Challenges in implementing a Recovery Oriented Psychosocial Rehabilitation (RO-PSR) program

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Objectives

Identify organizational, ethical and philosophical challenges to the implementation of RO-PSR.

Assumptions about recovery

- Risk-taking as leading to growth: *"Professionals must embrace the concept of the dignity of risk, and the right to failure if they are to be supportive of us"* (Deegan, 1996).
- Being client/person-centered.
- Respecting autonomy and self-responsibility. *"Recovery cannot be done to, or on behalf of people ... [but] must be the result of individuals' own efforts and must be accomplished using their choice of services and supports"* (Mental Health Commission of Canada 2011). *"Professionals do not hold the key to recovery, consumers do"* (Anthony, 1993).
- Moving on: "Is there an expectation, mechanism for, and/or regular process of "positive graduation"? (Ragins n.d.).

Defining & measuring recovery

- Still no consensus on how to do this (Drapalski et al, 2012); subjectively determined.
- What instruments/tools will we use?

Stakeholders: service-users

- Challenge around being client-centered: what if client endorses an "old-school," medical model approach? (Gump, 2009; Piat, Siabetti & Bloom, 2009)
- Concern among some service-users that recovery necessarily involves a graduation or transition away from formal MH services; worry about loss of resources, lack of support.

Stakeholders: Physicians

- May not have sufficient orientation to PO-PSR in training.
- Influence of the biogenetic model and the pharmaceutical industry.
- Duty of care; fiduciary duty.
- Concerns about liability.

Duty-of-care

- “A requirement that a person act toward others and the public with *watchfulness, attention, caution and prudence* that a reasonable person in the circumstances would. If a person's actions do not meet this standard of care, then the acts are considered negligent.”

(the freedictionary.com)

Stakeholders: The organization

- Health authorities tend to be "risk-averse."

  "Most services for people with severe mental illness operate in a public environment where there is accountability to third parties (ultimately to the general public), whose priorities include individual and community safety and who are likely to have a low tolerance for adventurous services ... professionals will continue to err on the side of caution until they are assured the system will support them in times of crisis" (Meehan et al. 2008).

Stakeholders: families

- Family members may be nervous about a model that talks about risk-taking and "alternatives" to psychiatric care.
- "There's a constant feeling of vigilance, especially when the illness is more active. A feeling that if you let your guard down when they are ill, they will commit suicide" (VCMHS family focus group, Feb. 2009).
- "Family involvement becomes difficult for case managers when the client's and family's recovery pathways do not match." (VCMHS staff survey re. family involvement.)

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