

# RETABLISSEMENT:

## Implications pour l'organisation des services



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# RECOVERY

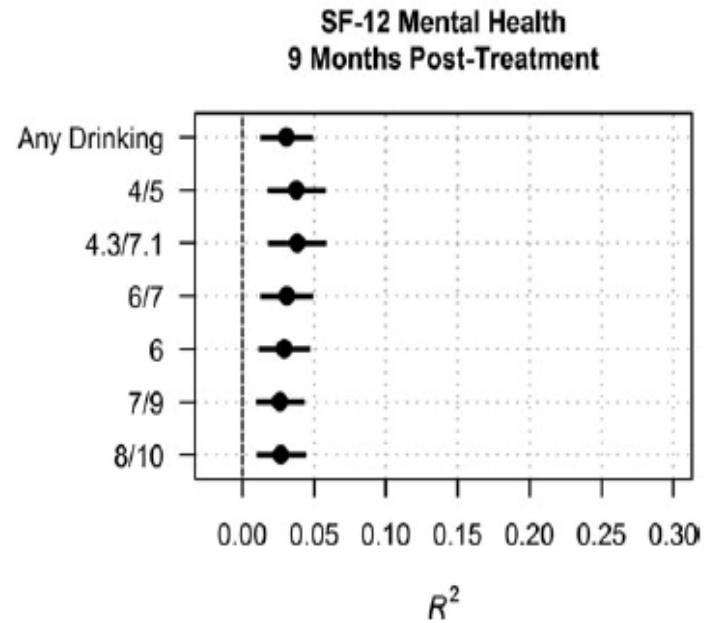
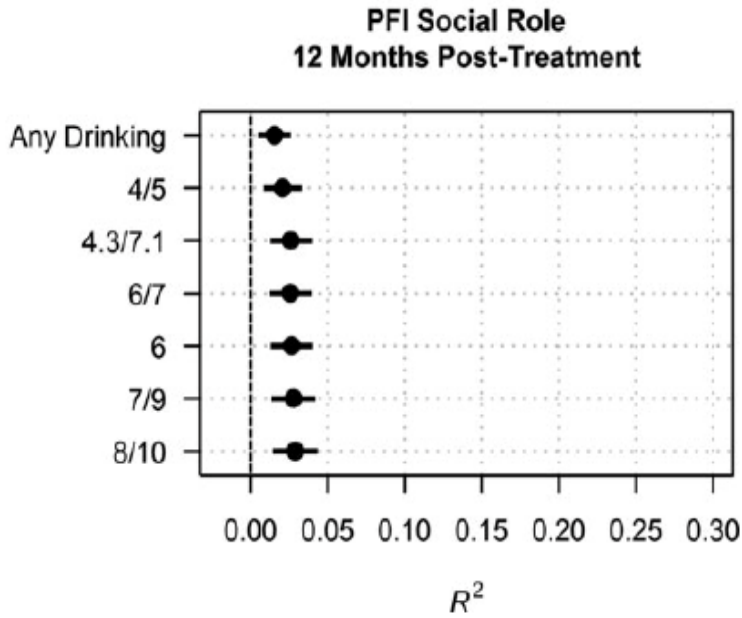
## **Clinical understanding**

- ◆ Symptoms resolution
- ◆ Compliant with medication
- ◆ Some kinds of activity
- ◆ Housing

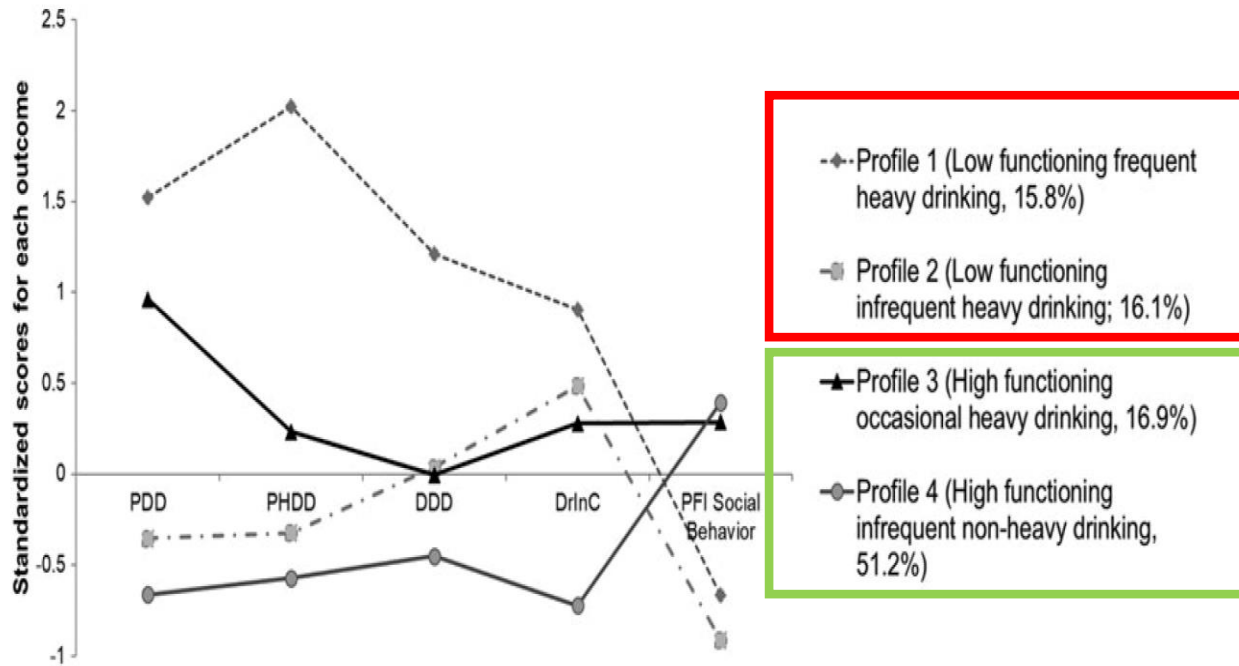
## **Addictions**



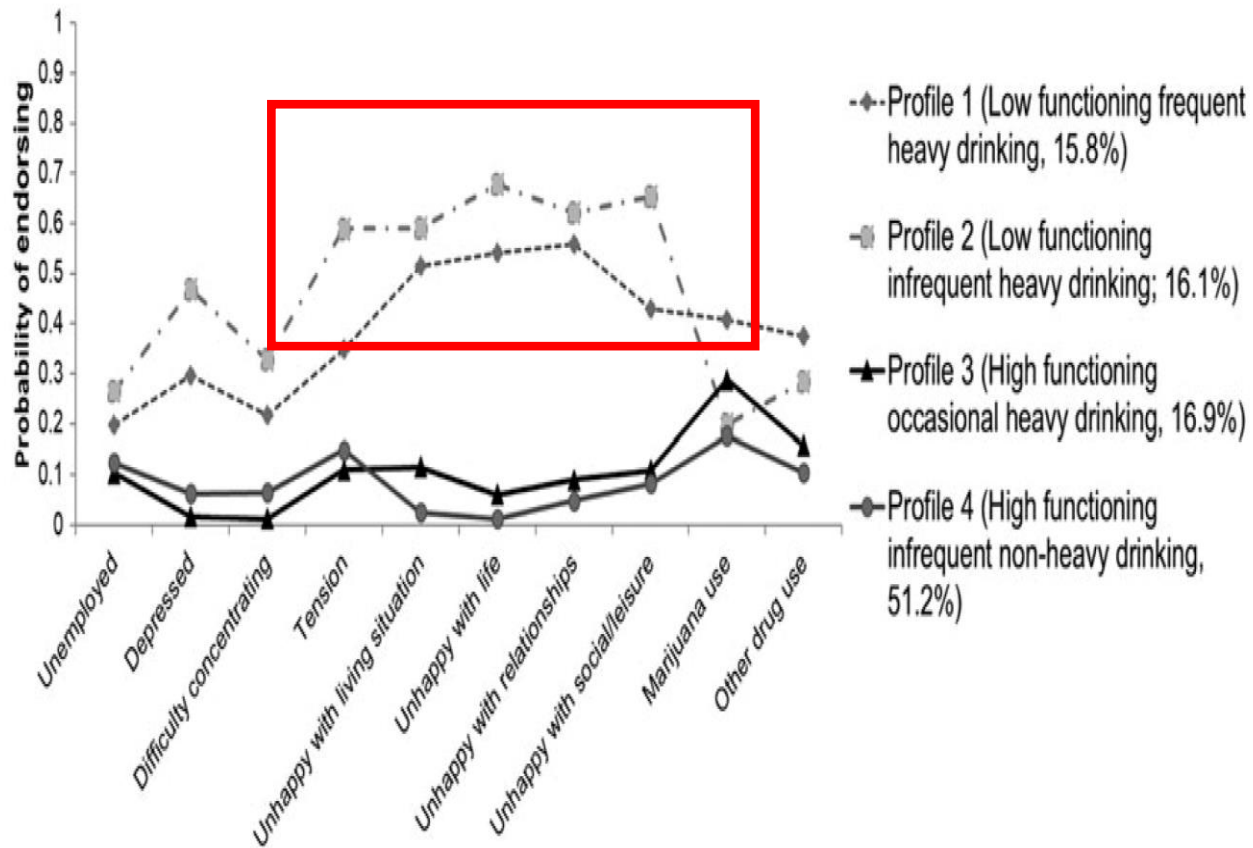
- The Betty Ford Institute Consensus Panel, 2007:
  - “voluntarily maintained lifestyle characterized by sobriety, personal health and citizenship”
- UK Drug Policy Commission, 2008:
  - “voluntarily sustained control over substance use which maximizes health and wellbeing and participation in the society”



Proportions of variance in nondrinking outcomes predicted by  
different relapse definitions (COMBINE/ MATCH)



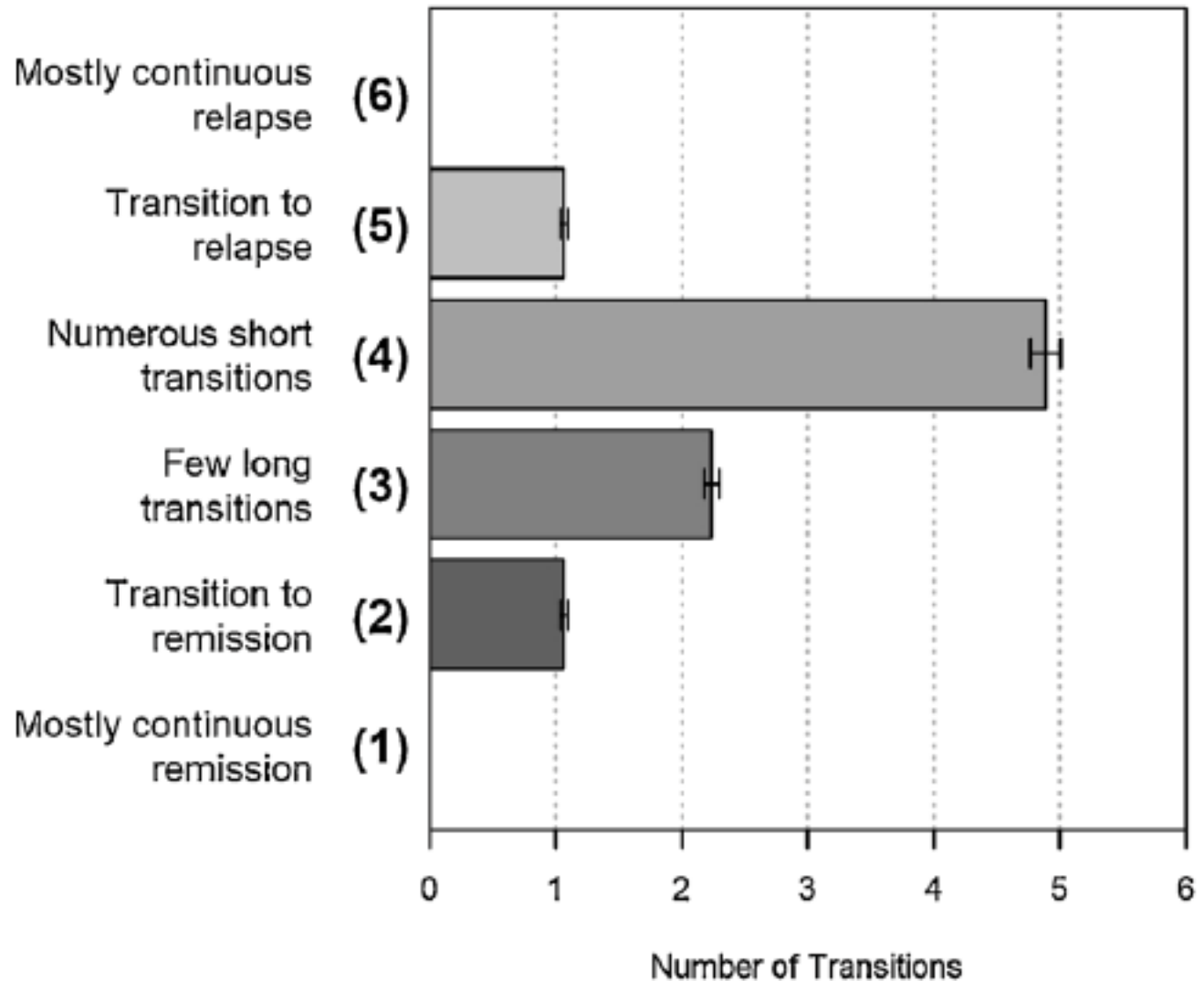
**Figure 1** Standardized mean scores (sample mean = 0 and standard deviation = 1) on each of the continuous outcome indicators by latent profiles. PDD = percentage drinking days; PHDD = percentage heavy drinking days; DDD = drinks per drinking day; DrInC = Drinking Inventory of Consequences; PFI = Psychosocial Functioning Inventory



**Figure 2** Probability of endorsing each of the binary outcome indicators by latent profiles. PDD = percentage drinking days; PHDD = percentage heavy drinking days; DDD = drinks per drinking day; DrIncC = Drinking Inventory of Consequences; PFI = Psychosocial Functioning Inventory

### A. Number of Transitions

1: 25%  
2: 9.6%  
3: 33%  
4: 13%  
5: 7.1%  
6: 10.5%



**Table 4**

Factor, total score and age inter-correlations.

	SU	SC	OK	RE	MR	TS
SC	<b>0.6 (&lt;0.001)</b>					
OK	<b>0.5 (&lt;0.001)</b>	<b>0.7 (&lt;0.001)</b>				
RE	<b>0.5 (&lt;0.001)</b>	<b>0.6 (&lt;0.001)</b>	<b>0.6 (&lt;0.001)</b>			
MR	<b>0.5 (&lt;0.001)</b>	<b>0.5 (&lt;0.001)</b>	<b>0.4 (&lt;0.001)</b>	<b>0.5 (&lt;0.001)</b>		
TS	<b>0.8 (&lt;0.001)</b>	<b>0.9 (&lt;0.001)</b>	<b>0.8 (&lt;0.001)</b>	<b>0.8 (&lt;0.001)</b>	<b>0.7 (&lt;0.001)</b>	
Age	<b>0.2 (&lt;0.001)</b>	0.1 (0.098)	<0.1 (0.478)	0.1 (0.074)	<b>0.2 (&lt;0.001)</b>	<b>0.1 (0.003)</b>

SU: Substance use

SC: Self-care

OC: Outlook on life

RE: Relationships

MR: Material resources

TS: Total score

### **SURE:**

Patient reported outcome measure for recovery from drug and alcohol dependence



# Comorbid disorders

CGI-S categories (*n* = 2041)

1 - Normal, not at all ill 27.5%

2 - Slightly ill 16.8%

3 - Mildly ill 18.6%

4 - Moderately ill 17.6%

5 - Markedly ill 13.9%

6 - Severely ill 5.0%

7 - Extremely ill 0.5%

CGI-S: Clinician-rated mental illness severity

**Sous-capacité  
à réguler ce  
rejet**

**Sur-  
sensibilité au  
rejet social**

- Trauma
- Self-stigma
- Stigma, discrimination
- Debts
- .....

# RECOVERY?

## What does recovery mean to a group of people in the United States of America (4)?

- Recovery from emotional distress is not like recovery from the flu. It's recovering your life and your identity.
- Recovery for me is having good relationships and feeling connected. It's being able to enjoy my life.
- I don't dwell on the past. I'm focusing on my future.
- Being more independent is an important part of my recovery process.
- Not having symptoms any more is my definition of recovery.
- Recovery for me is a series of steps. Sometimes the steps are small, like fixing lunch, taking a walk, following my daily routine. Small steps add up.
- Having a "mental illness" is part of my life, but not the center of my life.
- Recovery is about having confidence and self-esteem. I have something positive to offer the world.

# RECOVERY?

- “you are in recovery if you say you are”
- “recovering a new sense of self and of purpose within and beyond the limits of the disability”

**Recovery-oriented services start with the question:**

**“What can we work on together to make your life better?”**

- **Hope (Meaning and purpose)**
- **Dignity**
- **Social Inclusion**
- **Autodetermination**

AP = A priority for me

1 = Not at all satisfied

2 = Satisfied

3 = Very satisfied

### Community inclusion

For example – Going back to my job, getting my own accommodation, enrolling in a course

e.g. –

e.g. –

e.g. –

### Hope

For example – Not losing hope in my capabilities and capacities in life

e.g. –

e.g. –

e.g. –

### Meaning & purpose in life

For example – Find meaning through spirituality, go to church weekly

e.g. –

e.g. –

e.g. –

### Health & wellbeing

For example – Working on my fitness, having a regular sleep schedule

e.g. –

e.g. –

e.g. –

### Maintaining your identity

For example – Not letting people undervalue me

e.g. –

e.g. –

e.g. –

### Social life

For example – To reconnect with my family, to start spending time with my friends again

e.g. –

e.g. –

e.g. –

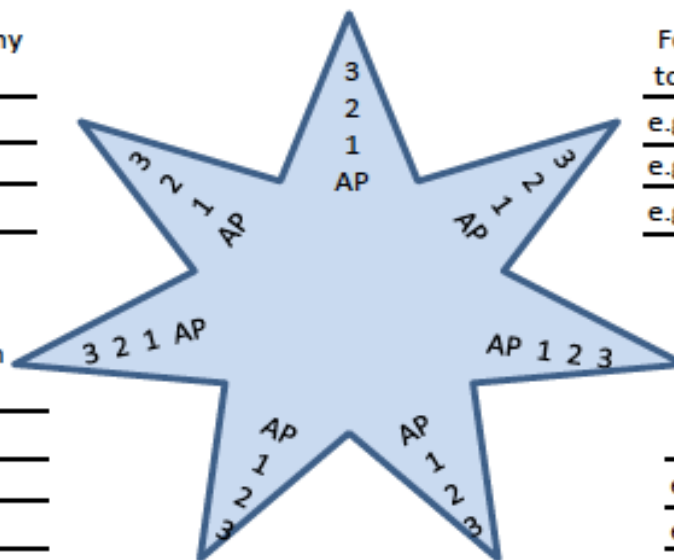
### Empowerment & gaining control back

For example – Choosing what I want and don't want for my treatment

e.g. –

e.g. –

e.g. –





# Self-determination theory

- Autonomy
- Competence
- Relatedness

- **Attitudes**

- « Rien sur moi sans moi »
- Modifie le « locus » de décision
- Transparence
- Langage (mesures d'exclusion...substance abuse, substitution...)
- Curiosité, ouverture

- **Acteurs**

- Dans et Avec la communauté

- Pairs

- Pairs praticiens

- Recovery college

- **Modèle**

- Approches cliniques accessibles
- Sans condition
- Flexibles
- Sur-mesure
- Plan de crise-conjoint, directives anticipée
- **Pas d'étapes préconçues**
- “recovery triggers”

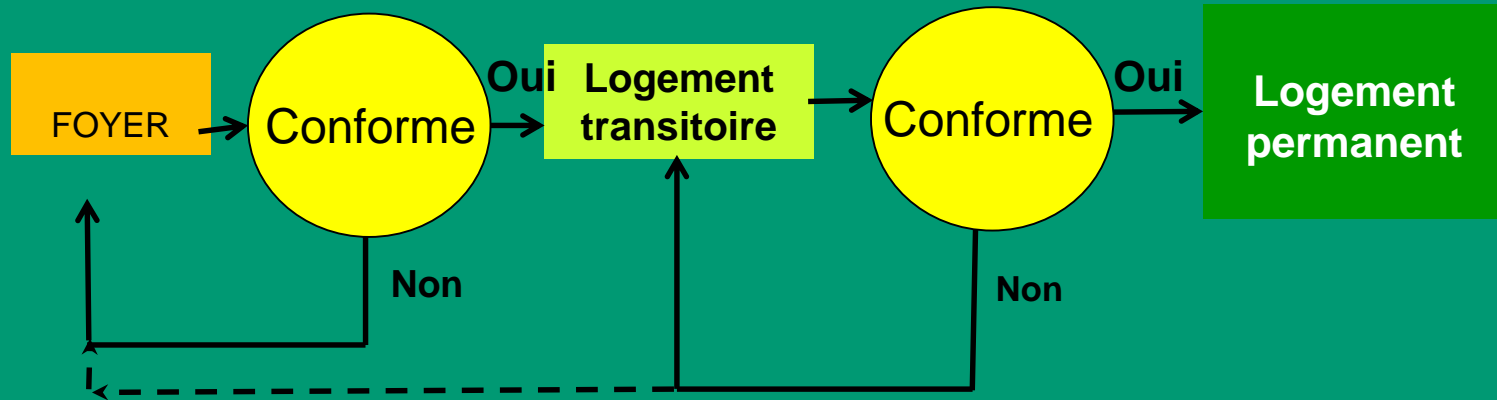
# Creative risk-taking/Harm reduction



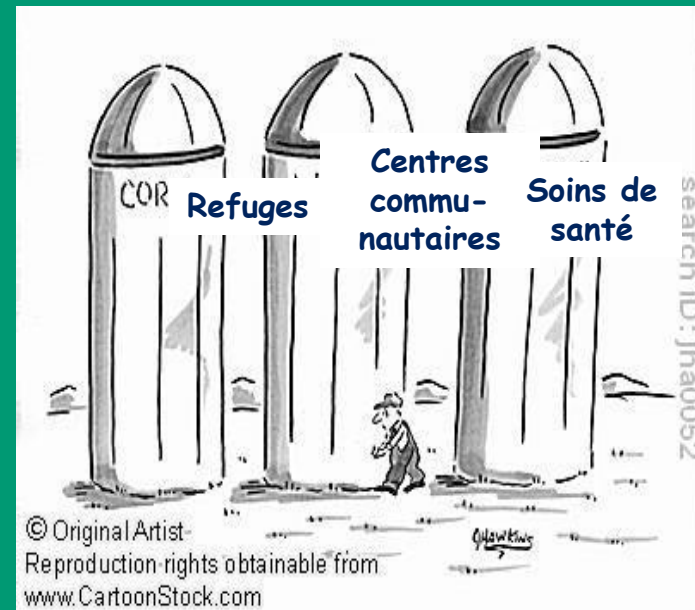
- Choice
- Responsibility
- How to do it
- Strengths, asset
- Assess
- Support

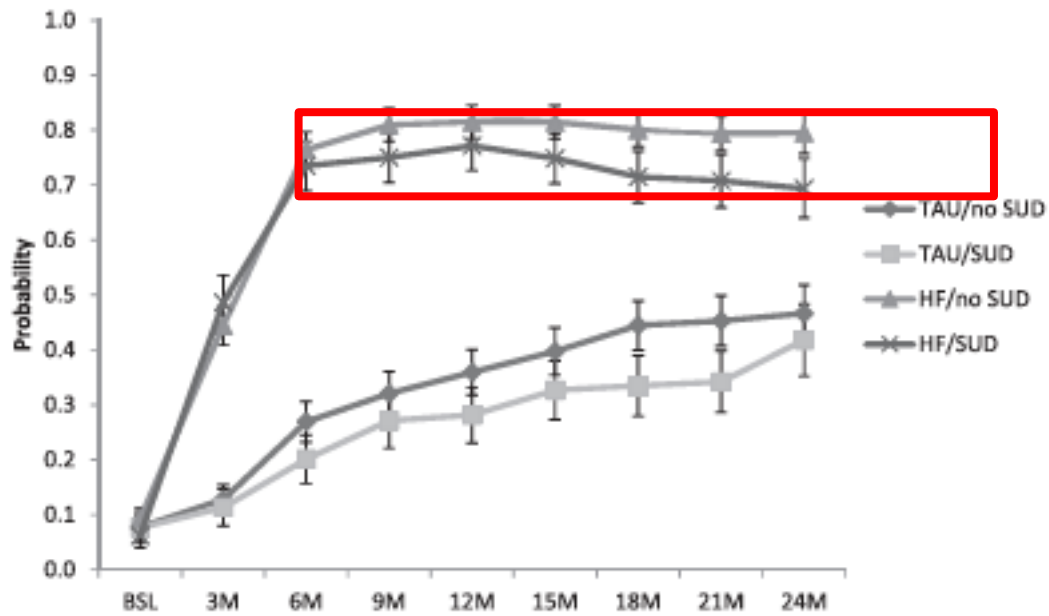
# Traitements spécifiques

- Approches communautaires
  - Case Management de Transition
  - Soins Intensifs dans le milieu
  - Soutien à l'emploi
  - Housing First
  - Interventions précoces
- Intégration du modèle dans les psychothérapies
  - Soutien à la parentalité
  - Vie affective et sexuelle
  - Ex: (Troubles bipolaires et schizophrénies)



**...+ services peu intégrés**



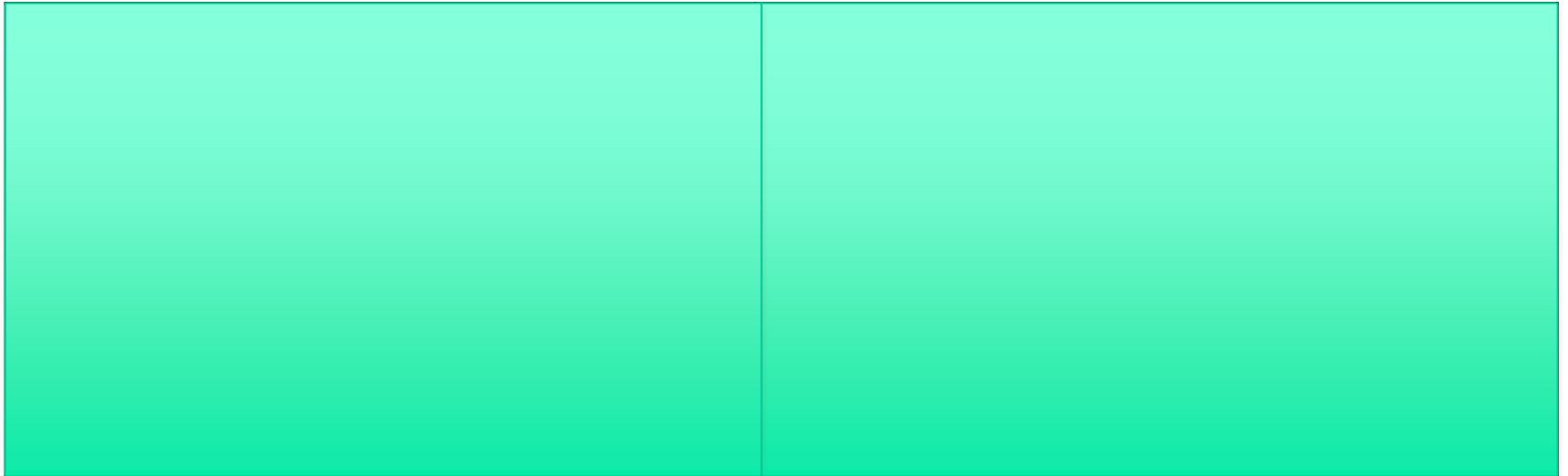


Urbanoski et al. 2018



Recovery-oriented:

« Au delà des symptômes, aller vers une vie qui a du sens pour soi »



EMCDDA 2000; EMCDDA 2012; Slade et al. 2014; Urbanoski et al. 2018

EMCDDA: European Monitoring Centre for Drugs and Drug Addiction

# What is the WHO QualityRights initiative?



QualityRights

WHO QualityRights is an initiative which aims to improve the quality of care in mental health and related services and to promote the human rights of people with psychosocial, intellectual and cognitive disabilities, throughout the world. QualityRights uses a participatory approach to achieve the following objectives:

1

Build capacity to understand and promote human rights, recovery and independent living in the community.

2

Create community based and recovery oriented services that respect and promote human rights.



CONVENTION  
ON THE RIGHTS  
OF PERSONS  
WITH DISABILITIES



## Making the hard work of recovery more attractive for those with substance use disorders

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### SPECIAL ARTICLE

## Uses and abuses of recovery: implementing recovery-oriented practices in mental health systems

MIKE SLADE<sup>1</sup>, MICHAELA AMERING<sup>2</sup>, MARIANNE FARKAS<sup>3</sup>, BRIDGET HAMILTON<sup>4</sup>, MARY O'HAGAN<sup>5</sup>, GRAHAM PANTHER<sup>6</sup>, RACHEL PERKINS<sup>7</sup>, GEOFF SHEPHERD<sup>7</sup>, SAMSON TSE<sup>8</sup>, ROB WHITLEY<sup>9</sup>



« My hand of hope »

by

Donna Murray