



Wellness and Recovery Newsletter

Volume 3 Issue 2 June 2008



Community
Resource
Connections
of Toronto

Welcome to the Wellness and Recovery Newsletter

Welcome to this new edition of the Newsletter. We hope the information in this edition of the Newsletter will prove helpful to our readers. Again, please let us know any comments you may have regarding this and previous issues of the Newsletter, and any suggestions you may have for future issues.

- G. Dewar

Recovery from Mental Disorders

The following article is reproduced with permission from the BC Partners for Mental Health and Addictions Information. See www.heretohelp.bc.ca for more useful tools and fact sheets.

Although recovery has long been the goal of physical rehabilitation programs, the concept of recovery is relatively new in the mental health field.

Until a few decades ago, people with major mental illness were viewed as lost souls with no other option than institutionalization, sometimes for the rest of their lives.

The arrival of powerful anti-psychotic drugs in the 1960s provided relief from the more severe symptoms of mental illness, allowing people with major mental illness to live well outside of institutions.

The treatment philosophy of the mental health system has gradually shifted away from institutions and towards a community-based approach to mental health services. This resulted in massive closures of long-term care hospitals and the development of community treatment facilities—a process that continues today.

The vision of recovery from mental illness emerged in the 1990s when mental health care services began to focus on how people function rather than on how services were managed and delivered.

Today, more and more people lead active and meaningful lives in spite of the challenges associated with mental illness.

Maurizio Baldini, 44, has been maintaining his recovery from schizophrenia for 13 years. A former lawyer, he now works on legal issues as a mental health advocate. Baldini says he finds it rewarding to provide support to others. "I have a positive outlook on life and have been lucky enough to build a comfortable life for myself," he adds.

Patricia Deegan, a pioneer in the mental health recovery field, completed a doctoral degree after years of coping with major mental illness. Based in Lawrence, MA, Deegan emphasizes that people with mental illness are not passive recipients of rehabilitation services. They do not "get rehabilitated" in the sense that cars "get tuned up" or televisions "get repaired." Rather, they are courageous participants in a way of life that includes employment, social interaction, sports, community service and other activities.

She describes recovery as a non-linear process, one that involves disappointments and setbacks as well as sudden insights and periods of growth.

A person can move beyond a life defined solely by mental illness yet still have occasional symptoms just as a person with heart disease can recover from surgery and adapt to living with a vulnerable heart.

For example, Baldini monitors himself daily in order to nip any symptoms in the bud. "I just make sure I get enough sleep and make sure I'm not too stressed out," he says, adding that he exercises regularly and follows a healthy diet. "If I can catch [an acute episode] in the early stages, I take a little medication and it usually clears it up."

Since early intervention is the best treatment, learning to recognize the early stages of a relapse is an important aspect of living with mental disorders.

Nevertheless, recovery from the illness is only one part of the process, according to Deegan. Many individuals with mental illness must also rebuild a sense of self-worth and recover from the side-effects of unemployment, long periods in treatment settings and the stigma and discrimination attached to mental disorders.

Reclaiming these aspects of life are sometimes more difficult than recovering from the illness itself, Deegan says. Crushed dreams may take a long time to mend especially if the person has had few opportunities to direct his or her own life.

For example, people with mental illness may face additional barriers to employment since these disorders often strike in early adulthood at a time when education and job skills are being developed. At the same time, the ability to participate in the workforce is the single most important factor in making a successful transition to the community at large, mental health advocates say.

Employment can provide income to improve one's housing situation, buy a warmer coat or pursue leisure activities that many people take for granted. Moreover, interaction with others in a workplace setting can rebuild self-esteem, nurture resilience and confidence and reclaim an important social role. According to the Canadian Mental Health Association, "Today, the question being asked by more and more mental health professionals is not 'can a person work or not?' but rather 'what types of supports are needed to make this a successful experience?'"

The presence of people who care and believe in the person is another important factor in recovery. For Baldini, encouragement from others was pivotal to his return to university after his first acute episode of schizophrenia. "The support I got from my psychiatrist was really helpful," Baldini says, adding that his psychiatrist lowered the dosage of his medication to help him to concentrate better.

People with mental illness can also support each other. For example, peer support groups encourage people with mental illness to share their experiences and know they are not alone.

Available throughout BC, clubhouses and other community services provide opportunities for people with mental disorders to get together, share meals and develop social and work-related skills.

As they recover, people begin to focus on other interests and activities and the illness becomes just one of many aspects of their lives.

For Baldini, recovery is "being able to work in what I want to do. It's having a broad range of emotions ... It's the normal sorts of things one would hope for in a balanced lifestyle," he says.

Activities that Support Recovery from Mental Illness

- opportunities to express one's true feelings
- social interaction with friends and colleagues with and without mental illness
- sports and leisure activities
- opportunities to resume education and learn new skills
- opportunities to join the workforce
- participation in community events and volunteer activities
- continued access to recovery programs, depending on need

Assumptions that Promote Recovery from Mental Illness

- **recovery is not done alone**, it can be everyone's business: professional help, friends and family, self-help groups, adult education, meaningful employment, adequate housing, and self-care are also key factors
- **recovery is about hope**, commitment and taking responsibility: it's about taking ownership for transformation, for making choices, for focusing on strengths, for being actively engaged in treatment and support decisions
- **recovery may occur** whether one views the illness as biological or not
- **recovery accepts limitations**: acknowledging and accepting limitations allows one to pursue and discover talents, gifts and possibilities

- **recovery reduces the frequency** and duration of symptoms; more of one's life is lived symptom-free
- **recovery is not a linear process**; it's possible even though symptoms may reoccur: because mental illness is episodic by nature, recovery involves periods of good and difficult times, setbacks and accomplishments; a relapse does not mean progress is suddenly undone
- **recovery from the consequences** of mental illness is as important and often more difficult than recovering from the illness itself: resilience to or actively fighting against stigma, lowered self-esteem, discrimination in employment and housing
- **recovery is about redefining** one's self: it's about accepting the illness as only one part of a multidimensional identity and remembering other valued roles like mother, son, taxpayer, friend, advocate

Source: Davidson et. al (2005)

SOURCES

Canadian Mental Health Association. Routes to Work: What we learned.

www.cmha.ca/bins/content_page.asp?cid=7-13-716-719&lang=1

Davidson, L., O'Connell, M., Tondora, J. et al. (2005). Recovery in serious mental illness: A new wine or just a new bottle. *Professional Psychology: Research and Practice*, 36(5), 480-487.

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Writing as a Tool for Wellness and Recovery

Writing can be a very helpful tool for one's wellness and recovery, available and easily accessible for use by anyone who likes to write. If you are experiencing mental health issues, and especially if you can remember getting a 'kick' out of doing writing in school or 'just for fun' as a young person, then you ought to explore writing as a way of connecting with your creativity and improving your mental health.

There are a number of ways in which writing can be used to support and improve one's mental health. Some ways come relatively naturally; other ways require varying degrees of additional learning beyond the English composition methods most people learned in school.

Perhaps the most natural way to use writing is for composing short stories, poems, essays, etc. In fact, people enjoy doing this so much that some mental health programs in Toronto have thriving writers' groups in which people write whatever is on their minds, and share it with other members of the group. In at least one instance this has led to publication of a collection of contributions by writers' group members.

Journaling is another form of writing which comes very naturally to many and which can prove particularly beneficial for one's mental health. Some people in fact discover the pleasures of journaling, or of keeping a diary, at a very young age and have kept their writings since childhood. Other just do journaling when they feel a need. In fact journaling is an accepted form of therapy which for example allows people who have been through a crisis to set down on paper the cause of the crisis and to work through possible solutions to the problem which caused the crisis.

There are many books available about journaling, and they give exercises to illustrate the many different ways that journaling can be used.

One interesting variation on journaling called the "Best Possible Selves" exercise is described and discussed in Dr. Sonja Lyubomirsky's recent book "The How of Happiness: A Scientific Approach to Getting the Life You Want" (pp. 103-106). In the Best Possible Selves exercise, you spend time on consecutive days (in the study cited, people spent twenty minutes on four consecutive days) writing about your best possible future selves ie. Visualizing the best possible future for yourself in multiple domains of life. Studies have found that doing this causes a significant elevation in mood (ie. Happiness).

Finally, one other form of writing to be mentioned is list-making. List-making is especially useful in crisis recovery. When you are feeling well, make lists of things you should do or not do when you are in crisis or otherwise not feeling well. This can include things that you know will make you feel better, or things you should avoid because they may make you worse. You can also make lists of people you would like to have called, or people you would rather not have any contact with, when you are unwell. One system which provides a framework for such lists is the Wellness Recovery Action Plan (WRAP), which was originally developed by Mary Ellen Copeland in the U.S.

- G.Dewar

Book Title: Get It Done When You're Depressed

Author: Julie Fast

Publisher: Alpha (January 2008), 288 pages

This is an interesting book which I noticed at the bookstore recently. Have not read it myself, but thought readers of this Newsletter might be interested. Here is the publisher's blurb: "Shake the blues away."

Everyone knows that depression can lead to guilt, sadness, frustration, and in the case of 15-20% of people with depression, suicide. Because we live in a culture that rewards (and often worships) productivity, when a depressed person can't meet the expectations of society, the depression becomes worse and a vicious cycle begins. The goal of "Getting Things Done When You're Depressed" is to break this cycle. Readers will learn:

- How to prepare yourself mentally for working while depressed
- How to structure your environment so you can work more easily
- How to work with others
- How to prevent depression

ObusForme Sound Therapy Relaxation System This is a free-standing sound system that has 10 digitally recorded sounds to choose from: rainfall; ocean waves; summer night; waterfall; white noise; running stream; heartbeat; tropical forest; songbirds; and thunderstorm. There is an optional 60 minute timer built in. The system can operate off AC adapter or batteries, so it is portable.

The system is distributed by Conair Consumer Products of Woodbridge, Ontario. They can be contacted at 1-800-472-7606. Stores which sell their products are listed on their web site www.conaircanada.ca (they admit their web site is incomplete, and this product does not seem to be listed on the site).

I bought one of these recently and it was only \$35 (plus tax). Seems very useful for relaxation and wellness, falling asleep, and also concentrating on work.

Capsule Book Review:

The Emotional Energy Factor: The Secrets High-Energy People Use to Beat Emotional Fatigue by Mira Kirshenbaum. New York, New York: Delta Trade Paperbacks, 2003, 266 pages.

This is a really good book which I have read, re-read, and still frequently refer to. The author is a psychotherapist and researcher whose writing style is very clear and interesting. In this book she gives a lot of techniques, virtually none of which involve medication, to resolve your problems and feel more energetic. Each technique is illustrated with one or more stories of how someone has applied it. Some of the techniques are no doubt taught in psychology courses, but she explains each one in direct, everyday language. –G.Dewar

Information on Recovery-based Competencies

Here we are reprinting, with permission from the New Zealand Mental Health Commission, information on the recovery-based competencies needed by mental health workers. This information is excerpted from the 2001 paper "Recovery Competencies for New Zealand Mental Health Workers," which was researched and written by Mary O'Hagan for the Mental Health Commission and is on the Commission's web site <http://www.mhc.govt.nz>. It is 95 pages long.

Below is the list of the major categories of recovery competencies, preceded by some text from the paper explaining more about the competencies: What they are; how they were developed; and, who and how to use the paper.

What are recovery-based competencies?

The term competencies is defined broadly in this paper to include the attitudes, skills, knowledge and behaviour required of the mental health workforce. However, the recovery-based competencies are more often couched in terms of attitudes and knowledge rather than behaviour or skills.

The recovery-based competencies should not just be treated as an add-on to current curricula or training standards. They signal a fundamental change to all aspects of the education of mental

health workers. They require that some new material be taught. But they also require that some existing material be taught differently.

These competencies apply to all service users of all ages and cultures. They also apply to people working in all services whether they be mainstream services, kaupapa Maori or service user-run services. And they apply to all mental health workers, in all occupational groups and cultures.

The recovery-based competencies in this paper are not a complete description of all the competencies needed by mental health workers. For instance, we have not included professional ethics. Nor have we included strictly therapeutic or technical competencies which can assist recovery, such as prescribing drugs or the practice of psychotherapy. This is because not everyone in the workforce needs to develop these competencies and they are well covered in existing training standards. However, if the clinical workforce acquires the recovery competencies outlined in this paper, their clinical or therapeutic care and support are more likely to lead to recovery.

Everyone in the workforce needs to acquire recovery-based competencies to a certain level, but some may need to acquire some of the competencies to a more developed level, depending on their job description or occupational group. For instance, mental health support workers may need to acquire some of the community-focused competencies to a higher level than psychiatrists. But psychiatrists will need to acquire some of the treatment-focused competencies to a higher level than mental health support workers.

How were the competencies developed?

The competencies were developed by service users from several information sources:

- A review of international mental health recovery literature.
- A perusal of selected literature on people's experiences of mental illness and services, the service user movement, human rights, discrimination, social exclusion, cultural issues, family perspectives, community development and adult education.
- A review of New Zealand training standards for mental health support workers, nurses, psychiatrists and social workers.

A draft set of competencies was developed for consultation which consisted of:

- focus groups of service users, families, Maori, Pacific people and Asian people
- written comments from education providers, service providers, government agencies, service users and families.

Their comments and concerns were very useful in shaping the final document.

Who and how to use this paper

The most obvious audience for this paper is education providers but it could be useful to anyone involved in the mental health sector.

Education providers should use this paper to identify any gaps in the recovery content of their training standards and courses. Once these have been identified they should fill the gaps referring to the list of competencies and resources.

It is not possible to write a generic list of competencies that can be simply inserted into all training standards. There is a marked difference in the style and detail between the training standards for different courses and occupational groups. And different courses may need to teach some of the competencies to different levels. For these reasons the list of competencies may need to be adapted to fit different training standards and educational levels. In particular, the competencies may lack the detail or measurability required by some training standards. In these cases, it is up to the standards writers and education providers to add the necessary detail and measures.

This paper also provides a list of mainly written and electronic resources to support the teaching of the recovery competencies. These resources are all listed in the 'References' section. The relevant references are also listed under each competency in Section C. Most of the references are available from the electronic book stores listed on page 84 [editor's note: of the original paper] or come with an email address or website where you can access them.

Other groups in the mental health sector should find the recovery-based competencies and resources useful as well. They can be used by service users to gauge the fit between the support for recovery they receive from services and the optimum support for recovery they could receive. The mental health workforce could use them for self-assessment and performance monitoring. The competencies could inform the development of standards and be used in the evaluation and accreditation of services. They could be included in funding contracts with service providers and education providers. They also could be used to help shape government policy.

Finally, the competencies probably look very daunting and unachievable for stressed and overworked mental health workers. It may be useful to view the competencies in the same way many people view recovery - as journey rather than just a destination.

This paper is also available in electronic format on the Mental Health Commission's website www.mhc.govt.nz

Recovery Competencies. Major categories

- 1 A competent mental health worker understands recovery principles and experiences in the Aotearoa/NZ and international contexts
- 2 A competent mental health worker recognises and supports the personal resourcefulness of people with mental illness
- 3 A competent mental health worker understands and accommodates the diverse views on mental illness, treatments, services and recovery
- 4 A competent mental health worker has the self-awareness and skills to communicate respectfully and develop good relationships with service users
- 5 A competent mental health worker understands and actively protects service users' rights
- 6 A competent mental health worker understands discrimination and social exclusion, its impact on service users and how to reduce it
- 7 A competent mental health worker acknowledges the different cultures of Aotearoa/NZ and knows how to provide a service in partnership with them
- 8 A competent mental health worker has comprehensive knowledge of community services and resources and actively supports service users to use them

- 9 A competent mental health worker has knowledge of the service user movement and is able to support their participation in services
- 10 A competent mental health worker has knowledge of family/ whanau perspectives and is able to support their participation in services
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How to Subscribe to the Wellness and Recovery Newsletter

The Wellness and Recovery Newsletter is available by Canada Post and by email. To subscribe, contact the C/S Info Centre by phone at 416 595-2882 or by email at csinfo@camh.net. The Newsletter is published quarterly ie. Four times a year. Subscriptions are free.

This Newsletter is a joint effort by the Consumer/Survivor Information Resource Centre of Toronto and the Health Promotion Program of Community Resource Connections of Toronto (CRCT). The C/S Info Centre has for many years published its Bulletin which twice a month brings information of interest to consumers and stakeholders in the mental health system. CRCT works to encourage wellness and recovery of consumers through its Health Promotion Program, Community Support Program, Hostel Outreach Program, COPE Program, and Mental Health Court Support Program. Visit CRCT's web site at www.crct.org for information about its programs as well as current information about mental health-related resources, news and events.

Current and past issues of the Wellness and Recovery Newsletter, as well as a Cumulative Table of Contents, are available on CRCT's web site: www.crct.org. Just enter 'Wellness and Recovery Newsletter' (without the quotes) in the site-wide search box at the top of any page on CRCT's web site. Feel free to photocopy, post and otherwise distribute copies of the Wellness and Recovery Newsletter. Usually it is alright to further reproduce individual articles from the newsletter for nonprofit purposes, but please be sure to include the acknowledgement for the original source of the article.

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Toronto Public Labyrinth

The Toronto Public Labyrinth is located in Trinity Square Park beside the Toronto Eaton Centre (see map). We include the Labyrinth in the Wellness and Recovery Newsletter as it is a unique, free-of-charge resource which many people find has special calming effects.

According to the Labyrinth Network's web site (www.labyrinthnetwork.ca), "a labyrinth is a pattern with a single winding path that leads from the entrance to the centre....[whereas] mazes...[have] many paths [which] present a puzzle which the walker must solve in order to reach the centre." You can go to the Labyrinth Network web site to see a picture of the Toronto Public Labyrinth, which would probably not reproduce as clearly in our photocopied newsletter.

Labyrinths have been around for centuries. How are they used today? According to the Labyrinth Network's web site, "in hospitals, labyrinths are walked by staff, recovering patients and their visitors to relieve stress and aid in rehabilitation. Community groups and retreat centres use labyrinths for meditation, reflection and exercise. School labyrinths can serve as an activity zone for students. They can stimulate creative thinking and problem-solving, and act as a tool for conflict resolution."

As the Toronto Public Labyrinth is close by the Toronto Eaton Centre, people who have a difficult time with the crowds in the Centre can come to the Labyrinth afterward to walk the path and become calmed and centred again.

If you are interested in the Labyrinth, be sure to visit the Labyrinth Network web site. It contains information about the location of other labyrinths, articles about labyrinths, listings of events related to the labyrinths (eg. Walks are held at the Labyrinth to celebrated the summer and winter solstices), as well as other information.

