

TECSS

AGM

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Ann Thompson

Karyn Baker

Key Components of Recovery

- HOPE
- EDUCATION
- SELF-
RESPONSIBILITY/EMPOWERMENT
- SELF-ADVOCACY
- SUPPORT: GIVING AND GETTING

What has been happening outside Canada?

- It is truly an international movement
- Key leaders – New Zealand, United States
- First international organization to promote alternatives for recovery - INTAR

What is happening in Toronto?

- Leadership and activist activities
- Agency staff training in recovery
- Family mental health recovery education
- University Courses with Recovery Contents
- WRAP and Peer Support Program

Challenges for Implementing Recovery in Toronto

- The word 'recovery'
- Shifting of power within mental health
- Lack of practical information about implementing recovery
- How does recovery fit within a diverse Toronto

The Word 'Recovery'

Consumer/survivors:

- "I have nothing to recover from"
- "I am recovering from much more than symptoms"
- "I have been transformed from this experience"
- Fear of the word being co-opted and becoming meaningless

Families:

- Think it means cure
- Gives False Hope
- Whose fault is it if someone doesn't recover?

Service Providers:

- "What we have always done"
- Anti-psychiatry
- Not Evidence-Based

Fundamental Shift in Power

- Shift in values/attitude from paternalism to self-determination
- Recovery critiques the system – use of seclusion and restraints, coercion, lack of choices, discrimination
- Under-funding and under-valuing of consumer/survivor initiatives and peer support
- System doesn't promote wellness and exiting the system
- When the status quo is challenged a power struggle can develop

Lack of Practical Information on How to Implement Recovery

- Recovery sounds good – hard to argue with vision, principles, key components – an attitude shift is the first step
- But what knowledge, skills and strategies do consumer/survivors, families, providers need to have for their own recovery and/or to create an environment in which recovery can happen. For example, instilling hope and providing real choices.
- We are all still learning about implementing recovery
- How can I practice recovery when the system is not recovery-oriented?

Practicing Recovery in a Diverse City

- Leadership in the Recovery Movement has been predominately white
- Values of Recovery include an anti-oppression perspective and recognize the impact of other oppressions on mental health and recovery including racism, homophobia, sexism, ageism
- New Zealand experience
- Need to learn and understand more

Our Learnings

- Educational events do create a ‘buzz’ and do start the ‘snowball to roll’
- Many agencies are in a self-awareness stage – what do we know about recovery?, what are we already doing that is recovery-oriented? What do we need to do differently?
- Opportunities for consumer/survivors, families and providers to come together is useful.
- We also need unique educational approaches for consumer/survivors, families and providers

Building Blocks for Recovery

- More Peer-run Services
- Develop Consumer/survivor Workforce at all levels
- Not just Participation by Consumer/Survivors but Leadership
- Address the use of Force and Coercion in the System
- Do the Anti-Discrimination Work

Challenges for Community Mental Health

- Believing that People Can and Do Recover
- Understanding the providers' role in creating a recovery environment
- Addressing Discrimination
- Exiting the System

Thank you!