

## Recovery in Action Paper

Submit a Recovery in Action Paper to PSR/RPS Canada for approval, that reflects proficiency in the practice of recovery-oriented PSR through application of the 2013 PSR/RPS Canada *Competencies of Practice for Canadian Recovery-Oriented PSR Practitioners* and reference to the Guidelines for Recovery-oriented Practice (MHCC, 2015 – see tables below).

We assume the perspective that Recovery-oriented PSR approaches are essential tools for recovery and that you are an expert in the area. Please demonstrate your expertise via your paper outlining a real or imaginary scenario. Your paper is intended to show your knowledge, skills and behaviors and your competence in applying these components to your chosen scenario. Referenced with an informed critique of, at least 4 specific **up to date evidence based (EB) recovery-oriented PSR best and promising practices** in a setting of your choice such as; a mental health practice setting, a policy setting, a management context, in education, or in a research setting for example is expected. Such EB practices include Supported Employment, Family involvement, skills training and peer involvement.

Please see PSR/ PRS Canada website for the current competency document for Canadian practitioners (2013)

<http://www.psrrpscanada.ca/clientuploads/PSR%20Comptencies%202013.pdf> and the

Mental Health Commission of Canada website for the Recovery Guidelines (2015)

[http://www.mentalhealthcommission.ca/sites/default/files/MHCC\\_RecoveryGuidelines\\_ENG\\_0.pdf](http://www.mentalhealthcommission.ca/sites/default/files/MHCC_RecoveryGuidelines_ENG_0.pdf)

PSR/RPS Practitioner Competencies - Quick Guide:

<b>NUMBER OF COMPETENCIES AND PERFORMANCE INDICATORS IN EACH UNIT</b>			
Unit	Unit Title	Numbers of Competencies	Numbers of Performance Indicators
A	Culture & Diversity	4	16
B	Professional Skills	4	11
C	Psychosocial Rehabilitation (PSR) Practices and Supporting Services	6	33
D	Knowledge of Psychosocial Rehabilitation (PSR) and Recovery-oriented Services	4	20
E	Relational Skills	3	13
F	Social Inclusion	3	11
<b>Total</b>		<b>24</b>	<b>103</b>

Mental Health Commission of Canada, (2015) Recovery Guidelines – Quick guide

Chapter	Guideline A	Guideline B	Guideline C	Guideline C
<b>1. Creating a culture and language of hope</b>	<b>1.A Promoting a culture and language of hope and optimism</b>			
<b>2. Recovery is personal</b>	<b>2.A Recovery is person first and holistic</b>	<b>2.B Affirming Autonomy and Self-determination</b>	<b>2.C Focusing on strengths and personal responsibility</b>	<b>2.D Building collaborative relationships and reflective practice</b>
<b>3.Recovery occurs in the context of one's life</b>	<b>3.A Recognizing the value of family friends &amp; community</b>	<b>3.B Supporting social inclusion and advocacy on Determinants</b>	<b>3.C Addressing Stigma and Discrimination</b>	<b>3.D Building Partnerships with Community</b>
<b>4. Responding to the diverse needs of everyone living in Canada</b>	<b>4. A Responsive to the diverse needs of everyone living in Canada</b>	<b>4.B Responsive to the needs over the life span</b>	<b>4.C Responsive to the needs of Immigrants, Refugees, Ethno - Cultural and Racialized (IRER) communities.</b>	<b>4.D Responsive to gender needs of Lesbian, Gay, Bi-Sexual, Two Spirited Trans-Gendered and Trans-</b>

				<b>Sexual people and their loved ones.</b>
<b>5. Working with First Nation Inuit and Métis people</b>	<b>5.A Working with First Nation Inuit and Métis people</b>			
<b>6. Recovery is about transforming services and systems</b>	<b>6.A Recovery vision commitment and culture</b>	<b>6.B Acknowledging valuing and learning from People’s experiences</b>	<b>6.C Recovery promoting service partnerships</b>	<b>6.D Workforce development and planning</b>

Introduction

The Recovery in Action paper/scenario should draw on applicants’experience - be it related to direct service, leadership, management, advocacy, or other roles, within a recovery-oriented PSR context.. The focus topic of the paper is flexible, and may include such elements as a practice success, past or current dilemma(s), plans for future projects, or policy, procedure, and research development/implementation. Applicants will submit via the PSR/RPS Canada registry website, a paper that meets the following requirement in order to be considered for successful registration completion:

Criteria

Length: 1250 – 1500 word paper (excluding references), double-spaced including-

Headings:

- Introduction
- Topic Statement
- Discussion (including at least 4 EB practices as mentioned above)
- Conclusion linked into the topic statement

- Use of at least 10 up-to-date high quality, original evidence based references to support your discussion.

Discussion:

- Includes well-articulated practical application and reflection of Units B, C, D E, and applicant choice of either A or F (5 Units) as they relate to your chosen scenario
- Effective discussion will showcase application of relevant Performance Indicators from across the various Competencies associated with the 5 specified Units AND including Evidence Based Practices
- Competencies and Performance Indicators addressed will be identified clearly (cited as B.1.2 for instance - please example below)

Example of an outline of a Recovery In Action Paper

\* see below for additional information

**Situational Background:** The high numbers of persons who are unemployed and who also attend a recovery-oriented PSR program is of concern the manager of the mental health organization. The manager would like to see this situation improve and focuses on units B, C, D, E and F in describing this scenario for their Recovery in Action paper.

**Title: Helping people to get jobs**

The author/applicant begins by identifying the current situation and engages in Continuing Quality Improvement (Unit C. Competency 5 ) by stating they will formally evaluate current services (Unit C, competency 5. Indicator 4 = C.5.1) . The author begins their inquiry to identify how many people are currently employed among program participants and learn that 15% of people in the program are employed part-time. The author reflects on this number and considers how this number relates to employment rates in general for people in their region ( *\* adding references and discussing rates of employment in similar areas of the country for people in a similar age, plus comparing/contrasting the numbers of people employed in evidence based supported employment programs - including enhanced programs such as Cognitive Remediation and Independent Placement and Support for example- , would demonstrate the essential Professional Skill of being aware of, and applying current evidence B.2. The applicant might critique current best and promising practices (C.3) citing current evidence including various approaches to Supported Employment (C.3.2) and/or Supported Education (C.3.3.) – adding references 2\**). The applicant could indicate they

might further discuss this information with supported employment experts in the area. They could use this evidence based information to set possible outcome targets that could subsequently be measured as a new employment initiative begins and at completion of the initiative. For example they might identify that 30% of participants will be employed in one year. The applicant may show that they demonstrate commitment to Competent Practice (B.2) by assessing individuals' preferences related to their own work and education aspirations. The applicant may collaboratively develop potential programming that may be of benefit to individuals receiving services and their loved ones (B.2.3) as a way to help individuals reach their personal goals.

In order to embody the psychosocial rehab and recovery principles and values that guide practice (D.1), the manager might discuss holding a staff in-services to review the literature related to employment and the central role of hope in recovery (D.1.2) (adding additional references \* 3 ) and help staff identify that the person-centred pursuit of meaningful activity through employment and/or education could reinforce this hope.

Once staff have the necessary knowledge the applicant may engage them to assess individual needs, create PSR and recovery-oriented service plans, and measure outcomes (D.4) using standardized and non-standardized assessment tools (D.4.8) as identified by the team.

During these last two steps the applicant may demonstrate strong relational skills (Unit E) through the promotion of honest communication – noting that some staff may not be convinced of the employment strategy and the applicant may create space for the team to work through these issues ( E.1.1). The applicant may describe how they could involve family members and perhaps peers who are currently employed in the development/delivery of this new initiative – this discussion would demonstrate competence in developing positive relationships with stakeholders (\*Ref 4).

Finally, the applicant may describe how they demonstrate competence in Unit F, in particular, performance Indicator F.1.3 by actively supporting and encouraging people with lived experience to use, enhance or create opportunities to become employed in jobs that reflect their values and aspirations and promote a sense of self-reliance (F.1.3) Ref 5\*.

The applicant may consider evaluating the service over time and ensuring the program responds to current needs (C.5) and adjusting target goals accordingly. They may also chose to demonstrate competence (F.3.2) by describing how they would celebrate the successes of the program – for example, by designing an opportunity to hear from

program participants at a celebratory lunch that includes local business people and potential new stakeholders from the community. The applicant might comment that this event may be an effective way to challenge stigma and help the community minimize social exclusion (F.3) and build future partnerships.

*References:*

- 1) could be a reference related to statistics to help situate the issue a) cite the percentage of people who are employed who have mental illness and or, b) the percentage of people would like to be employed and or c) examples of programs that are successful in helping people become employed*
- 2) Citation could include references on best practices in Supported employment/supported education*
- 3) Could add reference on MHCC Guidelines for Recovery-Oriented Practices*
- 4) Could add something about change management theory and evidence on family involvement and or peer involvement*
- 5) Could include a reference relating to the link between social inclusion and employment*

If a candidate fails to meet the standards for the Recovery in Action Paper, s/he may re-submit within three months and an administration fee of \$75 will apply. Candidates who fail for a second time are expected to acquire MoC credits in order to build up strength in their area(s) of weakness. Such candidates must wait at least one year before re-submitting. They may choose to write on their previously chosen topic.