

Analysis of Recovery Model: Schizophrenia Association of Alberta

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Author Note

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As practitioners in the field of community rehabilitation, recovery model is an approach central to the way in which services must be provided to those with mental illness. It is particularly important for those with severe mental health conditions, such as schizophrenia, that along with psychotherapy and other medications, recovery model be employed. The aim of this paper is to analyze organizations working with individuals with mental illness based on various factors important for recovery.

History

Schizophrenia Association of Alberta's partnership program started in 1984. During this time, the individuals that they provide services to was fundamental in deciding what the organization will look like; they were involve in deciding what the organization's goals should be, what the organization should look like, how it should be structured and what types of services should be provided. Originally, the organization was not very structured and the staff were not trained, but as Schizophrenia Association of Alberta grew they wanted trained staffs.

Goals

The aim of Schizophrenia Association of Alberta is not to cure the condition, but rather to promote awareness through research, public policy and the recovery of those affected by the condition. Their aim is to bridge the gap between hospitals and communities (Schizophrenia Society of Alberta, 2013)

Partnership

Partnering with other organizations to accomplish their goals. They refer those that are not suited for their programs to their partners such as Schizophrenia Day Program, Calgary Self

Help----they deal with mental health in general. They have varieties of programs from recreational, occupational---they have diversity in the services that they provide. Potential place; the club house---they have in house programs and employment services----they assist people in locating volunteer programs and employment program. They also provide things like resume writing and paid general skills training. These are not the type of services that schizophrenia association of Alberta do, but sometime that is what the people are looking for. They partner with schools, with police, with the hospitals. Every month they go to the hospital to provide awareness to the adolescent in patients unit. They've provided services to councilors, lawyers----lawyers at Calgary legal aids. They provide support to nursing students. They've work with organizations that have dual diagnosis.

The Principles being employed

Mutual Support: During my visit to the Schizophrenia Association of Alberta, I observed that a number of those conversed with have a common understanding of the challenges that they face as a result of their condition; in some cases, they have shared experiences and shared understanding---these commonality among them brings them closer and allow them to support each other.

Reciprocal: Given the fact that the organization function under a peer support model, there is a sense of closeness and commonality between the peer supporters and the consumers. I observe a sense of exploration, determination for solution between the professionals and their consumers. There was no inequality that could be observe.

Recovery centered: Schizophrenia Association of Alberta promote and engages their consumer in a mindset of hope. The organization works tirelessly to encourage those they work

for to believe in their abilities and their potential for full and enriching life; they encourage those they work for to assume control over their life.

Strength based: SAA strongly believe that in order to promote recovery, their organization has to recognize the consumer's condition as a source of strength and use that to generate new potential for the person. They are using their assets to help build a new path and a new future.

Inclusiveness: They are very dedicated to ensuring that everyone that they provide services to actually is having their needs met by the organization. They are dedicated to ensuring that no one is left behind.

How Recovery is applied by the Organization

Schizophrenia Association of Alberta employs very much the principles of peer support. From the services that they provide to those providing those services, peer support ideals can be observe throughout everything they do. For example, the association have a program called Unsung Heroes---a peer support program run by consumers. These people are paid and have formalized titles like senior facilitator. This group consist of any one living with schizophrenia or related conditions. Those attending this group does not require any paper work or official referrals. This group is closed, meaning no support worker, professionals, family members---no one else is allowed. However, under certain circumstances, they do allow students to sit in. However, students are not allowed to take notes or any other forms of documentation. According to Davidson, Chinman, Sells, & Rowe (2005) the idea that underline the principles of peer mentorship is that individuals that have undergone major challenges and overcome them have immense experiences, support, and mentorship that can be tap into for those currently going

through the same situation or similar. While these ideas has been present for years, it was not until 1970's that the idea became synonymous with the mental health community. Additionally, it was the mental health consumers that drove the peer support ideas, while the professionals merely facilitated (Davidson, Chinman, Sells, & Rowe, 2005, p. 443). In their exploration of the effectiveness of such a model Davidson, Chinman, Sells, & Rowe, (2005) found that although no significant differences exist between services provided by traditional services and peer support services, these may be as a result of the fact that peer support services are still relatively new. Adding that researchers are currently still devising a way to asses the qualities that peer supporters have that traditional service providers do not (p. 446). What is important to keep in mind is that the consumer peer support facilitators were paid and often brought confusion to the role of the professional and the peer support facilitator (Davidson, Chinman, Sells, & Rowe, 2005, p. 446) For schizophrenia Association of Alberta, they also have a program called Youth Group. Their youth groups meet every Tuesday and go over things like their feelings and what going on for them. This is a more activity based service where they go to movies, parks. These activities are usually decided by consumers. Schizophrenia Association of Alberta (SAA) recognized that for an 18 years old it might not necessarily be interesting to sit among older people in their 50's. SAA recognize that some of these youths who might have lot of friends outside of the organization, but not really friends they can discuss their situation with. Having people that they can relate to is important. This is in line with an observation made by Canadian Mental Health Association (2007) that assert that self-help and peer support strategies are important in helping young people with mental health conditions to connect with other people currently going through the same thing. Further, they noted the distinction between self-help and peer support services. They stated that self-help is anyone that has gone through the condition or

currently going through it supporting another consumer. While, peer support is usually an individual with mental health who is paid by the agency to facilitate the group (Canadian Mental Health Association, 2007, p. 4). Canadian Mental Health Association (2007) noted that as a result of self-help services offered to young people with mental illness, there was a decrease in the likelihood of hospitalization (p. 5). Adding that the need for consumer involved care is garnering momentum both among professionals and families (p. 5). In our discussion with one of the member of the peer support team at SAA, they relay many of their experiences that demonstrated that the peer support approach is very much critical to their ability to continuing to progress. They cited things like increase in motivation level, support and mentorship as some of the major benefits that they derive from peer mentorship. While I have been discussing peer mentorship as one of the major principles employ by SAA in working with individuals with schizophrenia, it is important to recognize that peer support services often appear on a continuum. In class, we discuss various forms of recovery model; many of which I have already discussed in great detailed. However, I think it is important for the framework of my inquiry to use the wordings presented in class. Many of the service provided by SAA as a combination of mutual support in a very unstructured format----SAA's youth group is a prime example of this. It is run by the group without much support from the organization. While the rest of their program (peer-support outreach and awareness programs) are run under a trained peer support with moderate structure. The association have a program called Peer Support Outreach Program--- this a supported employment position. There are outreach workers trained for the position, they go through training. This include suicide intervention program. They go in pairs to meet with an individual who is newly diagnosed, someone struggling or someone newly released from the hospital. These individuals meet with their trained outreach worker an hour a week to discuss whatever

they will like to discuss. It is important to recognize that his individuals are only expert in their own experience and are not expert in psychiatry. The support workers can provide them with information and provide them with support based on their experiences. This helps to reduce isolation. Having a regular schedule is important for those facing this condition. A lot of those in this program are recently diagnosed. This a great example of a trained peer-support with moderate structure.

Relevancy of SAA's Recovery Principles

Recognition of Individual Differences: This was a central idea of how the organization is run. Schizophrenia Association of Alberta recognizes that recovery is not about curing consumers, but an opportunity for them to live a meaningful, productive and enriched life. According to Brissos, Balanzá-Martinez, Dias, Carita, & Figueira (2011) individuals who are in an environment where they are stimulated and engaging in activities that were meaningful were less likely to report issues relating to aggressive behaviors and disturbance. The more useful the activity was consider, the less likely their subjects were likely to demonstrate challenging behaviors. Furthermore, they reported that the more autonomy was given to their subject, there was a correlation in the level of challenging behaviors (p. 512). This study validate the idea that meaningful and valuable life is essential for recovery of individuals with schizophrenia.

Opportunities for decision making: this was another major principle employed by schizophrenia Association of Alberta. Through our discussion with Marissa, it became obvious that the organization is really dedicated supporting their consumers to make their own decisions, to take ownership of how they want their life to look. The organization promotes every opportunity to build strength and capacity with their consumers. This was another major principle of recovery employ by the organization. According to Masterson & Owen (2006) the

notion of empowerment is based on the idea power must be shifted from the professional to consumers. Adding that the notion of consumerism has shifted from collective action to one where individuals are empowered to take on the role of self-care and assume the responsibility that are associated with it (p. 20). From this perspective, individual choice is central to the process of empowerment and ultimately promoting recovery.

Promoting Rights and Good Attitudes: Through my observation, It became clear to me the Schizophrenia Association of Alberta really places emphasis on listening to their consumers, collaborating and learning from their consumers to find out what is suitable for each individual; they placed great emphasis on promoting their consumer's right. They assist their clients in connecting to social, recreational and vocational activities to promote recovery. According to Mackenzie, Erickson, Deane, & Wright (2014) identify attitudes as one of the barriers affecting the quality of services afforded to consumers. Particularly, stigmatization of individuals with mental illness is one of the major factor affecting the quality of services available to people with severe mental health condition (p. 100) Given the significant impact of attitudes in the quality of services provided to people with mental illness, it is therefore critical that agencies move towards recognizing the role of attitudes in their recovery model.

Challenges and Barriers

One of the major challenges this organization faces is funding. Funding affect how much they can grow. For example, for their partnership program, they are funded for about 180 to 200 presentations a year. As much as they want to promote partnerships, they recognize that they are limited by the resources that they have. Funding does put a cap on their abilities. Given the fact that they do not make money, proving that what they do is valuable is challenging. Given the fact that it is in mental health, there are less funding than other areas. However, with programs like

Bell let's talk they are seeing changes. There are a lot more public advocacy for mental illness.

Funding and stigmas are big challenges. Stigma around mental illness affect their funding and it can have some major impact on people wanting to participate.

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