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# ***Overview of the training***

- To learn the background in recovery, recovery-oriented treatment and services, and other recovery-related approaches and supports***
- To acquire skills and knowledge in the application of recovery-oriented principles to mental health and psychosocial interventions, programs and support***
- To learn the recovery-oriented practice with evidence and effectiveness***
- To learn the nuts and bolts of peer support service***

# ***Training elements***

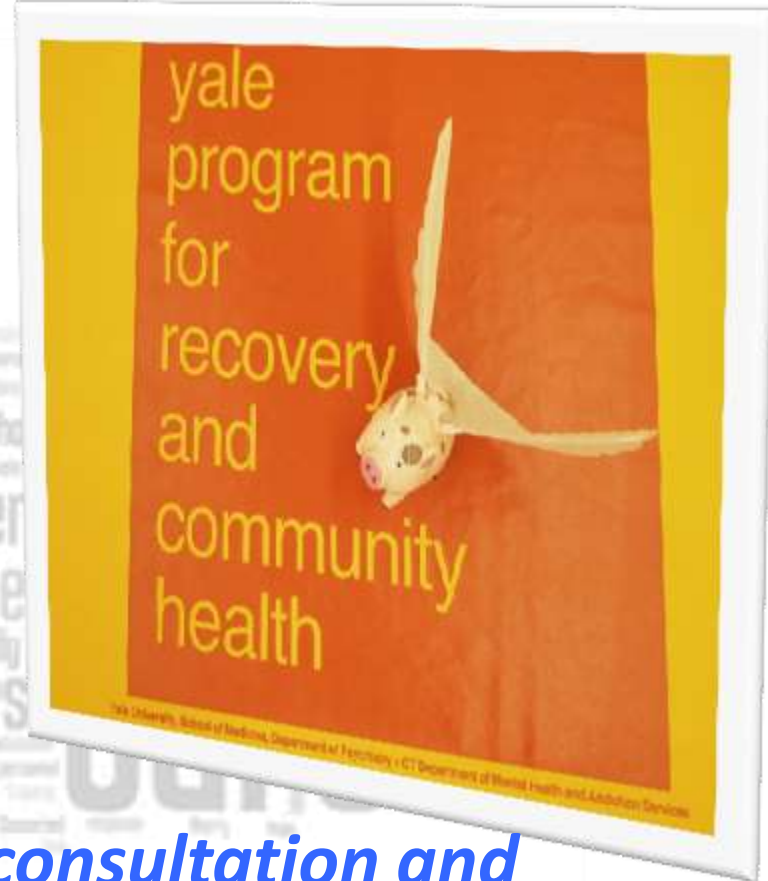
- ***Didactic and interactional training sessions,***
- ***Sharing through group discussion,***
- ***Participation in Patient & Staff meeting,***
- ***Outreaching to community facilities,***
- ***Site-visiting to hospital and other health care settings***

# Snap-shots



# About PRCH

- *The Program for Recovery and Community Health*
- *Funded by The Connecticut Mental Health Center (CMHC), Dept. of Psychiatry, Yale School of Medicine and the Institute of Social and Policy Studies of Yale University.*
- *Research, training, evaluation, consultation and policy development in the notion of recovery*



# ***About Connecticut***

- ***Wealthy state in US***
- ***Income gap between population in the urban and suburban is quite huge.***
- ***The mission:***  
***“To improve the quality of life of the people of Connecticut by providing an integrated network of comprehensive, effective and efficient mental health and addiction services that foster self-sufficiency, dignity and respect”***

# About Connecticut Valley Hospital

- *Services are designed under the concept of recovery as their operational framework.*
- *550 beds , 24 patient units with around 1600 staff*
- *Patient & Staff Steering Committee*
- *Reducing use of restraint and seclusion*







### EIGHT PILLARS FOR A RECOVERY COMMUNITY

- . Caring and Helpfulness
- . Greeting and Respect
- . Optimism and Hopefulness
- . Acceptance and Interest
- . Helpful Distractions
- . Options and Problem Solving
- . Information
- . Privacy

A photograph showing a traditional tea ceremony. A dark teapot is pouring tea into a dark teacup. There are green tea leaves in a small bowl next to the cup. The background is dark and out of focus.



## I AM A MEMBER OF THE CVH RECOVERY COMMUNITY

- I know that people can and do recover.
- I know that taking time to listen can make a difference in someone's life.
- I encourage people to explore choices and options.
- I will take the extra step to help someone.
- I treat people as equals with dignity, compassion and respect.
- I help myself when I help someone else.



4 May 2016





The art of living well

*Love life.*  
Take great pleasure  
in small offerings.  
*Believe that*  
the world  
owes you nothing.  
Understand  
that every gift given to you  
is exactly that.  
Realize that people  
who differ from you  
can be founts of fun.

MARY ANGLADE



### The ABC's of SELF-ESTEEM

<b>A</b> - Accept yourself as you are.	<b>J</b> - Judge yourself by your own standards.	<b>R</b> - Respect yourself.
<b>B</b> - Believe in yourself.	<b>K</b> - Know your own worth.	<b>S</b> - Stand up for yourself.
<b>C</b> - Care for yourself.	<b>L</b> - Love yourself.	<b>T</b> - Take pride in yourself.
<b>D</b> - Don't compare yourself to others.	<b>M</b> - Make a list of your accomplishments.	<b>U</b> - Understand your own needs.
<b>E</b> - Enjoy yourself.	<b>N</b> - Notice your own strengths.	<b>V</b> - Value yourself.
<b>F</b> - Face your fears.	<b>O</b> - Own your mistakes.	<b>W</b> - Watch your self-talk.
<b>G</b> - Give yourself credit for what you do.	<b>P</b> - Practice self-compassion.	<b>X</b> - X-ray your self-image.
<b>H</b> - Hold yourself accountable.	<b>Q</b> - Question your self-doubt.	<b>Y</b> - Yield to your own needs.
<b>I</b> - Invest in yourself.	<b>R</b> - Remember your own worth.	<b>Z</b> - Zing it!

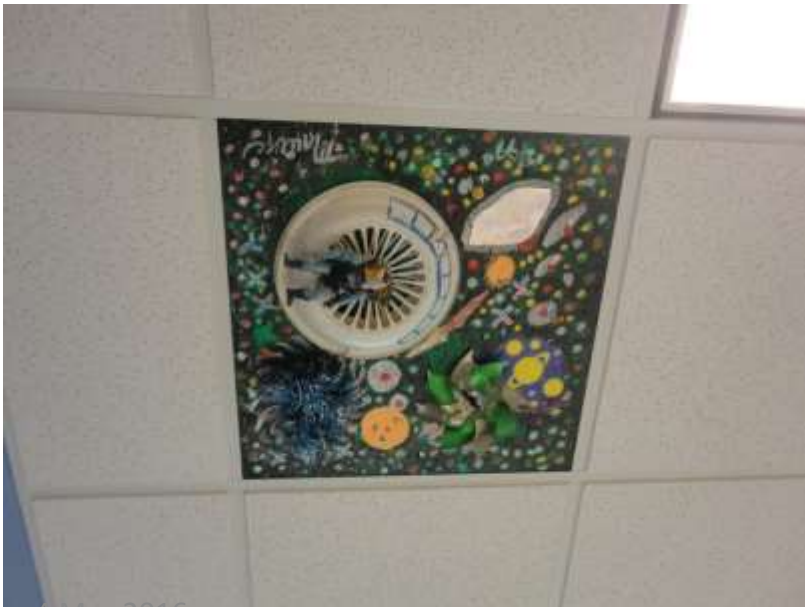
Respect Yourself!  
Believe in Yourself!



# **Visits to healthcare facilities providing recovery-oriented practice in Connecticut**



4 May 2016





# Recovery

- *empowerment,*
- *self-management,*
- *disability rights,*
- *social inclusion and rehabilitation.*
- *increasing control over his or her psychiatric condition*
- *collaborative treatment approaches, finding productive roles for user/consumers, peer support and reducing stigma*
- *being in Recovery rather than Recovered*



# ***From recovery to recovery-oriented care***

- ***from a primarily biomedical view of mental illness to a holistic approach***
- ***can be observed, measured, and then fed back to mental health organizations***
- ***builds upon each person's assets, strengths, and areas of health and competence to support the person's efforts in managing his or her condition***



**RSA-R  
Provider Version**

*Please circle the number below which reflects how accurately the following statements describe the activities, values, policies, and practices of this program.*

	1	2	3	4	5		
	Strongly Disagree					Strongly Agree	
	Agree						
N/A= Not Applicable							
D/K= Don't Know							
1. Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in this program.	1	2	3	4	5	N/A	D/K
2. This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.).	1	2	3	4	5	N/A	D/K
3. Staff encourage program participants to have hope and high expectations for their recovery.	1	2	3	4	5	N/A	D/K
4. Program participants can change their clinician or case manager if they wish.	1	2	3	4	5	N/A	D/K
5. Program participants can easily access their treatment records if they wish.	1	2	3	4	5	N/A	D/K
6. Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.	1	2	3	4	5	N/A	D/K
7. Staff believe in the ability of program participants to recover.	1	2	3	4	5	N/A	D/K
8. Staff believe that program participants have the ability to manage their own symptoms.	1	2	3	4	5	N/A	D/K
9. Staff believe that program participants can make their own life choices regarding things such as where to live, when to work, whom to be friends with, etc.	1	2	3	4	5	N/A	D/K
10. Staff listen to and respect the decisions that program participants make about their treatment and care.	1	2	3	4	5	N/A	D/K
11. Staff regularly ask program participants about their interests and the things they would like to do in the community.	1	2	3	4	5	N/A	D/K
12. Staff encourage program participants to take risks and try new things.	1	2	3	4	5	N/A	D/K
13. This program offers specific services that fit each participant's unique culture and life experiences.	1	2	3	4	5	N/A	D/K

精神復元量表(25題簡短版)

請在閱讀每一個問題之後，選擇一個最合適您目前狀況的答案打勾(✓)。

問 題	非常 不同意	不同 意	普通	同意	非常 同意
1. 我想要成功					
2. 關於維持或變的更健康，我有自己的計畫					
3. 在生活裡，我有想要達成的目標					
4. 我相信自己可以達成目前個人的目標					
5. 在生活裡，我有一個目標。					
6. 擁有各式各樣的朋友是重要的					
7. 我知道如何控制自己的精神症狀					
8. 如果我又生病了，我可以妥善處理它					
9. 我知道哪些事情或東西會引發我的精神症狀					
10. 我可以幫助自己變的更好					
11. 我可以做些事來幫助自己處理不好的症狀					
12. 我可以掌握生活裡所發生的事件					
13. 我喜歡我自己					
14. 如果別人真的認識我，他們就會更喜歡我					
15. 假如我持續努力，我可以變的更好					
16. 我覺得我的未來有希望					
17. 應付我的精神症狀不再是我生活的重點					
18. 我的症狀愈來愈少干擾我的生活					
19. 每次症狀發作時，造成的干擾時間愈來愈短					
20. 我知道什麼時候應該去請求協助					
21. 我願意去請求協助					
22. 當我有需要時，我會去請求協助					
23. 對我來說，能夠工作是重要的					
24. 我會從錯誤中學習					

問 題	非常 不同意	不同 意	普通	同意	非常 同意
25. 我知道哪些是發病的徵兆					



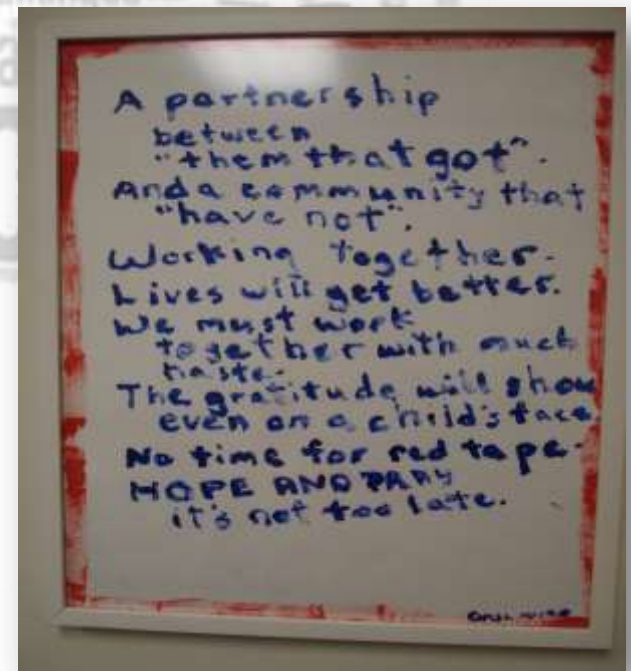
## **Practice Guidelines for Recovery-Oriented Behavioral Health Care**



**Connecticut Department of  
Mental Health and Addiction Services**

# Paradigm shift of health care

- *from medical necessity toward human need*
- *from managing illness to promote recovery*
- *from deficit-oriented to strength based*
- *from symptoms relief to personally defined quality of life*



# ***Person-centered Care and Planning***

- ***Recovery planning goal is providing individuals real and meaningful opportunities to choices and self-determination***
- ***Tool in the process of transforming and resolving self-determination, community inclusions***
- ***Toward recovery-oriented, person-centered care***

# ***Advance directive***

- ***A strategy to increase autonomy, to make choice and to have self-direction which are the central elements of recovery***
- ***To discuss future contingencies and to negotiate mutually acceptable approaches to care***
- ***Matches with recovery model of services that mental health consumers play a larger role in their own care***



# Peer support

- *a promising, cost-effective practice*
- *positive self-disclosure, role modeling and instillation of hope*
- *offer support, encouragement, hope and mentorship to others facing similar situations*
- *helping individuals to engage in treatment and to anticipate and address challenges in community*
- *as community guides, coaches and or advocates*



# ***Recommendation on service improvement***

- ***Promote and cultivate recovery culture***
- ***Development hardware for recovery-oriented care***
  - ∞ ***Arrange staff training on skills & knowledge to fuel and sustain transformation***
  - ∞ ***Change in language use in recovery and documentation format***
  - ∞ ***Develop practice guidelines***
  - ∞ ***Develop survey on the concerns of personnel involved in the revamp care model***
  - ∞ ***Revamp work on treatment planning***

# ***Recommendation on service improvement***

- ***Develop Peer Support Service***
- ***Develop evidence-based initiatives to support recovery-oriented care***
- ***Develop links with community leaders and community-managed organizations***

# Challenges

- ? *Transfer our knowledge about recovery to practice and service planning activities*
- ? *What barriers stand in the way of implementing a recovery orientation*
- ? *What are the risks of doing so*
- ? *How can recovery be measured*
- ? *By what criteria should the system be judged as recovery-oriented system*
- ? *Trade off some system liability for the increased self-determination and personal responsibility that seem to be the hallmark of recovery?*

## Group members:

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- Lam Mei Yi (PowerPoint Presentation)

# Acknowledgement

- *Ms Jane Liu Chief Manager (Nursing),*
- *Cluster General Managers (Nursing),*
- *General Managers (Nursing),*
- *Department Operations Managers (Psy),*
- *Staff of Nursing Section of HAHO,*
- *Ms CK Chung HOCS M(N)*
- *Members of the selection panel*
- *All staff of Program for Recovery and Community Health (PRCH), Yale University, United States including professors, clinicians, nurses, clinical specialists, administrators, scholars, professional staff and especially peers*



# Suggested Websites

Centre for Psychiatric Rehabilitation

<http://www.bu.edu/cpr>

Getting in the Driver's seat of your treatment:

<http://www.ct.gov/dmhas/lib/dmhas/publications/PCRPtr toolkit.pdf>

Recovery skill builder/ PCP Practice Tool

<http://www.carecoordination.org/recoveryplanning/Default.aspx>

SAMHSA interactive website on shared-decision making

<http://www.samhsa.gov/consumersurvivor/sdm/StartHere.html>

SAMHSA National consensus building initiative on person-centered planning

<http://www.psych.uic.edu/uicnrtc/cmhs/pfcphome.htm>

The Yale Program for Recovery and Community Health

<http://www.yale.edu/prch/index.html>



