

When occupational therapists get involved in creating egalitarian and inclusive social structures: an innovative mental health promotion strategy

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Inspiring Change, Innovating Futures

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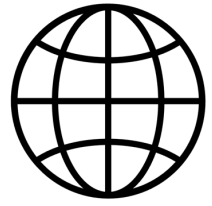
Supported by Canadian Institute of Health Research





Overview of the presentation

- Global context of mental health
- Competencies for OT in Canada
- Aims of the presentation
- What is CASR ?
- Results of studies
- Conclusion



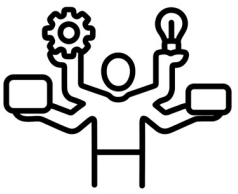
Global context of mental health

Need for a paradigm shift towards a comprehensive approach focused on systemic causes and social determinants of health

- Prevention and promotion strategies

Importance of changing practices and combating prejudice and inequality

- Transforming mental health systems toward accessible community-based approaches
- Fostering the development of self-management and coping skills in individuals
- Building resilient communities



Competencies for OT in Canada : Culture, Equity and Justice

Promote equity in practice

- Challenge biases and social structures that privilege or marginalize people and communities
- **Work to reduce the effects of the unequal distribution of power and resources**

Promote anti-oppressive behaviour and inclusive relationships

- **Seek out resources to help develop culturally safer and inclusive approaches**
- **Practise self-awareness to minimize personal bias and inequitable behaviour based on social position and power**
- Demonstrate respect and humility when engaging with clients and integrate their understanding of health, well-being, healing, and occupation



Aims of the presentation

- 1) Describe an innovative health promotion strategy implemented and led by occupational therapists in Quebec, Canada
 - ***Centre d'apprentissage Santé et Rétablissement (CASR) – Health and Recovery Learning Center***
- 2) Present the results of an impact study of this health promotion strategy



**Centre d'apprentissage
Santé et Rétablissement**
Modèle Recovery College





What is CASR ?

Adult education program based on the English Recovery College model

- Learning center promoting a health education approach where everyone has access to training on mental health, recovery, and better living together.
- Model created in England in 2007.
- Today, there are 221 Recovery Colleges in 28 countries and 5 continents.

| | |
|---|--|
| 1) Mutual learning | A space for co-learning where the exchange of knowledge is encouraged |
| 2) Equality of knowledge | Recognition of all types of knowledge (experiential, clinical, practical, theoretical) |
| 3) Diverse learners and trainers | Learners and trainers from various backgrounds (people with mental illness, family members, practitioners, managers, citizens, etc.) |
| 4) For everyone | Accessible to all free of charge |
| 5) Active learning | Cross-pollination of knowledge through participative teaching methods |
| 6) Experiential Knowledge | Experiential knowledge at the heart of learning to enable transformative learning |
| 7) Co-facilitation | Co-development and co-delivery of courses by a dyad of trainers (peer and practitioner trainers) |
| 8) Egalitarian relationships | Horizontal and egalitarian social relationships, free of judgment, where people are encouraged to speak freely and share power |



What is CASR ? (continued)

CASR since 2019 in Quebec

- Free courses for everyone in the province of Quebec
- Short 6-hour online courses on various topics
 - Well-being, mental health/illness, better living together
- By 50 certified trainers (with experiential, clinical, or theoretical knowledge)


Over the past 5 years, more than 200 courses have been offered to over 4,000 learners.

Several funded research projects have evaluated the CASR's impact.



**Centre d'apprentissage
Santé et Rétablissement**
Modèle Recovery College






Results – Quasi-experimental design with repeated measures pre/ post/ follow up 3 months (n=434)

Statistically significant differences ($p < 0.001$)

- Improved individual well-being (WEMWBS)
- Reduced anxiety levels (GAD-7)
- Improved empowerment (CCSME)
 - Sense of personal efficacy and self-esteem
 - Optimism and sense of control over the future
- Improved stigmatizing attitudes (OMS-HC)
 - Adoption of self-disclosure and help-seeking behaviors

Briand et al. *International Journal of Mental Health Systems* (2024) 18:17
<https://doi.org/10.1186/s13033-024-00637-7> International Journal of Mental Health Systems

RESEARCH **Open Access**

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The effectiveness of an online short-format Recovery College model: a co-learning model to support mental health

Catherine Briand^{1,2*}, Charles-Édouard Giguère², Julio Macario de Medeiros², Catherine Vallée³, Francesca Luconi⁴, Brigitte Vachon^{2,5}, Marie-Josée Drolet¹, Johana Monthuy-Blanc^{2,6}, Amani Mahroug² and Régis Hakin²

Results – Qualitative design through in depth individual interviews (n=14)



| Categories | Themes |
|--|--|
| Updating and validating your mental health knowledge | <ul style="list-style-type: none">• Acquiring new knowledge• Updating and expanding current knowledge• Validating known and currently used strategies/tools/practices• Continuing to integrate new information and training and wanting to learn |
| Taking care of yourself and your mental health | <ul style="list-style-type: none">• Using new tools daily to take care of you and your mental health• Managing stress better and feeling more resilient and confident• Becoming aware of the importance of taking care of yourself and your mental health• Improving your motivation to work on yourself and to find help |
| Improving and modifying your behaviors and practices | <ul style="list-style-type: none">• Recognizing the value of experiential knowledge• Reflecting on and improving the way we deal with stigma |
| Changing how you look at yourself and others | <ul style="list-style-type: none">• Becoming self-aware• Modifying and refining your understanding of otherness |
| Interacting and connecting with others | <ul style="list-style-type: none">• Breaking isolation and feeling less lonely• Expressing yourself and becoming more confident |



International Journal of
*Environmental Research
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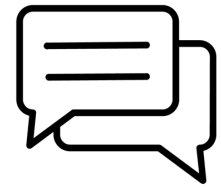


Article

Learner Experience of an Online Co-Learning Model to Support Mental Health during the COVID-19 Pandemic: A Qualitative Study

Catherine Briand ^{1,2,*} , Regis Hakin ¹, Julio Macario de Medeiros ¹, Francesca Luconi ³, Brigitte Vachon ^{1,4}, Marie-Josée Drolet ², Antoine Boivin ⁵, Catherine Vallée ^{6,7}  and Sarah Montminy ¹

Briand et al., 2023



Participant testimonials

*“There are some of the sentences that other people said. **By listening to their experience, there are certain things that stayed with me, that I still think about. It allows me another point of view. It’s another experience that I’ve lived.**”*

Citizen

*“ How to better integrate the experiences of the parents of my clients and the experiences of the clients themselves in my clinical decisions (. . .) that’s an area where I could really improve (. . .) **[the course] encouraged me to really highlight all types of knowledge.**”*

Health professional

*“It’s always a challenge for me to share my point of view. I tend to withdraw into myself (. . .) **[the course] forced me to organize my thinking, then to express it, share it, make myself understood by the others.**” *Peer worker, person with experiential knowledge**



Who are the typical CASR learners ?

(n=434)

| Gender | |
|---------------------------------------|-------|
| Female | 81.6% |
| Male | 14.3% |
| Other (e.g. gender fluid, non-binary) | 1.4% |
| Missing | 2.8% |
| Age | |
| <21 | 2.9% |
| 21-30 | 20.5% |
| 31-40 | 21.0% |
| 41-50 | 21.9% |
| 51-60 | 16.4% |
| 61-70 | 8.8% |
| 71-80 | 1.4% |
| Missing | 7.1% |
| Highest Level of Education | |
| High School | 3.9% |
| Professional course | 3.2% |
| College | 19.6% |
| University certificate | 5.3% |
| Bachelor's degree | 33.4% |
| Masters' degree | 29.5% |
| Doctoral diploma | 4.1% |
| Others | 0.9% |

| Type of Learner | |
|---|-------|
| Healthcare / social service worker | 41.0% |
| Administrative staff, Manager, Executive | 16.6% |
| Peer helper, Patient partner, Relative/Family member | 15.7% |
| Teacher, Educator, Citizen and Other | 14.3% |
| College and university student | 10.1% |
| Principal Occupation | |
| Full-time work | 64.1% |
| Full-time study | 12.0% |
| Part-time work | 8.5% |
| Social and economic assistance recipients | 5.8% |
| Retirement | 5.1% |
| Study and work | 2.3% |
| Leave | 2.3% |
| Mental Health Knowledge | |
| Theoretical | 67.7% |
| Experiential | 67.5% |
| Clinical | 52.5% |
| Mental Health Parameters | |
| Received a diagnosis of mental illness lifetime | 49.5% |
| Received mental health services in last 6 months | 39.4% |
| Hospitalized for mental health treatment in last 6 months | 0.7% |



Conclusion

- The RC courses delivered by the CASR is a promising intervention for meeting current mental health needs.
- RC curriculum and courses foster the search for solutions outside the sphere of traditional health care facilities, in partnership with practitioners.
- RC act as a model of equity, diversity, and inclusion that promotes not only health, but also better coexistence and interaction between individuals.

Occupational therapists must be leaders and promote inclusive and safe social structures where egalitarian power dynamics are experienced.



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