A RECOVERY/RESILIENCY PLAN FOR MENTAL HEALTH & ADDICTIONS IN SASKATCHEWAN

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EXECUTIVE SUMMARY
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Introduction:

Currently we are experiencing a shift in focus from the medical model of treatment towards a system of services that are "recovery/resiliency-oriented". This is a new vision of how medical services and community supports should be provided to persons living with mental illness. This recovery/resiliency plan touches every area of service, from the acute hospital setting to the most independent consumer in the community. At its core, the promise of hope, healing and recovery/resiliency are the focus of every intervention at every level of service.

The concept of "recovery/resiliency" and "recovery/resiliency-oriented" services has been well researched and the benefits have been well documented. There is an established evidence base which has demonstrated that recovery/resiliency-oriented services are both effective and cost efficient.

The recovery/resiliency model demands an increased involvement of consumers and family members at all levels, who bring with them the experiential knowledge of the unique challenges and successes of living "in recovery".

> Recovery refers to the ways in which a person with a mental illness and/or addiction experiences and manages his or her disorder in the process of maintaining and/or reclaiming his or her life in the community. Recovery does not necessarily mean cure or elimination of the effects of the illness/addiction, and may mean living with the effects of medications or accommodations required to function to the person's full potential.
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> Recovery-oriented care is what psychiatric and addiction treatment and rehabilitation practitioners offer in support of the person's recovery. A recovery-oriented system of care identifies and builds on each person's assets, strengths and areas of health and competence to support the person in achieving a sense of mastery over mental illness and/or addiction while maintaining or regaining his or her life and a meaningful, constructive sense of membership in the broader community.
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> CMHAS, Practice Guidelines for Recovery-Oriented Behavioural Health Care, 2006

A number of factors such as the creation of the Mental Health Commission, the evidence base supporting recovery/resiliency-oriented services, the current economic conditions in Saskatchewan and the push toward collaborative health care demonstrate that the time for change is now.

What is the Recovery/Resiliency Model?

"Recovery/resiliency" refers to both internal conditions (i.e. attitudes, experiences and processes of change of individuals who are "recovering") and external conditions (i.e. circumstances, events, policies and practices that may facilitate recovery). Together these internal and external conditions produce the process called recovery/resiliency.

Key internal conditions that facilitate recovery/resiliency are:

- Hope
- Healing
- Empowerment
- Connection

External conditions start with human rights, or a "positive culture of healing" and recovery/resiliency-oriented services. Key to that positive culture of healing is the

development of collaborative relationships between consumers and providers.

Treatment, rehabilitation and support remain important elements of the recovery/resiliency model. People receiving these services will continue on with their ordinary lives, recovering from the illness as much as possible. "Where full remission is not yet possible, recovery-oriented care offers access to the technologies, tools and environment accommodations to incorporate illness or disability as only one component of a multi-dimensional existence and multi-faceted sense of personal identity".

Source: Davidson, L. Et al (2006) The Top Ten Concerns about Recovery Encountered in Mental Health System Transformation, Psychiatric Services 57,5

Source: Davidson, L. And Roe, D (2007) Recovery from versus Recovery In Serious Mental Illness: One Strategy for Lessening Confusion Plaguing Recovery, Journal of Mental Health, 16(4), 459-470.

Key Guiding Principles for the Organization of Mental Health Services

- Protection of Human Rights: Services should respect the autonomy of individuals and empower them to make decisions. The focus should be on the least restrictive treatments.

- Accessibility: Services should be available locally; a lack of local services acts as a barrier to obtaining services, especially in rural areas.

- Comprehensiveness: Services should include all facilities and programs required to meet the needs of the population.

- Coordination and Continuity of Care: Services should work in a coordinated manner to meet a range of social, psychological and medical care needs.

- Effectiveness: Evidence of effectiveness should be used to develop services.

- Equity: Access to services should be on the basis of need. Vulnerable individuals are less likely to demand services meeting their needs.

- Efficiency: Evidence on cost-effectiveness should be taken into account in developing services and making decisions on resource allocation.

Source: Adapted from WHO, 2003

Components of a Recovery/Resiliency Plan for Mental Health in Saskatchewan

The following is a non-exhaustive, but representative list of the various needed components of a well-thought-out and planned mental health and addictions "system", as opposed to the current "patchwork" of semi-connected agencies, ministries and services.

a) Inter-Ministerial Coordination – seamless transitions for all required needs (i.e. Social Services, Health, Labour, Justice.

b) Wait Time Benchmarks for Patients with Serious Psychiatric Illness – based on three levels of urgency
– Emergent (e.g. within 24 hours)
– Urgent (e.g. within 1 week)
– Scheduled (e.g. within 4 weeks)

c) Assertive Community Treatment – small, inter-disciplinary staff, running 24-7.

d) Adequate Income Security – setting income at the LICO

e) Adequate Housing – ranging from supportive to emergency

f) Mental Health Crisis/Emergency Response – consisting of five components.

1. Crisis lines
2. Mobile Crisis
3. Walk-in stabilization
4. Community crisis stabilization
5. Hospital-based psychiatric services

g) Inpatient/Outpatient Services

– Inpatient Services:

1. General Inpatient Program – provides concurrent, multi-disciplinary assessment and treatment.
2. Psychiatric Intensive Care – provides optimal clinical assessment and treatment of the most severely ill and aggressive patients.
3. Other Specialized Units –
   – Adolescent Units – residential assessment and treatment unit
   – Geriatric Units – could mix with other geriatric medicine units

– Outpatient Services:

– prioritizing referrals
– short term case management
Partial Hospitalization – day hospitals/day treatment
Acute Home Treatment
Tertiary Services – specialized and long-term services (i.e. neuropsychiatry, substance abuse)
Shared Care – refers to collaborative activities between family physicians and psychiatric services.

h) Consumer Involvement and Initiatives – organized in groups, and with adequate resources, consumers can do many things for themselves, which we formally thought to be the sole domain of the formal service system.

I) Family Support and Involvement including:
– services for families coping with the effects of mental illness
– training and resources to support self-help models
– inclusion of families in planning and evaluation of services

j) Psychosocial Rehabilitation and Recovery – rehabilitation that targets personal life, leisure, education and work.

k) Children's Mental Health Services – fit the service to meet the needs of the child rather than focusing on fitting the child or youth into existing service systems.

l) Therapeutic/Mental Health Court

m) Adequately Funded, Large Scale Public Education and Awareness - including radio, T.V., billboards

n) System Accountability for Best Practice Service Delivery

Conclusion:

The foregoing is a brief overview of some components of a well-developed plan for mental health. A copy of the full document “A Recovery/Resiliency Plan for Mental Health & Addictions in Saskatchewan” is available in PDF format at the Canadian Mental Health Association (Saskatchewan Division) Inc. website www.cmhask.com.

Several best practice “models” exist in the province of Saskatchewan, but they are locally implemented only and must be replicated in strategically located areas of the province to provide access to the services required.

Recovery/resiliency-oriented outcome measurements must be implemented at all levels of the system.

The plan will require real increases to the mental health budget and should be implemented incrementally over a five to ten year period of time.

Next Steps:

The Canadian Mental Health Association (Saskatchewan Division) Inc. Looks forward to working with the Ministry of Health and other appropriate Ministries to move towards implementation of a much needed and overdue “Plan for Mental Health in Saskatchewan”.

CMHA (Saskatchewan Division) Inc. And the Mental Health Coalition would also like to work with other disability groups through the Provincial Interagency Network on Disability (PIND), the Disability Income Support Coalition (DISC) and other agencies who are interested in developing a true recovery/resiliency-oriented philosophy and programs to meet needs in our province. Because of our limited population and resources, working together will ensure that all persons with disability, who require crisis and long-term services, will have access to a continuum of alternatives to meet their needs as they seek to live with their illness or disability, while serving as fully as possible as citizens in our communities.