITIONERS AND PROVIDERS (Continued)

Skills and Behaviours (Continued)

- Establish rapport using gender-neutral and inclusive language and the person's preferred pronoun.
- Critically analyze and engage in discussion about prevailing cultural assumptions, beliefs and values about gender roles and sexuality.
- Advocate for and support people's self-advocacy and choice with regard to their sexuality and gender norms.
- Explore the range and impact of family responses to issues relating to sexual orientation (e.g., secrecy, isolation, support) and acknowledge and draw on a person's key sources of personal support, including their partner or close friends.
- Seek out and embrace training in cultural safety, cultural competency and diversity.

REFLECTIVE PRACTICE QUESTIONS

Recovery-oriented practice

- How does your language, tone, and environment of practice demonstrate understanding of the fear of discrimination experienced by many lesbian, gay, bisexual, two-spirited, transgendered, transsexual and intersex people?
- How have you demonstrated sensitivity in your language, tone and practice and incorporated experiential knowledge to prevent discrimination?
- How does your practice incorporate consultation with the service recipient to reflect how they would like their personal information to be recorded, used and shared?
- How is respect and tolerance for other's choices evident in your engagement with them, particularly when your personal situation may be different from theirs?

Recovery-oriented leadership

- How do you provide a safe and welcoming environment, including for example visible signals affirming responsiveness to gender and sexual orientation?
- What partnerships have been formed with organizations and support services specifically reaching lesbian, gay, bisexual, two-spirited, transgendered, and transsexual people in order to inform people of support and social opportunities?
- Have you critically examined documentation and processes such as intake and incident forms as well as feedback mechanisms to ensure appropriate options are available to reinforce inclusiveness and respect for gender difference and sexual orientation?
- What avenues are available to proactively incorporate responsiveness to the lived experience of lesbian, gay, bisexual, two-spirited, transgendered, and transsexual people in organizational policy and practice?
- How do data collection and information systems include information about diverse sexuality, sex and gender that is relevant to improving responsiveness?
- How have you promoted acceptance of sexual diversity, redressed discrimination and normalized expression of diverse sexuality and gender identification?
- What resources are made available for staff and volunteers for training and development related to gender sensitivity and sexual orientation?

OPPORTUNITIES FOR LEADERS AND MANAGERS

- Develop programming and initiatives to enhance safety that acknowledge gender-specific experiences.
- Use research and evidence to help improve practice, service delivery and outcomes for LGBTQ people and their families.
- Establish links and share expertise with community-specific support groups, organizations and practitioners who welcome LGBTQ people.

RESOURCE MATERIALS

- Barbara, A. M. (2007). Asking the right questions 2: Talking about sexual orientation and gender identity in mental health, counselling, and addiction settings. Toronto, ON: Centre for Addiction and Mental Health. Retrieved from http://www.camhx.ca/Publications/Resources_for_Professionals/ARQ2/arq2.pdf
- Egale Canada Human Rights Trust. National charity promoting LGBT human rights through research, education and community engagement. See http://egale.ca/
- Parents, Families and Friends of Lesbians and Gays (PFLAG). (2009, September 4). Rachel Maddow loves the PFLAG pride parade contingent [blog post]. Retrieved from http://blog.pflag.org/2009/09/rachel-maddow-loves-pflag-pride-parade.html
- Parents, Families and Friends of Lesbians and Gays (PFLAG) Canada. (2011). Helpful links for healthcare providers. Retrieved from http://www.pflagcanada.ca/en/links-e.php?audience=clinicians
- Zwiers, A. (2009). LGBT people and mental health: Healing the wounds of prejudice. Visions: BC's Mental Health and Addictions Journal, 6(2), 10–11. Retrieved from http://www.heretohelp.bc.ca/visions/lgbt-vol6/lgbt-people-and-mental-health

CHAPTER 5

Working with First Nations, Inuit and Métis

There are three key points that are important for mental health practitioners to take into account so that they can best facilitate recovery-oriented services for First Nations, Inuit and Métis:

- First, in many ways, the increasing adoption of recovery principles in the mental health system can be seen as an overdue embrace by mainstream culture of long-held Indigenous understandings of wellness.
- Second, supporting recovery for First Nations, Inuit and Métis means understanding the impact of colonization across generations.
- Third, the context for recovery for First Nations, Inuit and Métis is shaped by their distinct cultures, rights and circumstances, wherever they live, including in urban settings.

As was the case with Strategic Direction 5 of the Mental Health Strategy for Canada,[1] this chapter was developed through a process of engagement with the Assembly of First Nations, Inuit Tapiriit Kanatami, Métis National Council, the Congress of Aboriginal Peoples, and the National Association of Friendship Centres. drawing on policy documents and research that has been done through engagement with Elders and communities wherever possible.[2]

First Nations, Inuit and Métis cultures are distinct from one another and also encompass considerable diversity within each population as well as regional and local specificity. Indigenous people embrace a range of beliefs and values that can draw from a variety of traditional and Western sources. At the same time, there are also many shared principles with respect to understanding wellness. Many of these principles, such as promoting self-determination and dignity, adopting a holistic and strengths-based approach, fostering hope and purpose and sustaining meaningful relationships, are also the foundation of a recovery orientation as outlined throughout this document.

In an Indigenous context, self-determination is an essential component both for achieving a people's inherent right to self-government and for realizing each person's right to pursue their own journey with dignity. A holistic approach is often expressed through a balance of physical, emotional, mental and spiritual wellness, accompanied by an understanding of the impact of all the social determinants of health, just as a recovery orientation considers all of the dimensions of a person's life. Nurturing hope means encouraging a positive outlook and a focus on strengths and resilience even in the face of challenges, as well as valuing the future of Indigenous children and youth. Having purpose is also a key element of mental wellness, much as recovery emphasizes the importance of building a life of meaning. Relationships with family and community as well as with the land hold a central place in First Nations, Inuit and Métis understandings of wellness. This focus on relationships has also contributed to the way in which recovery is understood in these Guidelines: that everyone's journey of recovery takes place in the context of their lives.

This common ground between recovery principles and shared Indigenous understandings of wellness provides many rich opportunities for learning and for strengthening mental health policy and practice. At the same time, mental health practitioners must understand how recovery for Indigenous peoples is uniquely shaped by Canada's history of colonization. Policies such as residential schools seriously damaged the fabric of First Nations, Inuit and Métis cultures, resulting in a wide range of complex health and social issues that have passed from generation to generation. Residential schools also left a legacy of deep divisions in Canadian society. These divisions are reflected in the work of the Truth and Reconciliation Commission.

Discrimination and racism continue to affect Indigenous people today, finding expression not only in individual behaviour but also in ways that are ingrained within systems and institutions. We can see evidence of this in the stubborn persistence of stereotypes and racist attitudes, and also in high rates of incarceration, large numbers of children in care and high rates of violence against Indigenous women and girls. As well, intergenerational trauma and relatively young populations combine to make the mental wellness of First Nations, Inuit and Métis children and youth a particularly significant concern.

Issues relating to geography also have an important bearing on the work of recovery-oriented practitioners helping to address needs for these populations. First Nations, Inuit and Métis live in highly diverse geographic regions. Overall, 56 per cent of people who identify themselves as Aboriginal live in urban areas (although the percentage is much lower for Inuit and higher for Métis). The rest are spread across hundreds of reserves, hamlets, settlements and other rural communities from coast to coast to coast. Isolation, disputes over

FIRST NATIONS, INUIT AND MÉTIS UNDERSTANDINGS OF WELLNESS

For First Nations, mental wellness is a balance of the mental, physical, spiritual, and emotional. This balance is enriched as individuals have: hope for their future and those of their families that is grounded in a sense of identity, unique Indigenous values, and having a belief in spirit; a sense of belonging and connectedness to their families, to community and creation and it is through these relationships that an attitude towards living life is nurtured; a sense of meaning and an understanding of how their lives and those of their families and community are part of creation and a rich history; and finally purpose in their daily lives whether it is through education, employment, care-giving activities, or cultural ways of being and doing. (NWATM – Copyright 2015, National Native Addictions Partnership Foundation.)

For Inuit, mental wellness is defined as self-esteem and personal dignity flowing from the presence of harmonious physical, emotional, mental and spiritual wellness and cultural identity. According to the Inuit vision for mental wellness, Inuit will have: ample opportunities for positive self-expression; the best of contemporary and traditional ways of life and the life skills to thrive in their environment; and socio-economic conditions that promote mental wellness. Ultimately, Inuit will live in a society in which each person has a valued purpose and role and is a contributing and necessary member of the community. (Aliannait Mental Wellness Action Plan, 2007, pp. 1, 11)

Métis understand the environment in terms of sacred relationships that link such things as language, tradition and land in order to foster community spiritual, physical, intellectual and emotional health. (Changing Directions, Changing Lives, 2012, p. 102) Métis Elders tell us that Métis health and well-being is dependent on the land and water as well as a wide range of social, cultural, political and economic influences; all of which inform Métis traditional health knowledge. (Métis Centre, National Aboriginal Health Organization In the Words of our Ancestors: Métis Health and Healing, 2008, p. 7)

Cultural safety is grounded in Indigenous knowledge and experience, and is based on the recognition of cultural diversity and the influence that social inequalities and imbalances of power have on relationships between providers and service users.

Changing Directions, Changing Lives, 2012, p. 97

Cultural safety extends beyond cultural awareness and sensitivity within services and includes reflecting on cultural, historical and structural differences and power relationships within the care that is provided. It involves a process of ongoing self-reflection and organizational growth for service providers and the system as a whole to respond effectively to First Nations.

Honouring our Strengths, 2011, p. 8

which level of government has jurisdiction over which kind of services for which population group and lack of capacity can make access to treatment and services especially challenging. This means that Indigenous people's ability to access the full range of services, treatments and supports can be severely limited. Nonetheless, we must strive collectively to ensure that everyone has the opportunity to choose the combination of Western and traditional/cultural services that best meets their needs, while respecting their understanding of culture as the foundation of wellness.

Recovery-oriented mental health practitioners have the opportunity and responsibility to understand both the similarities and differences between a recovery orientation and the shared Indigenous values and experiences outlined above. Recovery-oriented services for Indigenous people must be not only trauma-informed but culturally safe (see sidebar) and provided as close to home as possible. Recovery-oriented mental health systems must balance a focus on supporting those already experiencing a mental health problem or illness with efforts to promote mental well-being and prevent problems from arising, particularly among children and youth. Recovery-oriented practice in the Indigenous context also needs to acknowledge the similarities and differences between recovery in the mental health context and the particular meaning of recovery in the very powerful and longstanding Indigenous addictions movement. In the addictions movement, recovery can be associated with both abstinence and harm reduction, as well as with the life-long process of sustaining wellness by reconnecting to culture, strengthening identity and focusing on strengths. Further, addictions and mental health are often integrated under the more holistic term mental wellness in the Indigenous context.

Just as important is the need to recognize and become knowledgeable about the distinct cultures, rights and circumstances of First Nations, Inuit and Métis, as well as urban Aboriginal populations. The following brief overviews have been adapted from Strategic Direction 5 of the *Mental Health Strategy for Canada.*

FIRST NATIONS OVERVIEW

First Nations rights have been acknowledged through a variety of means: treaties, legislation dating back to the Constitution Act of 1867, self-government and land-claims agreements and court decisions. One quarter of First Nations are not Registered Indians under the Indian Act and do not have access to most federal health benefits.

First Nations are highly diverse, with more than 60 languages and more than 600 bands across the country. Even with this level of diversity, First Nations' ways of life have traditionally been based upon values that include recognizing the importance of spirituality, culture and relationship with the land. Key concepts in First Nations' worldviews include: the spirit, the circle, harmony and balance, regarding all living things as other-than-human beings with whom it is necessary to have a relationship, caring, promoting strengths, connection to the Earth, the path of life as a continuum and language as the voice of culture.[3] Historically, the role played by every person within the community was valued at each stage of life, with Elders and cultural practitioners having community-based sanction for supporting mental wellness.

The cultures and way of life of First Nations that had been evolving were nearly eradicated through the process of colonization. Forced attendance and widespread abuse at Indian residential schools, in conjunction with sweeping apprehensions and adoptions commonly known as the "Sixties Scoop," continued to erode the mental health landscape for many First Nations,[4] which had already been damaged by colonial processes and assimilation practices.[5] The impact of these experiences across generations has contributed to high rates of substance use and mental health problems, suicide, incarceration, and family and lateral violence. Many First Nations communities also experience high rates of poverty, shortages of adequate housing, unsafe drinking water, food insecurity, and a lack of educational, employment and economic opportunities, all of which undermine health and well-being.

First Nations continue to encounter many challenges in obtaining timely access to mental wellness services, particularly in northern, rural and remote communities. Even when First Nations communities do have the financial resources to offer services, they often have difficulty in recruiting and retaining qualified service providers[6] as well as service providers who have some level of cultural competence and openness to working alongside cultural practitioners. Better support for current and future service providers of First Nations origin will strengthen service delivery over the long term. At the same time, all service providers must be trained to practise in collaborative ways that are culturally safe and effective.

First Nations recognize that in order to bring about change, healing from this historical trauma must occur. They have established initiatives at the national, regional and community levels to address gaps and fragmentation in the continuum of mental wellness services and have insisted on the importance of recognizing communities as their own best resource and drawing on traditional and cultural knowledge. For example, the "Culture as Intervention" research project is strength-

ening the evidence base for cultural interventions. In general, it is critically important to approach First Nations communities with recognition of their inherent strengths.

INUIT OVERVIEW

Inuit rights have been acknowledged through a mix of legislation, self-government and land-claims agreements for each of the four Inuit regions – Inuvialuit in the Northwest Territories, Nunavik in northern Quebec, Nunatsiavut in northern Labrador and Nunavut.

Living on the land, Inuit have worked together to survive. This has shaped a worldview that is focused on strengths. Inuit embrace a holistic approach to mental wellness, defined as "self-esteem and personal dignity flowing from the presence of harmonious physical, emotional, mental, spiritual wellness and cultural identity." [7]

The Inuit experience of colonization and contact with Europeans occurred relatively recently in the history of Canada. Many older Inuit, particularly those from Nunavut and Nunavik, grew up living on the land year-round, until their families began to rely more on trading or were pushed to settle in communities.[8] Inuit attended either residential schools or day schools, with children housed in residences and hostels, boarded with families or sent away to the south. Inuit children experienced abuse and loss of their culture and language.[9] Other traumatic experiences included the forced relocation of communities, famine, disease and the mass killing of sled dogs.

A disruption of culture, language and way of life ensued, with dramatic and negative consequences for mental health and well-being. Many Inuit today continue to live a traditional life and speak a traditional language, with some still being unilingual. At the same time, across the Inuit regions many also experience high levels of suicide, addictions, abuse, violence and depression.[10] Addressing the social determinants of health is a key priority for Inuit as communities experience high rates of unemployment, lack of education, inadequate and overcrowded housing conditions and scarcity of healthy food.[11]

Traditional and cultural practices focus on promoting well-being, enabling people to support one another and draw on community strengths, and taking people out on the land to learn about the traditional Inuit way of life. The availability of land-based programs varies from region to region, as does the degree of integration with clinical mental health services. At the same time, high staff turnover and insufficient funding mean that there is often a lack of basic mental health services, with many Inuit having to travel outside of their communities for care. More Inuit need opportunities for education and training in mental wellness, both to build local capacity and to improve access to services in Inuit languages. Non-Inuit mental health practitioners require more training in cultural competency and cultural safety so that they can deliver services in a manner that respects and understands Inuit culture and the role of Elders and recognizes the importance of nonverbal communication.

MÉTIS OVERVIEW

The distinct and unique culture, history, rights and circumstances of Métis people are not well understood in Canada. Métis are descendants of European fur traders and Indian women. Distinct Métis communities developed along the fur trade routes and across the northwest, and continue to exist today. More than 450,000 people reported they were Métis in the 2011 census, with 85 per cent living in the "Métis homeland" (western Canada and Ontario).

Even before Canada became a country in 1867, Métis culture had emerged with its own traditions, language (Michif), way of life, collective consciousness and sense of nationhood. Métis understand the environment in terms of sacred relationships that link such things as language, tradition and land to foster community spiritual, physical, intellectual and emotional health.[12]

For generations, and in different ways in different regions, Métis people have been reluctant to acknowledge their Métis ancestry openly. The aftermath of the Métis struggle to exercise their rights and the execution of their leader Louis Riel in 1885, the lack of respect for Métis land rights and the negative experiences of many Métis children in residential schools, day schools and the mainstream school system (even to this day) have provided powerful disincentives to doing so.[13] Many Métis have been caught between two worlds and fully accepted in neither, with consequences for identity and mental well-being.

More research, supported by stable, multi-year funding, is needed on the intergenerational impact of colonization and its effects on the mental health needs of Métis people today. What is known is that Métis experience many risk factors for mental health problems and illnesses, such as overcrowded housing, substance abuse, family violence, involvement in the criminal justice system and children in care. In 2008 in British Columbia, 9 per cent of Métis youth reported extreme levels of despair, 24 per cent reported having been physically abused and 16 per cent reported seriously thinking about killing themselves.[14] Amongst Métis in Manitoba a recent study found a higher prevalence of depression (22.0% vs. 20.3%), anxiety disorders (9.3% vs. 8.0%) and substance abuse (13.8% vs. 10.5%) compared to all other Manitobans.[15]

> “I have been working in recovery for years with people on mental health on an individual level, but there is recovery at a bigger level as well. There needs to be a sharing of power and resources, and the respect for where people come from. For the aboriginal communities, they need to be the drivers.”
>
> **Holding Hope in our Hearts, 2011, Participant, Yellowknife, p. 26**

Métis-specific prevention programs for youth are a key priority for Métis.

It was only in 1982 that the federal government recognized Métis in the Constitution as one of three distinct Aboriginal groups,[16] and Canadian courts are increasingly recognizing Métis rights. Nonetheless, Métis people have no access to specific federally funded mental health and addictions programs. They continue to fall under provincial and territorial jurisdiction, where gaps in Métis-specific programs and services often remain. Some Métis, particularly those living close to reserves, may face the difficult choice of seeking Registered Indian status to qualify for federal benefits, a choice that can sometimes divide families and communities as well as having an impact on individual identity. At the same time, more Métis are reconnecting with their culture, working together to improve their health and well-being and expanding their role in health and social services.

URBAN ABORIGINAL OVERVIEW

As noted above, the 2011 census shows that more than 56 per cent of Indigenous people live in urban areas. In urban centres there is a strong sense of community that draws First Nations, Inuit, and Métis people together, both collectively and within their own cultures. Some people are firmly rooted in urban areas, and others move back and forth between urban centres and home communities.

The reasons for moving from smaller communities to larger cities and towns will be familiar to anyone in Canada who has made a similar choice: better access to economic opportunities and employment, better access to health and other services, and in some cases the chance to leave a bad situation. For many, this choice does lead to improvements in key protective factors for mental health, such as better access to education and employment.

Amongst Métis in Manitoba a recent study found higher prevalence of depression (22.0% vs. 20.3%), anxiety disorders (9.3% vs. 8.0%) and substance abuse (13.8% vs. 10.5%) compared to all other Manitobans.[17]

Unfortunately, a substantial portion of First Nations, Inuit and Métis living in both urban and rural centres continue to live in poverty.[18] Even within larger urban centres, they continue to face problems with access to services, such as long waiting lists, lack of transportation and federal-provincial jurisdictional issues. For example, First Nations, Inuit and Métis living in urban centres have varying degrees of access to federally-funded mental health crisis counselling. In addition, lack of awareness and understanding amongst service providers of cultural differences impacts those receiving services. The mental health of First Nations, Inuit and Métis in urban centres has also been marked by the effects of the process of colonization as well as the impact of intergenerational trauma.

It is important to increase access to a full continuum of mental health services, treatments and supports, with a strong focus on preventative services, particularly for youth. Services must be culturally safe, and First Nations, Inuit and Métis people living in urban areas should be encouraged and supported to pursue careers in mental health. Increased capacity is needed to deliver services through both mainstream and First Nations, Inuit and Métis organizations, especially since these are often underresourced. In particular, more capacity is needed to deliver specialized services that integrate traditional and cultural with mainstream approaches and can address complex issues.

ENDNOTES FOR CHAPTER 5

1 "Work with First Nations, Inuit, and Métis to address their distinct mental health needs, acknowledging their unique circumstances, rights, and cultures." Mental Health Commission of Canada. (2012). Changing Directions, Changing Lives, p. 96.

2 This Chapter provides only a brief overview of a number of very complex issues. Readers are encouraged to seek out additional information, starting with the resources section of the Guideline Table at the end of the Chapter.

3 Elder Jim Dumont, National Native Addictions Partnership Foundation, Honouring our Strengths: Indigenous Culture as Intervention in Addictions Treatment Project. (2014). Definition of Culture. Muskoday, SK: Author. Retrieved from http://www.addictionresearchchair.ca/wp-content/uploads/2012/04/Definition-of-culture.pdf

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9 King, D. (2006). A brief report of the federal government of Canada's residential school system for Inuit. Ottawa, ON: Aboriginal Healing Foundation. Retrieved from http://www.ahf.ca/downloads/kingsummaryfweb.pdf

10 Ibid.

11 Inuit Tapiriit Kanatami. (2004). Backgrounder on Inuit health. Ottawa, ON: Author.

12 Métis National Environment Committee. (2011). Métis traditional knowledge. Ottawa, ON: Métis National Council. Retrieved from http://www.metisnation.ca/wp-content/uploads/2011/05/Metis-Traditional-Knowledge.pdf

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16 Teillet, J. (2013). Métis Law in Canada.

17 Environics Institute. (2010). Urban Aboriginal peoples study: Main report. Toronto, ON: Author. Retrieved from http://uaps.ca/wp-content/uploads/2010/03/UAPS-Main-Report_Dec.pdf

18 Aboriginal Affairs and Northern Development Canada. (2014). Urban Aboriginal peoples. Retrieved from http://www.aadnc-aandc.gc.ca/eng/1100100014265/1369225120949

Working with First Nations, Inuit and Métis

Recovery-oriented practice learns from Indigenous understandings of wellness, and works with First Nations, Inuit and Métis to support recovery in the context of distinct cultures, rights and circumstances.

CORE PRINCIPLES

- Distinct First Nations, Inuit and Métis cultures, with all of their variations at the regional and community level, provide the context for recovery.
- Recovery-oriented practice must be holistic, strengths-based and culturally safe, and promote hope, belonging, meaning and purpose.
- Family, community and the broader social determinants of health all have an impact on wellness and recovery.
- Supporting self-determination and fostering choice from a full continuum of mainstream, cultural and traditional practices is necessary to promote recovery.
- People's needs must always be addressed first; jurisdictional issues must not get in the way and are to be resolved once people are safe and healthy.

MENTAL HEALTH PRACTITIONERS AND PROVIDERS...

VALUES AND ATTITUDES

- Exercise cultural humility; know their own values and how their professional ethics are similar or different from First Nations, Inuit and Métis cultures.
- Respect and seek to learn from and about First Nations, Inuit and Métis cultures and experiences.
- Acknowledge and honour the expertise of Elders, traditional healers, cultural practitioners and community members regarding First Nations, Inuit and Métis mental wellness.
- Commit to providing culturally safe practices, the safety of which is determined by the person receiving the services; such practices must recognize the influence of social inequalities and imbalances of power on the relationship between service providers and users.
- Are willing to challenge personal attitudes and behaviours that may inadvertently contribute to racism and discrimination.
- Support self-determination and service delivery by Indigenous people for Indigenous people.

KNOWLEDGE: First Nations

- Understand that First Nations' rights stem from a mix of longstanding treaties and legislation, self-government, land claims agreements and evolving court decisions.
- Are familiar with the core concepts from First Nations cultures, including a spirit-centred worldview, connection to land/creation, connection to ancestors along the path of life continuum and language as the "voice" of culture.
- Understand the key role played by Elders and traditional healers in supporting mental wellness.
- Recognize the importance of community wellness in supporting recovery for individuals.
- Understand the intergenerational impact of colonialism and assimilation policies, such as Indian residential schools and the "Sixties Scoop," on the mental wellness of First Nations.
- Know how poverty, housing shortages, food insecurity and limited educational and employment opportunities undermine the health and well-being of First Nations.

KNOWLEDGE: Inuit

- Know that Inuit rights have been established through a mix of legislation and land-claims agreements.
- Understand the importance of adopting a holistic approach, promoting well-being, drawing on community strengths and taking people out on the land.
- Are familiar with local tradition and cultural practices.
- Understand the relatively recent and traumatic Inuit experience of colonization, including rapid loss of language and culture, forced relocation and forced attendance in residential schools.
- Understand the challenges Inuit face in securing adequate housing, food and employment, as well as access to basic mental health services.

MENTAL HEALTH PRACTITIONERS AND PROVIDERS (Continued)

KNOWLEDGE: Métis

- Understand that a distinct Métis culture emerged among communities that developed along fur trade routes prior to Confederation in 1867.
- Understand how colonization, discrimination and disregard for Métis rights resulted in generations of Métis not openly acknowledging their ancestry.
- Know that the federal government only recognized Métis as a distinct Aboriginal group in 1982, and that Métis do not receive federal funding for specific mental health programs.
- Know that significant gaps in knowledge about Métis mental health needs and gaps in Métis-specific services remain.
- Understand that prevention programs for Métis youth constitute a Métis priority.

KNOWLEDGE: Urban Aboriginal

- Know that 56 per cent of Indigenous people live in urban areas, where many continue to live in poverty.
- Understand that First Nations, Inuit and Métis in urban centres have also been affected by the process of colonization and the impact of intergenerational trauma.
- Understand that jurisdictional issues result in varying degrees of access to provincially- and federally-funded mental health services for First Nations, Inuit and Métis in urban centres.
- Understand that the lack of access to culturally-safe mental health services that respect the cultural diversity among First Nations, Inuit and Métis constitutes an important challenge in urban areas.

SKILLS AND BEHAVIOURS

- Reflect critically on their own cultural biases, prejudices and privileges as mental health practitioners, and on the impact of colonization.
- Support action on social determinants of health such as poverty, critical shortages in access to mental health services and lack of access to adequate housing, food and water.
- Provide safe and respectful spaces for people who have experienced trauma and intergenerational trauma.
- Work in collaboration with Elders, traditional practitioners, families and communities, while also being sensitive to privacy and confidentiality issues in small communities.
- Work to address racism and discrimination that continue to have an impact on Indigenous people's wellness, whether they are expressed through individual behaviour or manifest within systems and institutions.

REFLECTIVE PRACTICE QUESTIONS

RECOVERY-ORIENTED PRACTICE

- In what ways have you systematically collaborated with First Nations, Inuit and Métis traditional and cultural practitioners and Elders and included them in the delivery of services?
- What have you done to strengthen your knowledge about the rights, cultures and circumstances of First Nations, Inuit and Métis?
- How have you reflected critically on the power imbalances and social inequalities that may exist between yourself as a service provider and those who use your services, as part of a commitment to providing culturally safe practice?
- To what extent has your practice been influenced by an understanding of how recovery for Indigenous peoples is defined by culture and uniquely shaped by Canada's history of colonization?
- How have you worked to strengthen collaborative partnerships between sectors such as health, social services, education, employment, housing and justice to mitigate complex challenges faced by Indigenous people?
- How do you work from a strengths-based approach that promotes resiliency?

RECOVERY-ORIENTED LEADERSHIP

- What are the visible signs of a culturally safe and welcoming environment in your organization?
- How have you ensured appropriate ongoing training in cultural safety for staff?
- In what ways is Indigenous knowledge valued alongside mainstream mental health knowledge in your organization and incorporated into the way it works, in particular by creating space for cultural practice?
- How does your organization work in collaboration with First Nations, Inuit and Métis to support their self-determination, including governance over service delivery?
- How does your organization work with others to address discrimination and increase equity in other sectors such as health, education, child welfare, employment, housing and justice?
- How does your organization support improved access to effective mental health care for Indigenous people, wherever they live?
- Does your organization put meeting people's needs first and then address jurisdictional issues once people are safe and healthy?

OPPORTUNITIES OVERALL

- Advocate for all levels of government to work together to improve mental wellness for all Indigenous people, including preventing violence against Indigenous women and girls.
- Support the work of the Truth and Reconciliation Commission.
- Seek out training in cultural safety and cultural competence.

OPPORTUNITIES: First Nations

- Learn about and build on lessons learned from the B.C. First Nations Health Authority regarding self-governance and cross-jurisdictional collaboration.
- Integrate the findings from the "Culture as Intervention" research project into mental health practice, specifically by examining how your services contribute to measures of hope, belonging, meaning and purpose.
- Support the establishment of a full continuum of mental wellness services by and for First Nations.

OPPORTUNITIES: Inuit

- Support the establishment of a full continuum of mental wellness services by and for Inuit, at the national, regional and community levels.
- Support the development and implementation of a national Inuit suicide prevention strategy.

OPPORTUNITIES: Métis

- Strengthen and draw on existing Métis research capacity to guide the development of a full continuum of mental wellness services by and for Métis.
- Over the long term, support policy changes that stem from the growing recognition of Métis rights and jurisdiction by the courts.

OPPORTUNITIES: Urban Aboriginal

- Support the development of an urban Ab original mental health strategy, guided by data and community-driven research.
- Support and strengthen mental health services delivered in the urban environment by First Nation, Inuit and Metis.

RESOURCE MATERIALS OVERALL

- Mental Health Commission of Canada. (2012). Changing Directions, Changing Lives: The Mental Health Strategy for Canada. Strategic Direction 5. Retrieved from http://strategy.mentalhealthcommission.ca/pdf/strategy-text-en.pdf
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RESOURCE MATERIALS OVERALL (Continued)

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- Assembly of First Nations, National Native Addictions Partnership Foundation, & Health Canada. (2011). Honouring our strengths: A renewed framework to address substance use issues among First Nations people in Canada. Retrieved from http://nnadaprenewal.ca/wp-content/uploads/2012/01/Honouring-Our-Strengths-2011_Eng1.pdf
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- First Nations Mental Wellness Continuum Framework (currently in development).

RESOURCE MATERIALS: Inuit

- Alianait Inuit-Specific Mental Wellness Task Group. (2007). Alianait Inuit mental wellness action plan. Ottawa, ON: Inuit Tapiriit Kanatami. Retrieved from http://www.itk.ca/publication/alianait-inuit-mental-wellness-action-plan.
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RESOURCE MATERIALS: Métis

- Canadian Partnership Against Cancer. (2014). Métis cancer control in Canada baseline report. Toronto, ON: Author. Retrieved from http://www.cancerview.ca/idc/groups/public/documents/webcontent/Métis_baseline_report.pdf
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RESOURCE MATERIALS: Urban Aboriginal

- Montreal Urban Aboriginal Community Strategy Network. (2012). The Aboriginal justice research project: Report. Montreal: International Centre for the Prevention of Crime. Retrieved from http://www.crime-prevention-intl.org/uploads/media/Aboriginal_Justice_Research_Project_-_Final_Report.pdf
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CHAPTER 6

Recovery is About Transforming Services and Systems

This chapter looks at the implications of adopting a recovery orientation for organizations delivering mental health services and the systems that support them. It examines four key dimensions that are central to ensuring that a recovery orientation permeates all the activities of each organization and is embraced by all members of its staff, management and leadership. While the chapter focuses on what organizations can do, the issues addressed are relevant to individual service providers regardless of where they work.

Supporting recovery cannot be reduced to a single program, model or service element. It involves reflecting on the way we think about mental health problems and considering the implications for the relationship between providers and those who seek access to supports and services. It entails reviewing how services are organized, how they connect to the broader community and who is involved in delivering services.

The four Guidelines in this chapter treat the following:

- Implanting a recovery vision and culture across the organization
- Acknowledging, valuing and learning from experiential knowledge
- Building recovery-promoting service partnerships, and
- Developing a recovery-oriented workforce.

Achieving a fully integrated recovery-oriented mental health system is an ongoing process that will take time to implement. Recovery is a journey not only for people living with mental health problems and illnesses and their families but for everyone involved in providing support and service. 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. Champions – within organizations from top to bottom, from amongst people seeking support and their families, volunteers, advocates, policymakers and funders – are needed to help accelerate the uptake of recovery. The commitment to recovery needs to find expression in everything an organization does.

> Recovery is fostered when providers apply their knowledge, skills and expertise in ways that assist people to become actively involved in their own care, at their own pace, and work with them so that they increasingly take personal responsibility for their recovery.

Services that are recovery-oriented view people living with mental health problems and illnesses as having fundamental aspirations, hopes, and needs that are similar to those of all people. Recovery-oriented services do not prescribe a predetermined definition of "normalcy," or attempt to "fix" others. Adopting a recovery-oriented approach builds upon the belief that people will recover, and that people are able to

identify what it is that they need. Recovery-oriented services are there to support and encourage people so that they have the opportunity to make decisions and find their own path of recovery.

Recovery-oriented services require clear organizational leadership and direction to ensure that all aspects of practice communicates hopefulness, and all services and staff interactions are person-centred, flexible and responsive to the self-defined recovery goals of each person. Recovery is fostered when providers apply their knowledge, skills and expertise in ways that assist people to become actively involved in their own care, at their own pace, and work with them so that they increasingly take personal responsibility for their recovery.

Recovery-oriented practice works collaboratively to enhance symptom management,

> Recovery-oriented practice demonstrates a willingness to embrace each person as a co-creator in the development of responsive person-centred programming

assesses risk so that the opportunity for personal growth is balanced against considerations of safety and addresses ethical issues that arise whenever involuntary treatment may be required. Providers do not relinquish their professional accountability, but seek to empower people and their supporters by providing information and acting as a "coach" in shared decision-making rather than as an "expert" who directs care. A recovery orientation is compatible with the application of existing criteria for assessing professional liability in all care settings, including inpatient and emergency services. These include: consideration of relevant professional standards of practice; ensuring the comprehensiveness of decision-making; and making sure that a person's wishes are reflected and their role in directing their own care has been taken into account.

PROMOTING FULL CITIZENSHIP

Key to recovery-oriented practice are efforts to remove barriers to social inclusion and support for people to live fully engaged lives within their communities. Participation as full and equal citizens in meaningful social and economic roles is not seen as something reserved for when people "get well," but rather as a fundamental pathway to recovery. Promoting recovery shifts the focus of service beyond exclusively managing symptoms to supporting positive evolution in all aspects of people's lives – social, psychological, cultural, sexual and spiritual. Recovery-oriented practice strives to ensure that people have choice in accessing a full range of service options, including specialized psychiatric services, psychosocial rehabilitation, cognitive and behavioral therapies, substance abuse treatment and trained peer support workers. Psychosocial rehabilitation, for example, is an evidence-based practice that uses tools recognized for promoting recovery that should be made available as early as possible.

COMMITMENT TO LEARN FROM PEOPLE WITH LIVED EXPERIENCE

A fundamental shift implied by recovery-oriented practice involves seeing a person and their family not as the "object" of service but as a collaborative "partner" in a journey of recovery. The knowledge people gain through their experience, as well as the expertise of local peer and family organizations, play a critical role in improving services. These contribute systematically to designing, deliv-

ering and organizing services. Recovery-oriented practice demonstrates a willingness to embrace each person as a co-creator in the development of responsive person-centred programming, including peer-led services. The inclusion of experiential wisdom can influence team and corporate culture and better enable them to reflect local needs and innovate using local resources.[1] Participatory research that is peer-led and includes people with lived experience in defining research priorities and developing research protocols[2] can contribute to identifying the best means to enhance recovery.

WORKFORCE DEVELOPMENT

Implementing a recovery orientation requires an ongoing review of the composition, recruitment and training of the mental health workforce as well as consideration of the ways in which success is measured. Recovery-oriented practice involves building interdisciplinary teams that incorporate the skills of all professional disciplines and value their knowledge and skills equally. Consideration needs to be given to how best to balance psychiatric and medical services with psychological, cognitive behavioural, psychosocial rehabilitation and alternative approaches to care. Building a recovery-oriented workforce requires actively increasing the number of people with lived experience and family members of those with lived experience at every level of each organization, and employing peer support workers across mental health services.[3] Recovery-oriented practice honours the diversity of perspectives and draws from a wide range of fields of study, including ethics and spiritual care. The specialized skills of psychosocial rehabilitation practitioners can help strengthen recovery-oriented practices across disciplines.

WORKPLACE MENTAL HEALTH

A psychologically healthy workplace supports the mental health needs of staff, helps keep staff engaged and productive and contributes to better services.[4] Having a greater ability to cope, acquiring a sense of purpose and meaning, sharing in decision-making and finding fulfilment are as important for service providers as they are for the people with whom they work. Changing organizational culture and adopting recovery-oriented practices can enhance job satisfaction and reduce risk of compassion fatigue, emotional exhaustion and burnout.[5]

There are already many people with lived experience active in mental health services – at all levels of organizations – who continue to keep this identity secret because they fear discrimination or have been discouraged by professional regulation and training from drawing on the value of their own recovery journey. Recovery-oriented practice, on the other hand, sees lived experience as a positive attribute and not as a liability. Creating a recovery culture encourages staff to use their own experiential knowledge, where appropriate, to inspire hope and model recovery. Disclosure is a useful tool within the therapeutic environment that can contribute to an organizational culture founded upon a sense of shared purpose.

> 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.

Staff and volunteers need to be recruited to reflect the diversity of the community, as well as for their recovery-oriented skills, knowledge and attitudes and for their personal attributes that inspire trust, instill hope, encourage autonomy and value partnership. People with lived experience must be actively engaged in shaping human resource practices, contributing to the revision of role descriptions, guiding recruitment processes, participating in hiring and orientation and informing and delivering ongoing training. The creation of workforce and professional development plans in partnership with those with lived experience and their families will help ensure that the education and tools provided to staff and volunteers strengthens recovery-oriented practice.

PRIMARY HEALTH CARE AND COLLABORATIVE MENTAL HEALTH CARE

Family physicians and other primary health care providers are usually the first and often the only point of contact for people living with mental health problems and illnesses.[7] In most cases, people are comfortable talking about their mental health and feel the level of care provided by physicians is sufficient in meeting their emotional and psychological needs.[8]

However, many physicians report having insufficient knowledge and training in assessing and treating mental illnesses and report difficulty in accessing specialized psychiatric assessment services. At the same time, people living with serious mental illness are not getting the physical health care they need and are dying significantly younger than other Canadians.[9,10]

Creating primary care collaborative practices and interdisciplinary teams improves mental health care, helps link people to specialized services and builds capacity for early intervention and comprehensive and holistic care. Collaborative care and recovery-oriented practices share common practices, including:

- Adopting a client-centred approach built on communication, respect and trust
- 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
- Applying evidence-informed best practices
- Committing to address stigma and discrimination

The Canadian Collaborative Mental Health Initiative has created an extensive evidence-based toolkit to promote this approach.

RECOVERY-PROMOTING SERVICE PARTNERSHIPS

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. This means that there is a broad range of groups, supports and services that are in a position to contribute to recovery, and building partnerships with them is core to recovery-oriented practices. Identifying, linking to and creating reciprocal service agreements with non–mental health community resources (including housing, employment, primary health care, transportation, sports, recreation and childcare services) help to facilitate holistic and comprehensive care.

For most people, family physicians are the first point of contact for addressing mental health problems. Creating recovery-oriented collaborative care teams and service partnerships between mental health services and general practitioners can help improve care for both physical and mental health concerns. Accessing mental health services in rural and remote communities presents considerable challenges, and new technological approaches, funding models and service partnerships will be needed to expand access. By applying principles of partnership and community development, service partnerships and alliances can also help in advocating for action on social and economic factors important to the mental health and well-being of individuals, families and communities.[6]

ENDNOTES FOR CHAPTER 6

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Recovery Vision, Commitment and Culture

A recovery orientation permeates the vision, mission and culture throughout organizations delivering mental health services.

CORE PRINCIPLES

- The organization's mission and vision identify supporting recovery as the core business of mental health services and the primary goal of mental health practice.
- The organization's vision and values reflect a belief in each person's ability to exercise their capacities, make decisions and recover.
- The physical, social and cultural aspects of the service environment embody humanistic practices and inspire hope and optimism.
- Service delivery is driven by the organization's mission, vision, values and leadership philosophy.
- All staff are engaged in implementing the organization's commitment to recovery.

MENTAL HEALTH PRACTITIONERS AND PROVIDERS...

Values and Attitudes

- Recognize that promoting recovery is their primary work, not an optional addition or supplementary goal.
- Commit to learning from people with lived experience of mental health problems and illnesses about how the service can best support their recovery efforts.
- Acknowledge the importance of being inclusive and of seeking to maximize opportunities for people to exercise self-direction and take responsibility for their own recovery.

Knowledge

- Keep up to date on emerging best practices related to supporting recovery.
- Know ways to maximize a person's ability to make decisions and exercise control over their recovery journey.
- Are able to access tools, resources and training to support recovery-oriented cultural change.

Skills and Behaviours

- Champion the promotion of recovery values and principles in the organization's mission, vision and strategic plan, as well as in its promotional material, teaching resources and website.
- Embed recovery principles, values and language in assessment tools, recovery plans, progress and service reports and correspondence.
- Incorporate recovery principles in recruitment, supervision, appraisal, audit and planning materials, as well as in operational policies and procedures.

REFLECTIVE PRACTICE QUESTIONS

Recovery-oriented practice

- How does your individual approach to practice align with the organization's vision for its core business and its service delivery goals?
- What examples illustrate your ongoing efforts to create a recovery-oriented culture in the service setting?
- How have you helped to celebrate the success of practice teams in strengthening the implementation of a recovery orientation?
- In what ways have you shared information, research and resources that help to embed recovery-oriented principles and practices in the organization?

Recovery-oriented leadership

- How does the organization demonstrate the fundamentals of recovery-oriented principles in board and leadership selection, staff induction, community involvement and interaction with the media?
- Critically examine the organization's mission, vision and values statements—how well are they aligned with recovery goals?
- Have you reviewed the time and resources that have been allocated to implementing and sustaining recovery-oriented service delivery?
- What are the systemic barriers that impact your organization and the steps you take to remove or limit their impact?
- What further steps could you take to advance a recovery orientation in service delivery?
- How do you encourage workplaces that are safe, healthy, supportive, nurturing and recovery-enhancing?

OPPORTUNITIES FOR LEADERS AND MANAGERS

- Participate in leadership forums and communities of practice that can expand the organization's opportunities to advance recovery.
- Demonstrate to accrediting and regulatory bodies the importance of a recovery vision, commitment and culture and advocate for their inclusion in standards and competencies.
- Conduct a public audit of mission, vision and values against recovery elements and best practices.

RESOURCE MATERIALS

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Acknowledging, Valuing and Learning from People's Experiential Knowledge and from Families, Staff and Communities

Recovery-oriented mental health services value, respect and draw upon the experiential knowledge of people with mental health problems, their families and friends, as well as staff and the local community.

CORE PRINCIPLES

- The experiential knowledge of people living with mental health problems and illnesses, their families and friends, staff and the community is invited and respected.
- Recovery-oriented mental health services provide meaningful roles and positions for people with lived experience of mental health problems.
- The organizational culture supports staff to draw on their lived experience when responding to people who use their services.

MENTAL HEALTH PRACTITIONERS AND PROVIDERS...

Values and Attitudes

- Are open and enthusiastic to learn from, and be changed or challenged by, people with lived experience of recovery, whether they are accessing the service, part of the organization's workforce or members of the community.
- Seek out sources of experiential knowledge from outside the organization, such as advocacy groups and committees of people with lived experience, mutual help groups and peer supporters, as well as feedback from consultations, service evaluations and participatory research.
- Advocate for inclusion, equity and robust processes to enable participation by people with lived experience.

Knowledge

- Understand the importance of participation by people with lived experience and the processes to achieve it, and know how to adapt these processes to different settings, including child and youth services, services for seniors and forensic or compulsory settings.
- Appreciate the contribution of experiential knowledge to optimizing service direction and the exercise of choice that is appropriate for various ages and settings.
- Know how to encourage equitable hiring that will build a suitably qualified and credentialed workforce with lived experience of mental health problems, illnesses and recovery, and that will recognize discriminatory recruitment practices.
- Know workplace standards for accessibility and psychological safety, as well as relevant rights legislation.

Skills and Behaviours

- 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.
- Incorporate into practice knowledge gained from research and from working with people with lived experience about what assists in recovery.
- Provide opportunities for people in recovery to learn from the peer workforce, for example through peer mentors, coaching or peer training opportunities.

REFLECTIVE PRACTICE QUESTIONS

Recovery-oriented practice

- What have you observed about how the effective disclosure and sharing of lived experience can help to promote recovery-oriented practice?
- How do you combine experiential knowledge and professional expertise to create a collaborative body of knowledge and foster the co-creation of programming?
- How have you championed peer-run services and programs and integrated these services with your practice to promote recovery?

Recovery-oriented leadership

- How have you supported staff to reflect upon their own experience with mental health problems, and what have you done to encourage the appropriate use of their experiential knowledge?
- How do you seek and obtain the views of people with lived experience, and how do you use this information to shape services and programming?
- Critically examine your organization's position statements, professional development opportunities, approach to funding and management supports – how have you attended to integrating peer support workers and others with lived experience within your service setting?
- How do decision-making processes provide for involvement of people accessing mental health services and people with lived experience of recovery?
- Are the planning, evaluation and review mechanisms within your organization or service inclusive of people with lived experience of recovery?
- What safe places are provided for peers to meet, gather and organize peer-designed and peer-run activities, campaigns and services?

OPPORTUNITIES FOR LEADERS AND MANAGERS

- Provide education and training programs conducted by peers and people in recovery for all staff, across all professions and at all levels; plan opportunities for staff and people with lived experience to learn together, and schedule time for training.
- Promote research and evaluation activity that involves peers and people in recovery; incorporate findings in service improvements and standards of practice.
- Initiate new peer-run service models and programming, creating partnerships of people with lived experience, families, caregivers and service providers.
- Establish connections with family and peer associations, and structure ways for staff and service providers to benefit from their expertise.

RESOURCE MATERIALS

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- PeerZone. (n.d.). Leading our recovery. A consumer-defined resource list. Retrieved from http://www.peerzone.info/leading-our-recovery#resources
- Wardipedia. A collection of ideas, examples, information and research about therapeutic mental health inpatient care. See http://www.wardipedia.org/

Recovery-Promoting Service Partnerships

A recovery-oriented mental health service establishes partnerships with other organizations both within and outside the mental health sector.

CORE PRINCIPLES

- Many services and supports outside the mental health system play an important role in promoting recovery and well-being and are needed in order to connect people with their communities, traditions and cultures.
- Partnerships increase the efficiency of the mental health system by making the best use of complementary resources.
- Mental health practitioners work through sound partnerships that facilitate access to locally available services and resources.

MENTAL HEALTH PRACTITIONERS AND PROVIDERS...

Values and Attitudes

- Look beyond the mental health setting to identify opportunities for service partnerships.
- Welcome initiatives for new service pathways.
- Acknowledge that strong service partnerships facilitate holistic and comprehensive care.
- Recognize and value the expertise and contribution of other disciplines, other services and other sectors.
- Respect partnering agencies and their staff as equals.

Knowledge

- Understand that the expertise and knowledge required to promote recovery comes from both within and beyond mental health services.
- Maintain up-to-date knowledge of local services, resources, referral and access points and processes.
- Are aware of community resources that offer supports related to housing, economic need, employment, transportation, and social and recreational opportunities.
- Have knowledge of the best emerging evidence in service coordination and partnership development, as well as of partnership analysis tools that enable the measurement, monitoring and strengthening of alliances.

Skills and Behaviours

- Invest time, staff, materials, resources, and make facilities available to enable service partnerships.
- Make supporting recovery the shared goal of service partnerships.
- Promote the development of self-management plans, advanced care directives and substitute decision-makers to facilitate choice and decision-making by the person experiencing mental health problems and smooth transitions among partnering agencies.
- Ensure a common understanding of respective roles, responsibilities and expectations by all parties in service partnerships.

REFLECTIVE PRACTICE QUESTIONS

Recovery-oriented practice

- How do you routinely and systematically draw on the strengths, knowledge, expertise and resources of other services to support and enhance achieving recovery goals?
- Do you dedicate time and resources to building effective service coordination and positive relationships with other services and within the team?
- How do you decide on the services and agencies you are referring to or recommending?

Recovery-oriented leadership

- Is a commitment to proficiency in recovery-oriented practice and service delivery included in your position statements and in the service agreements and contracts that you use?
- Review sample partnership agreements and shared services arrangements – are the administrative, communication and decision-making structures easy to use, accessible, and grounded in recovery principles?
- How do you access experiential knowledge in establishing supportive, responsive, person-centered service partnerships?
- How do you encourage and reward collaborative action by staff as well as reciprocity between agencies?
- What mechanisms have you used to work with others such as regulatory groups, funders or community leaders to promote expanded opportunities for partnerships?
- How do ongoing improvement and quality initiatives ensure that best practice processes for coordination and collaboration are in place (e.g., referral pathways, service conferencing, shared care, joint discharge planning, client directives)?

OPPORTUNITIES FOR LEADERS AND MANAGERS

- Standardize common processes across agencies, including protocols, referral processes, service standards, data collection and reporting.
- Establish ways to facilitate the use of Advanced Care Directives and common approaches to promoting a recovery orientation across jurisdictions and sectors.
- Participate in multisectoral planning networks, and advocate for inclusion; keep staff and volunteers updated on these system-wide initiatives.
- Subscribe to and circulate newsletters produced by community organizations and people with lived experience.
- Establish multisectoral local communities of practice with shared goals of advancing recovery approaches, equity and inclusion.

RESOURCE MATERIALS

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Workforce Development and Planning

Recovery-oriented mental health services prioritize building a workforce that is knowledgeable, compassionate, collaborative, skilled and diverse; that integrates experiential knowledge; and that is committed to supporting recovery first and foremost.

CORE PRINCIPLES

- Recovery-oriented organizations require a workforce that is knowledgeable, compassionate, collaborative, skilled and diverse.
- Recovery-oriented organizations value and respect experiential knowledge and see having it as a positive attribute.
- The organization's professional development and continuous improvement processes include ongoing learning and skill development and encourage reflection on how to strengthen recovery-based practice.
- Recovery-oriented organizations strive to be mentally healthy and psychologically safe workplaces.

MENTAL HEALTH PRACTITIONERS AND PROVIDERS...

Values and Attitudes

- Are open to changing, developing and embracing new work practices.
- Commit to learning and continuous improvement.
- Welcome the contribution of experiential knowledge to strengthening compassionate, person-centered ways of working.
- Embrace building a workforce with more professionals who have lived experience of mental health problems and value peer-specific work roles.
- Are generous and collaborative in sharing resources and building knowledge.
- Respect the dignity of risk and approach positive risk-taking as an opportunity for success.

Knowledge

- Know how the core elements of a recovery orientation can be practiced in any mental health setting and how this orientation can be applied with diverse populations.
- Seek knowledge in a wide range of fields to support recovery-oriented learning and development.
- Understand the evidence base for work practices that strengthen the implementation of a recovery orientation.
- Are knowledgeable about psychosocial rehabilitation practices, values and competencies and their role in promoting personal recovery.
- Know the relevant legislation and requirements regarding safety and the rationale for when coercive interventions may be required.
- Are knowledgeable about the range of options for treatment, therapy and other supports and how best to help manage symptoms.
- Have clarity about professional practice standards and accountabilities.
- Understand the factors that contribute to workplace mental health and psychological safety and their impact on the therapeutic alliance.

Skills and Behaviours

- Demonstrate proficiency in assessing the recovery orientation of the organization.
- Collaborate with people with lived experience when formulating plans for training and development.
- Encourage and equip teams to strengthen the application of a recovery orientation across different settings and with various and diverse populations.
- Work with psychosocial rehabilitation specialists who provide specialized services and support adoption of recovery practices across disciplines and services.
- Develop a plan and infrastructure to support staff development and staff retention within a supportive, healthy and nurturing workplace.
- Contribute to service innovation at all levels of the organization, and invite people seeking support, families and other community partners to participate in developing services and training staff.
- Engage regularly in reflective practice to continually increase knowledge, examine their own work, mindsets and habits, and make progress in supporting recovery.

REFLECTIVE PRACTICE QUESTIONS

Recovery-oriented practice

- How have you incorporated peer support as a discipline that contributes skills and expertise to mental health services? Do you have paid peer support positions?
- Have you learned from the wisdom and experience of others in the areas of supervision, mentoring and coaching?
- How do you utilize resources such as training programs, ethics consultation or peer discussion to help address conflicts, challenging situations or dynamic tension that you encounter in your work?

Recovery-oriented leadership

- How do your recruitment procedures promote the selection of staff with the appropriate values, attitudes and knowledge, drawn both from lived experience and academic or professional education, to support recovery processes?
- What actions in the organization have helped to build a culturally competent and diverse workforce?
- How do your staff recruitment, training, development and supervision practices reflect and encourage a focus on strengths and positive outcomes rather than on deficits?
- How does the performance management system assess progress made by members of staff in supporting recovery?
- How have you validated the indicators used in staff and service evaluations and ensured they are relevant and meaningful to people seeking support and their families?
- What have you done to reward leadership—at all levels and positions—that is strong, committed and inspires the application of recovery-oriented principles and values?
- Are people with lived experience of mental health challenges and recovery valued and integrated throughout the organization, from direct service provision to governance?
- In what ways do you assess and promote mental health in the worklplace?

OPPORTUNITIES FOR LEADERS AND MANAGERS

- Initiate learning circles and communities of practice for applying recovery in life and at work; include a broad diversity of perspectives, i.e., IRER, LGBTQ, families, older adults and youth.
- Seek multi-agency partnerships and promote multisite studies to encourage collaborative learning and research; share evaluation methods and findings.
- Create a local workforce/human resources strategy and action plan that integrates experiential knowledge and includes explicit expectations consistent with supporting recovery.
- Work with funders, labour and professional groups, academic institutions, policymakers and regulatory bodies to enable the alignment of workforce strategies (including the recruitment, training and hiring of people with lived experience and peer specialists) so that whole jurisdictions are able to advance recovery.

RESOURCE MATERIALS

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Getting Started
AND MEASURING PROGRESS

These Guidelines have been developed in order to provide a detailed reference guide for answering the question "What does recovery look like in practice?" They seek to address the need identified by stakeholders for greater commonality of language and shared understanding of recovery principles in order to facilitate discussion and accelerate the adoption of recovery practices across Canada.

Building recovery-oriented services is a journey of partnership that involves everyone from people in recovery, their families and caregivers, to direct care staff, office staff and professionals, team managers, key leaders and volunteers. While many, such as psychosocial rehabilitation specialists, have long embraced a recovery orientation, making the shift towards a recovery approach across services and systems will take time. Advancing recovery-oriented practices has significant implications for the design and operation of services, and provinces, regions, organizations and individual practitioners will necessarily move forward at their own pace.

Organizational commitment and leadership is required to champion change and to guide the modification of policies and practice. Fostering continuous quality improvement and strengthening the evidence base to support recovery-oriented practice will require ongoing evaluation of the multiple and complex dimensions of recovery-oriented practice at a system, service, program and individual practice level.[1]

Practitioners can draw on a growing number of tools available to measure recovery values, beliefs and supportive relationships,[2] including tools to measure a person's experience of hope and optimism, connectedness, personal identity, empowerment and the presence of meaning and purpose in their lives.[3] Evaluation measures are also available to gauge recovery outcomes on a broad range of quality-of-life dimensions, including employment, income, social relationships, community involvement, protection of rights and active citizen participation.[4] As well, it is possible to evaluate the quality of support provided by recovery-oriented services using measures of respect, safety, trust and inclusion.[5]

These Guidelines offer an additional resource that will strengthen existing measures for evaluating progress and also contribute to creating tools that will assess the degree of social inclusion and protection of rights, as well as the extent to which recovery has been adapted to Canada's specific service approaches and to the mental health needs of its diverse population. This process will be accelerated by creating collaborative partnerships amongst people who are "experts by experience," service providers, program managers and researchers with skills in evaluation.[6]

POSSIBLE STEPS FOR GETTING STARTED…

Everyone has a role to play in making recovery work and in doing their part to help transform services. There is no single way or easy formula to implement recovery, and each person and organization will start their journey at a different place, depending of their needs and circumstances. The following suggestions are not an exhaustive list of things one must do, nor is it intended to be linear in application. However, the following ten points are drawn from recognized ways to move policy into practice.

1 Build knowledge of recovery-oriented practice

Creating a common language and shared understanding of recovery and what recovery-oriented practice looks like are foundational steps for developing a plan of action.

a) Share these Recovery-Oriented Practice Guidelines for Canada throughout your organization and network. Consider:

- Hosting a meeting to discuss the recovery guidelines.
- Offering cross-discipline "lunch and learn" sessions about recovery for people with lived experience.
- Inviting peer support workers to speak about the role of peer support and its benefits.
- Holding research rounds on emerging evidence on recovery practice.
- Supporting the development of ongoing communities of practice.

b) Learn from others and share innovations:

- Invite providers from your community or region who have been working to develop recovery-oriented practice to share their experience.
- Read 100 Ways To Promote Recovery (http://www.rethink.org/about-us/commissioning-us/100-ways-to-support-recovery)
- Join Star Wards – simple ways to improve in-patient services (http://www.starwards.org.uk/)
- Engage with others through the Recovery Collaborative Spaces

2 Build leadership

Implementing a recovery approach requires leadership at all levels of an organization. Support from senior management and at the governance level furnishes a mandate to act and reinforces accountability for action.

- Encourage the Board of Directors and senior management to incorporate recovery principles into mission, vision and values statements.
- Sign the Recovery Declaration as an individual and organization; post your certificate publicly.
- Host governance dialogues amongst partners and with your stakeholder groups in order to understand their needs and learn how to work collaboratively to advance recovery-oriented service development.

3 Identify recovery champions

Champions who promote the shift to a recovery approach can be key to inspiring change and building momentum amongst their peers, whether people with lived experience and family members, particular groups of providers or categories of people within each organization. They can provide a clear and compelling vision for the benefits of adopting a recovery orientation and demonstrate recovery-oriented values and behaviours in practice.

- Develop a strategy for identifying recovery champions within your organization and from the broader community.
- Identify, honour and celebrate successes, and acknowledge and reward leadership.

4 Conduct a situational assessment

Moving forward depends on having a good understanding of the nature of one's practice or service, the extent to which it may already have moved in a recovery-oriented direction and the resources available to support further change. There are already many practitioners, programs and organizations that are delivering essential elements of recovery practice. Identifying organizational and practice strengths helps build confidence and creates a sense of momentum.

- Use reflective practice and leadership questions contained in these Guidelines to help assess current practices.
- Engage people using services and families to evaluate progress.
- Use regular "walkabouts" by leaders and managers, case conferences, town hall meetings, etc. to gain knowledge of organizational strengths and reinforce engagement.

5 Commit to action

It is important to make a conscious and deliberate decision to reorient towards recovery and to examine and review all processes and practices. This is a challenging step in transforming policies, practice, services and systems, and has an impact on all parts of the organization or service.

- Examine and review all parts of the organization and make the commitment to take action.
- Create ongoing opportunities for discussion by drawing together staff, people with lived experience, family members and caregivers.
- Identify common ground and build agreement for action.
- Consider what can be done within existing structures and resources and where new investments can be reallocated or leveraged to advance action.
- Schedule regular and frequent check-ins to sustain this commitment to action.

6 Develop implementation plans

Change happens at multiple levels simultaneously, and systematic planning can enable core recovery values, principles and practices to be reflected across all program, policy and service elements. For example, the Guidelines can help to develop organizational, service and/or program goals for:

- Promoting individual recovery.
- Engaging people with lived experience and families within services.
- Creating a human resources and training plan.
- Ensuring that people's rights are respected and promoted.
- Developing a recovery-oriented approach to risk management.
- Aligning practice for each professional discipline with a recovery approach.

7 Obtain management support

Implementing change is enhanced when management provides coherent direction for meeting specific targets, and everyone's lines of responsibility and accountability are clear.

- Identify lead accountability and authority for each component of the plan, a clear reporting structure and effective communications tools.
- Find visible ways to promote and recognize commitment to recovery practice.

8 Develop an evaluation plan

Recovery-oriented practice requires new ways of measuring impact, based on criteria that reflect important recovery program outcomes and the attainment of personal recovery goals. An evaluation plan could establish ways to:

- Measure each individual's progress in attaining personal recovery goals, including improving quality of life and participation in meaningful roles in the community.
- Measure professional practice improvements in adopting recovery values such as respect, engagement and choice.
- Monitor the organization's attainment of milestones, benchmarks and continuous quality improvement.

9 Use research and build evidence on recovery practices

Recovery-oriented practices draw upon evidence-informed practices from a broad range of disciplines and practice approaches.

- Review the research and references included in these guidelines to deepen your understanding of recovery.
- Encourage reciprocal learning and resource sharing within your network.
- Invite people with lived experience and families to be involved in designing and co-creating research.
- Explore the Recovery Inventory, which contains more than 1,000 documents recommended as valued resources by your peers, and help build the Inventory by submitting additional resources.

10 Engage in multi-stakeholder planning

Recovery-oriented practice is enhanced by cross-sector planning, strong agreements to knit services together and coordinated action to address the structural barriers that limit opportunity.

- Identify community partners who can support recovery.
- Look for ways to initiate collaborative partnerships and coordinated planning efforts that include government policy planners, nongovernmental organizations, community agencies, people with lived experience and family caregivers.
- Build political will by inviting elected representatives to your setting, and provide them with information about recovery and the importance of system-wide collaboration.
- Identify opportunities for joint planning and coordinated action across ministries that impact mental health and well-being.

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3 Leamy, M., Bird, V., Le Boutillier, C., Williams, J., & Slade, M. (2011). Conceptual framework for personal recovery in mental health: Systematic review and narrative synthesis. British Journal of Psychiatry, 199, 445–452. doi: 10.1192/bjp.bp.110.083733

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4 Slade, M. (2014). Recovery & the CHIME Framework [webinar]. Retrieved from http://knowledgex.camh.net/researchers/areas/sami/webinars/archive/Pages/02252014.aspx

5 Happell, B. (2008). Determining the effectiveness of mental health services from a consumer perspective: Part 2.

6 University of Edinburgh, University of Strathclyde, & Swansea University. (n.d.) Meaningful and Measurable: Personal outcomes: A collaborative action research project. Retrieved from http://meaningfulandmeasurable.wordpress.com/

Conclusion

The path through these Guidelines began with a chapter on the importance of hope to people's recovery. The preceding pages illustrate the significant progress that has been made in the last decade in defining what it means to practise in a way that supports recovery. This should also make us hopeful about our collective ability to bring into being a truly recovery-oriented mental health system. Yet there is clearly still much to do before this new "paradigm" becomes the lived reality for everyone confronting a mental health challenge in our country.

Recovery-oriented mental health practice supports people to define their goals, exercise their capacities and use their strengths to attain their potential. Recovery-oriented practice acknowledges that each person's journey is both unique and complex, and assists people in maximizing their ability to direct and manage it themselves. As we have seen, recognizing the individual nature of this process does not imply that it takes place in a vacuum. Recovery can benefit from many sources and types of support. It is not dependent on any one setting or single type of intervention. It is very promising that this message is spreading.

It is also encouraging to see a growing appreciation that mental health and well-being matters not just for individuals but for families, communities and the whole of society. As such, mental health must continue to be a public priority; embracing a recovery orientation can help make it so. 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; and being vigilant to promote justice, fairness and freedom, including from all forms of discrimination.

While the Commission has served as catalyst, facilitator and publisher of these guidelines, they were only made possible through the input of many; the Commission gratefully recognizes these contributions. It will now take a sustained effort by ever-growing numbers of people, at every level of the system and society, to sustain the momentum and put the approach contained in the Guidelines into practice. All who have had input, and all who recognize the importance of mental health and well-being, must join in the work ahead. There are many ways to contribute: engage in collaborative action, and help to build communities of practice to implement the Guidelines; advocate and provide the leadership that will ensure the journey continues; and celebrate and share the existing achievements that point to even greater possibilities ahead.

These Guidelines are a valuable resource; it is people who can make a recovery-oriented system a reality.

Mental Health Commission of Canada

Commission de la santé mentale du Canada

Mental Health Commission of Canada

Suite 1210, 350 Albert Street
Ottawa, ON K1R 1A4

Tel: 613.683.3755
Fax: 613.798.2989

info@mentalhealthcommission.ca
www.mentalhealthcommission.ca

@MHCC_ /theMHCC /1MHCC @theMHCC
/Mental Health Commission of Canada