

Key Components of a Mental Health Recovery Model that Addresses Social and Structural Inequities¹

The research project, ‘A Critical Exploration of Social Inequities in Mental Health Recovery’, brought together a research team comprised of people with lived experience of mental health issues, mental health care managers, policy analysts and researchers who were interested in developing new concepts and frameworks of mental health recovery – ones that are grounded in principles of citizen engagement (that is, principles which value the participation of people living with mental health issues) and that recognizes the impact of social and structural inequities on mental health and recovery. In order to do this, “World Café” style roundtable discussions were held which engaged a diverse group of participants involved in the mental health care field. Additionally, a literature review was conducted in order to examine current frameworks and conceptualizations of mental health recovery in the literature in Canada, the US, the UK, Australia, and New Zealand. Through an analysis of the World Café dialogues, recommendations from the literature, and suggested focal points from the research team, key components of a mental health care recovery model that address social and structural inequities were identified to be used as jumping off points for future work. These components include:

Working from a Social Justice Framework

The following are ways in which practices founded in principles of social justice might attend to social and structural inequities, as well as place value on the social acceptance of the full expression of the human condition:

- i. People with lived experience of mental illness often lack power over their own lives; power and privilege within the mental health system must be discussed and addressed in concrete ways. One example would be to open up spaces for discussion about the ways in which power and privilege play out in the mental health system (i.e. at staff meetings which include peer support workers, or at case conferences which include mental health service users).
- ii. Recognize the multiple meanings of recovery (political, individual, cultural, etc.) and the ways in which these meanings play out in an intersectional way with all aspects of a person’s identity (gender, race, ethnicity, culture, etc.).
- iii. Recognize and provide a space for more productive dialogue about the tension which exists regarding the needs and concerns of family members for access to information as this intersects with the needs of some individuals to retain their right to privacy from their families.

¹ The study, ‘A Critical Exploration of Social Inequities in Mental Health Recovery,’ was funded by the Canadian Institutes for Health Research (CIHR). The following is the research team: **Principal Investigator:** Marina Morrow, PhD, Associate Professor, Director, Centre of the Study of Gender, Social Inequities and Mental Health, Faculty of Health Sciences, Simon Fraser University **Co-Applicants:** Kim Calsaferrri, Mental Health Manager: Rehabilitation, Client and Family Services, Vancouver Community Mental Health Services (VCMHS); Darrell Burnham, Executive Director, Coast Foundation. **Collaborators:** Susan Lynn Hardie, PhD, Senior Policy and Research Analyst, Mental Health, Mental Health Commission of Canada (MHCC); Simon Davis, PhD, Team Leader, Adult Mental Health Services, VCMHS; Ruth Gump, MA, Peer Researcher, VCMHS; branwen Willow, Peer Researcher; Cat Omura, Peer Researcher. **Staff:** Brenda Jamer, MSc, Manager, Research and Administration, CGSM; Julia Weisser, MSW, Researcher, CGSM.

- iv. Support for reflexive/ethical practice as part of the ongoing work of mental health managers and service providers that takes personal experience and social location into account.
- v. Recognize and address the ways in which active discrimination against people diagnosed with mental illness is systemic and the ways in which this is compounded by other experiences of oppression (e.g., sexism, racism, ethnocentrism, homophobia).

Making Changes to Mental Health and Social Policy

Addressing Poverty/Lack of Housing

- i. Social welfare reform: we need to enact changes to the social welfare system that would allow for people to break the cycles of poverty and dependence. This would include: a) raising the rates for social assistance and disability benefits to bring people in line with the cost of living; b) allowing people on disability benefits to hold assets and have asset accumulation; c) allowing people more flexibility to go on and off disability benefits.
- ii. Work to ensure that Health Authorities see employment-oriented rehabilitation as critical to the well-being of people with mental health issues. This includes ensuring the retention of supported employment options designed specifically for people with mental illness.

Valuing the Role of Peer Support

Retaining 'Peerness'/Valuing Peer Support

- i. Work to research and evaluate the effectiveness of peer run programs in mental health.
- ii. Develop mechanisms that would allow for more input/involvement from PWLE at all levels of the mental health system.
- iii. Work towards more equitable power structures and decision making models in mental health that recognize the value of peer support and lived experience (e.g., better pay for peer support workers, more than token representation of peer support workers on committees, etc.).
- iv. Peer workers should reflect the diversity of the clientele that they are working with (in terms of culture, race, gender, sexual orientation, etc.).
- v. Recognize disclosure risks (i.e. disclosure of mental health issue/psychiatric history) for peer workers.

Gender, Social Inequities and Mental Health Training

- i. Develop, implement and evaluate gender, social inequity and mental health training for mental health care providers and professional schools.

Full reports on both the literature review findings and this project in general can be found on our website at: www.socialinequities.ca