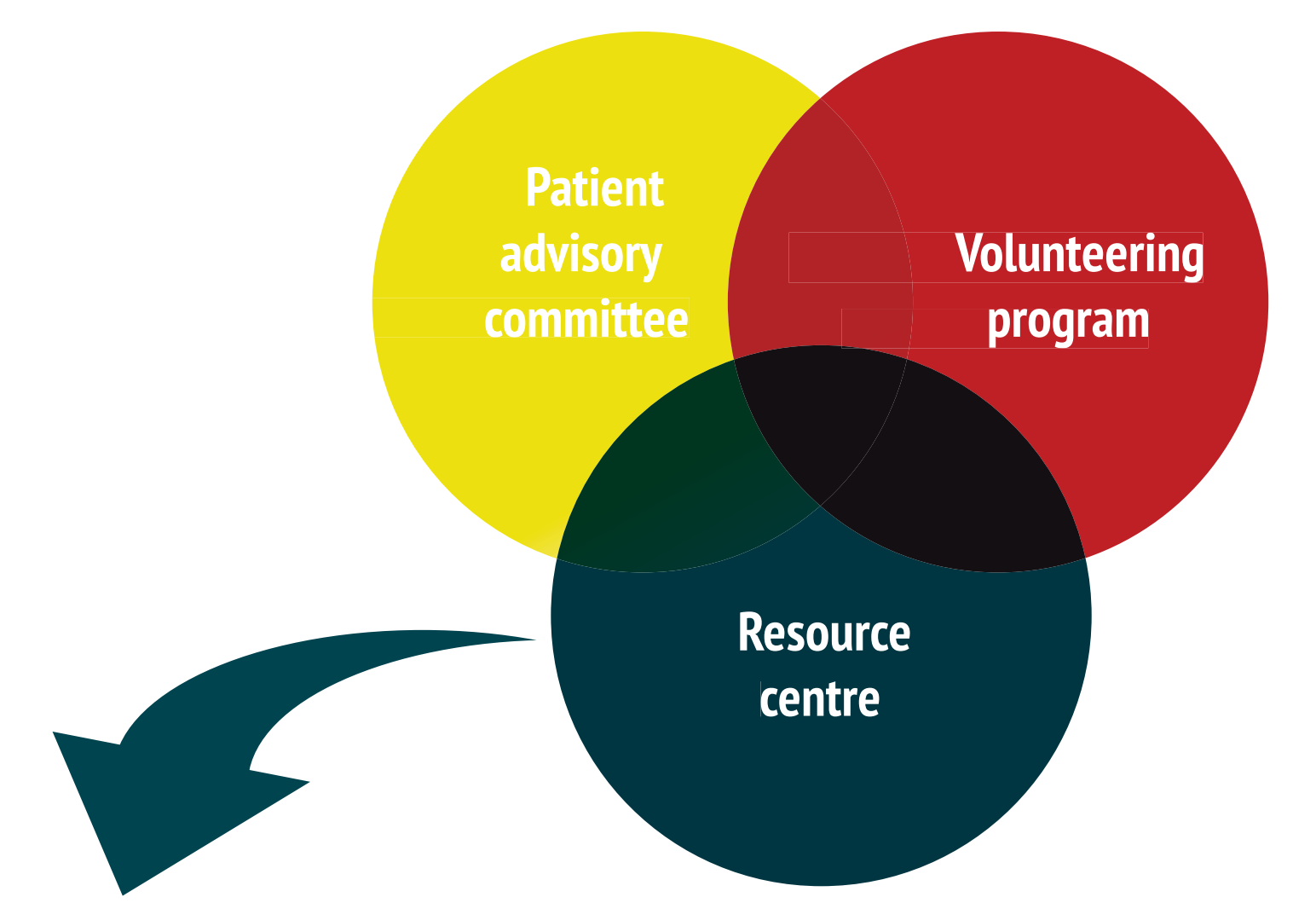


Mapping Resources for Recovery: A Patient-Oriented Research Initiative

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Introduction

Recent accreditation standards require a shift from symptom-oriented to recovery-oriented care. We conducted a mixed methods participatory study with patients, family members, and professionals at a psychiatry department to understand what were the gaps to implement recovery-oriented accreditation standards and what would be action steps to resolve the latter.

One action step was developing an interactive map from the local resources that patients and providers have identified as useful. The map is patient- and family-centred, containing resources that correspond to the needs and categories identified by them. Volunteers in the unit will help patients navigate, accompany them to organizations, and even add patient and family member review of the resources. A patient-led advisory committee provided oversight and final approval of additional sites.

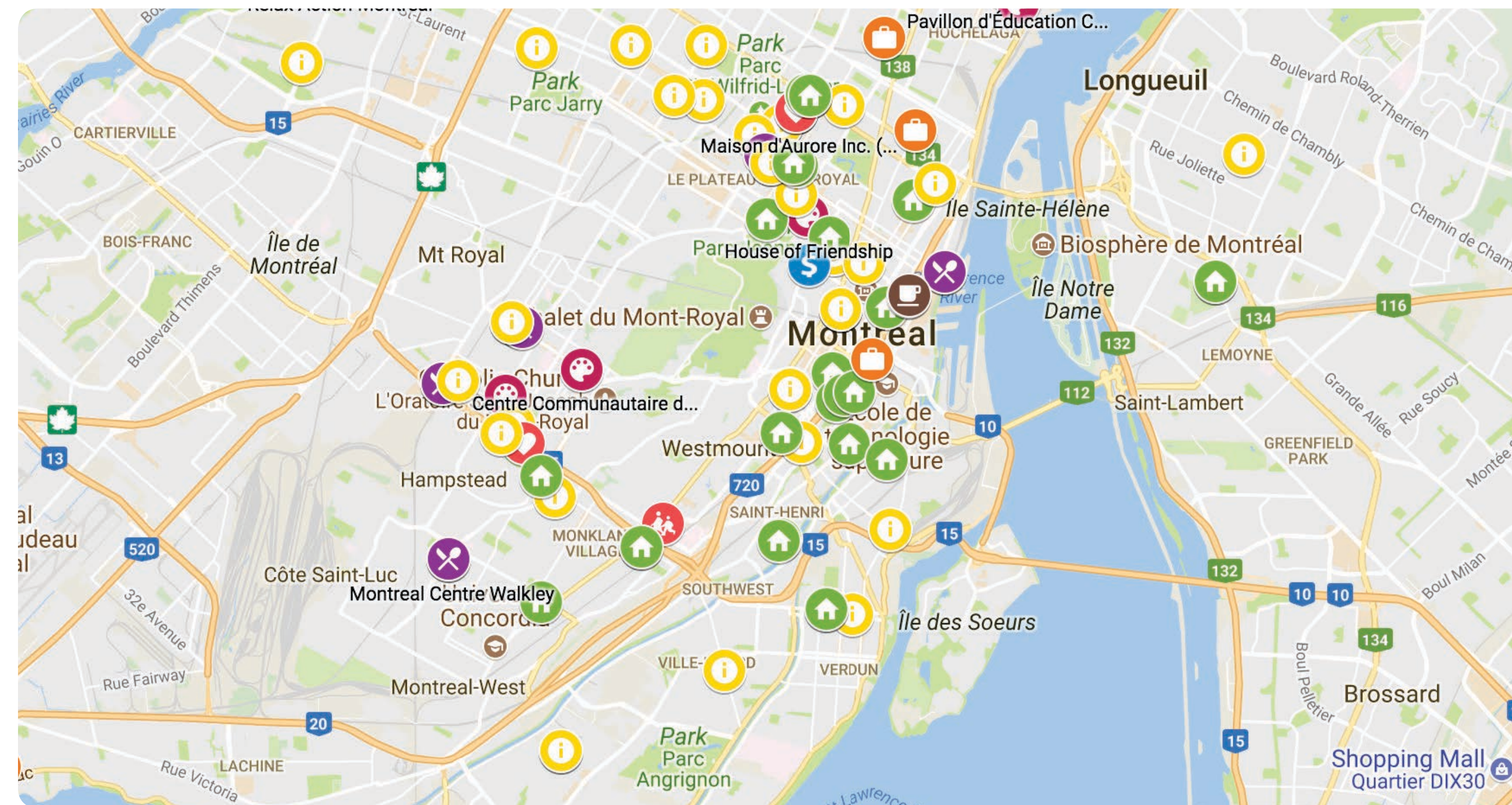


What is recovery-oriented care?

In recovery oriented practice, service providers engage in shared decision-making with people with lived experience of mental health problems and illnesses, offering a range of services and supports to fully meet a person's goals and needs.

1. Recognizing that each person is unique, with the right to determine their path toward mental health and wellbeing; and,
2. Understanding that we live in complex societies where many intersecting factors (biological, psychological, social, economic, cultural, and spiritual) have an impact on mental health and wellbeing.¹

¹ 2018, Mental Health Commission of Canada



Workshops/Activities

10 resources on the map, including Pavillon d'Éducation Communautaire, House of Friendship, Maison d'Aurore, Montreal Centre Walkley, Centre Communautaire de Loisirs de la Côte-des-Neiges, Centre Sportif Côte-des-Neiges, CRECA, Lasalle Community Centre, Relax Action Montréal, Club Ami.

Resources for Women/Men

16 resources on the map, including Centre des Femmes de Rosemont, Women's Centre of Montreal, Echo des Femmes de la Petite-Patrie, Centre des Femmes du Plateau, Concertation-Femme, La Marie Debout, Option: une Alternative à la Violence Conjugale et Familiale, Old Brewery Mission and more.

Mental Health Resources

26 resources on the map, including Revivre, Suivi Communautaire LeFil, Expression LaSalle, RESAC, Le Pivot, Phobies-Zéro, Recovery Canada, Écoute-Entraide, Friendship Volunteer Association, Forward House, CPMH, Multi-Écoute, UP-House, Agence Ometz, Compeer, Action-Santé and more.

Places for Food

14 resources on the map, including Nutri-Centre Lasalle, Maison d'Aurore, Montreal Centre Walkley, Diners St-Louis, SNAC, les Accordailles, Centre Communautaire Lasalle, C.A.D.R.E., Ketch Café, Friendship Volunteer Association, UP-House, Accueil Bonneau, MultiCaf, Café Mission.

Drop-in Centres

10 resources on the Map, including SNAC, Diners St-Louis, Relax Action Montréal, C.A.D.R.E., Maison d'Aurore, Le Pivot, P.A.L. Project, Ketch Café, Friendship Volunteer Association, Club Ami.

Religious Support Groups

4 resources on the map, including the Foundation of Catholic Community Services, Bethlehem Healing Fountain, Chabad Chai Centre and the Centre d'Amitié Autochtone de Montréal.

Places to Stay

7 resources on the map, including Résidence de l'Académie, Diners St-Louis, P.A.L. Project, Forward House, Maison l'Éclaircie, Maison Lucien L'Allier and Maison Saint-Dominique.

Help Transitioning Back

Coup de Balai, la Maisonnée Sud-Ouest, La Grande Vadrouille, Les Associés de l'Entretien Ménager, Plumeau Chiffon et Compagnie, Répit-Ressource de l'Est de Montréal, West-Nette, GPMH, Espoir, Open Door Today, Comité Chômage de Montréal, l'Équipe Entreprise, Groupe PART, Horizon-Travail,



Objectives

1. To identify priority needs through our acquired data.
2. To consequently classify for the map the resources that were identified by them as geographically accessible.
3. To obtain a user friendly system.



Methods

In addition to participatory patient-professional mixed groups (N=17), we interviewed patients, family members, and professionals (N=55) and held patient focus groups (N=4) over three years. Data were transcribed, de-identified, and numerically and thematically analyzed with Nvivo software to identify and categorize priority concerns and contextual barriers. When resources were targeted as a priority concern, we went back to this data to identify, through a secondary analysis, which resources were needed and to categorize them.

In Conclusion

The ViP program tailors policy and accreditation standards on recovery to the needs of patients and providers as defined by them and, thus, provides an example of how care can effectively be transformed from the ground up in ways that can work with budget cuts and system reorganization.

The process of creating this map is emblematic of how we might sensitize physicians on the turn towards recovery-centred practice and is an example of a concrete way to apply this concept.

The people helping them use the map are other people with lived experience

The map is available both in French and in English

Every category was named after the patient's words, from the interviews

