Building a Recovery Focused Mental Health System: Reflections on Systems Change and Growth in Community Mental Health

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Outline of Presentation

1. History and Background
2. Overview of the training
3. The evaluation process
4. Preliminary findings, learnings, next steps
5. Questions and discussion
Our Purpose Today

• To provide an overview of how the mental health system in our region is changing to be more recovery focused.
  • The background of our local context
  • The building of a multi-organizational partnership to pursue a recovery focus.
  • The development of organizational & community training.
• To describe the evaluation of “recovery focused case management” in the region.
  • How consumers contributed to defining outcomes
  • The evaluation design and approach
  • Preliminary findings
2005 – Ministry of Health and Long Term care provided funding for the enhancement of case management in the area (1.13 million dollars)

Decision about how the money should be allocated must be made by consensus

Planning process involved 3 community agencies, 3 hospitals and an alliance of consumer – survivor groups
Organizations Involved in Planning

- Waterloo Regional Homes for Mental Health
- Grand River Hospital
- Trellis Mental Health and Developmental Services
- Homewood Health Centre
- Cambridge Memorial Hospital
- CMHA Grand River Branch
- The Self Help Alliance
How did we do it?

- Developed and agreed to a decision making process
- Adopted a statement of values and principles to guide our work
- Designed services that were “true” to guiding principles and values
What does Recovery mean?

- What does the word “recovery” mean to you and how would you know when you have recovered?
The Values and Principles

- Statement was developed by the Self Help Alliance
- Statement addresses how the system will look if values and principles of recovery put in place
A recovery oriented mental health and addiction system will:

- **Value Empowerment** – The system will provide opportunities for individuals to exercise control and power with respect to their lives.

- **Value and Instill Hope** – Recovery cannot occur without hope. The system will encourage hope and in doing so will focus on skills and abilities.
- **Value Self Determination** – The system will recognize and accept that consumers will make their own decisions about their life and they will be in control of those decisions.

- **Work toward the Elimination of Prejudice and Discrimination** – The system will work toward the elimination of prejudice and discrimination toward people with mental health issues.
Value **Meaningful Choice** – The system will recognize and accept that individuals will make their own decisions about their life and they will be in control of those decisions.

From these key values, principles were developed – copies of the document are available.
This approach was different because....... 

- Started from a shared set of values and principles that were developed by consumers. This has not been usually been the case.
- Values and principles provide not only a common understanding but also something to hold each other accountable.
Setting the stage

- Trip to Ohio – service providers went to Ohio
- Self Help Alliance had been developing its own programming based on recovery (independent of service providers)
Consumer and Case Manager Training

- A central part of system transformation.
- Training of staff in recovery values and principles, and practice.
- Training of consumers about recovery and their role in planning
Consumer and Case Manager Training

- Since April 2006, 30 staff training sessions.
- 247 staff (case managers, housing staff, ACTT, management).
- Since January 2007, 85 consumer training sessions.
- Over 250 consumers participated.
Recovery Action Planning

Learning the planning process…

Six steps:
1. Ranking & selecting a component
2. Determining the status
3. The “MUSE”
4. Determining the goal(s)
5. Identifying skills & knowledge, developing an action plan
6. Community Resources
We are a non-profit and independent community-based research organization located in Kitchener, Ontario, Canada.

We engage in diverse streams of work, including applied research and evaluation, needs assessments, systems change initiatives, training & education, facilitation & planning.

Our values emphasize community participation, action, and relevance in the work we do.
CCBR was contracted by the community partners to develop an evaluation framework in reference to new system changes.

The purpose of the evaluation is to...

“To understand how a recovery focus in the Waterloo–Wellington–Dufferin mental health system leads to positive changes for individuals using case-management services”
CCBR promotes the use of participatory and collaborative research approaches.

In this project, we engaged with consumers in two cities to help us define what the outcomes of the recovery process should be.

We also hired and trained consumer researchers – almost all our data from consumers was collected by our consumer researchers.
An important element of our evaluation was the creation of “logic models” – visual diagrams that depict the relationships between CM services and expected outcomes.

CCBR developed a set of logic models through community forums with service users and case managers (separately).

Synthesized the models and fed them back to our steering committee.
The Logic Model Process

- The logic models helped us gain an understanding of recovery focused outcomes from the perspective of different stakeholders.

- Helped us plan the evaluation – what to measure, how, and when.
Recovery Focused Case-Management Logic Model: Outcomes for Service Users

- Linking to formal health supports
  - Improved overall physical health
  - Increased choice in accessing different aspects of system or alternative support
- Linking to peer support environment
  - Increased connections & sense of support in community, social & family life
- Creating social connections with the community
  - Increased meaningful work & volunteering
  - Increased stability in employment
- Involve & educate family & social networks in person's health
  - Improved housing stability
  - Increased financial security & stability
  - Increased resources & support in daily living

Housing, Practical Support, Information, & Advocacy

- Practical assistance in pursuing career, employment, finances
  - Increased opportunities, resources & connections to work & volunteering
  - Increased meaningful work & volunteering
  - Increased stability in employment
- Work with employers to discuss health issues, accomm's, etc
  - Increased connections & sense of support in community, social & family life
- Providing practical support & resources
  - Increased meaningful work & volunteering
  - Increased stability in employment
- Providing support in acquiring & maintaining adequate housing
  - Increased housing stability
  - Increased financial security & stability
  - Increased resources & support in daily living

Planning

- Developing a proactive & personal plan to prevent crisis
  - Increased awareness of legal rights re: discrimination, employment, etc.
  - Increased skills & knowledge to pursue goals
  - Increased knowledge of the concept & process of recovery
- Educating consumers about principles of recovery
  - Minimal disruption to your life when having difficulty
  - Increased self-awareness & recognition of reasons of health problems
- Developing a consumer-driven & realistic wellness plan about future goals
  - Increased sense of control & choice regarding their health, lives
  - Increased feelings of comfort, trust, & respect for lived experiences
- Developing interpersonal skills & relationship goals
  - Understanding & believing in your personal goals & dreams
  - Increased confidence in workers & system
  - A sense of diminished professional boundaries -- more informal relationship, openness,

Respectful relationships

- Use of accessible, plain language
  - Ongoing listening without an agenda
- Providing services that are respectful & sensitive to cultural diversity
  - Increased feelings of hope & ability to dream about recovery
- Case management occurs where desired
  - Increased feelings of comfort, trust, & respect for lived experiences
- Improved overall physical health
  - Increased choice in accessing different aspects of system or alternative support

Outcomes for Service Users (synthesis)

- Linking to peer support environment
  - Improved quality of life
  - Increased self-esteem & sense of dignity & respect
  - Increased self-fulfillment & contentment
  - Feelings of personal empowerment
  - People express their identity beyond the mental health system
- Creating social connections with the community
  - Sense of renewal, spirit, joy, hope
  - Greater quality of life
  - Increased self-esteem & sense of dignity & respect
  - Greater self-fulfillment & contentment
  - Feelings of personal empowerment
- Involve & educate family & social networks in person's health
  - Increased movement toward personal goals
  - Sense of renewal, spirit, joy, hope
  - Greater quality of life
  - Increased self-esteem & sense of dignity & respect
  - Greater self-fulfillment & contentment
  - Feelings of personal empowerment
  - People express their identity beyond the mental health system
Recovery Outcomes – A Different Emphasis

*Intensive Case Management Service Standards* (in Ontario) provide standards and indicators of best practices. However, they are not focused on *outcomes* – the actual benefits experienced by consumers. They are largely focused on service delivery.

Example:

- Where possible, assertive outreach will be offered to engage potential consumers in their place of choice, considering the safety and security of the consumer and the provider.
- Service provision must be managed in a manner that responds to fluctuations/variations in consumer need.
Recovery Outcomes – A Different Emphasis

A few of the Standards (and their indicators) approach and outcome orientation (e.g., consumer satisfaction, perceptions of accessibility).

Our logic model sessions generated a greater range of outcomes that:

- add to the Standards, giving a fuller picture of consumer experience.
- help us think critically about why we think recovery planning will lead to outcomes desired by consumers.
- are recovery focused and quite different from traditional outcomes (e.g., rehospitalization, medication compliance, etc.).
KEY RECOVERY-FOCUSED OUTCOMES

An emphasis on hope and dreaming, risk-taking and action, confidence in the system, and decision making leading to a cycle of recovery.
**Planning**

- Developing a proactive & personal plan to prevent crisis
- Developing a consumer-driven & realistic wellness plan about future goals
- Developing interpersonal skills & relationship goals
- Communicating & exploring options

**Respectful relationships**

- Ensure open & transparent reciprocal communication -- honesty in relationship
- Use of accessible, plain language
- Ongoing listening without an agenda
- Providing services that are respectful sensitive to cultural diversity
- Case management occurs where desired

* Increased sense of control & choice regarding their health, lives
* Increased feelings of comfort, trust, & respect for lived experiences
* A sense of diminished professional boundaries -- more informal relationship, openness,

**Feelings of support in crisis**

- Increased skills & knowledge to pursue goals
- Increased self-awareness & recognition of reasons of health problems

**Educating consumers about principles of recovery**

- Increased self-awareness & recognition of reasons of health problems
- Feelings of support in crisis

**Increased knowledge of the concept & process of recovery**

- Increased self-awareness & recognition of reasons of health problems
- Feelings of support in crisis
Evaluation Questions

How and to what extent is a recovery focused approach to CM helping service users to improve their mental health & stability and reach their personal goals?

• Are people getting what they want (in terms of services and support)? Why not? If not, what are they getting?

• To what extent are people beginning to dream about recovery and are hopeful that they will reach their goals?

• To what extent are people active in their recovery plan – taking risks, practicing options, and achieving learning and confidence?

• How are recovery-focused values permeating the day-to-day work of case-managers and others in the mental health system?
Components of the Evaluation Plan

Service Users – Baseline data

• Based on the outcomes, we conducted a literature review of available measures and tools to create a survey. 80 consumers have participated. Tools include:
  • Mental Health Recovery Scale
  • Community Integration Scale
  • Social Support Scale
  • Staff Relationship Scale

• We also collected information on individuals’ recovery planning and other qualitative data, as well as additional interviews to examine experiences with Case Management and recovery.

• All data were collected in one on one interviews with Community Researchers – consumers who were trained in evaluation & research methods.
Components of the Evaluation Plan

Case Managers & Managers

- 60 Case Managers responded to an online survey that asked about:
  - Experiences in using the Recovery Plan process & tools.
  - Feedback on the components of the tool.
  - Attitudes about recovery.
  - Perceived impacts on consumers.
  - Feedback on past and future training.
- Conducted an additional focus group with case managers and key informant interviews with managers of each MH organization.
Preliminary Findings – Case Managers

- Strong support for the principles and goals of recovery and the process that it suggests.

- Less support for the tools – “Recovery Action Planning” – that have been introduced to guide and compel the process, i.e., the tools can sometimes serve as a barrier to the recovery process itself.
The dilemma: Creating a set of tools that:

...do not conflict with the existing practices of case managers across multiple organizations.
...are suitable for the accountability needs of each organization.
...drive a recovery process without getting in the way of dialogue and relationship building. Simple and easy to use.
...are well-received by a maximum number of consumers – tools that are useful and used.
Preliminary Findings – Consumers

From our interviews:
• People found hope and confidence in their own prior successes in a range of areas:
  • Health, finances, relationships, work, education, volunteering.
• The key factor seems to be the opportunity and encouragement to strive towards something beyond day to day stability...risk-taking, hoping, learning, confidence building.

"The idea that we're allowed to have dreams, that's something new. Basically you learn to be helpless, and now you have to learn to help yourself. You know, things change slowly." - Respondent
Next Steps in Systems Change

• Continued education and training of case-managers & consumers on recovery principles and practice (refreshers) & manager training.

• Continued development of system-wide practices and policies – including planning tools – that promote recovery in case management.

• Expansion of policy and practice into other areas of mental health services (e.g., in-patient, crisis, etc.).

• Drawing on evaluation findings, wide public dissemination and dialogue about the experience of the region in doing this work. This will include a Regional Conference.
Next Steps in Evaluation

• Creation of final report and a series of fact sheets and executive summaries for all the partners – management, staff, and consumers.
• A community forum on the findings.
• Expansion of the evaluation to include additional aspects of the logic model (e.g., consumer participation and governance).
• Winter of 2009 – follow up data collection to compare with 2008 baseline data.
Think about the Saskatchewan experience...

- What are the greatest challenges to pursuing a recovery-focused system in your region (province, city, town, community)?
- How can they be overcome?