The concept of recovery in mental health: Exploration and consideration for complementary nursing competencies?
WORKSHOP GOALS

- This is a discussion/forum, rather than a course, on a concept involving complementary innovation to traditional psychiatry;

- An awareness of the concept of recovery and its possible effects on the nursing practice and training in the field of psychiatry;

- A discussion to continue in our respective environments.
MENTAL HEALTH

“Mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face.

It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.”

(Government of Canada, 2006:2)
“Mental illnesses are characterized by alterations in thinking, mood or behaviour (or some combination thereof) associated with significant distress and impaired functioning. The symptoms of mental illness vary from mild to severe, depending on the type of mental illness, the individual, the family and the socio-economic environment.”

(Government of Canada, 2006:2)
The terms “mental health problems”, “mental illness” and “mental disorder” are often used interchangeably.

Whereas the phrase “mental health problem” can refer to any departure from a state of mental or psychological well-being, the terms “illness” and “disorder” suggest clinically recognized conditions, and imply either significant distress, dysfunction, or a substantial risk of harmful or adverse outcome.

(Government of Canada, 2006:2)
The World Health Organization (WHO:2005) is pleading to expand the skills of health professionals to deal with increasingly complex situations so they can provide effective health care for chronic conditions.

This plea is based on the increase in chronic illness in our population.
In October 2005, the Québec MSSS tabled its 2005-2010 Mental Health Action Plan. With this plan, Québec aims to adopt an efficient mental health system that recognizes the role of its users and offers access to treatment and support services for children, young people and adults of all ages with a mental disorder, and for those at risk of suicide.

(Clinical project, 2006:15)
THE CHALLENGES

Based on the findings about the problems encountered and the progress made in the past decade, a number of challenges exist:

- the individual’s recovery on the whole;
- significant investments to fight taboos and stigmatization;
- improvement of access to front-line services;
- better use of existing coordinated services to ensure continuity in meeting the various needs;
- availability of second-line service expertise to the front line;
- upgrading mental health services for young people;
- reducing suicide by targeting those at high risk, particularly men.

Clinical project, 2006:15)
The MSSS 2005-2010 Action Plan was based on the following principles:

1. Empowerment of the persons with mental health problem and their entourage;
2. Recovery;
3. Local access to quality front-line services;
4. A partnership between service providers and community resources;
5. Efficiency.

(MSSS, 2005)
HOW WOULD YOU DEFINE “RECOVERY”?

◆ Group exercise:

- Define “recovery” in a few lines. What does it mean to recover?

- Compare our definitions.
COMPARE THESE CONCEPTS

- **1-** ENDURANCE
- **2-** RESILIENCE
- **3-** RECOVERY
DEFINITION OF ENDURANCE - theory
(Clémence Dallaire, 2005)
Based on her studies on comforting, endurance and hope, Canadian nurse Janice Morse defines endurance as the innate ability of humans to go through situations of extraordinary physiological and psychological duress or stressful conditions and to remain emotionally intact.

(Clémence Dallaire, 2005)
ENDURANCE

Characteristics:

◆ 1- Prefers using the concept of ability rather than that of strategy to describe endurance methods;
◆ 2- The ability seems to be innate, rather than practised or learned;
◆ 3- Endurance methods appear to stem from reflex rather than being a deliberate choice;
◆ 4- It is a non-premeditated response, even if the endurance is based on or motivated by a fundamental reason (e.g. I’m doing it for my family).

(Clémence Dallaire, 2005)
ENDURANCE

Qualities:

1- The ability to focus on the present;
2- The ability to maintain one’s cognitive concentration.

The purpose of this cognitive distraction is to suppress a past or future unbearability as a consequence of the current situation. This increases endurance.

(Clémence Dallaire, 2005)
DEFINITION OF RESILIENCE
-
theory
(Marie Anaut, 2004)
THERE ARE TWO ESSENTIAL ELEMENTS THAT REFER TO RESILIENCE. THERE HAS TO BE:
PHYSICAL TRAUMA

OR

PSYCHOLOGICAL TRAUMA
CONFRONTING ONE’S OWN DEATH
RESILIENCE IS BASED ON THE APPLICATION OF DEFENCE MECHANISMS AND THEIR CONSEQUENCES ON A TRAUMATISM IN AN INDIVIDUAL.
RESILIENCE – FIRST ASPECT:

- Confronting the trauma and resisting psychic disorganization.

- This encounter with the trauma, or the aversive context, will involve deconstructing a fragment of the unbearable reality and resorting to defence mechanisms.

- Mechanisms: denial, humour, projection, displacement, imagination, sublimation, emotional repression, etc.
RESILIENCE – SECOND ASPECT:

- Feeling shock, and repairing (or self-repairing) and abandoning certain emergency defence mechanisms (e.g. denial or projection) in favour of more flexible forms of protection and better adapted mechanisms.

- In this step, we give meaning to the trauma. In other words, the mentalization process is activated. Individuals rebuild themselves.
The art of adapting to adverse situations (biological and sociopsychological conditions) by developing abilities related to internal (intrapsychic) and external (social and emotional environment) resources, that make it possible to combine an adequate psychic build and social insertion (Anaut, 2004).
Clinical application – supportive care

1. Take into account and mobilize the individual’s abilities
2. Help the individuals find the resources within themselves and in their environment
Different forms of supportive care

- 1- Self-esteem and social insertion
- 2- Analysis and highlighting of family resources and skills to offset the observations of weakness
- 3- Counselling
- 4- Support groups
- 5- etc.
DEFINITIONS
OF THE
RECOVERY APPROACH
- theory
A stakeholder’s perspective
RECOVERY

- An individual’s perspective
Whether from a stakeholder’s and/or an individual’s perspective, the concept of recovery undeniably has a notion of finality (goal/result) with regard to a problem or a diagnosed illness (object).

Whether from a stakeholder’s and/or an individual’s perspective, the finality of the concept of recovery aims at curing (treating) the problem or the diagnosed illness. However, this cure is not interpreted the same way (chronology/hierarchy/symptomatology/functionality/etc.).

Whether from a stakeholder’s and/or an individual’s perspective, the concept of recovery aims at results whose criteria or indicators guide the practice and/or interventions.
Spaniol (1994)

Recovery is a process by which individuals rebuild and develop new personal, social, environmental and social connections, and adjust their attitudes, feelings, perceptions and goals in life. It is a process of self-discovery, self-renewal and transformation.

(Davidson, 2005)
Keyword

- The keyword is “process”
- Which process does it refer to?
Vision

STAKEHOLDER
RECOVERY AS A PROCESS

- From a stakeholder’s perspective, a process refers to a step-by-step approach.
  - The Dx aims to treat the illness in order to eliminate or to eradicate it
  - All the Tx are included in one context
    - Chronological
    - Hierarchical
  - The goal is the individual’s full recuperation
Recovery is identified as a dynamic process toward a finality associated with the individual’s normality. In this respect, recovery is synonymous with cure, or a return of the individual’s optimal abilities confirmed by an absence of symptoms.
Vision

◆ INDIVIDUAL
RECOVERY AS A PROCESS

From the perspective of an individual with a mental disorder:

- The symptoms are permanent
- Cure is no longer spoken of since the condition remains unchanged
- Should we speak of the overall functioning of an individual with a mental disorder?
- Process: Cure, remission, rehabilitation, or...?
The recovery experience involves transcending the symptoms, functional deficits and social handicaps associated with the mental disorder. This process is based on transformations that occur in various spheres, namely redefinition and expansion of self, the relation to temporal space, the power to act, and relations with others.
The keyword is “experience”

Which experience does it refer to?
Vision

- **STAKEHOLDER**
RECOVERY BETWEEN EXPERTISE AND EXPERIENCE

Based on a set of indicators that stakeholders must attain:

- Symptoms (presence or absence)
- Results that determine the cure
- Confirm the interventions to undertake
- Protocols (guidelines) for a pre-established intent
In this respect, if recovery was once again associated with cure, maybe it depends on the health professional’s choice of approach to restore the individual’s optimal physical abilities.

The stakeholder is both an expert and a consultant.
Vision

- INDIVIDUAL
RECOVERY BETWEEN EXPERTISE AND EXPERIENCE

- If considered as a process of remission and relapses
  - A relapse implies starting over
  - Starting over implies a previous recovery
  - How do individuals use their experience and real life? And for what purpose?
  - Should we speak of finality in the sense of cure, remission, or ... ?
RECOVERY BETWEEN EXPERTISE AND EXPERIENCE

- If considered as a process of remission and relapses

  - The evaluation criteria are defined:
    - in the well-being depicted by the individual
    - in the recovered overall functioning in society (role, self-esteem, etc.) depicted by the person
    - in the difficulty determining the cure for an illness considered incurable and of certain degeneration
RECOVERY BETWEEN EXPERTISE AND EXPERIENCE

- My perspective: Considered as a process of remission and relapses

- In short, mental health recovery becomes an ongoing process of interventions constantly faced with the concepts of cure and remission to define it in practice, based on a personal past/present/future continuum for every individual with a problem, disorder or illness.
The recovery approach aims the empowerment of the person with a mental disorder, whose autonomy emerges through the recovery of the interdependence between themselves and their environment.
Keyword

- The keyword is “empowerment”

- We aim at achieving interdependence between the individual and their internal and external environment
Vision

- STAKEHOLDER
RECOVERY AS EMPOWERMENT

From health personnel or stakeholders’ perspective:

- Controlling a crisis or trauma, identified by the absence or reduction of symptoms
- An optimal return to normal life evaluated by compliance with the prescribed treatments
Vision

◆ INDIVIDUAL
RECOVERY AS EMPOWERMENT

From the perspective of an individual with a mental disorder:

- Returning home
- Functioning normally without medication
Vision

- CLINIC
RECOVERY

- Considered as a rehabilitation process based on a different paradigm
  - Recovery can be a philosophical basis that includes rehabilitation
  - Rehabilitation involves:
    - a process
    - an operational model
    - a multimodal approach for the individual
  - Recovery considers:
    - the individual’s experience and their history with the illness
    - the individual’s experience as a support for guiding the clinical approaches
RECOVERY

- Considered as a rehabilitation process based on a different paradigm

  - Since we can no longer aim at finding a cure, we must revise our strategies and take more into account the well-being and functionality of individuals with a mental disorder.
  - We must rely on the individual’s experience with the illness, since they are the expert of their condition.
  - The stakeholder is considered to be a supporting consultant.
In our clinical vision, is importance related to the destination?
To the voyage we are taking?

To the paths of individuals with a mental disorder?
THE IDEAL SERVICES
Psychiatric interventions

Linked to the traditional mental health medical model

(Based on the table by Daniel B. Fisher, www.power2u.org, 2006)
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<td>Modérées</td>
<td>Sévères ou persistantes</td>
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(Clinical project, 2006:15)
(Service-inspired diagram according to W.A. Anthony, 2004)
THE REQUIRED COMPETENCIES FOR MENTAL HEALTH STAKEHOLDERS BASED ON THE RECOVERY APPROACH
THE 12 BASIC COMPETENCIES BY COURSEY (2000)

1- Regards adults with serious mental illness as persons with dignity and competence and engages them as full collaborators in service planning and delivery
2- When appropriate, includes family members and caring others in all aspects of service planning, delivery, and evaluation
3- Demonstrates current knowledge of issues related to mental illness
4- Demonstrates knowledge of the biological aspects of mental illness
5- Designs, delivers, and evaluates highly individualized services and supports
6- Comprehends and uses best practices of intervention and strategies for support
7- Effectively accesses and employs community resources
8- Demonstrates knowledge of relevant legal issues and civil rights
9- Works collaboratively within and across the service system
10- Conducts activities in a professional and ethical manner
11- Conducts activities in a culturally competent manner
12- Knows methods of evaluation and applies them appropriately to own work

(Rosanne Émard, 2004)
+/- EFFECTS OF COMPETENCY ON RECOVERY
EFFECTS OF COMPETENCY ON RECOVERY

WHAT CAN WE EXPECT IF THERE IS A LACK OF COMPETENCY IN OUR ORGANIZATION WHEN DEALING WITH INDIVIDUALS IN RECOVERY?

AND VICE-VERSA?
+/- EFFECTS OF COMPETENCY ON RECOVERY

MENTAL HEALTH SERVICES

Negative influences

- Lack of selection of treatment
- Lack of information about the Tx
- Legal prescription for Tx or hospitalization
- Forced medication

Control and abuse by the system and the mental health stakeholders

(Ruth O. Ralph, 2004)
EFFECTS OF COMPETENCY ON RECOVERY

MENTAL HEALTH SERVICES

Positive influences

- Providers listen and cooperate with the Tx
- Efforts made to make the Tx effective and available
- Alternative health care approaches
- Respecting cultural beliefs and intents
- Information for the Tx and Rx
- Respecting the individual’s choice
+/- EFFECTS OF COMPETENCY ON RECOVERY

- SOCIAL SUPPORT

  - Negative influences
    - Poverty
    - Homelessness
    - Decreased or no support at home
    - Employment limited when benefits cut
    - Cultural and racial discrimination
EFFECTS OF COMPETENCY ON RECOVERY

SOCIAL SUPPORT

Positive influences

- Adequate support income
- In-home assistance including family meetings, and employability and education opportunities
+/− EFFECTS OF COMPETENCY ON RECOVERY

- PEER SUPPORT

- Negative influences
  - Lack of understanding about the illness
  - Lack of resources and education
  - Overprotection
  - Self-blame
  - Denial
  - Competing rather than collaborating with peers
+/- EFFECTS OF COMPETENCY ON RECOVERY

- PEER SUPPORT
  - Positive influences
    - Opening the door to family and friends without coercion and providing spiritual and emotional support
    - Financial assistance
    - In-home assistance, as needed
    - Collaboration, emotional and physical support, and advocacy
SUMMARY
The concept of recovery

is a different paradigm that complements the traditional medical model in psychiatry

is accessible through the paradigm of simultaneity in nursing and
is in line with profession’s openness to the world

is a process that gives hope and provides those with a mental health disorder the opportunity to take charge of their health
allows the stakeholders to use their competencies to guide and improve the individual, to promote choice/self-determination and to realize the individual’s growth potential

is used to evaluate the individual, the stakeholders and the mental health service providers together
IS THE PRINCIPLE OF RECOVERY NOT ESSENTIAL TO A COMPETENT THERAPEUTIC RELATION?
• Dallaire, C. (2005). Le développement de la pensée scientifique et de la pensée infirmière [The development of scientific thinking and nursing thinking]. Excerpt from a lecture given in Fribourg, Switzerland on April 12, 2005. Faculty of Nursing, Laval University, Canada.