

Psychosocial Rehabilitation / Réadaptation Psychosociale Canada

Response to Mental Health Commission of Canada « Setting the Goals to Guide a Mental Health Strategy for Canada

April 8, 2009

Goal 1: The Hope of Recovery is Available to all

Missing:

- Although it is very meaningful to address the importance of the support system of the person living with mental health problems or illnesses, this goal then undermines the importance of that individual.
- In order for this goal to be realistic and achievable it must truly address that recovery is a concept that can only be achieved by the individual who defines what recovery is to them.
- In the body of the document it needs to address the importance of incorporating Psychosocial Rehabilitation, which is an evidenced based practice that fully addresses all of the goals in this document and further defines Recovery.
- This goal is missing important key words such as choice, client-centred and it is missing the focus on the individual.

Goal 2: Action is taken to promote Mental Health and Well-being and to Prevent Mental health problems and Illnesses.

Missing

- The following should be included in the description of a transformed mental health system:
Further research should be supported to provide specific evidence, with respect to the exact benefits of mental health promotion/mental illness prevention, to encourage funding towards prevention efforts that can help to alleviate the economic burden of mental illness.

Strengthen

- We believe that a reduction in stigma can reduce mental illness experiences (specifically self-stigma complications for people in recovery) and also increase anyone's potential for greater mental health and well-being if they live, work, learn and play in environments that are unconditionally accepting and supportive of everyone's uniqueness's.
- We believe in education models which emphasis a partnership approach and include peer leadership.

Goal 3: The mental Health system is Culturally-safe and responds to the diverse need of Canadians.

Strengthen

Understanding the culture and person's perceptions of mental illness is important when offering patient-centred care and support to family members.

Understanding the impact of history and the experiences is essential when getting client and family stories. Walk with clients in understanding their adversities and how experience has been shaped by them, i.e.: racism, oppression stigma, community or family shunning. Especially hear past experience and perception of Mental Health system and that affects present and future intervention.

Clinicians need to be sensitive and compassionate as to how shame, blame and guilt are present or influence client's and family members' perceptions in presentation of illness and symptom management-in line with culture for ex: the goal stated understanding the 'meaning in suffering' from religious and cultural standpoint. Be mindful of certain cultural practices and beliefs and how they may clash with Clinician's view. For ex: the need for privacy and unwillingness to sign consents does make mean they are uncooperative or unappreciative towards care provided or future care options.

Being where people are at in their live styles, food preparation and cultural practices so it is their agenda of goals and not the goal of the Clinician/service provider. Mindful of what is important in their world as they preserve their heritage and customs.

Clients need to feel safe to disclose, confide in support person and feel respected rather than violated. Not helpful to be part of a system that further traumatizes an individual or family with disrespect or boundary violation.

There is a need to bring people together to talk about cultural perspectives. How people become aware of their own and identify and respect others' cultural norms and values. To take an 'inclusive approach' and learn and share from each other to strengthen the partnerships within communities: having understanding and respect for neighbour, client and caregiver.

- *education on diversity and cultures will enhance the knowledge base of the Clinician
- * Hearing the client's stories and doing research on client's individual culture i.e.: native Indian, and making goals and interventions client driven will help the practice stay client focused so their agenda drives the work.
- * Having operational definitions that define diversity and culturally safe for consistent understanding of the terms. Service providers develop greater level of competence around cultural sensitivity through education

Missing

This strategy document did not address the PSR goal ' culture and/or ethnicity play an important role in recovery.' They are sources of strength and enrichment for the person and the services'.

Another PSR goal holds true, 'All services are to be designed to address the unique needs of each individual, consistent with the individual's cultural values and norms'. These two principles along with other PSR principles need to be reflective in the document.

Goal 4: The importance of Families in promoting Recovery and Well-being is recognized and Their Needs are Supported

Strengthen

- It is good to see the value of families highlighted, acknowledgement that they have historically been ignored, and the importance of information, education, guidance and support for families. The idea of system navigators for clients and families is a positive inclusion.
- It is important to strongly emphasize that the client defines the parameters regarding family involvement.

Missing

- The definition of family seems to focus primarily on parents and children. It does not seem to acknowledge spouse, siblings etc. For example, the area of supporting relationships (marriage counseling and support) is completely missing from this document. This is a common omission in mental health documents and services and should be highlighted in this document to emphasize the importance of supporting romantic relationships. It would not take much tweaking to include these primary relationships within the document.

Goal 5: People of All Ages have Equitable Access to a System of Appropriate and Effective Programs, Services and Supports that is Seamlessly Integrated Around their Needs.

This goal is key to the transformation of mental health services and systems in Canada. PSR/RPS Canada fully supports this goal statement and offers the following feedback to clarify and strengthen the discussion of this goal:

Change

- The importance of access to appropriate and effective mental health programs, services and supports across the lifespan is clearly stated. However, we recommend that the goal be stated in terms of people's **choices** rather than needs, as consistent with a recovery orientation.

Strengthen

- The document needs to place more emphasis on effective, i.e. evidence based best and promising practices, particularly in relation to community programs, services and supports. The key to transforming the system will be the availability of effective practices.
- Psychosocial Rehabilitation (PSR) are evidence based best and promising practices which are regarded as essential to the recovery of persons living with serious mental illness. The document should recognize the importance of PSR approaches to developing and providing appropriate and effective mental health programs, services and supports.
- It will be a major challenge, as noted in the document, to provide the resources necessary for transformed systems. However, it needs to be emphasized that effective

services are also far more cost effective and will mitigate the long term economic as well as social and personal costs of mental illness.

Missing

- A major obstacle to achieving integration, effectiveness and accountability of programs, services and supports has been the lack of supporting information systems at the individual client, program and system levels. Accordingly, when clients are discharged from hospital, it is rare that essential clinical information is provided in a timely fashion or at all to community services and programs. Similarly, there is usually poor communication among service providers in the community. At the program or system levels, there is little or no aggregated utilization, process and outcome information to support planning, resource allocation, evaluation and improvement of services and accountability. “Seamlessly integrating ...” will only occur when supported by effective information systems at the individual client, program and system levels.
- If the intent is truly to ensure that people with a mental illness have a strong voice in the design, delivery and evaluation of mental health services, then this should be a separate goal. Too often this vision is buried within documents without a strong enough emphasis to direct change. The result continues to be one of “token participation” versus real and meaningful involvement.
- As noted in the document, governance and management structures are also important to service and system integration. The establishment of a single administrative authority for mental health services has been recognized as evidence based, best practice. However, in several provinces, mental health services have been regionalized without provincial standards or an overall governance structure, such as a provincial mental health authority. This has led to more silos and a lack of regional accountability for mental health services and programs. Accordingly, it will be important for provinces and territories to consider designing and implementing administrative structures which will best support access to effective and accountable services.

Goal 6: Actions are based on Appropriate Evidence, Outcomes should be Measured and Research is advanced.

Missing

- The focus on multiple research methods is appreciated but need to identify the role of consumer/client driven/created/organized/run initiatives within the application of the Commission’s goals. We advocate for an additional goal to address this issue. We would like to see more emphasis on “creativity” in research methodologies (using photovoice, film, poetry) and appreciate the focus on storytelling and narrative.
- Psychosocial Rehabilitation and research outcomes are notably missing from this document.

Strengthen

- Regarding the need for further research on how to implement recovery-oriented systems, it should be noted that we have much of this information (US, NZ for example)

specifically on PSR outcomes. Additional evidence is available in terms of how to implement system wide recovery-oriented services.

- As mentioned above recovery from mental illness is a **process** that an **individual** works toward and is conceptualized in the same way as it is for physical illness. (Unfortunately, recovery as conceptualized by the framework document is more from a service delivery perspective—with no distinction for the former). Interventions used in mental illnesses are known as psychosocial rehabilitation (PSR) interventions and are comprised of evidence based practices.
- Those interventions that are generally agreed to be evidence based are: Assertive Community Treatment, Supported Employment, Integrated Dual Diagnosis Treatment, Family Psychoeducation, Illness Management and Recovery, and Medication Management. Those interventions that are generally agreed to be widely researched and accepted are: Cognitive Remediation, and Social Skills Training. Additionally, there are several promising practices that are currently the subject of intense research investigations. These include such practices as peer support services, supported education, cognitive behavioural therapies (sometimes considered under the heading of cognitive remediation), and clubhouse models.
- Of these, peer support services are often cited by consumers as the most valuable service they have received because of the opportunity it provides to validate one's own experience with that of another who has had similar experiences and has recovered sufficiently to be able to be a resource to others.

Goal 7: Discrimination Against People Living with Mental Health Problems and Illnesses is Eliminated, and Stigma is not Tolerated.

- The paper does acknowledge discrimination. There is also a strong acknowledgement that there is still much to be done. It clearly states what the MHCC can and cannot do in regards to discrimination. It acknowledges both persons with illness, their families and caregiver, and staff who support them.

Goal 8: A broadly-based social movement keeps mental health issues out of the shadow - forever.

Strengthen

- There is no doubt that a broadly-based social movement is key to moving forward an agenda that will be embraced throughout the country. This 'goal' needs to be embedded throughout the 'how' of implementing a national mental health. As a goal, it may appear to be isolated rather than inclusive.
- To move forward on this ambition, a current network of 'networks', such as CAMIMH, should be encouraged to partner with the Mental Health Commission of Canada to use

their current linkages to many of the national organizations. This would ensure that the movement becomes truly a well-organized grassroots group.

Thinking about the eight goals overall, do they describe the direction and scope of change needed to transform the mental health system across the country?

We are offering the following suggestions to improve and strengthen direction and scope of change needed to transform the mental health system:

- Psychosocial Rehabilitation (PSR) practices are evidence based best and promising practices which are key to recovery for persons living with serious mental illness. While the document alludes to these practices, it needs to clearly recognize them and their importance to transformation to effective, recovery oriented systems and services.
- The importance of PSR practices to mental health service and system transformation has been recognized in such major studies and system change initiatives as those of Best Practices in Mental Health Reform(Health Systems Research Unit,1997), the Patient Outcome Research Team (PORT) (Lehman and Steinwachs, 1998; Lehman, Kreyenbuhl, Buchanan, et al. 2004) and the major initiative of the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) to disseminate evidence based practices through resource toolkits (U.S. Substance Abuse and Mental Health Services Administration, 2002).
- Accordingly, we recommend the document make specific reference to the following PSR practices which are considered to be best practices with substantial evidence of effectiveness:
 - Assertive Community Treatment
 - Supported Employment
 - Supported housing
 - Integrated Dual Diagnosis Treatment
 - Family Psychoeducation
 - Illness Management and Recovery, and
 - Medication Management.
- Additionally, the document should make specific reference to the following PSR practices which are considered to be promising practices with some evidence of effectiveness:
 - Peer support services
 - Supported education
 - Cognitive behavioural therapies or remediation, and
 - Clubhouses
- PSR practices are key to supporting persons in recovery as well as to mental health system transformation. Accordingly, we consider it important that they be recognized

and discussed in the framework document as effective, recovery oriented and transformational practices.

- In promoting greater dissemination and adoption of PSR practices, Canada can be informed by the experience in countries such as the United States and New Zealand which have been moving toward recovery oriented services and systems.
- A major challenge in achieving greater dissemination and adoption of PSR practices and moving toward recovery oriented services and systems will be the education and training of service providers, both existing and new. There will need to be a national educational and training strategy to equip service providers with the necessary knowledge, skills and attitudes.

Other Comments:

Overall, PSR/RPS Canada is pleased with and supports the draft framework document. We consider the document powerful in encouraging the paradigm shift to a focus on recovery. It is well written and effectively illustrated with story telling.

We are particularly pleased with and support the following themes and points in the document:

- the overall focus on recovery
- the discussion and definition of 'recovery' which includes hope and the partnership of family, caregivers, service providers, peers and other significant people to the client. Recovery includes choice and community and recognizes the client's ability to take responsibility for decisions and to make choices while recognizing the need for support at different stages of illness and symptom management
- the distinction made between mental health and mental illness as well as the focus on function
- the concept of flourishing as personal growth and living beyond mere survival
- the focus on keeping people well and on illness and relapse prevention
- the focus on addressing prejudice
- the focus on partnership among agencies to increase access and decrease silos
- the evidence and outcome focus
- the inclusion of consumers and families in all aspects of service delivery, provision, evaluation and research
- the multi dimensional focus on culture
- oriented and culturally safe mental health system'- works hand in hand with goal 2 for health promotion

- the theme of a social movement with government funding and support to help change attitudes of people about mental health issues as ‘no one is untouched by mental health issues’ Everyone needs to be involved, it is not just an isolated or elite group of individuals that can make a difference.

References

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