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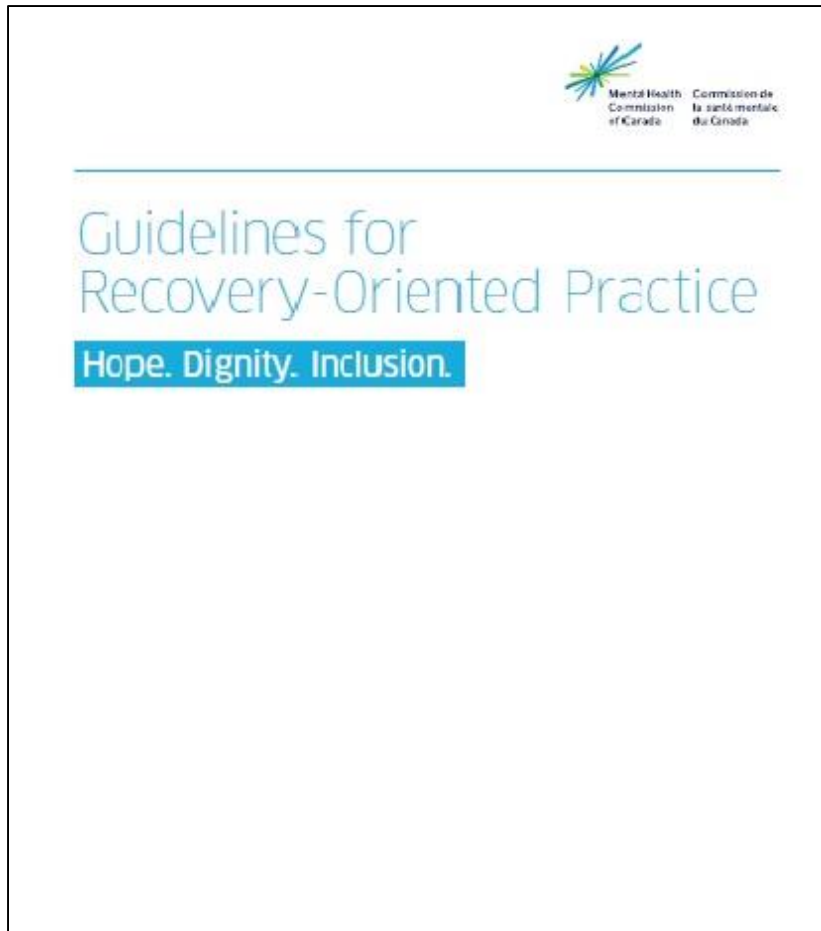
# Recovery-oriented practice webinar series: Recovery is Personal

#mhccHopeLives

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# Guidelines for Recovery-Oriented Practice



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

<http://www.mentalhealthcommission.ca/English/initiatives/RecoveryGuidelines>

# Six Dimensions of Recovery-Oriented Practice

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

# Presenters

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**Brian McKinnon** is the community development coordinator with Alternatives, a counselling service in Toronto. He is a family member, and a long-time ally of the psychiatric survivor movement. He works with survivors, families and professionals to initiate and coordinate educational events that explain and promote the recovery approach, as well as explore alternatives to the medical model. Key partners in this work include the Leadership Project and INTAR (the International Network toward Alternatives and Recovery).

# Presenters

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As a person with lived experience, **Fiona Wilson** has been a strong advocate and educator within the mental health system for over two decades. In addition to consultation and training work on recovery oriented care, peer support, trauma informed care and stigma, Fiona is the Professional Practice Lead for Peer Support and the Manager of Patient and Family Collaborative Support Services, at St. Joseph's Healthcare Hamilton. Fiona is a member of the Board of PSR Canada, Past Chair of the Certification Committee of Peer Support Accreditation and Certification Canada, and an Assistant Professor with the Department of Psychiatry and Behavioural Neurosciences at McMaster University.

# Recovery is Personal

**Brian McKinnon**

Family member, ally, community developer



**ALTERNATIVES**

**THE EAST YORK MENTAL HEALTH  
COUNSELLING SERVICES AGENCY**

# 'Recovery is Personal'

- Define 'personal recovery' and distinguish bet. Clinical and Personal Recovery
- Focused summary of MHCC's personal recovery vision
- Historic and political roots of recovery
- Personal recovery tied to healing relationships and a caring community
- Barriers to personal recovery
- and barriers to recovery as policy and practice
- Social change and strong leadership necessary for recovery-oriented transformation of mental health

# Definition of recovery from MHCC

*“Recovery, as the majority of consumers define it, holds that neither symptom remission nor a return to pre-morbid functioning is necessary for recovery to occur. Nor does it require professional support to be accomplished. Social inclusion and **self-determination** lie at the heart of the consumer-focused view of recovery along with a focus, not on symptom management, but on the pursuit of life goals and personal aspirations. At its core, **recovery is about hope and meaning**, it is about overcoming the stigma, discrimination and trauma associated with a diagnosis of mental illness. It is about assuming control over one’s life, being **empowered** to make one’s own decisions and being fully engaged and active citizens. Consumers recognize it to be a uniquely **personal** and individualized process that can be either obstructed or fostered by supportive people and within facilitating environments.”* Consumer Focused Recovery, 2009



# What is clinical recovery?

- For many people, including many mental health professionals, recovery means when the symptoms of an illness have gone. This is what mental health professionals call a 'clinical recovery'.
- *“Clinical recovery’ has emerged from professional literature, focuses on sustained remission and restoration of functioning, is invariant across individuals, and has been used to establish rates of recovery.”*  
Amering, Slade, et al.
- Ron Coleman (Working for Recovery, Scotland) notes that a literature search through psychiatric texts does not often find the concept of recovery. Instead, the operative term is **outcome**, which is a neutral term rather than a positive, aspirational concept like recovery.
- Clinical recovery is evidently a concept that came into use in relatively recent time with the professional sector realizing that it should subscribe to terminology that is more hopeful and be more optimistic in general, which in itself is a good thing.

# Clinical and personal recovery are different

- *‘Personal recovery’ has emerged from consumer narratives, focuses on living a satisfying, hopeful and contributing life even with limitations caused by the illness, varies across individuals, and the empirical evidence base relates to stages of change more than overall prevalence rates. Clinical and personal recovery are different.” Amering, Slade, et al.*
- The understanding of personal recovery comes from people who have lived experience of both mental illness and recovery, and is based on the idea that each individual should be able to feel in control of – and take decisions about – their own lives, rather than simply doing what a mental health professional tells them.
- The most widely used and the original definition of recovery is from Anthony (1993): “...a deeply **personal**, unique process of changing one’s attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.”
- “**Personal** recovery is an internal change process where an individual crafts a new and satisfying life that moves beyond being defined by their diagnosis of mental illness. The role of mental health services is to skilfully support the person to move through their recovery journey.” Slade & Longden

# MHCC moves mental health into the 21<sup>st</sup> century

- *“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.”*
- *“Recovery-oriented practice helps to highlight our shared humanity and **avoids putting labels** on people or defining them by a diagnosis.”*
- *“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.”*

# Resilience, self-determination and continuous learning

- *“Recovery is not a linear process. Recovery-oriented practice encourages learning and using mistakes as opportunities for insight and personal growth. **Resilience** is developed by engaging, rather than avoiding, life’s challenges.”*
- *“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.”*
- *“Building recovery-oriented partnerships requires practitioners to have personal insight, undertake ongoing critical reflection and maintain a willingness for **continuous learning**.”*

# Recovery choices (in an ideal world)

The MHCC says:

- *“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 and exercise, alcohol and drug treatment and counselling, traditional healing in different cultures and alternative and complementary treatments”.*
- ok maybe we’re stretching the idealism a little far - and perhaps the main point is that we got to do it different and the best way to do that is to keep it personal, real and true - most of what makes a difference in this philosophy is that is de-mystifies the medical character of the problem and makes it about 'who is there for you and who you going to call?'

# Keeping it simple – not!

- The simple slogan ‘Recovery is personal’ is misleading in its simplicity, and we should avoid skepticism about this complex phenomenon/movement which is challenging in all of its positive ramifications.
- Recovery is not one thing. It is a process, a methodology, a philosophy, and a lived experience.
- The recovery approach does not condense complex personal issues and behaviour into a single diagnostic entity that is based in metaphor (i.e. “chemical imbalance”) and lacking scientific credibility.
- Recovery is not reductionist – it is concerned with the broad canvas of psychological distress and human aspiration as a person strives to find meaning and restore an identity apart from a diagnosis.
- The personal dimensions of recovery lead us to go beneath the surface of diagnosis to inquire how a person may have been hurt, threatened, traumatized.
- It leads us away from thinking ‘what is wrong with you’ toward the more meaningful question, ‘what happened to you?’
- The personal dimensions of recovery lead us to acknowledge that recovery is difficult, and that there are times when it is more of a perilous struggle than a personal journey.
- Above all, recovery is complex because it is about us, what makes us, drives us, messes with us, fixes us; that is much deeper than science can go.

# Taking it to the Streets for Recovery

- ‘Recovery is personal’ – that truth is borne out in the history of the psychiatric survivor movement.
- The survivor movement has always been about peer support.
- Peer support ultimately set the stage for the rise of the recovery movement.
- The recovery movement was born of righteous anger (*Never forget!*)
- The personal dimensions of recovery may involve advocacy and street-level protest.
- Recovery flourishes where people agitate for human rights.
- Indeed, recovery flourishes when people find their voice.

# Peers do it better

- **Peer support is shown to be a ‘best practice’;**
- it follows that peer-driven supports have an important role to play in people’s personal recovery - are we invested in building autonomous peer support programs and peer-run recovery centres like Sound Times, PSO?
- Or, are we stepping back from this intrinsic commitment to recovery implementation?



# Caring, kindness and empathy

- *“It is hard to overemphasize the importance of care, kindness, listening and emotional support in times of distress and this is often the most important thing that workers can offer. Research on psych wards found that what people valued most was human contact with staff. The researchers concluded that ‘even the briefest of human communication had a disproportionately powerful and positive effect if it was based on an empathetic approach.’*
- *“There is no ‘us and them’, people who are normal and people who are different because they are ‘mentally ill’. We’re all in this together and we need to take care of each other”*  
British Psychological Society – “Understanding Psychosis and Schizophrenia”

# Allied for empowerment and connectedness

- Recovery is personal - this is a truism, confirmed by the finding that the signal determinant of recovery is the **quality of the therapeutic relationship (alliance)**
- *“There is a growing appreciation that personally meaningful recovery from serious mental disorder is not necessarily related to the specific treatments that are prescribed. Research has pointed to the importance of the therapeutic alliance in determining outcomes. Others have pointed to the importance of self-esteem and an ‘internal locus of control’. It seems that creating a therapeutic context that promotes empowerment and connectedness and that helps rebuild a positive self-identity is of great significance.” Bracken, Thomas et al – “Psychiatry Beyond the Current Paradigm”*

# **The relationship is the bridge to recovery and community**

- The personal dimensions of recovery lead us to an appreciation of the importance of community.
- Simply, recovery flourishes in community.

# Maybe try Liberation Psychology

- Mindfulness Meditation leads us into a philosophical inquiry about the nature and phenomenology of the mind
- Ancient and new knowledge about the mind need to be widely explored - a mind, body, spirit approach is integrating and freeing (for everyone)!
- It allows for a changing of consciousness as we understand that our assumptions about the mind and our own patterned behaviours have been falsely construed as our identity - which if we are experiencing mental anguish can lead us into fatalism and resigned chronicity.
- Meantime, there are options - we have to use the mind to curb the mind, and to **free the mind**, so that it is not over-wrought with rumination, shame and cortisol.
- Develop an appreciation for the higher mind (“the me behind the mind”) beyond the trappings of identity, personality, behaviour and diagnosis - this is where we tap our inner strength and resilience.

# Spirituality

- Recovery narratives and personal recovery are frequently tied to spirituality, yet this is something that the mechanistic world view dismisses as dangerously imaginative
- Instead of skepticism we should stay open and create space for dialogue about exceptional states of being and altered perception.

# “Don’t get too personal”

- Recovery is personal, but we are admonished in the field not to get too personal. In other words, we are warned against creating dependency, and/or becoming co-dependent in a helping relationship.
- Recovery is personal yet the system is not – the social work and psychological professions belabour the notion of boundaries to the extent that they inadvertently reproduce stigma
- The professional obsession with boundaries places a barrier between recovery theory and practice
- This runs counter to one of the cardinal principles of recovery which seeks transformed relations and increased empathy between workers and consumers.

# “It’s so cold in here”

- Recovery is personal but people in psychiatric crisis are frequently **treated in a cold and impersonal manner**. This discrepant tension between what is needed and what is experienced is most dramatically expressed in the psychiatric ward
- The cold, impersonal environment of the psych hospital ward is the antithesis of the humanitarian spirit of the MHCC recovery guidelines.
- Will we ever see a change on this level where all people on a psychiatric ward feel supported rather than stigmatised and numbed out by their treatment experience?

# Critical thinking re: the bio-medical treatment model

- The personal dimensions of recovery demand we examine the limits of the medical model and deal squarely and honestly with the effects and problems with psychiatric drugs.
- A recovery-oriented mental health system will provide full, balanced information about the general health risks attached to psycho-pharmacy.
- Of course psychiatric drugs are useful and frequently essential for recovery, but we should not create false security about the drugs being ‘medications’ that address an underlying pathology. Science does not support that assumption.
- *“no medical credibility can be attached to a substance that is not medical, that addresses nothing medical, that gives rise to medical disorders, and whose modus operandi is dysfunction and damage”* Bonnie Burstow “Psychiatry & the Business of Madness”



# **“40 years old is too young to die”**

- We are working within a treatment environment where much of the treatment is iatrogenic, and many consumers die prematurely, but we are not encouraged to explore the moral, long-term ramifications of this dilemma.
- The recovery vision is forthright about the risks and the reality that many people in treatment live seriously shortened lives.
- It is unacceptable that there is not more discussion about how to confront this public health scandal.

# “Pharmageddon”

- Youth, suicide risks and the SSRI/antidepressants
- Over-prescribing physicians need to work within the drug’s therapeutic range and avoid poly-pharmacy
- The neuroleptic/anti-psychotic drugs are causing an epidemic of neurological syndromes
- Why are Canadians the highest per capita consumers of anti-depressants and anti-anxiety agents?
- The last measure of social recovery, sexual expression, is frequently undermined by treatment
- We need a ‘consumer awareness’ initiative and a systemic ‘harm reduction’ response to the over-drugging of social & mental malaise

# Helping psychiatry to recovery

- Yes, psychiatry plays a critical role in many people's personal recovery journey. Yes, the medical model can work within a holistic recovery model.
- So, why is there so little interest on the part of psychiatry to engage with and learn from recovery proponents?
- *"...it is my belief that a failure to advance this approach will not only impede recovery for clients, it will impede the recovery of psychiatry as a health-orientated service and keep it as an illness-dominated institution. Moving away from a maintenance approach towards a recovery approach is therefore essential." Ron Coleman - "Recovery: An Alien Concept?"*

# Status Quo or Sunny Ways?

- *“Recovery offers a **new energizing vision**...The momentum is already building but, so far, the philosophy and values of recovery are only practised in small pockets of the country (UK). The mental health system, as a whole, is far from being recovery-based. Government funding mechanisms are still mired in a medical necessity model that rewards symptoms and illness and discourages innovation or different ways of working.” Ron Coleman, “Recovery: An Alien Concept”*
- Here in Canada, efforts to advance the recovery approach have been successful at the level of hearts and minds
- but much of the system is **unmoved by the innovation and excitement** that is being generated globally.
- The system is identifiably pro-recovery but more at a surface level rather than in depth - progress seems stalled
- Mental health reform now seems more taken up with efficiencies, accountability and number-crunching than recovery system transformation.
- Neither is the media particularly engaged or informed.

# A platform for societal change

- “A recovery orientation is founded on the principles of hope, empowerment, choice and responsibility.” MHCC 2009
- This is a declaration that everyone involved with mental health can support; yet the vision does not match the reality, so why are we living at odds with principles we all hold dear?
- We need a new societal vision for mental health, one that does not involve labelling, exclusion, poverty and paternalism.
- Our societal vision would start with our children and their inexhaustible need for love;
- beyond that we would have a society that was more appreciative of community and less consumed by consumerism;
- we would have a society that was more respectful of difference and less concerned with corporate standards of normalcy and productivity;
- we would have a society that understood (roughly speaking) that “we are what we think” and that we need to think about our selves with loving kindness ;
- like Bhutan, we would strive for collective happiness;
- based on leadership and evidence, we would have a society that is prepared to innovate;
- And realizing as a society and as a mental health profession that we are too reliant on psycho-pharmacy, and not adequately informed about alternatives for recovery, we would take urgent steps for social and organizational change.

# Innovative/transformatiive

International recovery initiatives and approaches are compelling and effective - what is stopping us from exploring and developing services that are non-medical best practices? Such as:

- **WRAP**
- **GAM (Gaining Autonomy with Medication)**
- **CBT for psychosis**
- **Acceptance and commitment therapy and mindfulness**
- **Narrative and systemic therapies**
- **Voice dialoguing - Inwardly personal - engaging the voices in intrapersonal dialogue**
- **Unusual Beliefs**
- **Crisis house/Soteria/Runaway House**
- **Triologue**
- **Therapeutic communities**
- **Recovery Colleges**
- **Open Dialogue**
- **Recovery dollars**
- **Family recovery support**

# From Guidelines to Leadership

- The main takeaway is that the more recovery-oriented the mental health system becomes the more caring, responsive and effective it will be.
- The MHCC has made an important national contribution in its empathetic and insightful articulation of recovery values and guidelines.
- Whether there is a genuine interest or social intelligence within the Health Ministries to invest in this model remains to be seen.
- Perhaps all we can expect in the current professional context is that recovery will remain a hearts and minds phenomenon that is sustained by continuous learning and shoe-string innovation.
- Of course, even for that to happen we need to keep the discussion going, and it is my hope and expectation that the MHCC will continue in its valued leadership role. The only caveat is that they should be even stronger as leaders.

# Recovery is Personal: A Relational Perspective

Fiona Wilson

Believe Hope Hope Recovery Recovery



# Discussion Points

- The Value of Human Relationships and their Positive Impact on Recovery
- Things that Get in the Way
- The Core Principles Through a Relational Lens
- Reflecting on our Practice – Bringing the Relationship to Life

Believe Hope Recovery

# From My Lived Experience

It's Important to Know I Have:

- Family and friends who have faith in me;
- Providers who listen and respect my choices;
- Relationships with people whom I can trust and turn to & share both the good and bad of life.

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# Relationships and Recovery

- Healing & Recovery does not happen in a vacuum.
- Individuals have better outcomes sustained over longer periods of time when social supports/relationships are stronger.
- Human relationships help us test ideas, recognize our strengths, successes & offer us opportunities to learn and grow.

Believe Hope Recovery

# Things that Get in the Way

- Power & Privilege
- Stigma & Discrimination
- Social Determinants of Health
- Inequities to Access
- Aversion to Risk (failure)



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# “Recovery is Personal” Core Principles: Through a Relational Lens

- Person first & holistic;
- Affirming Autonomy & Self Determination;
- Focus on Strengths and Personal Responsibility
- Building Collaborative Relationships & Reflective Practice

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# Bringing the Relationship to Life

- Scenario 1 – Awareness (often labelled “Insight”)
- Scenario 2 – Capacity

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# References

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# Next Recovery-Oriented Practice Webinar

**Date:** Friday, May 27, 2016 at 1:00pm to 2:30pm ET

**RECOVERY OCCURS IN THE CONTEXT OF ONE'S LIFE**

To rewatch or share this webinar visit:

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







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