"Illustration Paper"

Recovery in Action Paper

In presenting this Recovery in Action paper, I would like to outline the steps implemented to decrease service wait times to under 3 months this past year from a previous time of over 12 months.

Program participants stated that when they experienced wait times of over 12 months, it had an adverse impact on motivation when momentum was not capitalized. Staff also stated that participants were struggling to keep focus on recovery work, which led to longer time spent in service, resulting in longer wait times overall.

Title

Recovery does not have a timeline, and Recovery is not always a linear process.

Introduction

The first action as a manager was to enhance Recovery-oriented services delivered with participants, and to decrease access to service wait times. We scrutinized the process for participant experience from the beginning of service, this process included completing Life Factors and Stages of Change Assessments with participants to inform the framework for their individualized Overall Service plan (C.6.3). The Overall Service plans are co-authored, and both staff and participants sign as an agreement and commitment to the next steps identified to support their recovery goal. Thereafter, staff conduct ongoing three-month reviews of plans with participants to promote accuracy and clarify the desired service and supports provided throughout service involvement. The outcome has decreased participant dissatisfaction in service and promoted measurable progress in recovery goals (C.6.2). Connecting with participants when motivation is high is critical in fostering hope, and the review process allows for fluidity for participants to close and re-enter service, therefore decreasing wait times.

What Have We Done

Commented [A1]: In keeping with World Health Organization guidelines using first person perspective to describe how you as the author demonstrated the competencies is highly recommended

Commented [A2]: See Paper criteria - The paper needs to be doubled line spacing

Commented [A3]: Using recovery oriented language/approaches (such as honoring lived experience, active participation etc.) is expected for the RiA paper

Commented [A4]: The author succinctly presented the issue/topic of the paper including perspectives from the program participants/people with lived experience. (please relate the action of collaboration to the relevant competence and indicator)

Commented [A5]: The author should fine tune the title to focus on topics either independently or as being related – 3 issues seem important to this paper. To a) reflect the need to have services available when the person in recovery is ready to capitalize on motivation, b) the need to reduce service wait times and c) reduce active service delivery time when possible.

Commented [A6]: Stating the interests of the author

To enhance better flow, the author can consider merging the topic statement, brief background and author's interest) into one or two paragraphs as the Introduction section (5%)

Commented [A7]: Suggest: Add a heading to clarify this is the Discussion section (75%).
Having clear heading (and sub-headings, if appropriate) not only helps the evaluator to grade your paper, also helps the author to make sure they address all the requirements of the RiA paper.
** the headings and subheadings are added in this document by the reviewers to illustrate the use of the headings and subheadings

Commented [A8]: Good identification of the relevant competency indicator and explained how the indicator is achieved

Commented [A9]: This could potentially be an illustration for competency B2, relating to indicator B.2.3 and B.2.4. If so, state that clearly and explicitly link them to the described service/ practice

Commented [A10]: To enhance the clear flow of idea and to ensure that this section focuses mainly on practice/service, the author can consider moving the outcome to the later part of the paper to address the result specifically. See further comments close to the end of this paper.

Working Together

Triad teams were established within the team, with weekly meetings for case consults and overall service plan reviews. Participants are aware that in the event a staff member is unable to attend an appointment, one of the triad members will be available to support their Overall Service Plan (B.2.6). This measure ensures seamless service without interruption for participants. Life in general can cause uncomfortable and distressing feelings, experiencing serious and persistent mental illness can further complexify one's coping strategies. Staff support participants to co-author their Crisis Prevention and Recovery Plans(CPRP), this assessment highlights strategies that explore participant's past and current resilience, skills, resources and support and to explore to identify desired supports/resources/skills to manage. Participants know themselves best and they need to have ownership of their CPRP, this includes naming the intensity of interventions needed (C.2.2 C.6.5).

Equipping Staff

Increasing staff confidence in the process to benefit the participant experience was the next step. Psychosocial Rehabilitation (PSR) training includes Readiness, Developing Readiness, Choose, Get, Keep, Functional Assessment, and Skills development (C.3.3). Mentorship, case consultations, and PSR Community of Practice occur monthly to remain current with best practices and relevant events (Examples of Topics include : Inter cultural and sensitivity and anti racism, Harm Reduction, and Advanced PSR COP from PSR Canada (B.4). The PSR Community of Practices topics are identified and facilitated by all team members, further demonstrating competencies and mentorship (C.3).When staff are feeling "stuck" with participants, they utilize Motivational Interviewing (MI); MI is a process that matches the person-centered strength-based services Rehabilitation and Recovery Services (C.5.5). MI aligns with self-determination, autonomy, hope, and strategies to roll with resistance, allowing the participant to hear themselves make the argument for change. As with PSR, we have developed an MI Community of Practice that occurs each month. MI skills are measured by coding sessions using the MITI, and this provides specific feedback to target for skill improvement (B.4.2).

Commented [A11]: Good job in providing the full name and introducing the abbreviated term before using the abbreviation thereafter

Commented [A12]: It would be helpful for the author to provide a few examples of functional assessments and skills development tools/techniques to demonstrate their knowledge and understanding of the competencies- please add citations accordingly

Commented [A13]: This is a possible place to identify a reference to support this assertion. Suggestion: Anthony et al. (2009), PSR Primer.
NOTE: the RiA paper requires the use of at least 8 up-to-date high quality, evidence based references to support your discussion

Commented [A14]: Motivational Interviewing is an evidence based practice. This is the best place to highlight such, provide a reference, briefly outline what MI is, and how the author uses such to enhance recovery

Commented [A15]: Full name for MITI is needed to enhance better understanding of what it is and how this outcome measure enhances recovery, addressed the identified competencies.

Individualized Work

When a participant's goal is identified as employment, staff will use IPS (Individualized Placement Supports), combined with PSR tools to create a hybrid that is strength-based and person-centered, which is then tailored to the individuals skills, qualifications, and preferences (C.4.2). Rehabilitation and Recovery Specialists offer coordinated support to participants, such as working in collaboration with other natural and professional supports. Staff assess the length of time with participants they need to reach their employment goal, and offer employment on a continuum; developing readiness (goal attainment in 6+ months) or straight to functional assessments on the job (goal attainment in 30+ days). Participants do not need to move through PSR in a linear process, but do more so an a la carte service to meet them where they are at. Real jobs with real pay have proven successful in retention as skills and confidence is developed in real settings, decreasing the wait time to reach employment, and increasing participant satisfaction.

Staff integrate evidence based and best practices into service delivery such as harm reduction, trauma informed care, spiritual care, and peer support as menu choices for wrap-around supports (A.2.2). XXX Organization Position Statement outlines the integrated service delivery, beliefs, and values in relation to addictions and mental health. Recovery occurs when we lean into the challenges that participants face and we walk alongside them to spotlight their accomplishments and encourage their use of harm reduction strategies. Holding space for a participant to share their experiences in an open and safe way helps explore and express what is meaningful to them for inclusion in their circle of care and to identify their needs for healing (ex: indigenous teaching, spiritual support (A.2.1). We are understanding of our own privilege and responsibilities of allyship (A.4.5).

Staff facilitate wellbeing sessions, and these sessions are offered to participants at the first point of contact to have “low barrier” access (no wait times, no eligibility restrictions, virtual and in person options). Sessions are produced using a co-development process, which invites contributions from participants with lived and experiential involvement to share family experiences, professional perspectives,

Commented [A16]: Excellent job in naming these as evidence based and best practice. Please add citations for additional credibility
NOTE: the RiA paper requires at least 4 specific up to date evidence based (EB) **PSR** best and promising practices. Naming what they are and outline how the evidence based practice guided your mentioned practice is strongly recommended

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evidence, best practices, and ongoing evaluations and feedback implementation for improvements (E.1.2). Participants having access to Peer support and peer support groups is an important aspect to a recovery journey. This support works as an integrated resource to the participant, and provides a wrap around approach to help support their recovery goals.

Outcomes of What We Have Done

Lastly, incorporating PSR Core Competencies into performance reviews provide clear expectations that allow for the accuracy of measuring staff competencies in a practical and concrete way, and therefore facilitating feedback and goals that are measurable and specific (B.4.1). Performance review outcomes were developed into an action plan to further increase staff core competencies and goal setting for the following year. Another method of evaluation is the use of RAS-DAS surveys. RAS -DAS surveys are completed at regular intervals; service point of entry, 6 months, 12 months, 24 months and at closure. Participants self-report their experiences and satisfaction with our service, personal goal attainment, and personal reflection of overall connectivity and wellness in relation to their mental health recovery. Outcomes are compiled externally for regular review. The RAS-DAS measures recovery, defined as "a way of living a satisfying, hopeful, and contributing life even with 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" (Anthony, 1993). In adopting the RAS-DAS, our approach to recovery reflects this definition, and recognizes recovery as an individualized journey D 1.5.

What we know and believe is that services need to be more person-centered versus systems centered, and accessible mental health and addictions services available for all. Reviewing the outcomes from the RAS-DAS surveys in comparison to last year's results demonstrate that participants also feel more hopeful, positive and a sense of control in their recovery. We are very encouraged by these findings and will continue to evaluate as the program moves forward (B.4.3 C 7.2).

Thank you for your time

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Having clear heading not only helps the evaluator to grade your paper, also helps the author to make sure they address all the requirements of the RiA paper

Commented [A19]: Full name should be provided. If this is an evidence based tool, author should consider adding references in here, and briefly outline it as an evidence based tool for the population described in the paper

Commented [A20]: Can possibly move the outcome discussed at the bottom of page 1 of the paper to here, to form part of the Results section (10%)

Commented [A21]: This paper identified multiple competency indicators. Job well done. However, it is essential that competency areas are also explicitly identified in the body of the paper so the intention is clear to the reviewer.
NOTE: the RiA paper requires the author to showcase the application of the 5 competencies domains (ABCDE) in association with a minimum of 10 performance indicators.

References:

Framework for Support (https://cmha.ca/documents/a-framework-for-support)
PSR and Psychosocial Vocational Rehabilitation Training from The Boston University Psychosocial Rehabilitation (https://cpr.bu.edu)

Motivational Interviewing from Paul Burke (https://paulburketrainging.com)

MITI https://casaa.unm.edu/download/miti4_2.pdf

Interpersonal skills https://www.amazon.ca/Skills-Teaching-Interpersonal/dp/091423420X

Individualized Placement Supports from Dartmouth College (https://ipsworks.org) CMHA Harm Reduction Paper

PSR Principles, values (https://psrrpscanada.ca/files/pdf/core%20cards.pdf)

CMHA Manitoba and Winnipeg(https://cmha.ca/) https://mbwpg.cmha.ca/events/ (https://mbwpg.cmha.ca/about-cmha/ourvision-mission-andvalues/) (https://mbwpg.cmha.ca/wp-content/uploads/2018/05/strategic-plan-2017-2018.pdf)

Mental Health Commission of Canada https://www.mentalhealthcommission.ca/English/media/3721

Stages of Change https://www.smartrecovery.org/smart-articles/the-stages-of-change/

Life factors Assessment Peer Support Canada (https://peersupportcanda.ca) https://www.mentalhealthcommission.ca/English/document/18291/peer-support-guideline s

Crisis Prevention and Recovery Plan https://copelandcenter.com/wellness-recovery-action-plan-wrap https://reddeer.cmha.ca/programs-services/wrap-wellness-recovery-action-planning/

Co-production Principles- Implementing Recovery through Organizational

Commented [A22]: The references list is to enable the reviewer to check on the references you **cited in this paper.** Make sure you reference ALL documents you cited in the paper.
Though we do not require a specific references style, details of the reference (including name of the authors, date/year of publication, title of the publications, name of the journal/peer reviewed book, page number of the citation, website link or DOI number) must be provided so that the reviewer can locate the document and to ascertain how well you know about the reference.
Please see specific comments below.

Commented [A23]: It is necessary to provide specific web link so that the reviewer knows exactly what you are referring to, and can ascertain how well you know about the reference This is a web link without the specific document to the reference.

Commented [A24]: This is a good start. However, this citation is from "gray literature"/ not peer reviewed publications. A specific published article authored by Paul Burke would be an example of peer reviewed published literature.

Commented [A25]: If using web links, make sure web links are "live" and are specific to what you are referring to

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Commented [A27]: If referring to a document, please specify page number so that the reviewer can refer to the right page, and can ascertain how well you know about the document

Change(ImROC) (https://imroc.org/

RAS DAS Hancock, N., Newton Scanlan, J., Honey, A., Bundy, A. C., & O'Shea, K. (2015). Recovery Assessment Scale – Domains and Stages (RAS-DS): Its feasibility and outcome measurement capacity. Australian and New Zealand Journal of Psychiatry (49), 624-633.

Commented [A28]: Make sure the details of the reference is completed, or the web link is the correct link.