



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Implementing Recovery- Oriented Practice: Real-World Examples in Canada

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Acknowledgments

The Mental Health Commission of Canada (MHCC) would like to express our sincere gratitude and acknowledge all the individuals from the eight selected case studies who took the time to speak with us and to share their perspectives, experiences, and knowledge. Without these organizations and individuals, this project would not have been possible, and the MHCC would not have been able to learn the important things we learned about implementing recovery-oriented practice in Canada's health-care system.

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Ce document est disponible en français

Citation information

Suggested citation: Mental Health Commission of Canada. (2021). *Implementing Recovery-Oriented Practice: Real-World Examples in Canada*. Ottawa, Canada.

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ISBN: 978-1-77318-241-4

Legal deposit National Library of Canada



The views represented herein solely represent the views of the Mental Health Commission of Canada. Production of this material is made possible through a financial contribution from Health Canada.

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Creating full-fledged citizens

Implementing recovery-oriented Practice: AQRP

Twenty-five years ago, the Association québécoise pour la réadaptation psychosociale (AQRP) was already talking about the importance of establishing a personal recovery-oriented health system and drawing from the experiences of people living with mental health problems, including those we refer to today as peer support workers. To demonstrate that these individuals can contribute to society and reach their full potential despite a mental health diagnosis, the AQRP has aligned its approach with the perspectives set out in the *Guidelines for Recovery-Oriented Practice (Guidelines)*.

AQRP

Quebec City, Quebec

What they do: Serve as a hub for mental health information and action

Its recovery-oriented programs:

- Training on recovery
- Support and access to work and studies
- Biannual multidisciplinary colloquium
- Peer support worker programs
- Anti-stigma initiatives

Implementation insights:

To promote full citizenship

To acknowledge and promote experiential knowledge

To encourage contact-based strategies

From its inception in 1990, the AQRP has advocated for the empowerment of people with lived or living experience of a mental health problem, believing that they must be able to live and thrive as full-fledged citizens if they are to be fully integrated into the community. The AQRP encourages housing support and access to work or study initiatives, provided that the emphasis is on people as key actors in their own lives, not simply as beneficiaries of assistance services.

The AQRP has always served as an information hub, bringing together stakeholders from all mental health intervention sectors, public and community organizations, and people with lived or living experience and their personal networks.

Knowledge transfer is one of the AQRP's key intervention initiatives. Its biannual colloquium brings together 500 to 1,200 stakeholders from all disciplines, including those with lived or living experience and members of their personal organizations. For close to 30 years, the AQRP has also published *Le Partenaire*, a journal

that disseminates best practices in psychosocial rehabilitation and brings together scientific and experiential knowledge to encourage recovery-oriented services, in Quebec and beyond, for managers, professionals, and citizens at large.

“One of the AQRP's strengths has always been its promotion of integrated knowledge — that is, knowledge that places theory, science, and experience on an equal footing,” says Diane Harvey, executive director of the AQRP.

“One of the AQRP's strengths has always been its promotion of integrated knowledge — that is, knowledge that places theory, science, and experience on an equal footing.”

– Diane Harvey, AQRP Executive Director

CHALLENGES

The harmful effects of stigmatization on recovery

Despite the importance of knowledge transfer in promoting the experiential knowledge of people with lived or living experience of a mental health problem, that alone is not enough to change stigmatizing attitudes regarding mental health. According to the World Health Organization, one person in four will experience a mental health problem in their lifetime, and nearly two-thirds of these individuals will not seek help for fear of prejudice. In fact, some report that they suffer more from stigmatization than from the condition itself.

“Making it possible for people living with mental health problems to enjoy full citizenship means that we’re doing more than simply reducing their symptoms,” says Harvey. “We all have the right to a fulfilling life, a life that’s worth living. We must put in place the conditions needed for people to be hopeful. And stigmatization is a barrier to hope.”

Laurence Caron, project manager and trainer in the Pairs Aidants Réseau (Peer Support Network) and Lutte contre la stigmatisation (Combating Stigmatization) programs, adds that, “Promoting full citizenship for all isn’t a question of services; it’s about culture and society. And it’s not about saying, ‘Let’s hire someone who is sick,’ for example, but rather ‘Let’s hire potential,’ and believing it.”

Through its experience, the AQRP has observed that change is needed within health-care establishments themselves, where people’s lived experience, whether that of users or health-care staff, is still seen (all too often) as a weakness rather than an asset.

SOLUTIONS

A contact strategy that promotes experiential knowledge

The AQRP works to combat stigmatization through direct personal contact with diverse positive recovery models. It supports social inclusion and empowerment, but above all, it gives opportunities to people who want to be at the heart of social changes they would like to see. It recommends the following strategies:

- **Coming together through a “contact strategy.”** Studies show that positive human encounters are more effective than information alone in reducing prejudices, educating, giving hope, improving behaviours and attitudes, and creating better relationships in our communities. On this basis, the AQRP employs a contact strategy, recognized for creating positive interactions between the members of a stigmatized group and a specific segment of the public.
- **Recognizing ourselves in those who are helping us and envisaging a different future.** The publicly funded Pairs Aidants Réseau training program, established in 2006, is based on the contact strategy and integrated knowledge. This specialized training normalizes the practice of peer intervention and provides tools for people in recovery that enable them to use their lived experience and human relations skills to support others in recovery. Peer support workers are part of a multidisciplinary team within a health institution and are paid for their work.

Key dates in the AQRP’s recovery-oriented practices

1990

Creation of the AQRP

2000

The AQRP’s orientation document guides the creation of the Comité national santé mentale travail (CNSMT)

2004

Establishment of the first training committee on psychosocial rehabilitation and recovery

2006

Launch of the Pairs Aidants Réseau program

2007

Development of the recovery and full citizenship program, including a component on the need for service transformation

2010

Creation of the Groupe provincial d’experts sur l’intégration au travail en santé mentale, in collaboration with the Minister for Health and Social Services and the Employment and Social Solidarity, as well as the Groupe provincial de lutte contre la stigmatisation et la discrimination en santé mentale

2014

Development of a reference framework on the fight against stigmatization and a provincial training tour on the best anti-stigma strategies

2018

Launch of the Semaine des bibliothèques vivantes : À livres ouverts

“More and more teams, health institutions, and community organizations are recognizing the precious role that can be played by people who have recovered or are recovering — peer support workers, mutual support groups, patient partners, and integrated knowledge trainers — and what they can contribute to managers, health professionals, and researchers based on their experiential knowledge,” says Caron. “Having positive experiences with people who have lived with or are living with a mental illness leads to a sincere belief in recovery. It offers a glimmer of hope that we will stop viewing these people as ‘a total loss, as the vanquished’ and see them as ‘people, citizens, the victors,’ with strengths and potential.”

- **Helping to turn a page.** In 2018, the AQRP joined forces with the Association des bibliothèques publiques du Québec to launch the initiative *À livres ouverts* (Open Books). Inspired by the Living Library project, it replaces the books used in a classic library with people who are experiencing or have been directly affected by a mental health problem — so they become “living books.”

Living library users choose the meetings they would like to attend. During informal, 15- to 20-minute conversations, these living books share a chapter of their lives, and their hopes, one person at a time.

“Having positive experiences with people who have lived with or are living with a mental illness leads to a sincere belief in recovery.”

– Laurence Caron, AQRP Project Manager and Trainer

RESULTS

The exponential impact of the contact strategy

The first edition of the *À livres ouverts* event was a huge success, and it has become a key aspect of the fight against stigmatization and the promotion of social inclusion in Quebec. In 2019, the event took place in libraries across 13 regions, in 31 towns and cities, with over 2,200 testimonials. (Due to the pandemic, the 2020 edition had to be postponed.)

Rafaelle Marianne became one of the living books in 2019 and fully intends to participate in the next edition. “It’s an incredible contact strategy, really innovative,” she says. “Contact transforms perspectives, judgments, and behaviours toward people who have experienced a mental health problem.”

In addition to being a living book, Rafaelle received her certification as a peer support worker in 2019. She does not hold back her praise for the training offered by the AQRP. “The program changed my life. It’s proven to be beneficial for everyone. It’s simulating [and] empowering and promotes self-esteem,” she says.

As a peer support worker, Rafaelle was trained to listen and was given the tools to help her peers. “People tell you what they need when they’re listened to,” she says. Today, she is paid to support

people and members of their personal networks, offer internships in health-care settings, participate in research projects, and speak at events.

“People tell you what they need when they’re listened to.”

– Raffaele Marianne, peer support worker trained by the AQRP

NEXT STEPS

Drawing greater benefits from experiential knowledge

The AQRP will continue to promote the power of experiential knowledge. “The health network officially recognized the added value of experiential knowledge and peer support workers in its last two five-year action plans,” says Caron. “There’s still a lot of training and information dissemination to do because the shift to recovery-oriented services is a major undertaking and cannot be shouldered by just a few peer support workers.” For people with lived or living experience of a mental health problem, the support provided by peer support workers gives them hope and instils in them the belief that a better future is possible. It also leads to a greater sense of independence and empowers people to act. “This is one of the keys to attaining full citizenship,” says Harvey.

To learn more about the AQRP and its programs, go to aqrp-sm.org.

How the AQRP’s approach supports the dimensions of recovery-oriented practice



Dimension 1: Promoting a culture and language of hope

The training hub, including the peer support network program, uses integrated knowledge to promote change, thereby enabling both the people being helped and the managers and teams to believe in a better future.



Dimension 2: Recovery is personal

Through its promotion of best practices in psychosocial rehabilitation and its various programs, and by placing people who have experiential knowledge in the driver’s seat of these programs, the AQRP promotes recognition of the self-determination of people in recovery.



Dimension 3: Recovery occurs in the context of one’s life

By promoting full citizenship for all and combating stigmatization through its training program, its provincial frame of reference, and the *À livres ouverts* program, the AQRP seeks to ensure that recovery can occur in the context of one’s life.



Dimension 6: Recovery is about transforming services and systems

Transforming services and systems is essential to making a real shift toward recovery-oriented practices, in addition to ensuring that the organization’s vision, mission, and values, including hiring practices, are aligned with recovery-oriented practices. The

AQRP's peer support network program is a good example of service transformation because it trains peer support workers to act as liaisons between the mental health services system and service users to improve service delivery and understand everyone's needs.

For a complete list of the skills, behaviours, values, attitudes, and knowledge necessary to implement the six dimensions, see the complete [Guidelines](#).

Finding the Right Words

Implementing recovery-oriented Practice: CHANNAL

CHANNAL (Consumers’ Health Awareness Network Newfoundland and Labrador) has always focused on recovery, but the publication of the MHCC’s *Guidelines* in 2015 gave it the language to fully explain its approach — along with the evidence base and support of a national organization to expand its services and help shape provincial mental health policy.

CHANNAL
St. John’s, Newfoundland and Labrador

What they do: Encourage recovery through programs run by and for people with lived and living experience of mental health and substance use issues

Key recovery-oriented programs:

- Peer support
- Public education
- Policy consultation

Implementation insights:
Put people with lived experience at the heart of your organization

Invest in training

Give people choice in what their recovery looks like

Since 1989, CHANNAL has been run by and for people with mental health issues, encouraging recovery and self-determination by providing a safe space where people can support and learn from one another. Peer support, which is strongly aligned with the principles of recovery, is a key component of CHANNAL’s service offering. But for its first 20 years, the organization’s approach to peer support was quite informal, largely because there weren’t any standards or guidelines to follow. That changed starting in 2010, when CHANNAL was invited to join the MHCC committee creating the *Guidelines for the Practice and Training of Peer Support*. A year later, it contributed to the *Guidelines*.

“The recovery guidelines reinforced what we’ve been doing since the beginning but never had the language to articulate,” says Paula Corcoran, CHANNAL’s Executive Director. “Having that body of evidence behind us has been critical in showing those who are skeptical how this kind of work should be done.”

As the *Guidelines* were being developed, CHANNAL used its “inside knowledge” of the six dimensions to create a recovery-focused training program for Newfoundland and Labrador’s Department of Health and Community Services. Led and owned by people with lived experience, the training program was released in 2013 and has since been delivered to all mental health and corrections staff across the province.

“The recovery guidelines reinforced what we’ve been doing since the beginning but never had the language to articulate.”
– Paula Corcoran, Executive Director

CHALLENGES

When partners have different perspectives

CHANNAL has always aimed to make allies wherever it could, working with governments, businesses, non-profits, and others to make peer support an integral part of Newfoundland and Labrador’s healthcare landscape. Today, the province is one of CHANNAL’s biggest supporters. While that’s a good

thing, it also brings some risks. With the government currently providing 95 percent of CHANNAL’s funding, any change in allocations could have a severe impact on service delivery.

CHANNAL’s close ties with the province have also caused some friction with the activist community, which can favour more direct approaches to mental health advocacy over diplomacy. The organization believes there is a time and place for both approaches, but the two sides must start working together.

The stigma associated with mental illness continues to present challenges as well. CHANNAL still encounters partners who “don’t want to burden” its staff — all people with lived experience — with tasks such as writing proposals, doing research, or facilitating interviews. Making the case for equal participation with facts, rather than pulling at heartstrings, can be difficult.

SOLUTIONS

Advice to make recovery-oriented practice work

CHANNAL’s peer support services are all informed by the *Guidelines*, including in-person support for individuals and groups, phone support, a drop-in safe space, wellness workshops, and more. In the organization’s experience, when implementing recovery-oriented approaches, it’s important to:

- **Pace yourself.** CHANNAL’s process of solidifying its approach to recovery has been underway for nearly 10 years — and will continue for many more to come. Because implementation is a marathon, not a sprint, Corcoran encourages organizations to go bit by bit, picking up easy wins by jumping on “low-hanging fruit” first.
- **Put lived experience at the heart of your organization.** CHANNAL hires only people who publicly identify as living with a mental health condition — not just frontline peer support roles but managers and directors, too. “When we hire folks, we don’t talk about what you can’t do, but what you *can* do within the parameters of your condition,” says Corcoran.
- **Invest in training.** Because CHANNAL employs people across a range of education levels and lived experience, formal training on being empathic and nonjudgmental ensures its services are delivered reliably and consistently.
- **Give people choice in what their recovery looks like.** People need to shape their own recovery journeys. Rather than imposing a solution, introduce service users to all the resources and supports that are available, then ask them to choose among those options for themselves.
- **Diversify your revenue sources.** To lessen the impact of potential government funding cuts, CHANNAL is now expanding its for-cost training and consultation to the business community.

CHANNAL’s recovery-oriented practice implementation journey:

1989

Creation as a peer support group under the Canadian Mental Health Association

2006

Divestment from CMHA to become its own non-profit entity

2010

Participation in development of MHCC’s *Guidelines for the Practice and Training of Peer Support*

2011

Launch of Newfoundland and Labrador’s first standardized peer support training, aligned with the MHCC Guidelines

2012

Participation in development of MHCC’s *Guidelines*

2013

Launch of recovery-oriented practice training program in partnership with provincial government

2017

CHANNAL’s Executive Director appointed Chair of the Provincial Recovery Council for Mental Health and Addictions

RESULTS

Strong growth fuelled by a commitment to recovery

By aligning its approach with the dimensions of recovery, CHANNAL has strengthened its partnership with the provincial government. In 2017, the Minister of Health and Community Services launched the Provincial Recovery Council for Mental Health and Addictions, naming Corcoran as its Chair. Now CHANNAL advises the Minister directly, ensuring any new mental health programs and policies are designed through a recovery lens. And during the early days of COVID-19, the Premier mentioned CHANNAL regularly during his daily updates — a clear indicator of its growing influence.

When Corcoran started in 2010, she was one of three staff members and the organization's budget was \$200,000. Today, CHANNAL has 40 staff and a budget approaching \$2 million, with service delivery growing 1,000 percent between 2015 and 2020.

“Without question, that growth is directly linked to our commitment to people with lived experience and our ability to embody a recovery philosophy in everything we do,” says Corcoran.

CHANNAL's users see that commitment each day. Troy, a singer/songwriter with schizophrenia, says everything he has done there is about his recovery, not his illness. From one-on-one support to “Freestyle Fridays” where musicians get together to jam and support each other, he appreciates being able to share with others who can relate to his situation and can help him through good times and bad.

“It's been a breath of fresh air,” says Troy. “A lot of people around me don't understand what I'm going through. I've seen counsellors, occupational therapists, family doctors. It's only at CHANNAL where I don't feel like a number or a victim.”

“I've seen counsellors, occupational therapists and family doctors. It's only at CHANNAL where I don't feel like a number or a victim.”

– Troy, CHANNAL service user

NEXT STEPS

Inspiring success

As CHANNAL continues to grow, there is always a risk of moving too fast. But with the *Guidelines* at the ready, Corcoran is confident the organization will manage growth in a healthy way.

“Anything the MHCC releases gets incorporated into what we do,” she says. “We'll always use their work as guidance and inspiration so we can continue help people with lived experience move beyond their symptoms and live the life they deserve.”

To learn more about CHANNAL and its programs, visit channal.ca.

How CHANNAL embodies the dimensions of recovery-oriented practice



Dimension 1: Creating a culture and language of hope

Because CHANNAL employs only people with lived experience — from peer supporters to its executive director — the principles of recovery are embedded in all its services and policies.



Dimension 2: Recovery is personal

Every person's recovery journey is different, so service users are introduced to all available resources and supports, then invited to choose which they would be most comfortable trying at that time. Staff are also supported to create their own personalized recovery plans.



Dimension 3: Recovery occurs in the context of one's life

When working with partners, CHANNAL asks that people with lived experience participate in all project-related tasks as equals, not as "token" representatives.



Dimension 4: Responding to the diverse needs of everyone living in Canada

CHANNAL's client base includes youth, seniors, and all ages in between, with formal training to ensure its services are delivered consistently and in line with best practices.



Dimension 6: Recovery is about transforming services and systems

CHANNAL is making recovery an integral part of the mental health landscape by creating training programs for corrections workers and regional health authorities, influencing policy as part of the Provincial Recovery Council, and more.

For a full list of the skills, behaviours, values, attitudes, and knowledge required to implement all six dimensions, see the complete [Guidelines](#).

Putting an international model to work at home

Implementing recovery-oriented Practice: CMHA Calgary

When faced with a sudden spike in demand for its services, CMHA Calgary did not have time to build a new program from scratch. In the Recovery College model developed in the U.K., it found a solution that could be adapted quickly to the needs of Calgarians — informed by the MHCC’s *Guidelines*.

Canadian Mental Health Association – Calgary

Calgary, Alberta

What they do: Promote mental health and wellness through community-based services for individuals, families, groups, and organizations.

Key recovery-oriented program:

- Recovery College, which includes more than 45 free courses on mental health topics

Implementation insights:

Remove physical barriers to your services.

Co-create with people with lived and living experience.

Stay flexible to give people what they need.

CMHA Calgary has been supporting Calgarians with mental health issues since 1955. Its shift to recovery-oriented practice began in 2013: when support calls spiked as people struggled with the trauma of seeing their homes damaged or destroyed by the city’s biggest flood in 80 years, the organization decided to go “all in” on the recovery-based approach to quickly respond to the community’s needs.

“Our leaders were the catalysts driving this forward,” says Ashley Lamantia, program manager, Education and Support Programs at CMHA Calgary. “They saw this work happening across Canada and around the world and embraced it.”

Its largest recovery program is Recovery College, which offers more than 45 courses on a wide variety of mental health topics (e.g., coping with anxiety, harm reduction, setting boundaries, caregiver support) — all available for free to the public.

The organization adapted the U.K. model for the Calgary context by infusing it with data specific to the city and its service users. After studying the model’s core best practices, the team bolstered its

staff with recovery trainers and peer support workers, who then worked together to determine which topics would work best for Calgarians.

“We wanted the courses to be driven by the community, our clients, and our peer support workers, touching on things they wish they’d known or would be helpful in their recovery,” says Lamantia.

Courses are not based on clinical diagnoses but instead focus on personal growth and recovery to help service users develop the skills and confidence needed to move forward in their lives. There are also no prerequisites, meaning that anyone can take them in whatever order makes sense to them at the time.

“We focus on what’s strong, not on what’s wrong.”

– Ashley Lamantia, Program Manager,
Education and Support Programs

While CMHA Calgary embedded the dimensions of recovery throughout all Recovery College courses, two stand out to Lamantia: *Creating a culture and language of hope* and *Recovery is personal*. “We meet people where they are and focus on what’s strong, not on what’s wrong,” she says. “This empowers people and gives them choice within their recovery journey.”

CHALLENGES

Creating a space as welcoming as the course content

Although Recovery College is free and open to all, CMHA Calgary found that its own environment was not as welcoming as it could be. When it launched the program, its office was on the fourth floor of a high-rise tower, forcing service users to pass through security and a receptionist before taking a course or meeting with a peer support worker. A new space was needed.

Also challenging was the fact that the recovery-based approach was not always well understood by the people who could benefit from it, necessitating a more concerted effort to educate and engage the public on why recovery matters.

SOLUTIONS

Adaptability and flexibility to always meet the community’s needs

To address those challenges and make Recovery College as effective as possible, CMHA Calgary followed these best practices:

- **Do your research.** As it adapted the Recovery College model for success at home, CMHA Calgary relied heavily on local data and evidence to ensure that its programs addressed the voices and perspectives of its service users and reflected their goals, hopes, and needs.
- **Commit to co-creation and co-delivery.** All courses are co-created and co-facilitated by individuals with a background in social work or education as well as with peer support workers who have lived experience of mental health problems or illnesses and/or substance use.
- **Stay flexible.** Each course is adapted in the moment by the co-facilitators in response to the needs and group dynamic of the learners.
- **Eliminate barriers to access.** CMHA Calgary moved to a new location in 2018. Its offices are now located at ground level, with easy access to public transit. On the inside, a café-like environment creates a welcoming space where service users feel comfortable sharing their stories and can be connected to a peer support worker right away.
- **Raise community awareness of recovery.** The organization uses blogs and social media to raise Calgarians’ awareness of recovery principles. It also ran a year-long podcast on the topic featuring interviews with mental health leaders and service users.
- **Roll with the punches.** CMHA Calgary had not planned to offer Recovery College online, but when COVID-19 hit, it had no choice but to end in-person programming. “We revamped course delivery completely,” says Lamantia. “But we had to make sure we were still following the

CMHA Calgary’s recovery-oriented practice implementation journey:

1955

Canadian Mental Health Association (CMHA) establishes a regional branch in Calgary

2013

Demand for mental health support surges after Calgary floods

2017

CMHA Calgary creates the Recovery College program

2018

CMHA Calgary moves to a new, more accessible location

2020

Recovery College goes virtual, available to people all over the world

Guidelines and best practices, while not getting too far away from our goal of having a welcoming space.”

RESULTS

The “Netflix of mental health”

CMHA Calgary has seen a tremendous increase in Recovery College usage since moving to its new location. And the pandemic has generated unexpected benefits: while in-person courses were limited to people in Calgary, the online versions are available to a much broader audience, with learners logging in from across Canada and all over the world.

“Our hope is to create the Netflix of mental health,” says Lamantia, “to make it barrier-free and wait-list-free so people can access a course right away.”

For service user Rudeen, Recovery College has been a lifeline. While recuperating in a Calgary emergency department after her third suicide attempt, she listened to clinicians “scold” her for trying to take her own life and tell her why *they* thought she should want to live. She found the opposite experience at Recovery College, where the “raw reality” of hearing the stories of other service users helped her come to terms with her own.

“In the hospital, I felt very small and weak. At CMHA Calgary, I felt I reclaimed confidence and could show who I really was,” she says. “You actually feel part of a community and a sense of belonging among people with similar struggles. I didn’t feel so alienated and alone.”

Rudeen has taken every Recovery College course, which she says continue to help her along her journey. “Something you learned a few years ago can become real and alive. The seed takes root in your heart and you say, ‘I get it now.’” And after spending months on long-term disability, she has recently returned to work.

“In the hospital, I felt very small and weak. At CMHA Calgary, I felt I reclaimed confidence and could show who I really was.”

– Rudeen, service user

Former service users are giving back to the organization as well. Many return to volunteer or to help with fundraising. Others have become employees. “People tell us Recovery College is a place where they feel they could be at their best, and now they want to give back to others,” says Lamantia. “They believe in the cause and want to make a change in the community.”

While its shift to online delivery has proven successful, CMHA Calgary is preparing for the eventual return of in-person delivery. Plans are underway to deliver courses in group home settings, bringing recovery principles to even more people. The organization also welcomes collaborations with other organizations that want to start a Recovery College of their own.

NEXT STEPS

Expanding impact while staying true to the *Guidelines*

As CMHA Calgary looks ahead, Lamantia says the focus will be on continuing to improve and revamp its existing courses based on community feedback.

“When people have a voice in how programming evolves, it gives them a sense of ownership and empowerment,” she says. “It’s nice to tap the shoulders of potential service users to make sure what you’re doing is in line with what they’re hoping for and that it balances their vision with the *Guidelines* and best practices.”

To learn more about CMHA Calgary and Recovery College, visit cmha.calgary.ab.ca or recoverycollegecalgary.ca.

How CMHA Calgary embodies the dimensions of recovery-oriented practice



Dimension 1: Creating a culture and language of hope

By focusing on what’s “strong” instead of what’s “wrong” and by eliminating physical barriers, CMHA Calgary encourages its users to share their stories in a safe and welcoming space.



Dimension 2: Recovery is personal

CMHA Calgary emphasizes meeting every service user wherever they are in their own recovery journey.



Dimension 3: Recovery occurs in the context of one’s life

By focusing on co-creation and co-delivery of its courses, CMHA Calgary ensures that Recovery College offerings reflect the perspective of persons with lived and living experience of mental health problems and illnesses and/or substance use.



Dimension 6: Recovery is about transforming services and systems

CMHA Calgary plans to expand its model by bringing Recovery College courses into group homes, further embedding the concept into the city’s health-care system.

For a full list of the skills, behaviours, values, attitudes, and knowledge required to implement all six dimensions, see the complete [Guidelines](#).

Engaging youth on their own terms

Implementing recovery-oriented Practice: Foundry

Can you offer recovery-oriented practice without using the word *recovery*? In British Columbia, Foundry is proving that the answer is “yes.” While Foundry’s programs align with the values and dimensions of the MHCC’s *Guidelines*, it has adapted the language and techniques to reflect the unique needs of the youth, families, and communities it serves.

Foundry
Vancouver, British Columbia (central office), with 11 centres across the province and 12 more in development

What they do: Remove barriers and increase access to health and wellness services through a network of welcoming, youth-friendly centres across B.C. and online.

Key recovery-oriented programs:

- Peer support
- Drop-in counselling
- Phone and online chat
- Virtual care services

Implementation insights:
Adjust recovery language to your audience.

Integrate services, service providers, youth, and families in an authentic way.

Collect and analyze recovery-focused data to support quality improvement and innovation.

In a province that has long used *recovery* in the context of many different health and social issues, such as substance use, the term often leads to varying interpretations among health authorities, service providers, and the public. In 2015, when Foundry opened its first prototype centre in Vancouver, organizers set out to demonstrate how focusing on strengths, needs, and goals — and providing integrated services from a single location — could help young people and their families find the hope and empowerment at the core of the recovery-oriented approach.

Their success has driven the creation of a province-wide network of community-based, evidence-informed, partnership-driven, youth-friendly centres. Since its launch, Foundry has established partnerships with over 200 health-care, community, government, youth, and family-focused organizations. To broaden its reach even further, [Foundry’s provincial virtual service](#) was launched in April 2020.

“We work with youth, families, and community leaders who want to dream about new possibilities and co-design solutions to optimize how young people access and receive services,” says Dr. Skye Barbic, Foundry’s research director.

Foundry aims to reach young people *before* their issues and concerns have a severe impact on their health, relationships, and well-being. It sees each young person as a whole individual, rather than just a set of challenges, and empowers them to determine which services and supports would best help them live a good life.

Foundry makes it easy for young people and their caregivers to do that by offering holistic, integrated mental health care, substance use services, physical and sexual health care, youth and family peer supports, and social services (such as housing and employment supports). Lead agencies work with community partners in a coordinated way at each Foundry centre to deliver the services their community needs.

Foundry also engages young people and their families as equal partners and at every stage of centre planning, implementation, and evaluation. This includes decisions about where to place new centres and which clinical options will ensure that services are relevant, youth focused, and meet community needs.

“Foundry is about co-designing new possibilities in youth services,” says Barbic. “It’s no longer about bringing youth to the table but building the table that will allow them to fully participate and lead the way.”

“It’s no longer about bringing youth to the table but building the table that will allow them to fully participate and lead the way.”

– Skye Barbic, Director of Research

CHALLENGES

One word, many meanings

Beyond its usage in health and social services, the word *recovery* has also been adopted by the provincial government in reference to economic recovery from COVID-19. As such, it remains a challenge to avoid getting mired in debates about what recovery means in order to focus on serving people the right way.

At the same time, there is an ongoing need for education about what recovery entails from a mental health context. Government funding windows, for instance, often last just one or two years, but personal recovery journeys often take much longer. “Improving the mental health of communities is a long-term investment that requires a common set of targeted outcomes,” says Barbic.

Foundry works with all partners, including government, to build a sustainable network and system that is flexible and driven by the needs and priorities of young people. “We have a common vision for how we want to work together,” adds Barbic. “This ensures we are driven by common values across the province. We learn and evolve, appreciate individuality, and celebrate community.”

SOLUTIONS

Adapt, integrate, and measure

Every Foundry centre is guided by three common approaches for implementing recovery-oriented practice:

- **Adapt.** Foundry knows that what works in one community may not work in another — especially in a province as large as B.C. — and so continuously adapts and expands its programming to meet the needs of diverse youth and their families. It uses terms such as *health, wellness, and living a good life*, which Barbic says resonate with youth and are developmentally and culturally relevant throughout the entire province.
- **Integrate.** Foundry has integrated more than 200 health-care, community, and government organizations into its network. This allows organizations to share the load and work together in a

Foundry’s recovery-oriented practice implementation journey:

2007

Inner City Youth (ICY) program launched by St. Paul’s Hospital, Vancouver

2014

Peer support launches as a core ICY service

2015

Granville Youth Health Centre (GYHC) opens as a home for ICY programs and services and is Canada’s first integrated health and social service centre for youth and young adults

2015

BC Integrated Youth Services Initiative (BC-IYSIS) launches with funding for 2.5 year proof of concept; five communities identified to establish centres across BC

2016-2017

Foundry brand is launched; GYHC becomes Foundry Vancouver-Granville

2018-2020

Foundry centres open in five additional communities, for a total of 11 centres province-wide

2020

Eight additional Foundry centres announced

2020

Foundry’s provincial virtual services launched

meaningful way. It also means that any Foundry centre can connect young people to a range of health and social services, supporting them every step of the way so youth can avoid the headaches of having to navigate the complex health and social system on their own.

- **Measure.** From the start, Foundry focused on collecting data that is meaningful to young people and families. This means looking at the strengths and goals of the people who access its services. Foundry builds “health profiles” of young people that capture information on whether they’re pursuing their goals (such as finding a job), their sense of mental well-being and individual empowerment, and more.

RESULTS

Sharing the Foundry model

Foundry currently operates centres in 11 communities from Vancouver to Prince George. In spring 2020, an additional eight communities were identified, so there will be 19 Foundry centres across B.C. by 2023. Online resources and first-of-its-kind virtual care are further extending Foundry’s reach throughout the province.

With Foundry in more communities and its services more accessible than ever, young people and their caregivers will no longer have to ask, “Where can I go for help?” That includes youth like Bili, who turned to the organization for guidance and support after she lost her job, her home, and her grandfather.

“Foundry gave me the tools to help cope with my mental illness and worked with me to find an approach that was helpful to me,” she says. “My counsellor ensured that I had a support network set up for me.”

Despite these successes, the COVID-19 pandemic has compounded the mental health challenges facing youth like Bili — not only in B.C. but across Canada. That’s why Foundry is supporting other communities and organizations that wish to open integrated youth health-service centres of their own, creating guides and standards to help them adapt the Foundry approach to the needs of their regions.

“We’ve been given the green light to build something new,” says Barbic. “We look forward to sharing our learning but also learning from other provinces and territories. Hopefully, this can be a journey for all of Canada to build the best health system in the world for young people.”

“We’ve been given the green light to build something new.”

– Skye Barbic, Director of Research

NEXT STEPS

Increasing reach and influence

As Foundry continues to break ground with new centres and new services, Barbic says the organization will continue to be driven by recovery-centred principles and values such as connectedness, hope, identity, meaning, and empowerment.

“We’re living the values of the recovery model. We’re working closely with youth and families in B.C. to make sure each moment is an opportunity to get better and focus on what matters,” she says. “It’s about understanding their needs and growing a network where wellness can take shape.”

To learn more about Foundry and its programs, visit foundrybc.ca.

How Foundry embodies the dimensions of recovery-oriented practice



Dimension 1: Creating a culture and language of hope

Foundry appreciates individuality and celebrates community.



Dimension 2: Recovery is personal

Each Foundry centre tailors its programming to the needs of its local community and is supported by a vast network of partner services to personalize each young person's wellness journey.



Dimension 3: Recovery occurs in the context of one's life

Foundry involves youth and their families at every stage of program creation and design.



Dimension 5: Working with First Nations, Inuit, and Métis

Foundry is committed to working alongside First Nation, Métis, and Inuit communities; youth; and families to ensure that it is moving in the best direction to support Indigenous cultural safety and humility.



Dimension 6: Recovery is about transforming services and systems

Foundry's network model intentionally integrates health and social service systems, ensuring that many kinds of organizations can share the load and learn from each other.

For a full list of the skills, behaviours, values, attitudes, and knowledge required to implement all six dimensions, see the complete [Guidelines](#).

Seek progress, not perfection

Implementing recovery-oriented Practice: Ontario Shores

Ontario Shores became an independent mental health service provider in 2007, after more than a half-century as a provincially run hospital. Its leadership team was resolved to adopt a recovery-oriented model of care but knew it wouldn't be easy given the organization's scale and complexity. Thanks to years of hard work and unwavering commitment from the top, Ontario Shores is now recognized as a leader in recovery-oriented mental health care.

Ontario Shores Centre for Mental Health Sciences

Whitby, Ontario

What they do: Deliver a range of specialized services in a hospital setting for those living with complex and serious mental illnesses.

Key recovery-oriented programs:

- Recovery College
- Integrated recovery model of care
- Family involvement
- Culturally competent care
- Recovery measures monitoring integrated with a quality improvement program. E.g.:
 - Recovery Assessment Scale
 - Recovery Promotion Fidelity Scale

Implementation insights:

Be realistic about the time scale.

Be prepared to make and learn from mistakes.

Leverage front-line champions to foster culture change.

Get real leadership commitment that includes resource allocation and infrastructure.

Ontario Shores' success in implementing recovery-oriented practice has been hard won. The leadership team realized early on that training alone wasn't enough to shift the mental health culture rooted in provider-led care that defined recovery as symptom reduction. Two years into the organization's recovery-oriented shift, senior administrative director Mark Rice was tasked with overseeing a recovery action plan that was iterative and consultative, drawing on input from staff in all clinical areas. That front-line engagement allowed the plan to be tailored for different units, gave staff more ownership over change, and fostered lasting transformation.

As a testament to Ontario Shores' embrace of recovery-oriented practice, in 2016, it became the first mental health hospital in Canada to embed a Recovery College within its operations. Based on a model developed in the U.K., the Recovery College helps service users develop autonomy, build on their strengths, and create supportive interpersonal relationships.

CHALLENGES

Shifting perspectives on care

With approximately 350 beds, 1,200 staff, and a wide variety of programs (serving populations ranging from adolescents to seniors), allowing for individualized recovery-oriented treatment while maintaining care standards across the hospital was a massive challenge. As well, although its service providers were supported to incorporate a user-defined model of care into their clinical practices, many — like most in mental health — were used to thinking about recovery in terms of symptom remission, not quality of life.

"Mental health care has been highly paternalistic for a long time," Rice admits. "As service providers, we often think we're supposed to be the experts, so the idea of letting patients tell us what they need challenges that mindset."

Momentum, evolution, and maintaining buy-in were also challenges, given the time and effort required, especially when a particular activity or approach didn't deliver the desired results. Empowering teams and demonstrating leadership commitment were critical in the early days and remain so today.

“We’re supposed to be the experts, so the idea of letting patients tell us what they need challenges that mindset.”

– Mark Rice, Ontario Shores Senior Administrative Director

SOLUTIONS

Progress takes time

Ontario Shores has spent more than seven years implementing recovery-oriented practices and isn't done yet. But its unique experience in a large hospital setting has yielded several valuable insights:

- **Be realistic.** Change never happens overnight — especially in a large organization. It's important to plan for a long haul from the start.
- **Be prepared to have — and learn from — setbacks.** Things don't always go to plan. When Ontario Shores' first training program didn't yield instant results, instead of having second thoughts, the organization struck up a recovery advocates group of champions in clinical operations to reinforce recovery thinking on a daily basis. It wasn't that the training had been unsuccessful: it needed more nurturing on the front line.
- **Be guided by principles instead of rules.** One of the recovery advocates group's first activities was to review existing “rules” considering the recovery approach. Some legacy practices, such as not allowing family members in patient rooms, worked against recovery principles. The group took time to understand what motivated the rules in the first place and, with that in mind, shifted toward principles-based decision making instead of simply adhering to what was “allowed” or “not allowed.” Staff were empowered to use their judgment about when and how to apply the principles themselves. In some cases, long-held “rules” were simply conventions: “Things had just been done a certain way for so long people assumed there was a policy,” says Rice.
- **Measure and assess progress objectively.** To ensure objectivity, Ontario Shores brought in an international expert in 2014 to assess its implementation of recovery-oriented practice. “He actually had more recommendations than we were expecting,” says Rice. “But it was a really useful exercise that helped us steer our action plan in directions we didn't even realize we still had to go.” Today, Ontario Shores uses formal scales, including the [Recovery Assessment Scale](#) to track service user improvements and a [Recovery Promotion Fidelity Scale](#) to track its own implementation.

Ontario Shores' recovery-oriented practice implementation journey:

1919

Opening as a psychiatric hospital

2007

Establishment of a new, recovery-oriented vision

2009

Launch of a recovery model of care throughout the organization

2014

Signing of the MHCC's Recovery Declaration

2016

Launch of Canada's first in-hospital Recovery College and the *Journal of Recovery in Mental Health*

RESULTS

Making recovery a way of life

Ontario Shores launched its Recovery College in 2016, creating opportunities for service users, families, and hospital staff to take courses together on a wide range of topics from treatment theory to art and journaling. This strengths-based standpoint is a centrepiece of the hospital's recovery approach today — and was a big part of Lisa's experience when she came to Ontario Shores as a service user. She'd been to other types of therapy and support groups but had not found them particularly helpful. Through the Recovery College, she learned practical skills she could apply and changed the way she thought about recovery and her sense of self.

"I understand now that recovery isn't something you just achieve and now, you're recovered," she says. "It's more like a way of looking at life and incorporating preventive maintenance into your life — just like brushing your teeth every day."

Lisa took several courses, including Art Cafe, Career Support, and Introduction to Bibliotherapy, and even had the opportunity to create and offer her own course, sharing insights she's learned from self-help books. Today, she is volunteering at Ontario Shores, participating in a service user advocacy committee to help shape hospital policy, and working toward becoming a formal peer support worker.

*"Recovery is a way of looking at life and incorporating preventive maintenance into it — just like brushing your teeth every day."
— Lisa, Ontario Shores service user and volunteer*

NEXT STEPS

Fostering connections across the country

Ontario Shores' Recovery College has been so successful that organizations around the country see it as a model. The organization has provided guidance for several others that have started implementing it in their own settings.

Ontario Shores isn't resting on its laurels: "According to our latest assessment, we are 'moderately implemented,'" says Rice. The organization is considering embedding recovery into job descriptions and postings and is constantly looking for more ways to incorporate more service users and family members into committees across the hospital, including more opportunities for co-design. The organization introduced a course on the [Guidelines](#) into the Recovery College curriculum where new hires and service users learn about recovery. It is also working with external stakeholders to bring more of a recovery focus to post-secondary programs to help students develop mental health literacy and resiliency.

"Implementing recovery is a lot of work, but it's absolutely worth it," he says. "It improves outcomes, it increases staff engagement, and it's the right thing to do."

To learn more about Ontario Shores and its programs, visit ontarioshores.ca.

How Ontario Shores embodies the dimensions of recovery-oriented practice



Dimension 1: Creating a culture and language of hope

The Recovery College supports hope and optimism by presenting a range of possibilities and options for life beyond treatment.



Dimension 2: Recovery is personal

The Recovery College enables participants to focus on and build their own strengths and gives them the autonomy to decide their own paths.



Dimension 3: Recovery occurs in the context of one's life

With a focus on teaching practical skills, the Recovery College empowers students to make positive changes in their own lives.



Dimension 6: Recovery is about transforming services and systems

To better serve its users, Ontario Shores recognized the need to evolve and committed to a long-term vision of recovery, informed by the experiential knowledge of its service users and their families, staff, and the community.

For a full list of the skills, behaviours, values, attitudes, and knowledge required to implement all six dimensions, see the complete [Guidelines](#).

Embracing the challenge of transformation

Implementing recovery-oriented Practice: Peer Connections Manitoba

As it changed its model from self-help to peer support, Peer Connections Manitoba faced tough decisions about its programs and personnel. But by committing to the recovery philosophy and following the MHCC's *Guidelines*, the organization has broadened its scope beyond its long-time focus on schizophrenia to help people with a wide range of mental illnesses — and is now bringing peer support into new clinical settings.

Peer Connections Manitoba

Winnipeg, Manitoba

What they do: Provide mental health education and peer support for Manitobans and their families

Key recovery-oriented programs:

- One-on-one individual and family peer support
- Public education workshops
- Educational support groups

Implementation insights:

Be clear about your goals.

Align your people with your strategy.

Encourage service users to connect with community.

Formerly known as the Manitoba Schizophrenia Society (MSS), the organization knew it needed to change along with the province's evolving mental health system, which was shifting toward recovery-oriented practice. To keep pace, it would need to go "all in" on recovery too.

"We could see families wanting us to change from a place that just offered support for their loved ones to one where recovery was not just possible but the expectation," says Julia Hoepfner, director of operations.

The change would require two things of the organization: expanding its focus beyond a single mental illness and transitioning from its informal self-help approach to intentional, value-based peer support, as outlined by the MHCC.

"We could see families wanting us to change from a place that just offered support for their loved ones to one where recovery was not just possible but the expectation."

– Julia Hoepfner, Director of Operations

CHALLENGES

Leaving no part of the organization untouched

The transition to recovery and peer support was gradual and collaborative. Over the course of two years, leadership engaged in regular conversations with staff about possible new approaches to service outcomes, evaluation, and accountability, filtered through the values of peer support. The importance of integrating the voices and views of people with lived or living experience into the organization's programs was also emphasized.

Despite the careful planning, some staff members did choose to leave, and some popular programs were retooled or cancelled. A peer support consultant was also engaged to provide additional training and to help the organization update its policies and procedures, as the remaining staff realized they would need some guidance to make the new approach work. That new approach also led to challenges when working with partners in hospitals and other clinical settings, where the focus is on diagnosing and treating illness — and where “recovery” holds a different meaning.

“Staff were asking us really good questions about who we were changing for and if we were doing it the right way,” says Hoepfner.

While mental health organizations typically focus on how service users benefit from their programs (the “outcomes”), they face pressure from provincial health ministries to show how a new approach can help more people at a lower cost (the “output”). This challenged the Peer Connections Manitoba team to collect and analyze its performance data in new ways.

“There’s always a dichotomy,” says executive director Sean Miller. “How can we evaluate ourselves in a way that satisfies our funders but also helps us understand the full scope of our own impact?”

After rolling out the peer support model, the organization soon realized there was one final barrier to overcome to fully realize its potential: its name, which had been MSS for more than 40 years. Keeping that name would limit its ability to recruit the peer support workers and develop the programs it would need to serve *all* Manitobans, not only those living with schizophrenia.

“Our proudest moment came from recognizing the stigma of being a single-illness organization and being able to get through that,” says Hoepfner.

SOLUTIONS

Lessons learned to implement recovery-oriented practice

In 2020, the MSS officially changed its name to Peer Connections Manitoba. Throughout its transformation journey, it has learned many valuable lessons about implementing recovery-oriented practice. These include the following principles:

- **Align your team “from stem to stern.”** The organization reshaped its board of directors by bringing on only individuals who identified with the recovery philosophy. It also changed its hiring procedures so that people with lived or living experience of mental illness were included to help inform program development.
- **Familiarize yourself with the *Guidelines*.** “It’s important to have your ‘aha’ moment before you start,” says Hoepfner. “Realizing that peer support and recovery go hand in hand was that moment for us.”
- **Be clear about how structured you want your program to be.** Peer Connections Manitoba knew it wanted to be a formal, professional program rather than a “clubhouse.” That meant investing in accredited training and certifying staff and peer support workers to national standards.

Peer Connections Manitoba’s recovery-oriented practice implementation journey:

1979

Founded as Manitoba Schizophrenia Society

2000s

Embraced philosophy of recovery-oriented practice

2019

Began transition to peer support model

2020

Launched new peer support program in clinical settings

2020

Changed name to Peer Connections Manitoba

- **Engage with other service providers.** Although you're trying to deliver the best possible services, you're not competing with other providers. Improving peer support across the board means working with others that do it too.
- **Encourage service users to connect with the community.** Providing service users with opportunities to share their stories with the broader community can help them along their own recovery journeys. "We're trying to build a culture of connection," says Miller.
- **Show your results.** As a self-help organization, Peer Connections Manitoba had done little data collection. Since the shift to peer support, it has established robust evaluation processes based on quantitative and qualitative feedback, making it easier to evaluate effectiveness and show impact to the government — a must to secure funding.

RESULTS

Expanded services and important new partners

With a new identity, Peer Connections Manitoba is no longer "pigeonholed" as a single-illness organization and can instead provide an expanded array of programs and services to more people. One such person is Tamara, who is moving forward in her recovery journey by serving on the organization's board; co-facilitating youth workshops; participating in the organization's drama group; and sharing her story at schools, police departments, and hospitals.

"For me, the hugest part of recovery is giving back to other people," she says. "Getting my recovery story on paper and sharing it with the community is such a healing experience. It's been really beneficial. The reason I'm doing so well in my recovery journey is because of the opportunities I have to support and encourage others along their own journeys."

For organizations looking to implement a recovery-oriented approach, Tamara recommends they try to offer several options for people to explore recovery based on their individual goals and interests. "Different things will interest different people," she says. "Sometimes all it takes is one seed planted."

With its recovery-oriented model fully in place, Peer Connections Manitoba was able to launch a new program in 2020 that brings peer support into clinical settings: a crisis support centre in Winnipeg and an emergency department in Dauphin. While the clinical teams initially viewed the peer support workers as competition, a focus on peer support training and education has helped bring everyone involved in a service user's recovery journey onto the same page.

"We took the competition out by acknowledging that clinicians have a huge role to play," says Hoepfner. "I don't have the words to describe how thankful I am to be able to create relationships and connections in an environment I never believed we'd be able to engage."

"Getting my recovery story on paper and sharing it with the community is such a healing experience. It's been really beneficial."
– Tamara, Peer Connections Manitoba service user

NEXT STEPS

Maintaining the momentum

Peer Connections Manitoba is now focused on maintaining its momentum and continuing to invest in its staff will be key.

“Staff competency plays a huge role, especially from the perspective of people in the clinical space and those watching what we’re doing,” says Miller. “It’s about really embedding every aspect of recovery-oriented practice from the top down: putting those strategies in place, identifying our values and culture, and recognizing how that translates into actual practice.”

To learn more about Peer Connections Manitoba and its programs, visit peerconnectionsmb.ca.

How Peer Connections Manitoba embodies the dimensions of recovery-oriented practice



Dimension 1: Creating a culture and language of hope

By discussing its commitment to recovery during the hiring process, Peer Connections Manitoba ensures that every new staff member embeds recovery principles further into the organization’s culture.



Dimension 2: Recovery is personal

Peer Connections Manitoba encourages individuals to make their own decisions about what’s best for their mental health.



Dimension 3: Recovery occurs in the context of one’s life

By encouraging service users to share their recovery stories with others, the organization helps them maintain important connections to the broader community.



Dimension 6: Recovery is about transforming services and systems

Peer Connections Manitoba is building connections to important healthcare stakeholders by bringing peer support into clinical settings and reporting on the results it’s delivering to the community using a robust, data-driven evaluation program.

For a full list of the skills, behaviours, values, attitudes, and knowledge required to implement all six dimensions, see the complete [Guidelines](#).

Where community is key

Implementing recovery-oriented Practice: Phoenix Residential Society

For more than 40 years, Phoenix Residential Society has worked to help people with mental health, cognitive, and substance use challenges take control of their journeys. Its recovery-focused approach is well aligned with the *Guidelines*, emphasizing personal choice, independent living and — especially — community connection.

Phoenix Residential Society

Regina, Saskatchewan

What they do: Provide community-based housing services supported by psychosocial rehabilitation.

Key recovery-oriented programs:

- Phoenix Apartment Living Services
- Pearl Program for acquired brain injury
- Phoenix HOMES Program
- Supportive, apartment-based residential programs

Implementation insights:

Build programs around existing tools or systems that align with your values rather than creating them from scratch.

Use the reflection questions in the *Guidelines* to inform rich discussions for continuous improvement.

Advocacy for broader system change is ongoing.

The first Phoenix group home in 1979 blended therapeutic interventions with support for people’s daily functioning and social interactions. As evidence-based practices in recovery and rehabilitation have matured, Phoenix has also evolved, transitioning from a group home environment to apartment living that supports personal autonomy and life skills development. All along, a major focus has been to help foster meaningful community relationships and individuals’ sense of personal purpose.

Phoenix began certifying its leadership team and staff to the psychosocial rehabilitation (PSR) standard in the early 2000s as a way of formalizing its recovery approach. To reflect the Canadian context, the organization switched its certification regime to PSR Canada in 2016 and continues to ensure all staff keep their certification up to date.

CHALLENGES

The ongoing struggle against stigma

Phoenix Residential Society’s challenges implementing a recovery-oriented approach have tended to come from outside rather than within. Stigma is a persistent barrier according to Executive

Director Sheila Wignes-Paton, making it hard for service users to get jobs, engage in meaningful interpersonal relationships, and find acceptance.

“Sometimes the fear of stigma or past experiences with it can also make people unwilling to pursue opportunities where they risk rejection because of their mental health status,” Wignes-Paton says.

While COVID-19 restrictions have more recently created new barriers to community contact — employment, outings, and activities — these are recognized as temporary. A more persistent challenge is the fact that government program funding criteria tend to focus on addressing deficiencies, treating problems, and labelling mental health conditions rather than on fostering and supporting a person’s strengths.

“It can be disheartening for someone to reach a place where they’re feeling positive about their recovery only to have funding criteria reduce their whole identity to their condition,” Wignes-Paton says.

“It can be disheartening for someone to reach a place where they’re feeling positive about their recovery only to have funding criteria reduce their whole identity to their condition.”

*– Sheila Wignes-Paton, Phoenix Residential Society
Executive Director*

SOLUTIONS

Harnessing the power of partners and peers

In pursuing its goals and responding to the challenges encountered along the way, Phoenix has gained a number of insights into implementing recovery-oriented practices successfully:

- **Use partners as champions.** Phoenix’s focus on community integration makes external partners key — from local associations offering art classes to the Regina Police Crisis Outreach and Support Team. These partnerships not only provide information, services and even jobs for service users but also help raise awareness and reduce stigma. Phoenix works closely with its partners to ensure they understand recovery, why it matters, and how they can contribute.
- **Promote peer support everywhere you can.** Formal and informal peer support are foundational to helping individuals forge healthy relationships and pursue their recovery goals — by modelling the possibilities of recovery and providing motivation and friendship.
- **Advocate for system change.** While Phoenix has no direct control over non-recovery-oriented government funding criteria, it advocates for system transformation on behalf of its service users and supports appeals of unjust funding decisions.
- **Leverage existing tools (that align with your values).** Few organizations have the time, money or expertise to reinvent the wheel. Taking advantage of recovery-oriented resources helps accelerate progress with less effort. Phoenix used the PSR framework as a basis to guide its service development and plans to incorporate the MHCC’s *Guidelines* into its operations as well.

Phoenix Residential Society’s recovery-oriented practice implementation journey:

1979

Opening of Phoenix House, Saskatchewan’s first mental health-focused group home

1984

Launch of the PALS program to foster independence

2002

Certification of leadership team in psychosocial rehabilitation (international)

2006

Full transition from group home to apartment living model

2016

Certification of leadership and staff to Canadian PSR standard

RESULTS

Always striving for improvement

Today, Phoenix’s multiple apartment facilities are home to more than 180 residents and offer a range of services and activities, many led by peer supporters. The organization serves people with lived and living

experience of mental health problems and illnesses and/or substance use, acquired brain injuries and other cognitive disabilities, as well as those experiencing chronic homelessness.

To help service users track their own progress and to measure the impact of its recovery-oriented programs, Phoenix uses a mix of assessment tools including the [Camberwell Assessment of Needs](#), [Personal Recovery Outcome Measure](#), and the [Multnomah Community Ability Scale](#). Results continue to show ongoing improvement in energy levels, relationship satisfaction, housing situation, substance use, physical health, and more.

Cole, who first came to Phoenix in 2012 struggling with anxiety and substance use, says one of the important parts of the Phoenix recovery approach for him was having control over his own personal recovery plan.

“My recovery plan wasn’t just handed to me; I helped create it,” he says. “Having it really helps, because even if I have a hard day, just knowing there’s a plan gives me the confidence to move forward.”

Through counselling, therapy, and peer support, Cole has worked steadily toward his recovery goals. Today he is married and lives on his own, working part-time at the front desk of one of the Phoenix apartment buildings and staying actively involved in the Phoenix community as a peer supporter.

*“My recovery plan wasn’t just handed to me;
I helped create it.”*
– Cole, Phoenix Residential Society service user and
employee

NEXT STEPS

Putting the focus on peers

Phoenix is continuing to expand the role of peer supporters across its offerings and will draw increasingly on their input for program development. It also conducts surveys to identify service gaps and areas for improvement and has established advisory groups of people with lived experience and family members to gather more in-depth feedback and suggestions.

Wignes-Paton says she’s started to work the reflection questions from the *Guidelines* into staff meetings, using them as an insightful and thought-provoking tool to facilitate important conversations.

“When we started to really focus on recovery, we had a lot of meetings about what we wanted it to look like, and those questions would have been really useful then,” she says. “For anyone embarking on the journey now, I highly recommend taking advantage of them.”

To learn more about Phoenix Residential Society and its programs, visit phoenixregina.com

How Phoenix Residential Society embodies the dimensions of recovery-oriented practice



Dimension 1: Creating a culture and language of hope

Integrating peer support throughout its services helps Phoenix foster a sense of hope and optimism, as service users see daily examples of others with mental health challenges living full and fulfilling lives.



Dimension 2: Recovery is personal

Individuals are actively involved in setting their own recovery goals and making plans to achieve them. Phoenix works closely with external partners to ensure all service users have access to services and supports tailored to their unique needs.



Dimension 3: Recovery occurs in the context of one's life

Phoenix's approach focuses strongly on community integration, supporting service users as they pursue meaningful relationships and personal purpose.



Dimension 6: Recovery is about transforming services and systems

Phoenix stays informed of the latest evidence and best practices, and advocates with governments and other stakeholders for system change, particularly with respect to funding criteria.

For a full list of the skills, behaviours, values, attitudes, and knowledge required to implement all six dimensions, see the complete [Guidelines](#).

Start small and fully commit

Implementing recovery-oriented Practice: Reach Out Centre for Kids

When the Reach Out Centre for Kids (ROCK) found one of its family health team partners struggling to connect and communicate with service users, it knew it needed to try something more than the usual case management approach. That spurred a years-long implementation of recovery-oriented methods in line with the [Guidelines](#) that's now spreading throughout ROCK.

Reach Out Centre for Kids

Burlington, Ontario

What they do: Serve children and youth with mental health problems or illnesses and their families in the Halton area

Key recovery-oriented programs:

- Caroline Families First
- Caregiver peer support services

Implementation insights:

Take an incremental approach.

Take care of families and caregivers.

Don't reinvent the wheel.

To help its family health team partner better understand and connect with community-based child and youth mental health systems, ROCK launched the Caroline Families First program in 2013. In searching for an evidence-based foundation to anchor the program, ROCK chose [wraparound care](#), a model that brings together service providers, care coordinators and families to co-create truly individualized treatment plans for every family. The family leads all decisions, including who's on the care team, what the recovery goals are, and what the timeline looks like. These decisions may be very different from one family to the next and often result in a plan that bears little resemblance to a "standard" treatment plan.

"When the *Guidelines* came out in 2015, they validated the work we were doing," says Michelle Domonchuk-Whalen, Caroline Families First program manager. "They aligned with the values and principles of wraparound."

The Caroline Families First team all received training in the wraparound model, and the program manager and lead became certified trainers and coaches. The team delivers regular presentations to the rest of the organization and the community about the benefits of the family-first model and is working to create more wraparound units throughout ROCK.

CHALLENGES

Charting new territory

Recovery principles are well established in adult care but less so in the child and youth context. That's partly because recovery is rooted in personal authority and autonomy, yet younger children may not be able to articulate their own needs, and older youth may disagree with their caregivers on key issues. Recovery becomes about empowering a wider care circle, such as the family, and balancing different perspectives within it. There weren't many ready-made models when Caroline Families First started out.

Structural stigma is also a challenge: while institutions and organizations such as schools that have little understanding of recovery principles, they are intimately involved in children's lives. Domonchuk-Whalen recalls accompanying a parent to a school meeting and being met by an entire room full of

people all typing on laptops. “It wasn’t an environment that was going to make anyone feel at ease, so I asked if they *all* needed to be taking notes and if we could have fewer people in the room once the youth joined us.” She calls that kind of gentle intervention “compassionate disruption.”

Stigma can extend to funding guidelines, which often don’t cover supports for families and caregivers despite their critical role in child and youth mental health.

“The Guidelines validated the work we were doing and aligned with our values and principles.”

– Michelle Domonchuk-Whalen, ROCK Program Manager

SOLUTIONS

Focus on the whole family

Working with families has given ROCK a unique perspective on implementing recovery-oriented practice in a child- and youth-focused setting. Along the way, they’ve learned some key lessons:

- **Start small and do it well.** Completely changing an entire organization overnight is unrealistic, and a half-hearted pilot project without real support won’t ever gain organization-wide traction. “You can’t just sprinkle in a token idea and expect it to stick,” says Domonchuk-Whalen. “It won’t be authentic, and it will be hard to get buy-in.”

ROCK focused on developing and supporting the new model within a single program, making sure all the pieces were in place and implemented fully. Following that success, they expanded the model to a second family health team, and now the rest of ROCK is taking notice.

- **Support caregiver wellness to support child and youth recovery.** To achieve the best outcomes for youth, their families, parents, and caregivers also need support. To meet those needs, ROCK has a growing set of caregiver peer support services, including a community of practice that meets regularly. Alison is a parent and foster parent who has used ROCK’s services for years and is part of that community of practice. She and other peer support colleagues created a drop-in group to give caregivers the opportunity to socialize and talk about more trivial topics with others who understand their context. She was also instrumental in launching a pilot project to incorporate caregiver peer support into ROCK’s walk-in clinic.

“I used to sit in the waiting room, agonizing over what he’s telling the therapist, what the therapist thinks of me as a parent, and even what I’m going to say to him on the way home,” she says. “I would have loved for someone to come out and ask me how *I* was doing.”

- **Look to existing resources to support your efforts.** Resources like the *Guidelines* provide a wealth of information and guidance, and Domonchuk-Whalen recommends reaching out to other

ROCK’s recovery-oriented practice implementation journey:

2013

Launch of wraparound care model

2014

Designation as the child and youth mental health Lead Agency for Halton

2020

Launch of caregiver peer support at the walk-in clinic

organizations for their insights. “Plenty of organizations have contacted us, and we’re always happy to share what we’ve learned and experienced,” she says.

RESULTS

Family-led at every stage

ROCK policy now requires that families be directly involved with the creation of care plans, and it’s the families who decide when they’ve achieved their goals and are ready to move on from care. Peer support workers are involved in more and more of ROCK’s work, and a range of measurement tools, including client satisfaction surveys, caregiver strain questionnaires, and goal attainment scaling, show that the model works.

“When we first started down this path, the Ministry of Health wouldn’t recognize peer support workers as a fundable position,” says Domonchuk-Whalen. “But when our funding was renewed two years ago, they didn’t even bat an eye.”

After a successful pilot, the walk-in clinic now has caregiver peer support regularly available, and the participation of peer support workers in emotion-focused family therapy has been so valuable that they are now included as co-facilitators.

“The clinician can explain the science, but I can give real examples of what emotion-focused family therapy actually looks like in your day,” says Alison.

“The clinician can explain the science, but I can give real examples of what emotion-focused family therapy actually looks like in your day.”

– Alison, parent, foster parent, and ROCK peer supporter

NEXT STEPS

A leading wedge for the whole organization

As other parts of ROCK have recognized the benefits peer support and lived experience have delivered, the organization has incorporated it into more programs and continues to look for areas to include more lived experience. ROCK’s vice-president of services makes time to attend the peer support workers community of practice meetings whenever possible, highlighting the importance of not just including lived experience in decision making, but also of bringing leadership into the lived experience arena.

“We’ve had a great, successful start bringing lived experience into some of our programs,” says Domonchuk-Whalen. “Now we want to use the success of Caroline Families First as a leading wedge to embed this model everywhere we can.”

To learn more about ROCK and its programs, visit rockonline.ca.

How ROCK embodies the dimensions of recovery-oriented practice



Dimension 1: Creating a culture and language of hope

ROCK's peer support programs help families and caregivers see life beyond the mental health diagnosis and foster hope and optimism for the future.



Dimension 2: Recovery is personal

Through ROCK's commitment to family-led care, every family gets to decide what their goals are, what kind of help they need, who should provide it, and when they're ready to move on.



Dimension 3: Recovery occurs in the context of one's life

ROCK recognizes that family, school, community, and home life are critical elements in child and youth mental health recovery and must be considered at all stages of care. By empowering families to take charge of their own care decisions, ROCK also helps ensure treatment and recovery fit into their lives and meet their needs.



Dimension 4: Responding to the diverse needs of everyone living in Canada

ROCK's wraparound care model helps smooth the transitions between child and youth mental health care and eventually into adult care.



Dimension 6: Recovery is about transforming services and systems

Led by the Caroline Families First program, ROCK is transforming the way it provides services and is helping the broader system recognize the benefits of peer support and recovery-oriented approaches.

For a full list of the skills, behaviours, values, attitudes, and knowledge required to implement all six dimensions, see the complete [Guidelines](#).



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