In the spirit of an appreciative inquiry this document considers the strengths and challenges of Island Health Authority mental Health Service Delivery through a recovery-oriented psychosocial rehabilitation lens.

Review of Greater Victoria Psychosocial Rehabilitation and Recovery Oriented Services

Promoting - Hope, Dignity, Inclusion

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Contents

1.1 Purpose of Review ... 2
1.2 Background ... 3
1.3 Methodology: ... 4
1.4 Findings of Review: ... 5
1.4.1 Strengths of Services Currently Provided: ... 5
1.4.2 Gaps/Needs in Services ... 6
1.5 Discussion of Findings: ... 8
1.5.1 Service Planning ... 8
1.5.2 Service Access and System Navigation ... 10
1.6 Recommendations: ... 11
1.7 Summary: ... 13
1.8 Bibliography ... 14
2 Appendix: Statistics on Mental Illness: Prevalence, Impacts and Services ... 15

1.1 Purpose of Review ... 2
1.2 Background ... 3
1.3 Methodology: ... 4
1.4 Findings of Review: ... 5
1.4.1 Strengths of Services Currently Provided: ... 5
1.4.2 Gaps/Needs in Services ... 6
1.5 Discussion of Findings: ... 8
1.5.1 Service Planning ... 8
1.5.2 Service Access and System Navigation ... 10
1.6 Recommendations: ... 11
1.7 Summary: ... 13
1.8 Biblograhy ... 14
2 Appendix: Statistics on Mental Illness: Prevalence, Impacts and Services ... 15

Review of Greater Victoria Psychosocial Rehabilitation and Recovery Oriented Services

1.1 Purpose of Review

A review of Greater Victoria Area (GVA) mental health Psychosocial Rehabilitation (PSR) and recovery oriented services was conducted at the request of Island Health Authority, Mental Health Services as recommended by the Clubhouse and Alternatives Working Group. The purpose of the review was to identify strengths, gaps and opportunities to improve mental health services currently being provided in the area with a focus on psychosocial rehabilitation (PSR) and recovery oriented approaches.

> **Psychosocial rehabilitation** (also termed psychiatric rehabilitation or PSR) promotes *personal recovery, successful community integration and satisfactory quality of life for persons who have a mental illness or mental health concern. Psychosocial rehabilitation services and supports are collaborative, person directed, and individualized, and an essential element of the human services spectrum. They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning and social environments of their choice and include a wide continuum of services and supports (PSR Canada, 2014).*

The term **recovery** generally conveys the belief that people who live with mental health and substance use issues can and do live good, hopeful and contributing lives often even in the presence of mental health symptoms.

> *An orientation toward recovery is helping to bring about important changes in the mental health systems of many countries. Here in Canada, recovery has strong roots in the advocacy efforts of people with lived experience and in the psychosocial rehabilitation field.… Recovery and well-being form the base of this Strategy and are now embraced by most provincial and territorial mental health policies (Mental Health Commission of Canada, 2012, p. 1).*

Recovery oriented psychosocial rehabilitation services are key evidence-based tools for recovery and should be available to persons living with mental illness and substance use and their families/loved ones. Because of their demonstrated

effectiveness, recovery oriented psychosocial rehabilitation services are essential tools leading to recovery from mental illness and substance use.

1.2 Background

The Clubhouse and Alternatives Working Group, consisting of stakeholder organizations in the GVA, has been meeting since 2014. The stated rationale for this group is:

> *The Greater Victoria (GVA) has a variety of psychiatric/psychosocial rehabilitation (PSR) services but there is some expressed dissatisfaction with a perceived lack of evidence based and informed services including, as an example, the lack of an internationally accredited clubhouse.*

Member organizations of the Clubhouse and Alternatives Working Group are:

Island Health Authority (IHA)

Moms like Us

Island Community Mental Health (ICMH)

Victoria Cool Aid Society

Victoria Municipality

BC Schizophrenia Society Victoria hereafter referred to as BCSS)

Bipolar Disorder Society of BC

Canadian Mental Health Association (CMHA)

The Clubhouse and Alternatives Working Group requested a review of mental health PSR and recovery oriented services in the region to identify strengths, gaps and opportunities to improve services. The review was to be evidence based or informed and was to be conducted by outside consultants with a goal of completion within 90 days.

The scope of the review included PSR and recovery oriented services being provided directly by Island Health Authority, Mental Health Services as well as by community mental health agencies mandated and funded by Island Health Authority. Out of scope were psychiatric emergency, substance use, aboriginal and police services.

Funding for the review was provided by Island Health Authority and CMHA. Dr. J. Higenbottam and Dr. R. Casey were subsequently engaged to conduct the review in September, 2015 as part of their respective roles with British Columbia Psychosocial Rehabilitation Advanced Practice.

1.3 METHODOLOGY:

Sources of information for the review included:

- Minutes of Clubhouse and Alternatives Working Group meetings
- Documents including program descriptions and utilization and outcome data provided by Island Health and funded community mental health agencies
- Submissions from mental health stakeholders
- Meeting with Moms Like Us
- Attendance at the BCSS Annual General Meeting
- Meeting with members of the Clubhouse and Alternatives Working Group
- World Cafe sessions involving input from all stakeholders including service providers people with lived experience and family members.
- Meeting with Island Health Authority Mental Health Services Leadership
- Site visits to programs including:
    - Island Community Mental Health
    - Resources, Education, Employment and Support (REES), Cool Aid
    - Gateway to Resources and Options for Wellness (GROW), Island Community Mental Health
    - British Columbia Schizophrenia Society - Victoria Branch
    - Day Hospital and Victoria Mental Health Centre, Island Health Authority

The review was based in three days of consultations. The reviewers received rich and helpful information and participation from numerous stakeholders. In order to gather data stakeholders were asked both individually and in groups to identify service strengths, challenges, opportunities and recommendations. As a result, findings are presented in a similar fashion here. The authors attempted to stay as close as possible to the original data (feedback) offering a synthesis of ideas in each section.

The authors committed to collaboratively share the draft report with key stakeholders to seek clarification and accuracy before circulating the final edition for seeks clarification and assure accuracy of findings.

1.4 Findings of Review:

In keeping with recovery-oriented psychosocial rehabilitation principles we begin with a review of strengths.

1.4.1 Strengths of Services Currently Provided:

- The documents reviewed demonstrate a commitment to the development and implementation of recovery oriented psychosocial rehabilitation services, whether directly provided by Island Health or by funded community agencies.
- There are dedicated leadership positions responsible for recovery-oriented rehabilitation services within the GVA.
- There is a clear and generous commitment to improve mental health PSR and recovery services within the GVA. This is specifically demonstrated by means of ongoing meetings with stakeholders including the Clubhouse and Alternatives Working Group with IHA staff and an openness among stakeholders to expand these discussions.
- There is some agreement among service users and families/caregivers that service delivery is becoming more relevant to their needs.
- Examples of programs where service users have a voice in the design and implementation of programming (a key principle of recovery oriented services)

include the Day Hospital, GROW, REES and BCSS Family Services and Peer services.

- The innovative and high quality of recovery oriented and evidence informed services offered at Day Hospital Program was acknowledged by people with lived experience in particular.

- The services provided by funded community agencies, i.e., REES, ICMH and BCSS Family and Peer Services enact values of hope, optimism and self-determination with a focus on engagement in meaningful activity and community participation in the context of peoples' daily life. These services attempt to respond needs regarding determinants of health and are responsive to people with diverse needs over the lifespan. They are both cost effective and cost avoidant and include peer involvement as current budgets allow.

- Funded agencies are willing to expand existing services in order to further meet the identified mental health service needs within the GVA.

- Mental health resource guides are available for a minimal cost and published by REES and BCSS.

The following section will consider some of the gaps and service needs.

1.4.2 Gaps/Needs in Services

- Stakeholders identify a need for service development to meet the social and vocational needs that will also engage young people. The preferred option to meet this need specifically for *Moms like Us* is for the development of an accredited Clubhouse (discussed in more detail in section 1.5.1). In addition, family members identify a need specifically for a "gathering place" where their loved ones with mental illness can be part of a peer community.

- Greater coordination and/or integration of mental health service agencies is required. Linked to this point is an identified need for system navigation not only for service users and their families but also service providers. Navigation is a

particularly acute problem for “new” service users and their families. Currently there is no “map” which identifies and clarifies service pathways and resources

- ❖ According to stakeholders family members/caregivers have limited opportunities to be involved in their loved ones’ care, service design and delivery and research. Family members identify a need for mentorship and “in-reach” services to assist them living with their mentally ill relatives.

- ❖ While IHA is committed to Evidence Based and Evidence Informed approaches these approaches are not being consistently implemented. The development of supported employment and educational interventions are immediate priorities.

- ❖ The absence of outcome data needed to evaluate the outcomes of PSR and recovery oriented services for individuals, evaluate of the effectiveness of PSR and recovery oriented services and to thoughtfully engage in future PSR and recovery service planning was noted.

- ❖ Service users and families agree on the need for better access to psychotherapies like Dialectical Behavior Therapy (DBT) and Cognitive Behavior Therapies (CBT) on an individual or group basis. In addition improved access to IHA mental health services, i.e. Day Hospital and Victoria Mental Health Centre is required.

- ❖ Stakeholders acknowledge the urgent need for increased peer support services throughout the GVA.

- ❖ There is an identified need for more mental health staff education in PSR and Recovery.

Areas identified where there is a particular need for more services include Peer Services, WRAP, Supported Employment and Supported Education.

In addition, stakeholders expressed concerns that the funds for any new services, such as a Clubhouse, should not be taken from existing PSR and recovery programs; there was agreement that “new” money is needed to develop new services. A number of potential local, provincial and possibly federal sources of funds should be further explored.

The next section will discuss key findings of the review.

1.5 Discussion of Findings:

To provide context, mental health PSR and recovery oriented services in the South Island are centralized within the City of Victoria Area. They are provided either directly by Island health Authority, Mental Health Services or by funded community agencies, such as BCSS, Cool Aid, CMHA and ICMH.

In terms of demographics, there is an over representation of people with serious mental illness some of whom are homeless within the GVA (see appendix 1). This is, in part, due to drift from other regions of the province and the country. At the same time, there has been significant growth in the population of the greater Victoria area. These demographic factors present particular challenges for mental health and substance use services within the GVA.

The next section of the report highlights two topics/themes that help to synthesize our findings namely, service planning and service access and navigation.

1.5.1 Service Planning

A major strength of the services currently provided is the commitment to PSR and recovery oriented services. This is reflected in dedicated leadership positions for rehabilitation and recovery within mental health services. In turn, this leadership has resulted in high-quality service development provided either directly by Island Health Authority Mental Health Services or by the funded community agencies within the GVA. The work over the past year of the Clubhouse and Alternatives Working Group is also recognized as a strength, having contributed to a better understanding of the needs and priorities for mental health services within the GVA.

Considering gaps and needs for services, there are opportunities for improvement. Building on the work of the Clubhouse and Alternatives Working Group, there is a clear need for a permanent advisory team charged with mental health PSR and recovery service planning across the Greater Victoria Area. This team would include agencies, service users and family members/caregivers as well as leadership from Island health Authority, Mental Health Services. This team would be responsible for overall PSR and recovery system planning and the evaluation of services. It would establish service priorities, identify and evaluate strategies for integration, facilitate the continuing implementation of evidence-based, recovery oriented practices and services throughout the GVA and implement effective and efficient evaluation measures.

A key responsibility of this team would be to evaluate the effectiveness and efficiency of PSR and recovery oriented services Services should be evaluated particularly in terms of identified desired outcomes from a recovery, i.e. client and family perspective,

One of the reasons for the present service review was to consider the request from *Moms like Us* to establish an accredited Clubhouse in the GVA. Based on discussions with family members and service users there is a need to develop a social gathering

place for people living with serious mental illness. As noted, in addition to meeting social needs, this gathering place should also provide Peer Support and mentoring and facilitate engagement in evidence based services, in particular Supported Education and Supported Employment:

> **Supported Education (SEd)** *refers to accommodations, services and supports which assist persons living with mental illness and substance use problems in achieving educational goals. These goals may include high school completion, or post-secondary education programs as cited in BC Service Framework (unpublished manuscript, p. 111*
>
> **Supported Employment (SE)** *is an approach to vocational rehabilitation that emphasizes helping people obtain competitive work in the community and providing the supports necessary to ensure success in the workplace. SE programs help people find jobs that pay competitive wages in integrated settings (i.e. with people who do not necessarily have disabilities) in the community. In general, SE refers to a number of evidence-based approaches which recognize the importance of work to recovery for persons living with severe mental illness, concurrent disorders and substance use problems. Supported employment models generally support people to access competitive employment positions and provide individualized training and support to help the person maintain employment. These are "Place and Train" models rather than "Train and Place" approaches. as cited in BC Service Framework (unpublished manuscript, p. 43-44)*

The need to provide a social gathering place which provides the opportunity to engage in meaningful activity may, in fact, be best met by an accredited Clubhouse. Clubhouses are community centres where members have an opportunity to be involved in residential, employment, educational, vocational, social and recreational programs to facilitate recovery. These programs are available within the Clubhouse as well as in the surrounding community. Participation in Clubhouse activities and programs is completely optional. However, in the supportive environment of Clubhouses, many members engage in these activities and programs.

The unique environment of the Clubhouse is the result of reciprocally beneficial relationships among members and staff. These supportive relationships are key to individual members in reaching their goals of having friends, jobs or education.

Members participate in all the work and activities of the clubhouse which may include cleaning, cooking, painting, landscaping, leisure activities, studying and tutoring. Other members have goals of getting a job, an education, a home, and friends.

Additionally, Clubhouses offer a variety of employment options to members. These include supported and independent employment. Some Clubhouses have developed social enterprises, non-profit businesses, which operate for the benefit of their members.

Clubhouses are an evidence-based practice and are included in the US National Registry of Evidence-based Programs and Practices. However, as with other evidence-based practices, they must be operated with fidelity to the original, Fountain House model.to be effective. This has led to an accreditation process to assure fidelity.

As discussed earlier, there is a major concern among GVA mental health stakeholders that if the development of a Clubhouse (or similar such service) is to proceed it should be accomplished with "new" money. Importantly, existing funded agencies will not be able to maintain current services or increase service levels to meet these new identified needs if their funding is diverted to develop a Clubhouse in the GVA.

1.5.2 Service Access and System Navigation

In addition to the need for a social gathering place/clubhouse, stakeholders identified other service needs: Specifically:

- There is an identified need to further develop and enhance **peer support services** throughout the GVA

- Family members are requesting **mentorship and in-reach services** (defined as in hospital education and support to family members) to assist them living with their mentally ill relatives. This need could be met with greater access to Family Psychoeducation services

- There is a need Identified by service users and families for better access to **psychotherapies,** particularly Dialectical Behavior Therapy (DBT) and Cognitive Behavior Therapies (CBT). These psychotherapies should be available on an individual or group basis.

- There is an identified need for greater access to **evidence based** supported employment and supported educational services.

- There is an identified need for **improved access to IHA mental health services**, i.e. the Day Hospital and Victoria Mental Health Centre.

- System Navigation is a major problem for service users, families and service providers such as family physicians. While there are good resource guides available, such as that published by REES, the "system" is bewildering. There have been successful system navigation projects that benefit from human "navigators", including peers, web pages or smart phone apps to facilitate system

navigation. A system navigation project in the GVA would be very beneficial in making services user friendly and more easily accessed.

1.6 RECOMMENDATIONS:

The collaborative mental health “Leadership Team” (mentioned below) may identify priorities and quick fixes among this list. We have attempted to present this list using the new MHCC (2015) Guidelines for recovery-oriented practice in what may resonate as a working priority list.

- **Establish a permanent, collaborative mental health PSR and recovery Advisory Team.**

  The work of this Advisory Team would be to prioritize, coordinate and evaluate mental health PSR and recovery service planning across the GVA. The team would include representatives from IHA, Mental Health Services, funded agencies, service users and family members. This team would have sufficient fiscal authority to propose a regional budget including the funding for new initiatives.
  This Advisory Team would assess the financial implications of any system changes. A priority for the mental health leadership committee would be achieving greater integration or, at least, coordination of PSR and recovery services provided by different agencies and developing a map of services. This service map should be online so that it can be easily updated. This map will identify resources for people with lived experience and families.
  Another early priority for the Advisory Team could be implementation and evaluation of the Mental Health Commission of Canada Recovery Guidelines (2015).

- **Recovery- acknowledging, valuing and learning from people’s experiential knowledge and from families and staff.**

  Develop a social gathering place for people with lived experience. In addition to meeting social needs, this resource would provide peer support and mentoring that could; build on strengths, support the development of wellness and social skills and facilitate engagement in services such as Supported Education and Supported Employment.
  As noted, these functions may be best provided by an accredited Clubhouse. The funding for this resource should be “new money”, perhaps acquired through a fund raising campaign.

- **Recovery –oriented culture of value and hope**
  It is recommended that some current language use be reviewed, e.g. "Schizophrenia Program". As such some programs may benefit from acquiring a new and less stigmatizing name. Engaging people with lived experience and staff in identifying new names for programs may be a useful strategy to address this issue.

- **Recovery – promoting partnerships and responding to diverse needs**

  Include family in mental health service design, delivery, evaluation and research while helping people gain the necessary skills to participate as equal partners.

  In partnership with funded agencies, expand, support and enhance peer services including WRAP and supported employment and supported education services and further develop opportunities for service delivery models, particularly low barrier entry level services) that address the mental health needs of youth and family members.

- **Recovery-oriented evaluation process and practices**

  "Desired outcomes" should be the basis for evaluating new and existing service initiatives. Specific measures should include an increase in people served, reduced use of hospital care, increased sense of client and family efficacy and autonomy, increased participation in meaningful activity, e.g. hours spent in meaningful activity, improved sense of belonging and engagement as a citizen and "access to a good life".

- **Recovery as Personal**

  Each person should have a strengths-based rehabilitation plan at all points in the continuum of care from hospital to community and during transitions. This plan should be developed with service users and family members.

  Current practice places psychiatry services at the center with diagnosis being the entry criteria to enter most services. It recommended this practice be reviewed and a more needs based approach be taken. It is more appropriate for access to services be on the basis of need, i.e. functioning level and/or acuity.

1.7 SUMMARY:

A review of Greater Victoria Area (GVA) mental health PSR and recovery oriented services was conducted at the request of Island Health Authority, Mental Health Services. The purpose of the review was to identify strengths, gaps and opportunities to improve mental health services currently being provided in the area. The review focused on PSR and recovery oriented approaches.

An analysis of current PSR and recovery oriented system strengths, gaps and opportunities for improving services has led to a set of recommendations for the consideration of Island Health Authority, Mental Health PSR and recovery Services.

The authors hope this analysis and recommendations will be helpful to leadership and stakeholders in their continuing commitment to providing effective, evidence based PSR and recovery oriented mental health services in the Greater Victoria Area.

1.8 BIBLIOGRAPHY

British Columbia Ministry of Health. (2014). British Columbia Service Framework (unpublished): Author.

Mental Health Commission of Canada. (2015).Guidelines for Recovery-oriented practice. From the Mental Health Commission of Canada website: http://www.mentalhealthcommission.ca/English/document/72756/guidelines-recovery-oriented-practice

Mental Health Commission of Canada. (2012). Changing Directions, Changing Lives: The Mental Health Strategy for Canada, p. 34. Calgary, AB: Author. From the Mental Health Commission of Canada website: http://www.mentalhealthcommission.ca/English/system/files/private/MHStrategy_Strategy_ENG_0.pdf

Mental Health Commission of Canada. (2014). Declaration of commitment to recovery, from the Mental Health Commission of Canada website: http://www.mentalhealthcommission.ca/English/system/files/private/t/MHCC_Recovery_Declaration_ENG.pdf

Psychosocial Rehabilitation/RPS Canada (2010). Psychosocial Rehabilitation Practice Standards and Definitions for Recovery-Orientated Services from PSR/RPS Canada website: http://psrrpscanada.ca/index.php?submenu=_about&src=gendocs&ref=Core%20Principals&category=Main

Psychosocial Rehabilitation/RPS Canada. (2014). Principles of Psychosocial Rehabilitation (PSR) from PSR/RPS Canada website: http://psrrpscanada.ca/index.php?submenu=_about&src=gendocs&ref=Core%20Principals&category=Main

2 Appendix: Statistics on Mental Illness: Prevalence, Impacts and Services

Prevalence of Mental Illness

Statistics Canada 2013 (Victoria metropolitan area)

- 6.7% perceive their mental health as fair or poor
- 10.3% report having a mood disorder

CMHA

- 3% of Canadians live with severe and persistent mental illness (Based on above, 10,000-20,000 (pop 350,000) people in greater Victoria likely have serious and persistent mental illness).
- 15-40% of people in prison have a mental illness
- 30-35% of the homeless population suffers from a mental illness.
- 20% of Canadians experience mental illness during lifetime
- 56% of the people designated as Persons with Disability (PWD) in BC have a mental illness.
- 70 – 90% of people living with a serious mental health disorder in Canada are unemployed, including 30% of people living with depression or anxiety.

Social Impacts

Healthy Minds, Healthy People (Ministry of Health Services and Ministry of Children and Family Development 2010)

- Mental illness costs the Canadian economy $51 billion annually in lost productivity. BC's share of this burden is $6.6 billion

Victoria Police Department 2014 Citizen Survey

- Social issues not crime, top concerns. Homelessness was a major concern for 75% of the 136 business owners surveyed, followed by drugs and panhandling (71%), mental health (52%).

Media Reports

- In 2011, 291 British Columbians of all ages died in car crashes. In that same year, 526 people took their own lives (Times Colonist June 5 2013)
- Victoria has the highest per capita deaths of homeless people in BC (Times Colonist Nov. 6/14

Police Involvement

Jamie Graham, former Victoria Chief of Police

- Vancouver Police Department has been tracking police involvement for several years and 18% of their calls have a mental health component; if this data were collected for Victoria the results would be comparable

Mental Health Commission of Canada 2014 TEMO Police Interactions.

- Canada statistics:
  - 2 in 5 people with mental illness have been arrested in their lifetime
  - 3 in 10 people with mental illness have had the police involved in their care pathway
  - 1 in 7 referrals to emergency psychiatric inpatient care involve police
  - 1 in 20 police dispatches or encounters involve persons with mental health problems.
- Vancouver:
  - 4X increase in mental health-related calls since 2002
  - 20% of police calls-for-service related to mental health issues
- London, Ontario:
  - 134% increase in costs related to people with mental illness between 2000-2011

Media Reports

- It costs $31,000 per year for each homeless person on salaries of law-enforcement officers, jail stays, emergency room visits and hospitalization of for medical and psychiatric issues. On the other hand if a homeless person's needs were met the cost would be $10,000 per person. (Times Colonist July 5/14)
- 356% increase in calls in the GVA to the police related to mental health in the last five years (Times Colonist June 22/14

Health Services

Island Health 2012 Local Health Area Profile for the GVA.

- Depression and anxiety topped the list for chronic conditions, with 63,134 patients or 28.6% of the population.

Dr. Stan Kucher, Director of World Health Organization Collaborating Center in Mental Health Training and Policy at Dalhousie University, Halifax

7 cents of every dollar spent on Health care in Canada goes to mental health but mental disorders account for 40% of all illnesses Canadians face. (Times Colonist Sunday Oct 11 2015).

PSR Benefits

Ministry of Health PSR Service Framework (2014 Draft):

- From a societal and systems perspective, these [PSR] approaches significantly reduce pressures on health, social and police services. Where PSR approaches have been implemented there have been substantial reductions in emergency hospitalizations, admission pressures on acute care units and service costs (e.g. VanMeerten et al, 2013).
- Recovery is now emerging as the dominant philosophy in mental health. The shift from "medical" model has occurred in the past 20 years, largely as the result of major longitudinal studies, e.g. Harding, Brooks, Ashikaga, Strauss and Breier (1987a, 1987b) which have shown that recovery is possible for most persons living with serious mental illness, as well as the influential writings of William Anthony (Anthony, 1993) and Patricia Deegan (Deegan, 1988).
- Health Authorities and funded agencies are encouraged to provide the necessary fiscal and human resources required to support on-going implementation of PSR programs and services as key to Mental Health and Substance Use system transformation.

Compiled by Moms Like Us (Oct 2015)